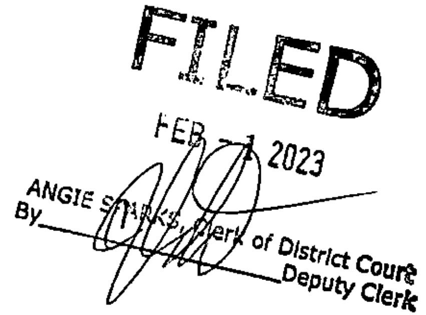
Melissa Hornbein
Barbara Chillcott
Western Environmental Law Center
103 Reeder's Alley
Helena, MT 59601
(406) 708-3058
hornbein@westernlaw.org
chillcott@westernlaw.org

Roger Sullivan
Dustin Leftridge
McGarvey Law
345 1st Avenue East
Kalispell, MT 59901
(406) 752-5566
rsullivan@mcgarveylaw.com
dleftridge@mcgarveylaw.com



Nathan Bellinger (*pro hac vice*)
Andrea Rodgers (*pro hac vice*)
Julia Olson (*pro hac vice*)
Our Children's Trust
1216 Lincoln Street
Eugene, OR 97401
(413) 687-1668
nate@ourchildrenstrust.org
andrea@ourchildrenstrust.org
julia@ourchildrenstrust.org

Philip L. Gregory (*pro hac vice*)
Gregory Law Group
1250 Godetia Drive
Redwood City, CA 94062
(650) 278-2957
pgregory@gregorylawgroup.com

Attorneys for Plaintiffs

MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY

RIKKI HELD, et al., Plaintiffs, v. STATE OF MONTANA, et al., Defendants.	Cause No. CDV-2020-307 Hon. Kathy Seeley **PLAINTIFFS' MOTION *IN LIMINE* NO. 4: BRIEF IN SUPPORT OF MOTION RE: DR. DEBRA SHEPPARD'S EXPERT TESTIMONY**

2100

Plaintiffs Rikki Held, *et al.*, by counsel, and pursuant to the Court's Modified Scheduling Order (Doc. 145), entered June 15, 2022, respectfully submit the following brief in support of their motion *in limine* to address aspects of the anticipated expert testimony of Dr. Debra Sheppard, as set forth in Defendants' Rebuttal Expert Disclosure (Doc. 242, dated November 30, 2022) and Dr. Sheppard's deposition testimony. Dr. Sheppard's Rebuttal Expert Disclosure was filed in response to the September 30, 2022 disclosure of Plaintiffs' expert, Dr. Lise Van Susteren. On December 22, 2022, Plaintiffs' counsel took the deposition of Dr. Sheppard.[1] Based on Dr. Sheppard's expert disclosure and deposition transcript, she plans to testify at trial as to the methodology employed by Dr. Van Susteren to conduct profiles of five youth Plaintiffs to determine if their mental health has been negatively impacted due to climate change and Defendants' conduct that promotes fossil fuels. In accord with Rule 702 M. R. Evid., Plaintiffs' motion *in limine* seeks to limit the scope of Dr. Sheppard's expert testimony at trial to describing methodology practices she utilizes in her field as a neuropsychologist, to the extent the Court finds that generalized testimony relevant in this case where Dr. Sheppard lacks any expertise in the specialized field of climate and mental health.

I. APPLICABLE STANDARDS

A motion *in limine* is a "request for guidance by the court regarding an evidentiary question, which the court may provide at its discretion to aid the parties in formulating trial strategy." *Hunt v. K-Mart Corp*, 1999 MT 125, ¶ 11, 294 Mont. 444, 981 P.2d 275; *see also Speaks v. Mazda Motor Corp.*, 118 F. Supp. 3d 1212, 1217 (D. Mont. 2015) (a motion *in limine* is a "procedural device[] to obtain an early and preliminary ruling on the admissibility of evidence.").

[1] A true and correct certified copy of the condensed deposition of Dr. Debra Sheppard taken on December 22, 2022 ("Sheppard Dep.") is attached as Exhibit 1 to the Declaration of Nathan Bellinger ("Bellinger Dec.").

The purpose of a motion *in limine* is to "prevent the introduction of evidence which is irrelevant, immaterial, or unfairly prejudicial." *Cooper v. Hanson*, 2010 MT 113, ¶ 38, 356 Mont. 309, 234 P.3d 59 (quoting *State v. Krause*, 2002 MT 63, ¶ 32, 309 Mont. 174, 44 P.3d 493). The district court's authority to grant or deny a motion *in limine* "rests in the inherent power of the court to admit or exclude evidence and to take such precautions as are necessary to afford a fair trial for all parties." *City of Helena v. Lewis*, 260 Mont. 421, 425-26, 860 P.2d 698, 700 (1993) (quoting *Feller v. Fox*, 237 Mont. 150, 153, 772 P.2d 842, 844 (1989) (overruled on other grounds by *Giambra v. Kelsey*, 2007 MT 158, 338 Mont. 19, 162 P.3d 134)).

In circumstances where "scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue," M.R. Evid. 702 permits "a witness qualified as an expert by knowledge, skill, experience, training, or education," to offer testimony "thereto in the form of an opinion or otherwise." M.R. Evid. 702. Thus, to admit expert testimony, the district court must determine "(1) that the subject matter requires expert testimony, and (2) that the witness qualifies as an expert *in the particular area on which the witness intends to testify*." *State v. Harris*, 2008 MT 213, ¶ 8, 344 Mont. 208, 186 P.3d 1263 (emphasis added).

II. ARGUMENT

A. Dr. Sheppard Has No Knowledge, Skill, Experience, Training, or Education Regarding the Impacts of Climate Change on the Mental Health of Children.

By her own admission, Dr. Sheppard has no knowledge, skill, experience, training, or education on climate change and its impacts on the mental health of children and, therefore, lacks the requisite qualifications to respond to Dr. Van Susteren's expert opinions regarding how the Plaintiffs are being injured due to climate change, and whether those injuries are consistent with the scientific literature. The primary purpose of Dr. Van Susteren's testimony is "to evaluate facts and science and to render opinions on the impacts of climate change on the mental health of

children, including the 16 Youth Plaintiffs in this case." Dr. Van Susteren Expert Report, Sept. 30, 2022 at 1 ("Van Susteren Report").[2] In addition to her training and experience as a forensics and clinical psychiatrist, Dr. Van Susteren has extensive knowledge and experience related to the specialized field of mental health impacts of climate change. *Id.* Among her qualifications, Dr. Van Susteren has served on the Advisory Board of the Center for Health and the Global Environment at Harvard University T.H. Chan School of Public Health, is a founding member of the Climate Psychiatry Alliance, has developed youth climate anxiety assessment tools, conducted research, and reviewed data in assessing the mental health of young people faced with climate change. Van Susteren Report at 2. She has given hundreds of presentations on climate change and mental health and has authored peer-reviewed publications in the field. In May 2022, Dr. Van Susteren was honored by the Washington Psychiatric Society, a district branch of the American Psychiatric Association, for her work on climate and mental health. Van Susteren Report at 1-2. Dr. Van Susteren's knowledge of and familiarity with the medical and psychological literature on how climate change impacts the mental health and her research and study of the mental health impacts of climate change were critical to her forming her opinions that she will be offering at trial. Van Susteren Report at 2.

The mental health impacts of climate change are well-studied and documented in the peer-reviewed scientific literature, as illustrated by the dozens of studies cited in Dr. Van Susteren's expert report. Van Susteren Report at Attachment 2. Additionally, the American Psychological Association ("APA"), which Dr. Sheppard recognizes as a reputable organization, Sheppard Dep. 82:11-13, has been working on climate change issues since at least 2008. In 2011, the APA issued

---

[2] A true and correct copy of the Expert Report of Dr. Lise Van Susteren dated September 30, 2022 is attached as Exhibit 2 to the Bellinger Dec.

a resolution affirming psychologists' role in addressing global climate change and resolving that "APA supports psychologists' involvement in research, education, and community interventions in improving public understanding of global climate change impacts and psychological contributions to mitigation and adaptation efforts that address both environmental and human, including psychological, impacts of Global Climate Change." American Psychological Association, *Resolution on Affirming Psychologists' Role in Addressing Global Climate Change*, (2011), https://www.apa.org/about/policy/climate-change.[3] The psychological impacts of climate change have been studied and documented in international, national, and local climate change assessments, including in the *Climate Change and Human Health in Montana* report, cited in Dr. Van Susteren's expert report. Adams et al., *Climate Change and Human Health in Montana: A Special Report of The Montana Climate Assessment* (2021); Van Susteren Report at 8-11; 21. In short, there is a deep, long-standing, and specialized body of peer-reviewed scientific research and literature that undergirds Dr. Van Susteren's expert opinions.

Dr. Sheppard, however, admits she has no knowledge whatsoever about climate change or its impacts to mental health. In her expert disclosure, Dr. Sheppard states, "I do not claim expertise in climate change issues" and "I am neither an attorney or an expert in climate change litigation." Dr. Sheppard Rebuttal Expert Report, November 30, 2022 at 1 ("Sheppard Rebuttal Report").[4] During her deposition, Dr. Sheppard confirmed her lack of knowledge on climate change and its impacts to children's mental health, as illustrated by the following questions and answers:

[3] A true and correct copy of the American Psychological Association article entitled *Resolution on Affirming Psychologists' Role in Addressing Global Climate Change* (2011) is attached as Exhibit 3 to the Bellinger Dec.

[4] A true and correct copy of the Rebuttal Expert Report of Dr. Debra Sheppard dated November 30, 2022 is attached as Exhibit 4 to the Bellinger Dec.

Q: Do you have any expertise in how climate change affects children's mental health?
A. I do not.
Q. Do you have any expertise in how climate change impacts children's physical health?
A. I do not.
Q. Do you have an understanding of what anthropogenic climate change is?
A. I do not.
. . .
Q. Are you familiar with any of the medical literature about how climate change can affect mental health of children?
A. I have not reviewed that.
Q. Have you ever spoken in a professional capacity to any of your clients about climate change?
A. I have not.

Sheppard Dep. 64:2-65:20. Dr. Sheppard also admitted that she does not have any familiarity with the APA's recommendations to address climate change, as well as the APA's many resources and publications related to climate change, and that she did not review any the sources cited in Dr. Van Susteren's Report. Sheppard Dep. 87:3-11; 36:10-12.

In short, Dr. Sheppard has no knowledge or experience related to how climate change impacts the mental health of children, even though such information is readily available and vital in any effort attempting to critique Dr. Van Susteren's expert opinions and methodology. To be qualified as an expert testifying about how the mental health of children is impacted by climate change, an individual should have extensive first-hand experience with children experiencing impacts due to climate change and a thorough and up to date knowledge of the professional literature on how climate change impacts the mental health of children. *See, e.g., State v. Scheffelman*, 250 Mont. 334, 342, 820 P.2d 1293, 1298 (1991) (In child abuse cases, an expert is required to have "extensive first-hand experience with sexually abused and non-sexually abused children" and "thorough and up to date knowledge of the professional literature on child sexual abuse" before being allowed to testify.). Dr. Sheppard, however, readily admits she has neither

first-hand experience with children experiencing impacts due to climate change, nor a thorough and up to date knowledge of the professional literature on how climate change impacts the mental health of children.

The subject of Dr. Van Susteren's expert opinions is how climate change can harm the mental health of children, including the specific Plaintiffs in this case. Dr. Sheppard's lack of knowledge, skill, experience, training, or education on the subject of climate change and its impact on mental health renders her unqualified to offer expert opinions in response to Dr. Van Susteren's expert testimony. Accordingly, Dr. Sheppard should not be allowed to offer any rebuttal opinions on the subject of climate change and its impact on mental health.

B. Dr. Sheppard Has Not Disclosed Any Opinions About Whether or Not Plaintiffs are Experiencing Mental Health Impacts Due to Climate Change and Should not Be Allowed to Offer Any Such Opinions at Trial.

Dr. Sheppard has not disclosed any opinions regarding the validity of the mental health harms Plaintiffs have described experiencing in the Complaint and in their conversations with Dr. Van Susteren. During Dr. Sheppard's deposition, she made clear that her opinions were limited to critiquing the methodology used by Dr. Van Susteren. For example:

> **What were you asked to provide expert testimony on?**
> A. I was asked to review Dr. Van Susteren's report and critique the methodology used in her formulations.
> **Q. And what was your objective in preparing the report?**
> A. To critique the methodology.
> **Q. Anything else?**
> A. No.
> . . .
> **Q. Were you asked to offer opinions about the psychological profiles of the five plaintiffs contained in Attachment 3 to Dr. Van Susteren's expert report?**
> A. I was asked to critique the methodology of the information gathering.
> . . .
> **Q. So does that mean, just to be clear, you – you don't intend to offer opinions about how the specific plaintiffs in this case are impacted by climate change?**
> A. I don't know the plaintiffs in this case. I have no knowledge of them, so I -- how would I have an opinion?

Sheppard Dep. 25:21-26:5; 34:5-10; 66:4-10.

Dr. Sheppard has not disclosed any opinions as to whether Plaintiffs have experienced mental health impacts. Accordingly, Plaintiffs bring this motion *in limine* to ensure Dr. Sheppard does not offer any such opinions at trial, including any opinions regarding the reliability or credibility of any of the statements from Plaintiffs. *State v. Villanueva*, 406 Mont. 149, ¶ 39 (2021).

C. Dr. Sheppard's Critique of Dr. Van Susteren's Methodology Should Be Stricken as Irrelevant and Outside Dr. Sheppard's Area of Expertise

Several statements in Dr. Sheppard's Rebuttal Report are not relevant or within Dr. Sheppard's expertise. For example, the second full paragraph on page 2 in Dr. Sheppard's Rebuttal Report is well outside her area of expertise in describing the scientific method for a working hypothesis on climate change impacts on mental health. Sheppard Rebuttal Report at 2. By way of example, if a psychologist does not have expertise in assessing whether a child has ADHD (attention deficit hyperactivity disorder), such psychologist should not opine as an expert at trial on the methodology for identifying ADHD. The same is true here. With complete lack of expertise on the mental health effects of climate change on children and youth, Dr. Sheppard is outside her area of expertise in opining on methodology.

Another example in the Sheppard Rebuttal Report is the last paragraph on page 2 and throughout page 3, where Dr. Sheppard opines on "sound research methodology." Dr. Sheppard appears to believe that Dr. Van Susteren was conducting "scientific research" when she profiled the Youth Plaintiffs. Sheppard Rebuttal Report at 3. While Dr. Sheppard may be correct that some types of scientific research include hypothesis testing and a "control" group of subjects, Sheppard Rebuttal Report at 2, 3, Dr. Van Susteren was not treating any of the Youth Plaintiffs as subjects in a "research study" for purposes of her Expert Report. Dr. Van Susteren profiled five of the

Youth Plaintiffs to assess whether their claims of mental health harms were credible and consistent with the literature in the field, and to provide her expert opinion on whether these five individual Plaintiffs in fact are being adversely affected based on her extensive experience in this specialized field. Dr. Sheppard did not address the methodology of doing such an assessment for the precise purpose here in the specialized field of climate change and mental health, and her testimony on research methodology is irrelevant.

Finally, while the multiple sources of information on which Dr. Sheppard relies in her clinical practice may be helpful for assessing certain types of disorders or conditions, Sheppard Rebuttal Report at 2, different mental health disorders, conditions, and effects require specialized assessments tailored to the issue. For instance, a suicidality assessment often involves a limited number of specific questions, and not the multiple sources of information Dr. Sheppard addresses. These assessments require expertise in the particular area of concern. Dr. Sheppard does not establish that her generalized approach is relevant to climate change harms to mental health.

In sum, Dr. Sheppard's methodology critiques should be stricken as they are irrelevant and immaterial to the five Youth Plaintiff profiles Dr. Van Susteren included in her Expert Disclosure and Dr. Sheppard lacks the relevant knowledge and qualifications to evaluate the soundness of Dr. Van Susteren's methodology. The APA Boundaries of Competence in the Ethical Principles of Psychologists and Code of Conduct supports this motion in limine. *See* APA Ethics Code section 2.01. https://www.apa.org/ethics/code ("(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.").

IV. CONCLUSION

In accord with Rule 702 Mont. R. Evid., an order limiting the opinions to be offered by Dr. Sheppard is necessary in this case because Dr. Sheppard lacks the requisite knowledge, skill, experience, training, or education in a case about how climate change impacts the mental health of children. Accordingly, Plaintiffs respectfully request this Court enter an order *in limine* limiting Dr. Sheppard's testimony solely to describing methodology practices she utilizes in her field as a neuropsychologist, to the extent the Court finds her generalized testimony relevant in this case as Dr. Sheppard lacks any expertise in the specialized field of climate and mental health.

DATED this 1st day of February, 2023.

/s/ *Barbara Chillcott*
Barbara Chillcott
Melissa Hornbein
Western Environmental Law Center
103 Reeder's Alley
Helena, MT 59601
(406) 708-3058
hornbein@westernlaw.org
chillcott@westernlaw.org

Roger Sullivan
Dustin Leftridge
McGarvey Law
345 1st Avenue East
Kalispell, MT 59901
(406) 752-5566
rsullivan@mcgarveylaw.com
dleftridge@mcgarveylaw.com

Nathan Bellinger (*pro hac vice*)
Andrea Rodgers (*pro hac vice*)
Julia Olson (*pro hac vice*)
Our Children's Trust
1216 Lincoln Street
Eugene, OR 97401
(413) 687-1668
nate@ourchildrenstrust.org
andrea@ourchildrenstrust.org

julia@ourchildrenstrust.org

Philip L. Gregory (*pro hac vice*)
Gregory Law Group
1250 Godetia Drive
Redwood City, CA 94062
(650) 278-2957
pgregory@gregorylawgroup.com

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing was delivered by email to the following on February 1, 2023:

AUSTIN KNUDSEN
Montana Attorney General
215 North Sanders
P.O. Box 201401
Helena, MT 59620-1401
Phone: 406-444-2026
Fax: 406-444-3549

MICHAEL RUSSELL
THANE JOHNSON
Assistant Attorneys General
215 North Sanders
P.O. Box 201401
Helena, MT 59620-1401
Telephone: (406) 444-2026
michael.russell@mt.gov
thane.johnson@mt.gov

EMILY JONES
Special Assistant Attorney General
Jones Law Firm, PLLC
115 N. Broadway, Suite 410
Billings, MT 59101
Phone: 406-384-7990
emily@joneslawmt.com

MARK L. STERMITZ
Crowley Fleck PLLP
305 S. 4th Street E., Suite 100
Missoula, MT 59801
Phone: 406-523-3600
mstermitz@crowleyfleck.com

SELENA Z. SAUER
Crowley Fleck PLLP
1667 Whitefish Stage Road
Kalispell, MT 59901
ssauer@crowleyfleck.com

/s/ Barbara Chillcott
Barbara Chillcott

EXHIBIT 1

Rikki Held, et al. v
State of Montana, et al.

Dr. Debra Sheppard
December 22, 2022

Charles Fisher Court Reporting
442 East Mendenhall
Bozeman, MT 59715
(406) 587-9016
maindesk@fishercourtreporting.com

Min-U-Script® with Word Index

1 MONTANA FIRST JUDICIAL DISTRICT COURT
2 LEWIS AND CLARK COUNTY
3 ____
4 RIKKI HELD, ET AL.,
5 Plaintiffs,
6 vs. Cause No. CDV 2020-307
7 STATE OF MONTANA, ET AL.,
8 Defendants.
9 ____
10 VIDEOTAPED VIDEOCONFERENCE DEPOSITION UPON
11 ORAL EXAMINATION OF
12 DR. DEBRA SHEPPARD
13 ____
14 BE IT REMEMBERED, that the videotaped
15 videoconference deposition upon oral examination
16 of DR. DEBRA SHEPPARD, present at Fisher in
17 Billings, Montana, appearing at the instance of
18 Plaintiffs, was taken at the offices of Charles
19 Fisher Court Reporting, 2711 1st Avenue North,
20 Billings, Montana, on Thursday, December 22, 2022,
21 beginning at the hour of 9:05 a.m., pursuant to
22 the Montana Rules of Civil Procedure, before Kasey
23 L. Fisher, Registered Professional Reporter -
24 Notary Public.
25

1 APPEARANCES
2
3 ATTORNEY APPEARING ON BEHALF OF THE
4 PLAINTIFFS, RIKKI HELD, ET AL.:
5 Mr. Philip L. Gregory, Esq.
6 Gregory Law Group
7 1250 Godetia Drive
8 Redwood City, California 94062
9 pgregory@gregorylawgroup.com
10 and
11 Mr. Nate Bellinger, Esq.
12 Ms. Andrea Rogers, Esq.-via Zoom
13 Our Children's Trust
14 P.O. Box 5181
15 Eugene, Oregon 97405
16 nate@ourchildrenstrust.org
17 andrea@ourchildrenstrust.org
18 (Present at Fisher in Billings)
19 and
20 Ms. Melissa Hornbein, Esq.
21 Western Environmental Law Center
22 103 Reeder's Alley
23 Helena, Montana 59601
24 (Present via Zoom)
25

1 APPEARANCES CONTINUED
2 FOR PLAINTIFFS:
3 Mr. Roger Sullivan, Esq.
4 McGarvey Law
5 345 1st Avenue East
6 Kalispell, Montana 59901
7 rsullivan@mcgarveylaw.com-via Zoom
8 ATTORNEY APPEARING ON BEHALF OF THE
9 DEFENDANTS, STATE OF MONTANA, ET AL.:
10 Ms. Emily Jones, Esq.
11 Special Assistant Attorney General
12 Jones Law Firm
13 115 North Broadway, Suite 410
14 Billings, Montana 59101
15 Emily@joneslawmt.com
16 (Present at Fisher in Billings)
17 and
18 Mr. Michael Russell, Esq.
19 Assistant Attorney General
20 Montana Department of Justice
21 P.O. Box 201401
22 Helena, Montana 59620-1401
23 (Present via Zoom)
24 Videographer: Nicole Tomac with Fisher
25 Also present: Tara Robinson - via Zoom

1 I N D E X

2 EXAMINATION OF DR. DEBRA SHEPPARD BY: PAGE:
3 Mr. Nathan Bellinger, Esq............6

4 E X H I B I T S

5 DEPOSITION EXHIBITS: PAGE:
6 Exhibit 188 Deposition Subpoena Duces Tecum
7 Dr. Debra Sheppard.................9
8 Exhibit 189 Joint Stipulation and [Proposed]
9 Protective Order...................23
10 Exhibit 190 Affidavit of Confidentiality......23
11 Exhibit 191 Curriculum Vita
12 Debra Sheppard.................24,25
13 Exhibit 192 3/1/22 American Psychological
14 Association article "Psychology
15 stands ready to help society respond
16 to climate change, APA president
17 says"...............................82
18 DEPOSITION EXHIBITS REFERENCED: PAGE:
19 Exhibit 61 Expert Report of Lise Van Susteren,
20 M.D.........................31,32,34

21
22
23
24
25

Page 5

1 WHEREUPON, the following proceedings were
2 had and testimony taken, to-wit:
3 * * * * * * * *
4 **VIDEOGRAPHER:** This is the video-recorded
5 and videoconference deposition of
6 Dr. Debra Sheppard taken in the Montana First
7 Judicial District Court, Lewis & Clark County.
8 Cause No. CDV-2020-307.
9 Rikki Held, et al. versus State of
10 Montana, et al.
11 Today is December 22nd, 2022. The time
12 is 9:09 a.m., Mountain Time.
13 We are present with the witness at the
14 offices of Fisher Court Reporting at 2711 1st
15 Avenue North in Billings, Montana.
16 The court reporter is Kasey Fisher, and
17 the video operator is Nicole Tomac of Fisher Court
18 Reporting.
19 The deposition is being taken pursuant to
20 notice.
21 I would now ask the attorneys to identify
22 themselves, who they represent and whoever else is
23 present. For those appearing remotely, please
24 note from where you are appearing.
25 **MR. BELLINGER:** My name is

Page 6

1 Nathan Bellinger, attorney for plaintiffs.
2 **MR. GREGORY:** Philip Gregory, counsel for
3 plaintiffs.
4 **MS. JONES:** Emily Jones, counsel for
5 defendants.
6 **MR. RUSSELL:** Michael Russell, observing
7 from Helena.
8 **MR. SULLIVAN:** Roger Sullivan, observing
9 from Kalispell, for plaintiffs.
10 **MS. HORNBEIN:** Melissa Hornbein,
11 observing from Helena, attorney for plaintiffs.
12 **MS. ROGERS:** Andrea Rogers, observing
13 from Seattle, attorney for the plaintiffs.
14 **VIDEOGRAPHER:** The court reporter will
15 now administer the oath.
16 DR. DEBRA SHEPPARD,
17 called as a witness herein, having been first duly
18 sworn, was examined and testified as follows:
19 **EXAMINATION**
20 **BY MR. BELLINGER:**
21 **Q. Good morning, Dr. Sheppard. As you**
22 **heard, my name is Nathan Bellinger. I'm an**
23 **attorney for the youth plaintiffs in the case.**
24 **Thank you for being here today.**
25 **Can you please state and spell your name**

Page 7

1 **for the record?**
2 A. Debra, D-e-b-r-a, Sheppard,
3 S-h-e-p-p-a-r-d.
4 **Q. And do you or have you ever gone by any**
5 **other names?**
6 A. Just my maiden name.
7 **Q. And what's that?**
8 A. Riley, R-i-l-e-y.
9 **Q. Thank you.**
10 **Are you employed?**
11 A. Yes.
12 **Q. And where are you employed?**
13 A. In Billings, Montana.
14 **Q. What's the name of the -- your employer?**
15 A. I'm self-employed, doing business as
16 Northern Rockies Neuropsychology.
17 **Q. Okay. And what's your work address?**
18 A. 1430 Country Manor Boulevard, Suite 3,
19 Billings, Montana.
20 **Q. Okay. So I just want to go over some**
21 **ground rules for today, just to make sure we're on**
22 **the same page.**
23 **If you ever don't understand a question**
24 **or hear it completely, please say so, and I'll**
25 **either rephrase it or, if you didn't hear it, we**

Page 8

1 **can have the court reporter read it back.**
2 **Do you understand?**
3 A. I do.
4 **Q. And for the court reporter's sake, if I'm**
5 **asking a question, please don't interrupt me. Let**
6 **me finish, even if you think you know where I'm**
7 **going. And that way the court reporter isn't**
8 **trying to take two people down talking at the same**
9 **time.**
10 **And if at any point I interrupt you or**
11 **your answer, or start speaking before you**
12 **completed your answer, just let me know and I'll**
13 **stop and let you complete your answer.**
14 **Do you understand?**
15 A. I do.
16 **Q. And please answer your questions today**
17 **with a word, as opposed to a nod or an mm-hmm, so**
18 **the court reporter doesn't have to try and**
19 **interpret your answer.**
20 **Do you understand?**
21 A. I do.
22 **Q. And from time to time today Ms. Jones may**
23 **object to questions that I asked, but unless**
24 **you're specifically instructed not to answer the**
25 **question, you can still answer the question.**

Page 9

1 **Do you understand?**
2 A. I do.
3 **Q. And do you understand that your testimony**
4 **is under oath today and has the same force and**
5 **effect, including the penalty of perjury, as if**
6 **you are testifying in court?**
7 A. Yes.
8 **Q. Is there any reason why you cannot give**
9 **complete and truthful testimony today?**
10 A. Not that I'm aware of.
11 **Q. Okay. And then, finally, I'll try to**
12 **take breaks every hour or so, but if you ever need**
13 **a break before then or before I indicate that**
14 **we'll take a break, just let me know, okay?**
15 A. Okay.
16 **MR. BELLINGER:** All right. So I want to
17 start by marking the Subpoena as an exhibit here.
18 (Whereupon, Exhibit No. 188 was
19 marked for purposes of
20 identification.)
21 **BY MR. BELLINGER:**
22 **Q. Dr. Sheppard, can you identify this**
23 **document, please?**
24 A. It is a deposition Subpoena.
25 **Q. And have you seen this before?**

Page 10

1 A. Yes.
2 **Q. Were you asked to bring any documents**
3 **with you today?**
4 A. Yes.
5 **Q. And did you bring any documents with you**
6 **today?**
7 A. I did not.
8 **Q. Okay. Is that because there are no**
9 **documents that are responsive to the Subpoena?**
10 A. That's correct.
11 **Q. Okay. So, Dr. Sheppard, you've been an**
12 **expert before, correct?**
13 A. Correct.
14 **Q. And you've been deposed before, correct?**
15 A. Correct.
16 **Q. Can you tell me approximately how many**
17 **times you've been deposed before?**
18 A. In my entire career; are you asking that?
19 **Q. If you have a number for that, yes.**
20 A. I have a guess for that.
21 **Q. Okay.**
22 A. Fifteen to 35 times; somewhere in that
23 ballpark.
24 **Q. Okay. And is -- over how many years is**
25 **that?**

Page 11

1 A. Thirty.
2 **Q. Okay. Do you know how many times you've**
3 **been deposed in, say, the last ten years?**
4 A. I don't have an exact number.
5 **Q. Do you have a rough number?**
6 A. I have a rough number for the last four
7 years --
8 **Q. Okay.**
9 A. -- which is how we tend to categorize
10 those. And it was about a dozen times, I think,
11 the last ten years.
12 **Q. Okay. Do you have transcripts of those**
13 **prior depositions?**
14 A. Not available, no.
15 **Q. Do you know who might?**
16 A. Whoever requested the deposition would
17 have those copies, or the trial transcripts, in
18 the case of trial testimony.
19 **Q. When was the last time you were deposed,**
20 **the most recent time?**
21 A. It was before COVID. Done some trials,
22 but they were Zoomed.
23 **Q. Okay. So you haven't had your deposition**
24 **taken since before COVID; is that right?**
25 A. Yes.

Page 12

1 **Q. Okay. And you've also testified at**
2 **trial, correct?**
3 A. Yes.
4 **Q. About how many times have you done that?**
5 A. Again, same timeframe, you're asking?
6 **Q. Let's start with your whole career, if**
7 **you have that number.**
8 A. Okay. At least a dozen times in an
9 actual trial situation, and as recently as last
10 week.
11 **Q. Okay.**
12 A. Yeah.
13 **Q. And do you know how many times in the**
14 **last four years you've testified at trial?**
15 A. I'm going to say four, to the best of my
16 recollection -- research.
17 **Q. Okay. So I am not going to ask you to**
18 **describe all of those cases in detail because that**
19 **could take a while, but could you describe the**
20 **types of cases generally in which you've been an**
21 **expert before?**
22 A. The types of cases that I'm generally
23 asked to testify and comment on have to do with
24 individuals who are suspected of some kind of
25 compromise, psychological or neurologically,

Page 13

1 neuropsychologically based impairments and their
2 capacity for certain activities.
3 **Q. Can you explain what you mean by**
4 **"compromised" neuropsychological impairment,**
5 **please?**
6 A. Well, in cases where the brain is
7 compromised in some way, be it by drugs,
8 dementias, neurodegenerative disorders of some
9 sort that may impact on the behavior in question.
10 **Q. Okay. And are you -- do you tend to be**
11 **an expert for plaintiffs, defendants, both?**
12 A. I've done cases on both sides, yes.
13 **Q. Okay. And when you are an expert, do you**
14 **always meet with the person who you're offering**
15 **opinions about, in person?**
16 A. Do I meet with the person for evaluation;
17 is that your question?
18 **Q. Yes.**
19 A. Are you asking something --
20 **Q. Yes. Do you meet with the person for an**
21 **evaluation?**
22 A. Yes, I do.
23 **Q. Okay. And so that's always the -- you**
24 **meet with them in person?**
25 A. Yes.

Page 14

1 **Q. Okay. Do the individuals that you are**
2 **evaluating tend to have some kind of an underlying**
3 **physical injury?**
4 A. I'm not sure what I -- what you mean by
5 do they "tend" to. What are you asking
6 specifically?
7 **Q. Do the individuals that -- have the**
8 **individuals that you have evaluated have an**
9 **underlying physical injury? For example, a head**
10 **injury.**
11 A. I do see head injury patients, but not
12 exclusively.
13 **Q. Okay. Are there other types of**
14 **underlying injuries that they might have?**
15 A. It's possible.
16 **Q. Could you give me an example of other**
17 **types of injuries?**
18 A. Well, there's all kinds of injuries that
19 could produce neurocognitive deficits, like you
20 just mentioned, head injury, stroke, dementias.
21 But, again, I don't see those exclusively.
22 **Q. Okay. And the other types of people that**
23 **you evaluate have -- you mentioned drug issues.**
24 **What other types of issues might they**
25 **have?**

Page 15

1 A. I do a lot of psychological evaluations
2 as well.
3 **Q. Okay. And what are you looking for in**
4 **those psychological evaluations?**
5 A. Again, we're -- looking at things in the
6 forensic realm is: What's the person's mental
7 state at the time of the crime? Do they have the
8 capacity to proceed with their own defense, in
9 terms of cases of mental illness?
10 So you may or may not have an injury
11 associated with that. I think that's where I was
12 not understanding what you were asking.
13 **Q. Okay.**
14 A. But you have --
15 **VIDEOGRAPHER:** Can I have you pause for
16 one second?
17 **THE WITNESS:** You want more of me?
18 **VIDEOGRAPHER:** Thank you. Sorry.
19 **THE WITNESS:** Okay.
20 **BY MR. BELLINGER:**
21 **Q. And so have you been an expert in both**
22 **criminal and civil cases?**
23 A. Yes, sir.
24 **Q. In all of -- let's say in the last four**
25 **years, in the cases where you've been an expert,**

Page 16

1 **do you always prepare an expert report?**
2 A. I'm not sure how to answer that.
3 **Q. Do you know what I mean by "expert**
4 **report"?**
5 A. I prepare reports when they're asked for.
6 **Q. Okay. Have they been asked for in all of**
7 **the cases that you've been an expert in the last**
8 **four years?**
9 A. I'm unclear as to how I can definitively
10 answer that.
11 **Q. Is that --**
12 A. So I'm not -- I'm sorry. I'm -- I'm
13 really not sure what you're asking --
14 **Q. Okay.**
15 A. -- in a way that I can answer that --
16 **Q. Do you prepare --**
17 A. -- without violating privilege.
18 **Q. Okay. Is the -- is the fact that you**
19 **prepared an expert report something that you think**
20 **might be privileged?**
21 A. Not the fact that I prepared a report,
22 but sometimes the fact that I did not prepare a
23 report.
24 **Q. Okay. Do you know how many times in the**
25 **last four years you did prepare an expert report?**

Page 17

1 A. I don't know that number off the top of
2 my head.
3 **Q. Okay. Could you give me -- oh, let me**
4 **ask you this.**
5 **Do you -- have you evaluated children**
6 **before as an expert?**
7 A. Not as an expert.
8 **Q. Okay. And when you are serving as an**
9 **expert, are you being paid?**
10 A.. Yes.
11 **Q. And who's -- who's paying you?**
12 A. Whoever retains me as the expert.
13 **Q. Okay. And who -- could you give me some**
14 **examples of -- in the -- who -- who has retained**
15 **you as an expert before?**
16 A. Social service agencies, attorneys, state
17 agencies.
18 **Q. Okay. Have you worked with any of the**
19 **lawyers on this case before?**
20 A. I believe I have worked with Mr. Jones
21 before, but I don't recall that, unfortunately,
22 so -- she reminded me of that recently, but...
23 **Q. Okay.**
24 A. So I'm not sure what the context was, to
25 be honest.

Page 18

1 **Q. Okay. And do you have -- strike that.**
2 **Have you ever been precluded from**
3 **providing expert testimony at trial in any of the**
4 **cases where you've been an expert?**
5 A. Not to my knowledge.
6 **Q. Have you ever done independent medical**
7 **examinations, or IMEs?**
8 A. Yes.
9 **Q. How many times?**
10 A. I do them currently, perhaps 20 a year.
11 **Q. Okay. And what is the purpose of the**
12 **IMEs typically?**
13 A. The purpose is to provide an independent
14 opinion about the individual's residual
15 functioning and their capacity.
16 **Q. Okay. So you said you've done maybe 20**
17 **IMEs in the last year, correct?**
18 A. Approximately.
19 **Q. Okay. That's more times than you've been**
20 **an expert, correct?**
21 A. Yes.
22 **Q. Okay. So sometimes you provide an IME in**
23 **cases in which you're not an expert; am I**
24 **understanding that right?**
25 A. In cases I'm not retained to be an expert

Page 19

1 in the case, yes.
2 **Q. And could you give me some examples of**
3 **who has asked you to perform IMEs?**
4 A. Generally it's a workers' compensation
5 situation of an injured worker that's getting near
6 the end of their treatment phase and they need
7 some comments to do the final settlement issues
8 with the claimant.
9 **Q. Okay. Besides expert reports, have you**
10 **ever submitted written testimony in a case, like a**
11 **declaration?**
12 A. Not to my knowledge.
13 **Q. Okay. Have you ever authored an amicus**
14 **brief in a lawsuit?**
15 A. No.
16 **Q. Have you ever signed on to an amicus**
17 **brief that somebody else has authored?**
18 A. Perhaps through our national
19 organizations. I may have. I don't recall it
20 explicitly, but it's a possibility.
21 **Q. Which national organization do you mean?**
22 A. Well, I belong to several national and
23 international neuropsychological associations, and
24 they have filed documents in the past.
25 **Q. And when you say you may have signed on**

Page 20

1 **to those, would that have been in your individual**
2 **capacity or as a member of the organization?**
3 A. It was always on an individual capacity.
4 I'm not an officer in an organization at this
5 point.
6 **Q. Okay. So just to be clear, you may have**
7 **signed on to an amicus brief in the past, but you**
8 **don't remember the specific circumstances?**
9 A. The one that comes to mind is when there
10 was -- I'm not sure -- litigation going on about
11 death penalty and people with mental retardation
12 or developmental disabilities.
13 I know several organizations did file
14 briefs in those cases.
15 **Q. Okay. And you think you may have signed**
16 **on?**
17 A. I may have.
18 **Q. Okay. Do you recall what court that**
19 **would've been filed in?**
20 A. I really don't.
21 **Q. Okay. Have you ever provided testimony**
22 **before a political body before?**
23 A. No.
24 **Q. Have you done any lobbying before?**
25 A. No.

Page 21

1 **Q. Let's say over the last ten years, could**
2 **you provide an estimate of what amount of your**
3 **income has come from being an expert witness?**
4 A. Over the last ten years, 5 to 10 percent.
5 **Q. Okay. Would that be true for the last**
6 **four years as well?**
7 A. No. I have scaled back, and I don't do
8 insurance-billed work anymore, so I am exclusively
9 doing more forensic work, IMEs, things that I can
10 bill directly.
11 So it is picking up a bigger portion in
12 the last two years, I would say, of my income.
13 **Q. Do you have an approximate percentage of**
14 **what amount of your income in the last two years**
15 **has come from your work as an expert or performing**
16 **IMEs?**
17 A. It's probably 30 to 40 percent now.
18 **Q. Okay. Can you tell me what you did to**
19 **prepare for your deposition today?**
20 A. I just had a preconference chat with
21 Emily.
22 **Q. Anything else?**
23 A. No.
24 **Q. Okay. Approximately how many hours did**
25 **you spend preparing?**

Page 22

1 A. For this deposition --
2 **Q. For the deposition.**
3 A. -- or for my report?
4 What are you asking?
5 **Q. How many hours did you spend preparing**
6 **for the deposition?**
7 A. About 30 to 40 minutes.
8 **Q. Okay. Did you meet with anyone else**
9 **besides Ms. Jones?**
10 A. No, I did not.
11 **Q. Okay. Did you review any documents prior**
12 **to your deposition today?**
13 A. In preparation for the deposition?
14 **Q. Correct.**
15 A. No.
16 **Q. So am I correct that you haven't -- have**
17 **you reviewed any of the prior deposition**
18 **transcripts in preparation for your deposition**
19 **today?**
20 A. No, I was not provided with those.
21 **Q. So have -- have you reviewed them at all?**
22 A. I was not provided with those.
23 **Q. Okay. Okay.**
24 **MR. BELLINGER:** Phil, could we get the
25 protective order?

Page 23

1 (Whereupon, Exhibit No. 189 was
2 marked for purposes of
3 identification.)
4 **BY MR. BELLINGER:**
5 **Q. Okay. Dr. Sheppard, I'm handing you**
6 **Exhibit 189, which is the protective order in this**
7 **case.**
8 **Have you seen this protective order**
9 **before?**
10 **Take -- feel free to take a moment to**
11 **look at it.**
12 A. I'm not certain.
13 (Whereupon, Exhibit No. 190 was
14 marked for purposes of
15 identification.)
16 **BY MR. BELLINGER:**
17 **Q. Okay. Okay. Next I just want to hand**
18 **you Exhibit 190, which is the Affidavit of**
19 **Confidentiality, which is part of the protective**
20 **order.**
21 **This is your signature on the end of**
22 **this, on the second page, correct?**
23 A. Yes.
24 **Q. Okay. So do you have an understanding of**
25 **what this protective order does and the**

Page 24

1 **significance of your signature on this Affidavit**
2 **of Confidentiality?**
3 A. It attests that I reviewed it.
4 **Q. Okay. And do you understand the contents**
5 **of this protective order?**
6 A. Probably not in minute detail, no.
7 **Q. Okay. Well, let me explain that briefly**
8 **since it could be relevant today.**
9 **The protective order protects the**
10 **confidentiality of information in this case that's**
11 **specific to the plaintiffs. And, in particular,**
12 **the Attachment 3 to Dr. Van Susteren's expert**
13 **report, which we'll get to in a little bit.**
14 **And then also, to the extent that we**
15 **discuss anything today about individual plaintiffs**
16 **in detail or Attachment 3 to Dr. Van Susteren's**
17 **report, those portions of this transcript could be**
18 **designated as confidential subject to the**
19 **protective order.**
20 **Does that make sense?**
21 A. Yes.
22 **Q. Okay.**
23 **(Whereupon, Exhibit No. 191 was**
24 **marked for purposes of**
25 **identification.)**

1 **BY MR. BELLINGER:**
2 **Q. Dr. Sheppard, I'm handing you what's been**
3 **marked as Exhibit 191.**
4 **Are you familiar with this document?**
5 A. Yes.
6 **Q. And just to be clear for the record, this**
7 **document includes both your CV and your expert**
8 **report, correct?**
9 A. Yes.
10 **Q. And on the final page of that document,**
11 **page 4, is that your signature?**
12 A. Yes.
13 **Q. Okay. And so for the purposes of the**
14 **deposition, I'm going to refer to your expert**
15 **report as the last four pages, beginning there.**
16 **Is this a complete copy of the expert**
17 **report that you've prepared for this case?**
18 A. I think that it is.
19 **Q. Doesn't appear that anything's missing?**
20 A. No, it doesn't.
21 **Q. Okay. What were you asked to provide**
22 **expert testimony on?**
23 A. I was asked to review Dr. Van Susteren's
24 report and critique the methodology used in her
25 formulations.

1 **Q. And what was your objective in preparing**
2 **the report?**
3 A. To critique the methodology.
4 **Q. Anything else?**
5 A. No.
6 **Q. As of today, is this report a complete**
7 **statement of all of your opinions that you**
8 **anticipate giving as an expert witness in this**
9 **case?**
10 A. As far as today.
11 **Q. And as of today, does this report set**
12 **forth the complete basis and reasons for all of**
13 **your opinions?**
14 A. I would need you to rephrase that. I'm
15 not clear on what you're asking.
16 **Q. Okay. Does the report come -- does the**
17 **report set forth all of the assumptions that you**
18 **are relying on in forming your opinions in this**
19 **case?**
20 **MS. JONES:** Objection. Form.
21 You can answer.
22 **THE WITNESS:** Again, I'm not sure how to
23 answer.
24 **BY MR. BELLINGER:**
25 **Q. Okay.**

1 A. I'm not sure what you're asking me.
2 **Q. Okay.**
3 A. Does it include all of my assumptions?
4 **Q. That's --**
5 A. I don't know how to answer.
6 **Q. Okay. Does the report contain all of the**
7 **data that you considered in forming your opinions?**
8 A. No. The data was Dr. Van Susteren's
9 report, which is not included in this.
10 **Q. Okay. There aren't any footnotes or**
11 **citations in your report, correct?**
12 A. Correct.
13 **Q. Okay. What sources did you rely on in**
14 **preparing your report?**
15 A. I relied on my education and training as
16 a clinical neuropsychologist and as a clinical
17 psychologist.
18 **Q. Anything else?**
19 A. No.
20 **Q. Were there any documents that you relied**
21 **on in preparing your report?**
22 A. I relied on the written opinion of
23 Dr. Van Susteren.
24 **Q. Any other documents?**
25 A. Not that I recall.

1 **Q. Okay. Did counsel for defendants provide**
2 **you any documents?**
3 A. Yes.
4 **Q. Which documents were those?**
5 A. I cannot give you the names of them at
6 this point.
7 **Q. Okay. Did they give you documents in**
8 **addition to Dr. Van Susteren's expert report?**
9 A. Yes.
10 **Q. Do you know if the Complaint was one of**
11 **the documents that they gave you?**
12 A. I believe it was.
13 **Q. Okay. And did you review the Complaint**
14 **prior to preparing your exhibit report?**
15 A. I scanned it.
16 **Q. Scanned it as in -- and gave it a quick**
17 **read?**
18 A. Yes.
19 **Q. Did anybody help you draft your expert**
20 **report?**
21 A. Unfortunately, no. It's just me.
22 **Q. Did you consult with anyone in preparing**
23 **your expert report?**
24 A. I did not.
25 **Q. Did you show a draft of your report to**

Page 29

1 **counsel for defendants?**
2 A. Yes, I did.
3 **Q. And did counsel for defendants ask you to**
4 **change any opinions in your report?**
5 A. No.
6 **Q. When did you first hear about this case?**
7 A. I don't have the exact date. It would've
8 been -- thinking November.
9 **Q. November. Okay.**
10 **So had you heard about this case prior to**
11 **being asked to serve as an expert in the case?**
12 A. No.
13 **Q. Okay. So it was approximately sometime**
14 **in November when counsel for defendants contacted**
15 **you; is that correct?**
16 A. Correct.
17 **Q. And who contacted you?**
18 A. Mr. Jones.
19 **Q. And how were you contacted?**
20 A. Either telephone or e-mail.
21 **Q. Okay. And you may have worked with**
22 **Mr. Jones on prior cases; is that right?**
23 A. That's what I --
24 **Q. Okay.**
25 A. -- have been told.

Page 30

1 **Q. But you don't remember the details?**
2 A. I am old. Did it happen before last
3 week? It's getting that bad.
4 **Q. Do you know any of the other lawyers in**
5 **the case?**
6 A. I do not.
7 **Q. Do you know why you were asked to be an**
8 **expert?**
9 A. Well, Mr. Jones told me because she had
10 worked with me before and had seen my work.
11 **Q. Okay. Do you recall reviewing any**
12 **documents prior to agreeing to serve as an expert**
13 **in the case?**
14 A. I did review Dr. Van Susteren's report.
15 That was the only thing, as I recall.
16 **Q. Okay. So you reviewed Dr. Van Susteren's**
17 **report before you agreed to be an expert?**
18 A. I believe so.
19 **Q. Okay.**
20 A. To determine if it was something I could
21 be helpful with or not.
22 **Q. Okay. Do you have a retainer agreement**
23 **with defendants in this case?**
24 A. I do have a fee schedule that I submit,
25 and asked agreement to that fee schedule, yes.

Page 31

1 **Q. And who prepared that fee schedule?**
2 A. My office prepared that.
3 **Q. Okay. And has -- have defendants agreed**
4 **to that --**
5 A. Yes.
6 **Q. -- fee schedule?**
7 **And when approximately did you start your**
8 **work on your expert report?**
9 A. Before Thanksgiving.
10 **Q. Okay. Do you recall approximately how**
11 **long you spent working on it?**
12 A. I don't recall exactly. I have it
13 written down in my fee notes somewhere.
14 **Q. Do you have a ballpark number of hours?**
15 A. I'm going to say four to five.
16 **Q. Okay. Okay. So I'm handing you**
17 **Dr. Van Susteren's expert report that's been**
18 **previously marked in this case as Exhibit 61.**
19 **Is this -- does this look like the report**
20 **from Dr. Van Susteren that you reviewed?**
21 A. It does.
22 **Q. Okay. And you reviewed this report prior**
23 **to drafting your expert report, correct?**
24 A. Yes, sir.
25 **Q. Okay. Now, I want to show you what's**

Page 32

1 **been previously marked as Exhibit 61A. And this**
2 **is the confidential section of Dr. Van Susteren's**
3 **report, Attachment 3.**
4 **And I just want to be clear for the**
5 **record and with you, Dr. Sheppard, this is subject**
6 **to the protective order in the case.**
7 **Did you review this as well?**
8 **Let me -- let me just rephrase that**
9 **question.**
10 **Did you review this confidential**
11 **Attachment 3 prior to drafting your expert report?**
12 A. Yes.
13 **Q. In addition to Dr. Van Susteren's report,**
14 **including Attachment 3, do you recall any other**
15 **materials related -- from the case, that you**
16 **reviewed prior to drafting your report?**
17 A. I reviewed materials sent that were
18 reports of environmental studies, but, again, just
19 scanned them because it didn't relate to the
20 methodology of -- of Dr. Van Susteren's
21 information gathering that I was asked to
22 critique.
23 **Q. Were those other reports about**
24 **environmental studies provided to you by**
25 **defendants?**

1 A. Yes.
2 **Q. Do you recall, were those additional**
3 **expert reports that were filed in the case?**
4 A. I don't recall. I think some were just
5 annual reports that the state requires, and there
6 may have been some expert opinions provided in
7 that as well.
8 Again, I did not spend a lot of time with
9 that as it didn't seem to relate to my task.
10 **Q. Okay. And did you review the Complaint**
11 **prior to preparing your expert report?**
12 A. Yes.
13 **Q. And you skimmed that, you said.**
14 **What about, did you review any of the**
15 **court orders that have been issued in this case,**
16 **prior to preparing your report?**
17 A. Not to my knowledge, but I may have. I
18 don't know that.
19 **Q. Okay. Is there anything else that you**
20 **can recall reviewing prior to preparing your**
21 **expert report?**
22 A. No.
23 **Q. Did you -- are you aware that**
24 **Dr. Van Susteren also submitted a rebuttal report?**
25 A. I don't believe I've seen that.

1 **Q. Okay. So you have -- you did not review**
2 **that to prepare for today's deposition, for**
3 **example?**
4 A. No.
5 **Q. Were you asked to offer opinions about**
6 **the psychological profiles of the five plaintiffs**
7 **contained in Attachment 3 to Dr. Van Susteren's**
8 **expert report?**
9 A. I was asked to critique the methodology
10 of the information gathering.
11 **Q. Okay. Other than critiquing the**
12 **methodology, do you have other opinions about the**
13 **profiles of the plaintiffs contained in**
14 **Attachment 3?**
15 A. What type of opinions are you asking?
16 **Q. We'll -- we'll come back to that.**
17 **Do you have any opinions -- so there's**
18 **the Attachment 3 to Dr. Van Susteren's report, and**
19 **then there's the main body of her expert report.**
20 **Do you have any opinions with respect to**
21 **the main body of Dr. Van Susteren's expert report;**
22 **that was Exhibit 61?**
23 **MS. JONES:** Objection. Form.
24 You can answer.
25 **THE WITNESS:** Do I have opinions about --

1 what specifically are you asking me?
2 This is her report. I mean, that's my
3 opinion that it's her report.
4 Specifically what are you asking?
5 **BY MR. BELLINGER:**
6 **Q. I'm trying to understand if you have --**
7 **if your opinions are limited to the methodology**
8 **that she used to profile the five plaintiffs in**
9 **Attachment 3, or if you also have opinions about**
10 **the main body of Dr. Van Susteren's report.**
11 **And you can feel free to take a look at**
12 **that, if it's helpful.**
13 **MS. JONES:** Same objection.
14 **THE WITNESS:** What are you referring to
15 as "main body"? What are you referencing?
16 **BY MR. BELLINGER:**
17 **Q. It's the -- everything else besides**
18 **Attachment 3 to Dr. Van Susteren's report.**
19 A. This is Attachment 3.
20 **Q. So that -- yeah.**
21 A. Okay. So you want to know what now?
22 **Q. If you're also offering opinions about**
23 **the content in that part of her report.**
24 A. The content is the methodology.
25 **Q. Okay.**

1 A. Unless you're asking me something more
2 specific about that.
3 **Q. No, that's fine.**
4 **If you look at Attachment 2 to**
5 **Dr. Van Susteren -- Dr. Van Susteren's report, it**
6 **contains a list of the references that she**
7 **reviewed.**
8 **Do you see that?**
9 A. I'm looking. I have Attachment 2, yes.
10 **Q. Did you review any of the sources cited**
11 **in Attachment 2, preparing your report?**
12 A. I did not.
13 **Q. I don't see any exhibits to your report;**
14 **is that right?**
15 A. You're correct.
16 **Q. And as of today, are there any exhibits**
17 **that you have planned to use at trial?**
18 A. As of today, no.
19 **Q. Do you recall if you've reviewed any of**
20 **the other expert reports submitted by plaintiffs**
21 **in this case?**
22 A. I do not recall.
23 **Q. You may have, but --**
24 A. I may have scanned.
25 **Q. Okay.**

Page 37

1 A. Again, it related to specifics that did
2 not pertain to methodology. I did not spend time
3 on that.
4 **Q. Okay. So is it fair to say that if you**
5 **did review any other expert reports, they weren't**
6 **relevant to the opinions you offered in your**
7 **report?**
8 A. Exactly.
9 **Q. Okay. Are you being paid for your work**
10 **as an expert in this case?**
11 A. Yes.
12 **Q. Is it an hourly rate or a flat rate?**
13 A. I bill an hourly rate.
14 **Q. And what is that hourly rate?**
15 A. I bill $300 per hour.
16 **Q. Okay. And how did you arrive at that**
17 **rate?**
18 A. I look at what other people are charging,
19 what seems to be the standard. And, actually,
20 I've been told I run a little bit on the low side.
21 **Q. And have you charged that $300-an-hour**
22 **rate in other cases where you've been an expert?**
23 A. Yes.
24 **Q. Is it always the same rate?**
25 A. The same rate as what?

Page 38

1 **Q. Is the --**
2 A. I mean, my fees have increased over the
3 years obviously.
4 **Q. Sure.**
5 **Do you know how much you have billed to**
6 **date in this case?**
7 A. I have not billed anything in this case
8 at this point.
9 **Q. Okay. But you've tracked your hours.**
10 **Do you know how many hours you -- how**
11 **many billable hours you have accumulated so far?**
12 A. I am tracking hours. I would say six to
13 eight at this point.
14 **Q. But you haven't sent bills to anybody**
15 **yet?**
16 A. No.
17 **Q. Did you -- are you aware that the**
18 **plaintiffs' experts are all donating their time in**
19 **this case?**
20 A. No.
21 **Q. Have you ever donated your time as an**
22 **expert witness?**
23 A. No.
24 **Q. Do you know how much time you anticipate**
25 **billing between now and trial?**

Page 39

1 A. No.
2 **Q. Are there any tasks that you anticipate**
3 **doing between now and trial?**
4 A. Not that I'm aware of.
5 **Q. Okay. All right. Could you please turn**
6 **to your CV, which is the beginning pages of your**
7 **expert report?**
8 **Is this a complete and accurate**
9 **description of your education and employment**
10 **history?**
11 A. I'm sorry. My education and what
12 history?
13 **Q. Employment.**
14 A. Yes.
15 **Q. Does your CV list all of your research**
16 **experience?**
17 A. My published research experience, yes.
18 **Q. Is there other research experience that**
19 **you have that's not published?**
20 A. Well, I've had research experience, as a
21 research assistant, throughout my training, that
22 was -- not necessarily even resulted in
23 publications or me listed as an author.
24 **Q. Was that when you were in school?**
25 A. Yes.

Page 40

1 **Q. And does your CV list all of your papers**
2 **and publications?**
3 A. Yes.
4 **Q. And does your CV list all of your**
5 **teaching experience?**
6 A. Yes.
7 **Q. Can you please tell me your current**
8 **employment?**
9 A. I'm employed.
10 **Q. Who are you employed by?**
11 A. I'm self-employed.
12 **Q. Okay. Is that the Northern Rockies**
13 **Neuropsychology?**
14 A. Yes.
15 **Q. Is there anybody else that works with**
16 **you?**
17 A. I have my husband working as an office
18 assistant.
19 **Q. Okay. Anybody else?**
20 A. Not at this time.
21 **Q. You are a neuropsychologist, correct?**
22 A. Correct.
23 **Q. And would you consider yourself an expert**
24 **in neuropsychology?**
25 A. I'm board certified, which means I've

Page 41

1 been reviewed by peers and found to have
2 competence in this area.
3 And I'm also a reviewer for people who
4 are applying for boards.
5 **Q. Besides being board certified, is there**
6 **any additional training or qualifications that you**
7 **have that make you an expert in neuropsychology?**
8 **MS. JONES:** Objection. Form.
9 You can answer.
10 **THE WITNESS:** Now I forgot the question.
11 Go ahead, if you repeat that for me, please.
12 **BY MR. BELLINGER:**
13 **Q. Besides being board certified, what other**
14 **training and qualifications do you have that make**
15 **you an expert in neuropsychology?**
16 A. Well, that is the highest standard of
17 expertise as established in the field, because it
18 relies on, not only education, supervised training
19 and also experience in working with patients.
20 **Q. So in order to become board certified,**
21 **you need to have experience working with patients;**
22 **is that right?**
23 A. Oh my, yes.
24 **Q. Okay.**
25 A. Supervised experience, meaning you've

Page 42

1 been mentored by people who are experts in the
2 field.
3 **Q. Okay. And when -- when did you obtain**
4 **your board certification?**
5 A. I believe it was 2003. I don't have the
6 date here, but, as I recall, it's been nearly
7 twenty years.
8 **Q. And so you're referring to -- the fact**
9 **that you're board certified in clinical**
10 **neuropsychology, Diploma No. 5784?**
11 **Is that what you're referring to --**
12 A. Yes, sir.
13 **Q. -- when you say you're board certified?**
14 **Okay. And that certification comes from**
15 **the American Board of Professional Psychology?**
16 A. Yes, sir.
17 **Q. Can you explain what neuropsychology is?**
18 A. Neuropsychology is defined as the study
19 of brain behavior relationships.
20 **Q. Okay. Do you specialize in mental health**
21 **related to aging?**
22 A. I have had an abundance of training in
23 mental health and aging.
24 **Q. Was that training part of your Ph.D. work**
25 **or since you completed your Ph.D work?**

Page 43

1 A. I -- actually, my master's was funded
2 through the National Institute of Mental Health
3 with an emphasis on geriatric neuropsychology.
4 **Q. So did that training mostly come during**
5 **your work to obtain your master's degree?**
6 A. The actual training, yes. But I've
7 certainly been working with that age group since
8 that time.
9 **Q. Okay.**
10 A. And now I've become that age group so...
11 **Q. So the first page of your CV says you're**
12 **a "specialist in mental health of aging in the**
13 **field of clinical psychology."**
14 **Do you consider yourself to still have**
15 **that specialty?**
16 A. Well, yes. That was an actual
17 certification that was granted by the National
18 Institute of Mental Health.
19 **Q. Okay. Besides your work to obtain your**
20 **master's degree, what other training or**
21 **qualifications have you -- do you have that make**
22 **you an expert in mental health related to aging?**
23 A. I have attended various
24 continuing-education opportunities throughout the
25 year, as recently as this past summer, with an

Page 44

1 emphasis on geriatric mental health and brain
2 behavior relationships in the elderly. So I
3 continue to try and stay current in that field.
4 **Q. Okay. And do you treat elderly clients**
5 **in your private practice?**
6 A. I do no treatment in my private practice.
7 **Q. What do you do in your private practice?**
8 A. I do evaluations.
9 **Q. Okay.**
10 A. With treatment recommendations.
11 **Q. Okay. Do you evaluate elderly clients in**
12 **your practice?**
13 A. I do.
14 **Q. How would you define "elderly"?**
15 A. Well, the bar is getting higher as I
16 continue to age, but we generally have measures
17 that start from the age of 65 on up that we
18 consider to be older adult, not elderly, but older
19 adult.
20 **Q. Older adult. Can you estimate, over the**
21 **last ten years, approximately what percentage of**
22 **your clients have been older adults?**
23 A. I would say 20 percent perhaps.
24 **Q. Okay. And -- and also on your CV, under**
25 **specialty board certification, it says you have a**

Page 45

1 **certificate of professional qualification in**
2 **psychology.**
3 **Can you explain what that means?**
4 A. That actually has been superseded by
5 another certification, but it really was a
6 certification that was granted to -- how should I
7 say this -- allow reciprocity across state lines
8 so that you could be approved to practice in
9 multiple states, if you have this credential.
10 That means you submitted all of your
11 training and expertise to the granting agency, and
12 that allows for more ease in obtaining licensure
13 in other states, for practice purposes.
14 **Q. Okay. Do you work in other states?**
15 A. Well, I'm licensed in Wyoming, and I
16 have, on very rare occasions, been asked to
17 evaluate someone who lives in another state. And
18 so you have to contact that state and find out
19 what provisions they have for allowing practice in
20 that state.
21 And many states have a guest provision
22 that says, yes, you can practice here, as long as
23 it's not more than 30 hours in the year, or
24 something like that, without even having to notify
25 the board. But you definitely have to check with

Page 46

1 the board before you do something like that.
2 **Q. Okay. How often do you do that?**
3 A. Very rarely.
4 **Q. I think you said this certification has**
5 **been superseded by something else.**
6 **What superseded it?**
7 A. Well, PSYPACT is what -- but it's a work
8 in progress, so I'm not really sure how to
9 characterize what's going on with that at this
10 point, because not all -- not all of the states
11 have signed on to this PSYPACT agreement at this
12 point.
13 **Q. Is the PSYPACT a different type of**
14 **certification?**
15 A. Not really. It -- it supersedes this.
16 So when I needed to -- how do I explain
17 this? I had to -- I had to submit paperwork to do
18 an evaluation in Idaho, before COVID, so this was
19 a few years ago. And I had to get this thing that
20 superseded it, before PSYPACT.
21 And what they did is they merged this
22 credential into that.
23 **Q. Okay.**
24 A. I don't really know how to explain it any
25 better. It's administrative stuff to ensure that

Page 47

1 you're qualified and so that they're not taking a
2 liability for you.
3 **Q. The goal is the same though, to allow you**
4 **to practice in other states; is that right?**
5 A. Right. That you are, like I say, not
6 going to be a liability in that practice, that you
7 have demonstrated that you have the credentials to
8 safely practice in other states.
9 **Q. Okay. On page 3 of your CV, under**
10 **current employment, it says that you specialize in**
11 **providing -- specialize "in services to clients**
12 **with head injury or other physical disabilities";**
13 **is that right?**
14 A. Yes.
15 **Q. Would you consider yourself an expert in**
16 **the field of providing services to clients with**
17 **head injuries or other physical disabilities?**
18 A. I have had extensive training in head
19 trauma, and that is an area of expertise, yes.
20 **Q. Is that training in your CV?**
21 A. Partially, yes. When I was employed by
22 other agencies.
23 **Q. In addition to your relevant employment**
24 **history, what other qualifications would you say**
25 **make you an expert in providing services to**

Page 48

1 **clients with head injuries?**
2 A. I've, as I said before, kept up with
3 continuing education, done evaluations throughout
4 the years on a -- on a very routine and regular
5 basis, sought out supervision when necessary.
6 **Q. What are some examples of other physical**
7 **disabilities that you would see clients for?**
8 A. Again, as I mentioned before, there are
9 things such as stroke, with its concomitant
10 residual deficit areas. People that have been
11 physically injured in some way or have back
12 injuries.
13 I -- I do a lot of presurgical
14 evaluations for people who are having implants of
15 neurostimulators, intrathecal drug pumps, that
16 kind of thing, because they've had a physical
17 injury that may or may not have involved head
18 trauma.
19 **Q. Okay. Over the past ten years, could you**
20 **estimate approximately what percentage of your**
21 **clients have had a head injury or other physical**
22 **disabilities?**
23 A. Fifty percent.
24 **Q. Okay. So if I'm remembering this**
25 **correctly, approximately 50 percent have head**

Page 49

1 **injuries or other physical disabilities. I think**
2 **you said 10 percent were older adults or --**
3 **sorry -- 20 percent were older adults.**
4 **Who makes up the rest of your clients?**
5 **MS. JONES:** Objection. Form.
6 You can answer.
7 **THE WITNESS:** Well, some of the older
8 adults are in the head-injury group, to be honest
9 with you.
10 But I will see people, as I said, who are
11 in the criminal justice system, for whatever
12 reason, or sometimes social agencies, social
13 service agencies will asked me to see someone and
14 evaluate them.
15 **BY MR. BELLINGER:**
16 **Q. Okay.**
17 A. So multiple sources.
18 **Q. Are you ever involved in treating the**
19 **underlying head injury or physical disability?**
20 A. At this point in my career, I am not. So
21 I would say that's an incorrect statement on my
22 vita where it says "treatment," because I've
23 already told you I'm not doing treatment anymore.
24 **Q. Where -- what are you referring to in**
25 **your --**

Page 50

1 A. In the current employment.
2 **Q. "Services include assessment, therapy and**
3 **cognitive remediation."**
4 A. I'm exclusively doing assessment at this
5 point.
6 **Q. Okay. Would you say you have any other**
7 **specialties besides those listed under your**
8 **current employment?**
9 A. As I mentioned before, and you noted in
10 the -- in the credentials, aging, neuropsychology
11 of aging has been an interest and a specialty area
12 that I've pursued.
13 **Q. Okay.**
14 A. But in Montana you do have to be somewhat
15 of a generalist because of our population. If I
16 could just certain -- see a certain type of case,
17 I probably would, but we don't have that luxury
18 here.
19 **Q. Would it be fair to say that many of the**
20 **clients -- strike that.**
21 **Would it be fair to say that you**
22 **specialize in mental health disorders that result**
23 **from some form of physical injury?**
24 A. That would not be fair to say.
25 **Q. How would you correct that statement?**

Page 51

1 A. I would say it could be a comorbidity to
2 an injury.
3 **Q. What do you mean by that?**
4 A. A pre-existing mental health concern, not
5 necessarily caused by the injury, but comorbid to
6 the injury.
7 **Q. So there could be a pre-existing**
8 **health -- a pre-existing mental health concern,**
9 **and then the physical injury happens?**
10 A. Yes.
11 **Q. And that physical injury -- injury then**
12 **exacerbates the pre-existing condition?**
13 A. In some cases.
14 **Q. Okay. Do you have experience seeing**
15 **clients with mental health -- mental health**
16 **disorders related to social or environmental**
17 **causes?**
18 A. What would be an example of that?
19 **Q. So, for example, somebody who is living**
20 **in poverty or dealing with social isolation and**
21 **mental health harms related to that.**
22 A. That happens quite typically in the
23 elderly, for example, when you mention social --
24 social isolation.
25 **Q. Okay. Are there other types of social or**

Page 52

1 **environmental causes that you can think about that**
2 **have affected the clients you see, besides social**
3 **isolation?**
4 A. Oh, in this community we see a lot of
5 people from the reservation who have lived in all
6 kinds of adverse conditions. We get homeless
7 people here that we're seeing.
8 There's very wide variety, I think that
9 may or may not, if I understand your question,
10 fall into the realm that you're talking about,
11 yes.
12 **Q. And are those typically older adults that**
13 **you see that are experiencing those issues?**
14 A. No.
15 **Q. Okay. Do you conduct psychological**
16 **testing as part of your private practice?**
17 A. I do.
18 **Q. What sorts of tests?**
19 A. Well, we attempt in my practice to use
20 well-validated measures, various things,
21 intellect, personality measurement, as best we
22 can. Thorough history taking.
23 **Q. I guess what I'm trying to get at is,**
24 **what types of tests would you use to get at that**
25 **information?**

Page 53

1 A. We use both subjective and objective
2 measures.
3 **Q. Could you give me an example of some of**
4 **the subjective measures that you would use?**
5 A. Well, subjective measures would be
6 self-report. There are certain forms and
7 questionnaires that an individual can fill out;
8 that will give them a chance to give you
9 information on the problem from their prospective.
10 **Q. And what are some of the objective**
11 **measures?**
12 A. For -- objective measures for what?
13 **Q. For -- you said that -- through the tests**
14 **you both -- both subjective and objective**
15 **measures.**
16 A. Right.
17 **Q. So what are some examples of the**
18 **objective measures you would look at?**
19 A. Well, I have a list of tests that I use
20 that's this long that they're for different
21 purposes, so that's what -- I'm trying to get you
22 to refine that a little bit, and then I could give
23 you some specific examples.
24 **Q. So you have a -- you have various tests**
25 **you use; is that right?**

Page 54

1 A. Yes.
2 **Q. Okay. And do you -- do the tests try**
3 **to -- strike that.**
4 **Do you use psychological testing with all**
5 **of your clients?**
6 A. If they're able to participate. Not all
7 are able to participate.
8 **Q. If they are able to participate, you do?**
9 A. I do.
10 **Q. Okay. What is the purpose of those**
11 **tests?**
12 A. The purpose is to gauge how the person is
13 performing relative to factors we know that
14 influence function, whether it's age, educational
15 achievement levels, in some cases gender
16 influences that, and then we can compare them with
17 the normative sample for that specific cohort.
18 **Q. I'm not sure I'm totally understanding**
19 **the tests that you perform.**
20 **Could you give me just one example of a**
21 **test that you use?**
22 A. Well, this -- probably most known are the
23 Wechsler Scales.
24 **Q. Okay. And what's the Wechsler Scales?**
25 A. It looks at -- it depends, again, on

Page 55

1 which tests you're talking about. Some are
2 intelligence, some are learning and memory.
3 **Q. How do you perform that test, the**
4 **Wechsler test?**
5 A. Face to face.
6 **Q. Okay. Is it based on face-to-face**
7 **conversation or is there some --**
8 A. Tasks.
9 **Q. Tasks. Okay.**
10 **What type of tasks?**
11 A. Well, without violating test security, I
12 will not be giving you item information, but
13 looking at things that we think compose one's
14 ability to problem solve, to think, to
15 intellectually view things, as well as to learn
16 and remember items.
17 **Q. Okay. And would the result of, say, the**
18 **Wechsler Scales test be -- you could say that to**
19 **be subjective or objective?**
20 A. It's based on objective data.
21 **Q. Okay. On the -- the first page of**
22 **your -- okay.**
23 **MR. BELLINGER:** You want to take a break?
24 **THE WITNESS:** I want to warm up.
25 **MR. BELLINGER:** Yeah. Okay.

Page 56

1 **THE WITNESS:** It's freezing.
2 **MR. BELLINGER:** Let's take a break.
3 **VIDEOGRAPHER:** We're going off the
4 record. The time is 10:18 a.m.
5 (Whereupon, a break was then taken.)
6 **VIDEOGRAPHER:** We are back on the record.
7 The time is 10:35 a.m.
8 **BY MR. BELLINGER:**
9 **Q. Okay. Dr. Sheppard, on the first page of**
10 **your expert report, in the second paragraph, it --**
11 **it notes that your -- your practice is largely**
12 **confirm -- sorry -- "largely confined to clinical**
13 **referrals."**
14 **What do you mean by that?**
15 A. That means that I receive requests to
16 assess patients from, as I said, their private
17 practitioner, community agencies, attorneys, yes.
18 **Q. Okay.**
19 A. That are looking for a diagnostic
20 consideration.
21 **Q. Do you work with the Montana State Fund?**
22 A. Yes.
23 **Q. And is that -- what --**
24 A. Could I interject here?
25 **Q. Yeah.**

Page 57

1 A. Do I work -- I don't work for them, no;
2 if that's what you're asking. I'm sorry. I
3 should have clarified that.
4 **Q. Yeah. Thank you.**
5 **So do you get referrals to do work with**
6 **the Montana State Fund?**
7 A. Yes, I except referrals from them.
8 **Q. And what's the nature of the referrals**
9 **you accept from the Montana State Fund?**
10 A. In terms of?
11 **Q. What are you doing for them?**
12 A. Evaluating their claimant.
13 **Q. Okay. And is that kind of Montana's**
14 **worker -- are those worker compensation claims?**
15 A. Yes, the State Fund handles worker
16 compensation claims.
17 **Q. Okay. Do you know approximately what**
18 **percent of your practice in the last ten years has**
19 **been with the Montana State Fund?**
20 **MS. JONES:** Objection. Form.
21 You can answer.
22 **THE WITNESS:** Well, again, that's sort of
23 an ambiguous question. They may be the payment
24 source, but they're not always the referral
25 source. So I'm, again, trying to parse out what

Page 58

1 you're asking.
2 **BY MR. BELLINGER:**
3 **Q. How often do you get referrals to work**
4 **with the Montana State Fund?**
5 **MS. JONES:** Objection. Form.
6 **THE WITNESS:** I don't --
7 **MS. JONES:** Sorry. Go ahead.
8 **THE WITNESS:** I don't have that
9 information.
10 **BY MR. BELLINGER:**
11 **Q. Okay. Do you treat -- sorry.**
12 **Do you -- I think you used the word**
13 **"evaluate" earlier.**
14 **Do you evaluate children in your**
15 **practice?**
16 A. I do.
17 **Q. How would you define "children"?**
18 A. Anyone below the age of 16 approximately
19 would be considered a pediatric population.
20 Although, under 18, I think you could still make
21 that argument that they would be treated as
22 pediatrics.
23 But in terms of our measurement
24 instruments, 16 can be the demarcation point for
25 whether they're treated as a pediatric population

Page 59

1 or adult population.
2 **Q. Okay. And what services do you provide**
3 **to children?**
4 A. Assessment.
5 **Q. What types of conditions are you**
6 **assessing for?**
7 A. Both neuropsychological and mental
8 health.
9 **Q. Do the children that you assess tend to**
10 **have some form of underlying head injury or**
11 **physical disability?**
12 A. When you say "tend," are you asking --
13 **Q. Do you --**
14 A. -- for more than 50 percent or a
15 percentage?
16 What are you asking?
17 **Q. Sure.**
18 **How often -- what percentage of the**
19 **children do you -- that you assess have some form**
20 **of underlying head injury or other physical**
21 **disability?**
22 A. Boy, this would be a pure guess. I -- I
23 don't even want to give you an accurate guess.
24 **Q. Okay. If they were not seeing you for --**
25 **if they were not coming to you with a head injury**

Page 60

1 **or other physical disability, why else would they**
2 **be coming to you?**
3 A. Mental health conditions, learning
4 disabilities.
5 **Q. What type of mental health conditions?**
6 A. They could have schizophrenia, bipolar,
7 depression, anxiety, Tourette's disorder. Boy,
8 anything in the book that refers to --
9 developmental disabilities.
10 **Q. Okay.**
11 A. Yes.
12 **Q. And just to make sure I'm clear, you**
13 **evaluate those children but you're not involved in**
14 **treating them?**
15 A. I provide treatment recommendations that
16 are to be implemented by the appropriate person.
17 **Q. Okay. And so would anybody that you saw**
18 **who was over the age of 16, would you consider**
19 **them an adult?**
20 A. I would not consider them an adult. I
21 was talking about the assessment instruments that
22 would be utilized.
23 **Q. So would there be different assessment**
24 **instruments if they were over the age of 16?**
25 A. Yes.

Page 61

1 **Q. Okay. Do you -- is there any other age**
2 **category that -- well, let me rephrase that.**
3 **Once they're over the age of 16, is there**
4 **some other age category that you use certain**
5 **assessment tools for that would change once they**
6 **get -- reach --**
7 A. I'm sorry. Repeat that.
8 **Q. Yeah. Let me rephrase that.**
9 **Are you -- would you consider -- is the**
10 **assessment tools that you use for anybody over the**
11 **age of 16 the same that you would use for adults?**
12 A. Are any of the tools; is that the
13 question?
14 **Q. Are the assessment tools that you use for**
15 **clients over the age of 16 the same that you would**
16 **use for adults?**
17 A. Not always, but a large portion maybe.
18 **Q. Okay. What percentage, if you had to**
19 **estimate, of the clients that you assess are**
20 **children, as you defined it, under -- 16 or under?**
21 A. That percentage would be lower than my
22 adult population. But an actual percentage, I'm
23 not going to venture a guess.
24 **Q. Okay. And then between the ages of 16**
25 **and older adults, are there any other -- are those**

Page 62

1 **categories kind of treated the same, between the**
2 **ages of 16 and 65, in terms of the assessment**
3 **tools you would use?**
4 A. No. The assessment tools are dependent
5 on the referral question.
6 **Q. Okay.**
7 A. Not the age necessarily.
8 **Q. Not the age?**
9 A. Right.
10 **Q. Between 16 and 65, do you see clients in**
11 **that whole age range, would you say?**
12 A. Yes.
13 **Q. Okay. Do you consider yourself to be an**
14 **expert in psychiatry?**
15 A. No.
16 **Q. Do you consider yourself to be an expert**
17 **in forensic psychiatry?**
18 A. No.
19 **Q. Do you consider yourself to be an expert**
20 **in forensic psychology?**
21 A. No. I have not done board certification.
22 And there is a board certification for that, that
23 I have not pursued.
24 **Q. Okay. Do you ever -- have you ever**
25 **conducted psychological profiles?**

Page 63

1 A. That depends what you would define as a
2 "psychological profile." I'm not sure what you
3 mean by that.
4 **Q. How would you define psychological**
5 **profiling?**
6 A. I don't know because that's not a term I
7 use in my practice.
8 **Q. Okay. And the term you use is**
9 **"evaluations"; is that right?**
10 A. I do psychological evaluations, yes.
11 **Q. Okay. How would you define**
12 **"psychological evaluation"?**
13 A. It's an integration of sources of data.
14 **Q. And you do psychological evaluations of**
15 **children, adults, older adults; all three**
16 **categories?**
17 A. We would call that "lifespan," yes.
18 **Q. Okay. Do you consider yourself an expert**
19 **in children's health?**
20 A. I do not.
21 **Q. Do you -- okay.**
22 **So turning back to your report, the last**
23 **sentence in the second paragraph says, "I do not**
24 **claim expertise in climate change issues,"**
25 **correct?**

Page 64

1 A. Correct.
2 **Q. Do you have any professional expertise in**
3 **how climate change impacts children's health?**
4 A. I do not.
5 **Q. So let me just clarify that question and**
6 **ask you again.**
7 **Do you have any expertise in how climate**
8 **change affects children's mental health?**
9 A. I do not.
10 **Q. Do you have any expertise in how climate**
11 **change impacts children's physical health?**
12 A. I do not.
13 **Q. Do you have an understanding of what**
14 **anthropogenic climate change is?**
15 A. I do not.
16 **Q. From a medical prospective, are you**
17 **concerned about how climate change impacts**
18 **children?**
19 **MS. JONES:** Objection. Form.
20 **THE WITNESS:** From the medical
21 prospective? I'm not a medical practitioner.
22 **BY MR. BELLINGER:**
23 **Q. From a -- from your perspective as a**
24 **psychologist, do you have any concerns about how**
25 **climate change impacts children?**

1 A. In terms of as a psychologist?
2 **Q. Yes.**
3 A. I have not considered that, no.
4 **Q. Okay. Are you familiar with any of the**
5 **medical literature about how climate change can**
6 **affect mental health of children?**
7 A. I have not reviewed that.
8 **Q. Okay. Do you have any reason to believe**
9 **that the mental health of the five plaintiffs**
10 **referenced in Dr. Van Susteren's confidential**
11 **Attachment 3 are not being impacted by climate**
12 **change?**
13 **MS. JONES:** Objection. Form.
14 **THE WITNESS:** I have no information on
15 that.
16 **BY MR. BELLINGER:**
17 **Q. Okay. Have you ever spoken in a**
18 **professional capacity to any of your clients about**
19 **climate change?**
20 A. I have not.
21 **Q. Is it fair to say then that you do not**
22 **have any expertise in climate change and do not**
23 **intend to offer any opinions about how climate**
24 **change is impacting the youth plaintiffs in this**
25 **case?**

1 A. I have made the statement in my report to
2 summarize my expertise in that area, or lack
3 thereof.
4 **Q. So does that mean, just to be clear,**
5 **you -- you don't intend to offer opinions about**
6 **how the specific plaintiffs in this case are**
7 **impacted by climate change?**
8 A. I don't know the plaintiffs in this case.
9 I have no knowledge of them, so I -- how would I
10 have an opinion?
11 **Q. Okay. Do you think it would be**
12 **appropriate with someone -- do you think it would**
13 **be appropriate for someone with expertise in**
14 **climate science, but no expertise in the field of**
15 **mental health, to offer opinions about how climate**
16 **change impacts mental health of youth?**
17 **MS. JONES:** Objection. Form.
18 **THE WITNESS:** Again, without a specific
19 example, I'm -- that's pretty open-ended, and I
20 don't know that I've taken the time to formulate
21 such an opinion. Haven't thought about it.
22 **BY MR. BELLINGER:**
23 **Q. Yeah. And I'm not asking here**
24 **specifically about your opinions. I'm asking if**
25 **somebody else who has expertise in climate**

1 **science, but no expertise in mental health, would**
2 **it be appropriate for a climate scientist to offer**
3 **opinions on the mental health of youth?**
4 **MS. JONES:** Same objection.
5 **THE WITNESS:** Again, I don't know the
6 scope of practice we're talking about for the
7 hypothetical individual or what the specific
8 question is that you would want -- in our field we
9 have to integrate multiple sources of data.
10 **BY MR. BELLINGER:**
11 **Q. Okay. Let me ask you this.**
12 **Would it be appropriate -- sorry.**
13 **What qualifications would somebody need**
14 **to offer opinions about the mental health of --**
15 **sorry.**
16 **Let me -- let me start that over.**
17 **What qualifications would somebody need**
18 **to offer opinions about whether climate change**
19 **impacts the mental health of children?**
20 A. Again, not being an expert in climate
21 change, I'm not sure what would be required in
22 terms of those credentials. I can only answer
23 from psychology perspective -- a psychologist's
24 perspective on what's necessary to evaluate mental
25 health and the methodology required for that

1 assessment.
2 **Q. Would you agree that in order to evaluate**
3 **the mental health of an individual, it's important**
4 **to have background and training in mental health,**
5 **in the field of mental health?**
6 A. Sounds logical.
7 **Q. Okay. Okay. The -- the -- looking to**
8 **your report, the -- page 1, the beginning of the**
9 **third paragraph, states that "The field of**
10 **psychology is based on the measurement of**
11 **individual differences. Completion of this field**
12 **of study at the doctoral level requires extensive**
13 **coursework and demonstration of competency in the**
14 **area of statistics, research design and a research**
15 **methodology. It is this expertise" that "I will**
16 **rely on to comment on Dr. Van Susteren's written**
17 **opinion in this matter."**
18 **Did I read that correctly?**
19 A. I believe you did.
20 **Q. And what do you mean by "individual**
21 **differences"?**
22 A. We look at -- well, if we take you back
23 to France, one of the earliest psychological tests
24 was an IQ test that Binet put together.
25 And, really, he was looking at, can we

Page 69

1 develop some objective measures to decide who's
2 going to benefit from education and who should be
3 a worker bee, and actually used psychological
4 tests to determine who got to go to school or not,
5 in particular.
6 That then was carried over early on in
7 our own system of selection and -- and looking at
8 individual differences in our military.
9 And what was developed was called the
10 Army Alpha, Army Beta tests, which are sort of the
11 precursors to our current IQ tests. And we weed
12 people out of the military who didn't do very well
13 on those things, saying they probably lacked the
14 mental capacity to do things.
15 There have been -- we would call them
16 probably fringe researchers, over the years, too,
17 who tried to measure individual differences and
18 correlate them with cognitive functioning based on
19 the circumference of their skull. So they would
20 take measurements of people's skulls to see if
21 that correlated with intelligence or not.
22 So we look at differences in the
23 individual and are there moderator variables that
24 are impacting on the outcomes that we are seeing.
25 So that's what I mean by individual

Page 70

1 differences.
2 Every -- every person kind of comes into
3 the situation with a story, and all of that data
4 has to be integrated.
5 **Q. Okay. In addition to the IQ test, what**
6 **are some other ways that you would measure**
7 **individual differences?**
8 A. In any way. We look at learning. We
9 look at the way people remember and retain
10 information: What's their best learning channel;
11 how do they process information; are they auditory
12 learners; are they visual learners; how do they
13 process language; how do they problem solve
14 nominal tasks; what approach do they take; is it
15 an impulsive approach; is it a well thought-out
16 approach.
17 I -- and I'm just skimming the surface, I
18 realize that.
19 **Q. Sure.**
20 A. Because that -- that really is an
21 open-ended question, again, that over many years
22 has been developed.
23 And the more we know, the more we don't
24 know, so we develop another for it, is sometimes
25 what happens.

Page 71

1 **Q. Okay. And you received your Ph.D. in**
2 **1987, correct?**
3 A. Yes, sir.
4 **Q. Have you had training in statistics since**
5 **you've completed your Ph.D.?**
6 A. I taught statistics since I completed the
7 Ph.D.
8 **Q. And when was that?**
9 A. Early '90s.
10 **Q. Okay. That was when you were an**
11 **assistant professor at Eastern Montana College?**
12 A. Yes.
13 **Q. All right. And do you have additional**
14 **training in research design since 1987?**
15 A. I don't have any formal coursework in
16 that, but I routinely -- as I mentioned before, I
17 am a practice sample reviewer for the board
18 certification process, where I have case studies
19 submitted to me.
20 And part of that is to critique the
21 methodology of how they've integrated the data,
22 how they collected the data, and how they came up
23 with their formulation.
24 So I do that routinely. I don't get paid
25 for it. I guess that's my volunteer work that I

Page 72

1 do for my organization to -- to help mentor and --
2 and get people through the process as best as I
3 can.
4 But that does depend on my knowledge of
5 research methodology and formulating opinions that
6 the potential examinee-neuropsychologist types
7 submit.
8 **Q. And that -- the work that you do there is**
9 **to -- to determine whether or not they -- the**
10 **examinee is to receive a board certification?**
11 A. No. I don't make that final decision.
12 It's a multi-step process. That's one cog in the
13 wheel, so to speak. One hurdle that has to be
14 passed before they can go into their oral exams.
15 **Q. Okay. Are there any areas where you are**
16 **currently conducting research?**
17 A. No.
18 **Q. Have you taught any classes in**
19 **neuropsychology in the past 20 years, say?**
20 A. Not in the past 20 years.
21 **Q. Are you currently teaching any classes?**
22 A. No.
23 **Q. Are you -- are you -- I'm not sure if**
24 **I'll phrase this quite right, but are you**
25 **mentoring any possible or future examinees?**

Page 73

1 A. I have in the past. I am not currently.
2 **Q. Okay. Could you estimate how many**
3 **clients you see in an average week in your private**
4 **practice?**
5 A. I'm seeing less and less, but I can give
6 you more of a yearly.
7 **Q. Okay.**
8 A. Estimate three to 400 a year.
9 **Q. Okay. Do you have an estimate of how**
10 **many of those are children?**
11 A. I would -- and, again, total guesstimate.
12 In the 20 percent range, maybe. But, again, total
13 guess.
14 And things tend to ebb and flow.
15 Sometimes some years you'll see more than -- or
16 less. It just depends on what the referral
17 sources send me.
18 **Q. What about if you had to estimate, how**
19 **many of those are under the age of 25?**
20 A. I have a lot under the age of 25 because
21 then we get into the criminal justice system. We
22 get those referrals, yes.
23 **Q. So more than 20 percent?**
24 A. Oh, probably.
25 **Q. Okay. But it's hard to come up with a**

Page 74

1 **specific --**
2 A. It is.
3 **Q. Okay.**
4 A. I don't keep those statistics.
5 **Q. Okay. You also say on the first page of**
6 **your expert report, in the second paragraph, the**
7 **second-to-last line, you say, I do not -- sorry --**
8 **"I did not study abroad."**
9 **How is that relevant to your**
10 **qualifications and credentials?**
11 A. It has nothing to do. I was contrasting
12 my credentials with Dr. Van Susteren's and
13 admitting that I have not done that.
14 **Q. Okay. Do you think that somebody who**
15 **studies abroad would be any more or less qualified**
16 **to offer opinions as a --**
17 A. I don't think so. That's my personal
18 opinion.
19 **Q. Okay. Have you ever received any awards**
20 **for your work in neuropsychology?**
21 A. Board certification was an award. It's
22 very exclusive.
23 **Q. Anything else?**
24 A. Not that I can think of.
25 **Q. Have you ever received any negative**

Page 75

1 **reviews about your work as a neuropsychologist?**
2 A. I'm sure I have.
3 **Q. Can you think of anything?**
4 A. Not offhand.
5 **Q. Okay.**
6 A. But I'm sure, you know, we all have,
7 so -- that's a base-rate statement. Perfection
8 has not been achieved.
9 And I often tell people, you know, the
10 perfect report has yet to have been -- be written,
11 and I'm pretty sure it's not coming out of this
12 office when it happens. So we're all fallible.
13 **Q. Have you ever received -- sorry.**
14 **Have -- have you ever had any complaints**
15 **against you filed with a professional or licensing**
16 **organization?**
17 A. Yes.
18 **Q. Could you describe the nature of those**
19 **complaints?**
20 A. Dissatisfaction in diagnosis.
21 **Q. Do you know approximately how many such**
22 **complaints have been filed?**
23 A. Over the years, three or four, I think.
24 All dismissed with prejudice.
25 **Q. And which professional or licensing**

Page 76

1 **organization were those filed with?**
2 A. State of Montana.
3 **Q. State of Montana. And those were all**
4 **dismissed with prejudice?**
5 A. With prejudice, yes.
6 **Q. Just to be clear, that means you were**
7 **not --**
8 A. Exonerated.
9 **Q. Exonerated.**
10 A. Yes.
11 **Q. No wrongdoing?**
12 A. But they were filed, so you have to admit
13 to that.
14 **Q. Okay. Have you ever been sued in your**
15 **capacity as your -- through your private practice?**
16 A. No.
17 **Q. And I think we've covered this earlier,**
18 **but just to be clear, you've -- have you ever had**
19 **a judge determine that you were not qualified to**
20 **serve as an expert?**
21 A. No.
22 **Q. Is the list of publications in your CV up**
23 **to date?**
24 A. I believe it is.
25 **Q. And so it looks like you haven't**

Page 77

1 **published anything since 2008; is that correct?**
2 A. That was the most recent I have listed
3 here, yes.
4 **Q. Is there anything else that you published**
5 **that would not be listed here?**
6 A. No, I don't think so.
7 **Q. Are you currently working on any**
8 **publications?**
9 A. No.
10 **Q. And do any of your publications relate to**
11 **the mental health of children?**
12 A. No.
13 **Q. And do any of your publications relate to**
14 **climate change?**
15 A. No.
16 **Q. Do any of your publications relate to**
17 **forensic psychiatry?**
18 A. No.
19 **Q. Are you relying on any of your**
20 **publications for your opinions in this case?**
21 A.. I rely on the research methodology that
22 was used to formulate these publications.
23 **Q. Are any of these publications**
24 **particularly relevant to your opinions in this**
25 **case?**

Page 78

1 A. They're all relevant.
2 **Q. Okay. In the sense that they relate to**
3 **methodology?**
4 A. Some methodology, yes.
5 **Q. Your report notes that you do not provide**
6 **guest appearances on television shows to present**
7 **your opinions; is that right?**
8 A. That's correct.
9 **Q. Have you ever been interviewed by the --**
10 A. That's a false statement. I was on local
11 TV once talking about brain injury. I forgot
12 about that.
13 **Q. When was that?**
14 A. Oh, please.
15 **Q. Roughly?**
16 A. Oh, in the 1990s; let's say that.
17 **Q. Okay.**
18 A. Okay.
19 **Q. Other than that TV appearance, have you**
20 **otherwise been interviewed by the media?**
21 A. No. I have declined requests, quite
22 honestly.
23 **Q. Okay. Is there some reason why you avoid**
24 **media appearances?**
25 A. I'm a very busy clinician. I don't need

Page 79

1 to look for things to do, and so I prefer to focus
2 on what I believe I do best. And I'm not a media
3 personality, per se.
4 **Q. Okay. Have you ever written anything**
5 **that's been published in the media?**
6 A. Not that I'm aware of.
7 **Q. Okay. No blog posts or anything?**
8 A. Oh, heavens, no.
9 **Q. Do you think that psychologists who make**
10 **media appearances are unqualified to offer**
11 **objective opinions?**
12 A. As a blanket statement, no.
13 **Q. Okay.**
14 A. I do get mad at Dr. Phil sometimes
15 though.
16 **Q. Okay. You -- it says on your CV that**
17 **you're a member of the American Psychological**
18 **Association, correct?**
19 A. Yes, unless I don't pay my dues, which
20 they keep dunning me for today. But by the end of
21 the year, I will be current.
22 **Q. So currently you're a member of the --**
23 A. I currently am.
24 **Q. Do you know -- do you recall how long**
25 **you've been a member of the American Psychological**

Page 80

1 **Association?**
2 A. Oh, yeah. I started out as a student
3 member back in grad school days. So 1970s.
4 **Q. Okay.**
5 A. Okay.
6 **Q. Is it okay if I call it the APA?**
7 A. Well, you know, the psychiatric
8 association takes issue with that.
9 **Q. Okay.**
10 A. Because they're the -- they're an APA as
11 well, and there's a little contention.
12 **Q. Okay. Well, I will avoid that too.**
13 A. But they're not here, so go ahead.
14 **Q. Why are you a member of the American**
15 **Psychological Association?**
16 A. It allows me to keep abreast of what's
17 going on. They offer benefits in terms of, oh,
18 legislative efforts, continuing-education efforts.
19 They do a number of things and as well as some of
20 these other organizations I have listed. They all
21 invest in those efforts of -- of legislation
22 that's advocating for promotion of psychology and
23 psychological practice in the -- in the country.
24 **Q. Are you personally involved in any of the**
25 **legislative work that the American Psychological**

Page 81

1 **Association does?**
2 A. No, I am not currently.
3 **Q. You -- have you in the past?**
4 A. Well, I was a member -- I don't know if
5 it's listed on here -- of their committee on
6 rural -- yeah, on rural health.
7 But I'm no longer a committee member. My
8 term has expired on that.
9 **Q. And what did you do when you were on the**
10 **committee on rural health?**
11 A. We had meetings.
12 **Q. And did you work on any legislation?**
13 A. And do we what?
14 **Q. Did you work on any legislation?**
15 A. I don't know that we did in that
16 particular cohort of committee members that I was
17 involved with.
18 **Q. Have you ever worked on any legislation**
19 **with the American Psychological Association?**
20 A. I can't recall that I have, no.
21 **Q. Okay. Are there any other professional**
22 **benefits that come with being a member of the**
23 **American Psychological Association?**
24 A. Oh, they offer a number of things, like
25 discounts on rental cars or something that --

Page 82

1 something I don't utilize, but I know they list a
2 whole page of benefits that they have if you would
3 be a member of their group.
4 **Q. What -- what about -- okay. That's fine.**
5 **And would you agree that the American**
6 **Psychological Association is a reputable**
7 **association?**
8 A. It has been, but their membership is
9 declining and they need to respond to that.
10 That's a personal opinion.
11 **Q. Do you currently think it's a reputable**
12 **association?**
13 A. I think it is.
14 **Q. Okay.**
15 **(Whereupon, Exhibit No. 192 was**
16 **marked for purposes of**
17 **identification.)**
18 **BY MR. BELLINGER:**
19 **Q. Okay. I'm handing you what's been marked**
20 **Exhibit 192.**
21 **Is this a document from the American**
22 **Psychological Association of which you're a**
23 **member?**
24 A. So it says, yes.
25 **Q. Have you seen this document before?**

Page 83

1 A. No.
2 **Q. Okay. I just want to read -- the first**
3 **paragraph, I'll read it. It says, "Following is a**
4 **statement by Frank C. Worrell, Ph.D., president of**
5 **the American Psychological Association, in**
6 **response to the Intergovernmental Panel on Climate**
7 **Change report, which addresses human-induced**
8 **climate change and warns that those least able to**
9 **cope are being hardest hit."**
10 **Did I read that correctly?**
11 A. I believe you did.
12 **Q. Do you agree with that statement?**
13 A. I haven't considered that statement. It
14 isn't really a statement.
15 **Q. Okay. Let me --**
16 A. It just tells me what this communication
17 is responding to.
18 **Q. Okay. So let's look to the second**
19 **paragraph, which says, "As this report**
20 **articulates, the harms of climate change are far**
21 **reaching and severe. Psychology, as a discipline,**
22 **can help people and communities adapt to these**
23 **impacts and become more resilient. Psychologists**
24 **also have the scientific knowledge to help create**
25 **technologies that will address global warming and**

Page 84

1 **the strategies to help get them adopted."**
2 **Did I read that correctly?**
3 A. You did.
4 **Q. Do you agree that the harms of climate**
5 **change are far reaching and severe?**
6 **MS. JONES:** Object to form and also that
7 this is outside the scope of Dr. Sheppard's expert
8 report. And I may ask for a continuing objection
9 on that.
10 You can answer.
11 **THE WITNESS:** I don't have expertise to
12 answer that.
13 **BY MR. BELLINGER:**
14 **Q. Okay. Do you think that psychology, as a**
15 **discipline, can help people in communities adapt**
16 **to the impacts of climate change and become more**
17 **resilient?**
18 **MS. JONES:** Same objection.
19 **THE WITNESS:** Psychology is divided up
20 into several different disciplines, with the goal
21 of promoting adaptation. So it would depend which
22 discipline would you call on to do that.
23 Would you call on the developmental
24 psychologist, the social psychologist, the
25 industrial engineering psychologist,

Page 85

1 organizational psychologist, experimental
2 psychologist?
3 Again, that's way too broad a question to
4 provide a concise answer to.
5 **BY MR. BELLINGER:**
6 **Q. Which of those disciplines that you've**
7 **just listed, developmental, social, industrial,**
8 **experimental -- I think I missed one, but --**
9 A. Okay.
10 **Q. Which of those disciplines of psychology**
11 **do you think might be able to help people in**
12 **communities adapt to climate change?**
13 **MS. JONES:** Same objection.
14 **THE WITNESS:** I think every discipline of
15 psychology that addresses human needs probably has
16 something to offer individuals for resilience and
17 adaptation.
18 **BY MR. BELLINGER:**
19 **Q. Okay.**
20 A. To anything.
21 **Q. If you look to the third paragraph, it**
22 **says that, "Psychologists play an important role**
23 **in conveying accurate information about climate**
24 **change and its effects and in advocating for sound**
25 **climate policy and social change."**

Page 86

1 **Did I read that correctly?**
2 A. Yes.
3 **Q. Do you agree that psychologists have an**
4 **important role to play in advocating for sound**
5 **climate policy?**
6 **MS. JONES:** Same objection.
7 **THE WITNESS:** I really don't know what
8 that statement is based on. If there's a body of
9 data that that opinion rely -- are these just this
10 man's opinion? I'm not sure if this is a policy
11 statement that the whole organization is supposed
12 to adopt.
13 I -- again, I'm -- this is the first time
14 I'm seeing this, so I don't know the background on
15 this document.
16 **BY MR. BELLINGER:**
17 **Q. Okay. And this statement is issued by**
18 **the president of the American Psychological**
19 **Association, correct?**
20 **MS. JONES:** Objection. Foundation.
21 You can answer.
22 **THE WITNESS:** That's what it says.
23 **BY MR. BELLINGER:**
24 **Q. Okay. The -- continuing in the third**
25 **paragraph, it says, "The American Psychological**

Page 87

1 **Association has made numerous recommendations for**
2 **addressing climate change in recent years."**
3 **Are you familiar with any of the**
4 **recommendations that the American Psychological**
5 **Association has made for addressing climate**
6 **change?**
7 A. I am not. That has not been my focus.
8 **Q. Okay. Are you familiar with any of the**
9 **other American Psychological Association resources**
10 **or publications related to climate change?**
11 A. I have not focused on that.
12 **Q. Do you think that psychologists should**
13 **play a role in addressing global climate change?**
14 **MS. JONES:** Objection. Form.
15 You can answer.
16 **THE WITNESS:** Again, I don't have enough
17 background to give you an opinion on that.
18 **BY MR. BELLINGER:**
19 **Q. And is that because you don't have**
20 **background or understanding of climate change?**
21 **MS. JONES:** Objection. Form.
22 **THE WITNESS:** I've not studied climate
23 change. I'm studying the brain.
24 ///
25 ///

Page 88

1 **BY MR. BELLINGER:**
2 **Q. Okay.**
3 A. That's what I know how.
4 **Q. Okay. All right. You can put that**
5 **aside.**
6 **Can you tell me in your own words what**
7 **your understanding of what this case is about?**
8 A. I don't have a detailed explanation for
9 you. Again, I was asked to look at a document and
10 critique the methodology.
11 So, no, I do not have a genuine
12 understanding of this case.
13 **Q. Do you know who the defendants are in the**
14 **case?**
15 A. As I understand, the State of Montana is
16 listed as the defendant.
17 **Q. And have you had any conversations or**
18 **communications with any of the defendants in the**
19 **case?**
20 A. I have not.
21 **Q. Do you know what the Complaint alleges**
22 **the defendants are doing to cause the plaintiffs'**
23 **mental health injuries?**
24 **MS. JONES:** Objection. Form.
25 You can answer.

Page 89

1 THE WITNESS: No, I don't have
2 information on that.
3 BY MR. BELLINGER:
4 **Q. Do you know what the plaintiffs are**
5 **asking for as a remedy in the case?**
6 A. I do not.
7 **Q. Do you understand that Dr. Van Susteren's**
8 **expert report are not being offered to support a**
9 **claim for emotional distress damages?**
10 MS. JONES: Objection. Calls for a legal
11 conclusion.
12 THE WITNESS: That does call for a legal
13 conclusion, and so I have no expertise on that.
14 BY MR. BELLINGER:
15 **Q. Okay. Are you familiar with the legal**
16 **concept of standing?**
17 A. No.
18 **Q. And do you understand that the plaintiffs**
19 **have not alleged any diagnoses of specific**
20 **psychological injuries?**
21 MS. JONES: Objection. Form.
22 THE WITNESS: That is what Dr. -- that
23 was what I found somewhat contradictory because
24 Dr. Van Susteren did offer an opinion that these
25 people were suffering from pretraumatic stress

Page 90

1 disorder.
2 BY MR. BELLINGER:
3 **Q. Is pretraumatic stress disorder a**
4 **diagnosis?**
5 A. I haven't seen it in the diagnostic
6 manuals.
7 **Q. Okay.**
8 A. That's why I address that in my document
9 there that it sounds to me more like an anxiety --
10 anticipatory anxiety, I think I -- is the way I
11 termed it that I could best conceptualize that,
12 based on what she was saying.
13 **Q. Do you know any of the plaintiffs in this**
14 **case?**
15 A. I do not.
16 **Q. And you haven't spoken to any of the**
17 **plaintiffs?**
18 A. I have not.
19 **Q. And I know you said you've skimmed the**
20 **Complaint. Do you remember reading the section of**
21 **the Complaint that describes each of the**
22 **plaintiffs?**
23 A. I -- what I recall is reading the -- the
24 summaries of the interviews with the claimants.
25 Was that what you're referring to, or

Page 91

1 something different?
2 **Q. Is the summary of the interviews that**
3 **you're referring to in Dr. Van Susteren's**
4 **Attachment 3?**
5 A. Yes. Yes.
6 **Q. Okay.**
7 A. Yes, I did read that.
8 **Q. So the Complaint also contains**
9 **information about the plaintiffs; do you remember**
10 **reading that?**
11 A. Not offhand.
12 **Q. Okay. Have you read any of the**
13 **plaintiffs' deposition transcripts?**
14 A. No.
15 **Q. Have you read any of the discovery**
16 **responses provided by plaintiffs?**
17 A. You would have to define "discovery
18 responses." Again, I'm not a legal person, so if
19 you could break that down for me.
20 **Q. Have you seen any of the plaintiffs'**
21 **medical records?**
22 A. No.
23 **Q. Have you read any media stories about the**
24 **plaintiffs?**
25 A. No. I do not get the newspaper.

Page 92

1 **Q. Have you -- have you seen any media --**
2 **have you read any media stories about the case in**
3 **general?**
4 A. No, sir.
5 **Q. And have you read the transcript of**
6 **Dr. Van Susteren's deposition?**
7 A. I have not.
8 **Q. Do you have any reason to doubt the truth**
9 **of the statements that the youth plaintiffs have**
10 **stated in their -- Dr. Van Susteren's confidential**
11 **Attachment 3?**
12 MS. JONES: Objection. Form.
13 THE WITNESS: I have no reason to doubt
14 they made statements.
15 BY MR. BELLINGER:
16 **Q. Do you have any reason to doubt the truth**
17 **of their statements?**
18 MS. JONES: Same objection.
19 THE WITNESS: I have no data as to
20 reliability or validity of these individuals, and
21 it's not mentioned that there were any measures
22 undertaken to verify things, so I can't have an
23 opinion on that.
24 ///
25 ///

Page 93

1 **BY MR. BELLINGER:**
2 **Q. Okay. Do you have any opinions as to**
3 **whether the plaintiffs have diagnosable mental**
4 **health conditions?**
5 A. I don't have enough information.
6 **Q. Okay. Will you be providing any expert**
7 **opinions about whether the plaintiffs are**
8 **suffering any mental health harms?**
9 A. Not based on this information, that I was
10 provided.
11 **Q. And what do you mean by "this**
12 **information"?**
13 A. That's included in the attachment.
14 **Q. Okay. So based on the information that**
15 **you've been provided, you don't have any opinions**
16 **about whether the plaintiffs are suffering any**
17 **mental health injuries?**
18 A. There's not enough data to make that
19 impression.
20 **Q. What other data would you need?**
21 A. We would need an integration of the data,
22 which would be background information, physical
23 health information, mental health information.
24 Objective measures would be nice. Any other
25 factors that might be moderating variables need to

Page 94

1 be examined, and then all integrated.
2 **Q. What do you mean by "integrated"?**
3 A. Taking all the sources of information,
4 like puzzle pieces, and making the puzzle fit into
5 some kind of coherent picture.
6 **Q. Okay. But -- okay. So, but just to be**
7 **clear, based on information that you do have, you**
8 **don't have any opinions about the plaintiffs'**
9 **mental health?**
10 A. There's no basis to formulate that, based
11 on this data. And I have not examined any of
12 these people.
13 **Q. Right. Okay. Do you do Telehealth in**
14 **your private practice?**
15 A. I do not.
16 **Q. Are you familiar with Montana's state**
17 **energy policy?**
18 A. No.
19 **Q. And so you weren't asked to provide any**
20 **opinions about Montana's state energy policy in**
21 **your report?**
22 A. I was not.
23 **Q. Are you familiar with the Montana**
24 **Environmental Policy Act?**
25 A. No.

Page 95

1 **Q. And so you weren't asked to provide any**
2 **opinions about the Montana Environmental Policy**
3 **Act in your report?**
4 A. I was not.
5 **Q. Are you aware of the constitutional**
6 **provisions at issue in this case?**
7 A. No.
8 **Q. Have you ever been an expert in a case**
9 **involving constitutional violations?**
10 A. No.
11 **Q. Okay. All right. If you could please**
12 **turn back to your report. If you look --**
13 A. Excuse me.
14 **Q. If you look at the -- the first**
15 **paragraph, second sentence, it says,**
16 **"Dr. Van Susteren suggests that the state of**
17 **Montana is causing psychological harm to residents**
18 **of the state by not providing adequate**
19 **environmental management of the state."**
20 **Correct?**
21 A. Correct.
22 **Q. Could you please take a moment to look at**
23 **Dr. Van Susteren's report and try and point me to**
24 **where she says that?**
25 A. That was my summation of -- after

Page 96

1 reviewing that.
2 **Q. Okay.**
3 A. I don't think that statement is
4 articulated specifically in there.
5 **Q. Okay. What do you mean by "environmental**
6 **management"?**
7 A. As I understood it, not providing
8 adequate environmental policies.
9 **Q. Do you -- by "policies," do you mean**
10 **laws, or what do you mean by "policies"?**
11 A. I don't know if it has to be a law or
12 just some type of administrative policy. Again,
13 I'm not aware of what those specifics are. That's
14 just a general summary statement.
15 **Q. Okay. Would your opinions, as an expert**
16 **in this case, be any different if the case were**
17 **not about Montana failing to provide adequate**
18 **environmental management, but were instead about a**
19 **challenge to laws about harming plaintiffs?**
20 **MS. JONES:** Objection. Form.
21 **THE WITNESS:** Again, I don't know -- the
22 question was the methodology used. So I don't
23 know why that would change. The methodology is
24 the methodology.
25 ///

Page 97

1 **BY MR. BELLINGER:**
2 **Q. Okay. And if you look further down the**
3 **beginning of the fourth paragraph on page 1, it**
4 **says that, "As Dr. Van Susteren presents herself**
5 **in" -- "written communication, she is an advocate**
6 **for legislation related to climate change across**
7 **the United States."**
8 **What written communication are you**
9 **referring to?**
10 A. Her statements of her qualifications.
11 **Q. Could you -- could you show me where she**
12 **says that, please?**
13 A. What specifically are you looking for?
14 **Q. I'm looking for where in**
15 **Dr. Van Susteren's report she says she's an**
16 **advocate for legislation related to climate change**
17 **across the United States.**
18 A. Yeah. I believe that was in her -- not
19 necessarily specifically in her report, also
20 looking at her activities that she's provided in
21 her vita. That was my takeaway.
22 **Q. So this is kind of a summation of your**
23 **takeaway from her report?**
24 A. Yes, sir.
25 **Q. And are you referring to state**

Page 98

1 **legislation or federal legislation?**
2 A. I'm referring to general. I don't -- I
3 did not operate that --
4 **Q. And by "legislation," do you mean laws**
5 **passed by the state legislature or congress?**
6 A. I believe that's what I was thinking,
7 formulated that.
8 **Q. Okay. Are you familiar with any of the**
9 **details of Dr. Van Susteren's advocacy work**
10 **related to climate legislation?**
11 A. I am not familiar with the details, no.
12 **Q. And what do you mean when you say she's**
13 **an advocate for legislation?**
14 **What do you mean by "advocate"?**
15 A. Because she's presenting a point of view
16 and going out of her way to promote that point of
17 view; that's what we call an advocate.
18 **Q. Okay. But you don't have any specific**
19 **examples of her advocacies related to climate**
20 **legislation?**
21 A. I don't have specific examples.
22 **Q. Okay. Is it your understanding that the**
23 **plaintiffs in this case are advocating for**
24 **specific legislation?**
25 A. I think -- how did I address that? I

Page 99

1 guess that might have been one of my assumptions.
2 **Q. Okay. An assumption based on reading**
3 **Dr. Van Susteren's report?**
4 A. An assessment based on we're filing
5 litigation.
6 **Q. Okay.**
7 **MR. BELLINGER:** All right. I think now
8 would be a good time to take another break, maybe
9 for ten minutes.
10 **VIDEOGRAPHER:** We are going off the
11 record. The time is 11:32 a.m.
12 (Whereupon, a break was then taken.)
13 **VIDEOGRAPHER:** We are back on the record.
14 The time is 11:45 a.m.
15 **BY MR. BELLINGER:**
16 **Q. Okay. Dr. Sheppard, turning to your**
17 **expert report again, the -- page 1 in the --**
18 A. Excuse me.
19 **Q. -- fourth paragraph, you note that**
20 **Dr. Van Susteren "does not claim objectivity in**
21 **presenting her opinions."**
22 **Is that in Dr. Van Susteren's report, or**
23 **is that a summary or an opinion that you take out**
24 **of her report?**
25 A. It's an opinion of -- that was not stated

Page 100

1 that there was a goal of objectivity.
2 **Q. Do you state in your report that you're**
3 **presenting your opinions in an objective manner?**
4 A. I don't state that.
5 **Q. Is it possible to be objective without**
6 **claiming to be objective?**
7 A. I hope so.
8 **Q. And let's see. And further down on --**
9 **still on the first page, it says -- your report**
10 **says, "In order for conclusions to be based on**
11 **facts and science, adherence to the commonly**
12 **accepted 'scientific method' should be paramount."**
13 **How do you define the "scientific**
14 **method"?**
15 A. Again, the methodology that is
16 implemented to produce conclusions has to be
17 standardized in some manner, and that's what we
18 call the scientific method or methods of research,
19 and designing research in such a way that the data
20 that we collect can be reliable, open to
21 replication and conclusions, that are based on
22 this, that can be relied on with confidence.
23 And, again, we have confidence intervals
24 because no research project, that I'm aware of,
25 ever can be 100 percent anything.

Page 101

1 But we have what we call confidence
2 intervals. We're looking for truth, and these are
3 the methods that we utilize to look for truth.
4 **Q. How do you apply the scientific method in**
5 **your work?**
6 A. In my work, we look at -- we design.
7 Every case that I see, I suppose, could be called
8 an experiment, in that we're combining multiple
9 sources of data, integrating it.
10 In our work, as neuropsychologists, we
11 also have developed a whole system of objective
12 measures that attempt to get at the variable of
13 effort, how much effort or bias is the individual
14 introducing into their performance, and can we
15 detect that.
16 Again, this is becoming a whole new
17 science, I guess, in terms of neuropsychology.
18 And we have some consensus statements about that
19 within our professional organization.
20 But it's so critical that we examine that
21 in my field because it really is garbage in,
22 garbage out.
23 If we're -- we have a test subject, I
24 guess I could say, that maybe is not giving us
25 their full effort, we can have no confidence in

Page 102

1 the validity of the outcomes, and so we attempt to
2 measure that in some way.
3 And that has, like I said, been sort of
4 in the last several years, not this year or
5 anything, but a relatively recent emphasis in my
6 field.
7 **Q. How would you measure if a test subject**
8 **is not giving you their full effort?**
9 A. Oh, we have several ways. We have -- we
10 have stand-alone measures. We have embedded
11 measures.
12 **Q. Could you -- could you explain what the**
13 **stand-alone measures -- I mean --**
14 A. Very vaguely. Because we -- we don't
15 discuss that with non psychologists very much.
16 The stand-alone measures are tests that
17 we know, based on administering them to various
18 populations, that a person at least should perform
19 above chance levels, if not better.
20 So if you have somebody who's performing
21 below those levels, you know that there's
22 something -- that should raise your suspicion in
23 the stand-alone measure.
24 **Q. What was the other --**
25 A. Oh, embedded.

Page 103

1 **Q. Embedded.**
2 A. Right. I'm sorry.
3 **Q. What are the embedded measures?**
4 A. Oh, there's multiple. And we're -- we're
5 doing research on finding more and more.
6 But they're -- they're measures that are
7 within the standardized tests. Like we mentioned,
8 the Wechsler IQ test, for example.
9 **Q. Okay.**
10 A. You know, and, again, that's probably a
11 bad example for embedded measures, but just for
12 the purposes of our discussion.
13 Are there performance patterns within
14 those tests that, you know, those don't make
15 sense, and you combine those embedded with the
16 stand-alones and it gives you a picture, did this
17 person really give you the best effort or not.
18 If they're performing below chance levels
19 or below what a -- say a person that had no
20 eyesight would do, then you've got problems.
21 They're purposely trying to create an
22 impression, and so they introduce bis into your
23 findings.
24 **Q. Okay. So when you're talking about a**
25 **test subject giving you their best effort, why**

Page 104

1 **would somebody not give you their best?**
2 **MS. JONES:** Objection. Foundation.
3 **THE WITNESS:** Myriad of reasons.
4 **BY MR. BELLINGER:**
5 **Q. Is this -- would this be in the context**
6 **of, say, a workers' compensation claim that**
7 **somebody wants to get a benefit that they might**
8 **not otherwise be entitled --**
9 A. That might be one source of what
10 motivates the bias. That would be one source.
11 **MS. JONES:** I'm just going to remind you,
12 Dr. Sheppard, try not to talk over Nate, just so
13 we have a clear record, and also so I have a
14 chance to get an objection in if I need to.
15 Thank you.
16 **THE WITNESS:** No problem.
17 **BY MR. BELLINGER:**
18 **Q. Okay. And the sentence also says that --**
19 A. I'm sorry. Were you finished with that
20 question?
21 Was that all you wanted to know about
22 that?
23 **Q. Yeah. I'm -- yes.**
24 A. Because there are other sources.
25 **Q. Other sources of when somebody might not**

Page 105

1 **give you their best effort?**
2 A. That was your question I thought to me.
3 **Q. Right.**
4 A. Oh, okay.
5 **Q. We talked about --**
6 A. But you don't want any more information?
7 **Q. So --**
8 A. Just checking.
9 **Q. Okay. So we talked about workers'**
10 **compensation as one example when somebody might**
11 **not give you their best effort.**
12 **Is there another example?**
13 A. Oh, yeah. Sometimes it's a cry for help,
14 so people exaggerate their deficit areas, or lack
15 thereof, in order to get help.
16 Some people, as we -- you may be aware,
17 are kind of -- sort of mental health Munchausen's
18 kinds of things that they inflict -- things on
19 themselves -- cause them to try and produce a
20 certain pattern of performance.
21 They might not have slept well and can't
22 do very well. There may be too much noise in the
23 environment.
24 There are all kind of sources that maybe
25 somebody would -- or would inhibit somebody from

Page 106

1 giving their best effort.
2 Sleep is a big one a lot of times.
3 And so that's why we have to integrate so
4 many different variables into knowing what is
5 producing the results that we're finding.
6 **Q. Okay. Go a little bit further down in**
7 **that fourth paragraph on page 1. Your expert**
8 **report says, "When evaluations are conducted in**
9 **this manner, confidence in outcomes is promoted."**
10 **What do you mean by "evaluations"?**
11 A. Evaluating the individual.
12 **Q. And is that what you would do -- is that**
13 **what you do in your clinical practice, evaluate**
14 **individuals?**
15 A. I'm using that as a specific example, but
16 you could also evaluate groups using
17 this reference.
18 **Q. Is there a difference between a**
19 **psychological profile and a psychological**
20 **evaluation?**
21 A. Again, as I mentioned before, I'm not
22 sure what her definition is of "psychological
23 profile."
24 **Q. And that's not a term that you use?**
25 A. I do not use that term.

Page 107

1 **Q. Is it your opinion the psychological**
2 **evaluation is the only way to determine whether a**
3 **person is suffering mental health harms?**
4 A. No.
5 **Q. How else could you determine if someone**
6 **is suffering mental health harms?**
7 A. Well, the person's behavior. And some
8 things are just so abnormal that the man on the
9 street knows that person's having an issue; it
10 doesn't take a trained professional.
11 **Q. Okay. When you are forming your opinions**
12 **in your role as an expert witness in a case, what**
13 **types of information do you typically rely on?**
14 **And just to be clear, I'm talking about**
15 **when you're serving as an expert in a case, not**
16 **necessarily in your private practice.**
17 A. Okay. I'm having trouble --
18 **Q. Okay.**
19 A. -- getting at what information you're
20 asking me now.
21 **Q. So you've been an expert witness in a**
22 **number of cases before, right?**
23 A. As part of my private practice.
24 **Q. Okay. When you are working as an expert**
25 **in a case, what type of information do you**

Page 108

1 **typically rely on to evaluate an individual?**
2 A. I rely on any information that I can get,
3 whether it's medical information, school
4 information, collateral sources, family history,
5 objective measures, psychological/psychiatric
6 history, current complaints, when did they
7 develop, does it make sense.
8 It has to be very much as many sources of
9 data points that you can collect and find a way to
10 integrate that so that it makes sense.
11 **Q. And do you rely also on the relevant**
12 **psychological literature?**
13 **MS. JONES:** Objection. Foundation.
14 You can answer.
15 **THE WITNESS:** It's all based on the
16 research literature, yes.
17 **BY MR. BELLINGER:**
18 **Q. Okay. What types of literature do you**
19 **tend to rely on to support your expert opinions?**
20 A. In my practice a lot of it is
21 neuropsychological research reports and
22 commentary.
23 **Q. Is that peer-reviewed publications, would**
24 **you say?**
25 A. Yes, sir.

Page 109

1 **Q. Do you ever rely on sources from the**
2 **American Psychological Association?**
3 A. Well, within Division 40.
4 **Q. What do you mean Division 40?**
5 A. It's on my vita there, APA's Division 40.
6 **Q. Could you explain what Division 40 is?**
7 A. It is -- well, they've changed the name.
8 It's the Society for Clinical Neuropsychology.
9 **Q. Okay.**
10 A. They just changed the name a few years
11 back, and I -- it used to be just called the
12 neuropsychology -- Clinical Neuropsychology
13 Division.
14 **Q. And so there are relevant publications**
15 **and resources from Division 40 that you would rely**
16 **on?**
17 A. They publish their own journal.
18 **Q. Okay. Okay. You also indicate in your**
19 **expert report -- you say in the second-to-last**
20 **sentence on page 1 that Dr. Van Susteren "did not**
21 **administer" -- sorry. This is the -- the last**
22 **sentence on page 1, starting with "She," being**
23 **Dr. Van Susteren.**
24 **"She further indicated that she did not**
25 **administer any objective measures of mental health**

Page 110

1 **because she wanted to avoid 'pathologizing'" those**
2 **"individuals."**
3 **Can you point to me where**
4 **Dr. Van Susteren says this in her report, please?**
5 A. No, I can't, without sitting here and
6 reading it. Would you like me to read her entire
7 report?
8 **Q. Well, let's -- well, let's -- let's just**
9 **keep -- let's read the next sentence of your**
10 **report --**
11 A. Okay.
12 **Q. -- first, which says, "In spite of this**
13 **claim, Dr. Van Susteren tells the reader that**
14 **these individuals are suffering from significant**
15 **mental health pathology."**
16 **Does Dr. Van Susteren use the term**
17 **"mental health pathology"?**
18 A. She uses the term "pretraumatic stress,"
19 which is a pathology.
20 **Q. What do you mean by "significant mental**
21 **health pathology"?**
22 A. Something that would rise to the occasion
23 of interfering with functioning in some way.
24 **Q. Is there a difference between pathology**
25 **and diagnosis?**

Page 111

1 A. A diagnosis is a label. Pathology is a
2 condition.
3 **Q. Can you give me an example of a**
4 **pathology?**
5 A. Bipolar illness.
6 **Q. Okay.**
7 A. And the symptoms that merit that
8 diagnosis.
9 **Q. So do you -- so what's a diagnosis?**
10 A. The diagnosis is bipolar disorder, and
11 then there would be a set of symptoms that one
12 would have to meet the criteria of having X number
13 of these symptoms listed in order to merit that
14 label.
15 That might be the best way to explain
16 that.
17 **Q. Do you think a psychologist can do an**
18 **evaluation without rendering a diagnosis?**
19 A. I do that all the time.
20 **Q. Okay. On the top of page 2 of your**
21 **expert report, third line down, you state, "She,"**
22 **being Dr. Van Susteren, "also argues that**
23 **diagnostic considerations are" used only "for**
24 **insurance billing purposes."**
25 **Okay. And now if we could look to page 5**

Page 112

1 **of Dr. Van Susteren's report. If you look, the**
2 **second full paragraph on page 5, about five lines**
3 **down, Dr. Van Susteren says, "Formal diagnoses can**
4 **be helpful in defining impairment of functioning**
5 **to prescribe an appropriate intervention and to**
6 **allow practitioners to investigate psychopathy."**
7 **Do you agree with that statement?**
8 A. I'm sorry. I was reading something else
9 as you said that.
10 Would you repeat that?
11 **Q. Do you agree with Dr. Van Susteren's**
12 **statement?**
13 A. What statement? I was reading something
14 else.
15 **Q. Okay. Sorry.**
16 A. Yeah.
17 **Q. Do you see the sentence that starts,**
18 **"Formal diagnoses"?**
19 **It's one, two -- five lines down on that.**
20 A. Thank you. Okay.
21 Okay. I see it.
22 **Q. So I'll just reread that. It says,**
23 **"Formal diagnoses can be helpful in defining**
24 **impairment of functioning to prescribe an**
25 **appropriate intervention and to allow**

Page 113

1 practitioners to investigate psychopathy."
2 Do you agree with that?
3 A. I do.
4 MS. JONES: Objection. Form.
5 You can answer.
6 THE WITNESS: I do.
7 BY MR. BELLINGER:
8 Q. She also states, couple lines down -- you
9 see the sentence that starts, "Additionally"?
10 A. Yes.
11 Q. So Dr. Van Susteren states,
12 "Additionally, one important reason why
13 psychiatrists make formal diagnoses pursuant to
14 DSM-5-TR is to be able to bill insurance
15 companies."
16 I'll just stop there.
17 Do you agree that -- do you agree with
18 Dr. Van Susteren that an important reason to make
19 a formal diagnosis is to bill insurance companies?
20 MS. JONES: Objection. Form.
21 THE WITNESS: I do not agree with that
22 statement.
23 BY MR. BELLINGER:
24 Q. What don't you agree with?
25 A. That that's the important factor in

Page 114

1 giving a diagnosis, is for billing.
2 I give a diagnosis when there is one,
3 with every case that I have, whether I'm billing
4 an insurance or not.
5 Q. What is the purpose of diagnoses that you
6 give?
7 A. It is a summary that shows you've
8 integrated the data. That diagnosis should relate
9 to what you've recorded all throughout in
10 interpreting your data.
11 And it also communicates to the next
12 person who might see that particular individual,
13 what your line of reasoning was, what you were
14 seeing and how they might best -- there -- that
15 patient's going to them for treatment, for
16 example, how they might best work with that
17 patient.
18 It's a communication strategy, in my
19 opinion.
20 Q. Okay. So a diagnosis is important for
21 communicating with other health care providers?
22 A. And the individual. The individual wants
23 to know -- if they have a pathology, they want to
24 know what it is.
25 Q. Okay. And a diagnosis, I think you said,

Page 115

1 was also important for treatment purposes,
2 correct?
3 A. Yes.
4 Q. Is -- is a diagnosis important for
5 billing reasons as well?
6 A. It can be. But I would not say it's an
7 important reason.
8 Q. Okay. So the -- the disagreement that
9 you have with Dr. Van Susteren's statement is
10 around the language "important"?
11 A. That is a very distinct objection, yes.
12 Q. Okay. And are you aware that
13 Dr. Van Susteren is not treating any of the
14 plaintiffs in this case?
15 A. I'm not aware of anything having to do
16 with her treatment of these individuals.
17 Q. Okay. Do you think a formal diagnosis is
18 required to understand whether an individual is
19 suffering psychological injuries?
20 A. You would have to prove that there is
21 something abnormal about the individual, and
22 that's where the diagnostic considerations help
23 us.
24 Q. Is it -- do you need a diagnosis to be
25 able to identify that there's something unusual

Page 116

1 about an individual?
2 MS. JONES: Objection. Form.
3 You can answer.
4 THE WITNESS: Yeah. I'm -- I'm not sure
5 what you mean by that. If you don't identify a
6 problem, why would you be treating something? I
7 don't understand the logic of that.
8 BY MR. BELLINGER:
9 Q. Well, I'm not talking about treatment. A
10 few minutes ago you mentioned that -- I think the
11 example was, you know, for certain types of people
12 you can tell right away that there's something
13 wrong with them.
14 A. Right. If we go out here on the street
15 and we see somebody talking to their radio, we
16 say, Somethin' not right about that person.
17 Or wearing shorts in this weather, we
18 know there's something that doesn't quite sit
19 right with our view of how the world should work,
20 right?
21 Q. Right.
22 A. And so we know that. Do we know exactly
23 what that -- what's wrong with that individual?
24 No. It's not till we do the evaluation.
25 Is it schizophrenia? Is it drug-induced

1 psychosis? Is it some other thing that we don't
2 know about?
3 And that's where the diagnostic
4 formulations can be so helpful to us because then
5 we know what the underlying cause is, and then we
6 can make recommendations, whether it's something
7 treatable, not treatable, what does this person
8 need to have done for their own safety, if they're
9 wearing shorts out today; those kinds of things,
10 yes.
11 **Q. Okay. But would you agree that you don't**
12 **need a diagnosis to identify that there could be**
13 **something, some type of psychological harm an**
14 **individual's experiencing, even if you don't know**
15 **exactly what that harm is?**
16 **MS. JONES:** Objection. Form.
17 **THE WITNESS:** No. As I just stated, is
18 it psychological? Is it drug induced? Are there
19 some other factors we haven't considered?
20 And it's not until examining that person
21 that we can make those determinations.
22 **BY MR. BELLINGER:**
23 **Q. Okay. And so a diagnosis is important to**
24 **help come up with a plan to address whatever**
25 **issues the individual is experiencing; is that --**

1 **MS. JONES:** Objection. Form.
2 Sorry.
3 **THE WITNESS:** I think I can agree with
4 that one.
5 **BY MR. BELLINGER:**
6 **Q. And would you agree that somebody -- an**
7 **individual can be experiencing a harm without a**
8 **diagnosis?**
9 A. Of course.
10 **Q. Okay. And do you diagnose all of the**
11 **clients that you meet with?**
12 A. As I previously mentioned, we have a
13 category for no diagnosis, and I do assign that.
14 For example, a recent example would be a
15 lady in her early 70s who's worried about her
16 memory.
17 I do the formal assessment, I take -- do
18 an intake evaluation, try and consider all the
19 variables. She does fine with memory.
20 My end conclusion: No diagnosis.
21 **Q. Okay.**
22 A. But it's after evaluating, considering
23 what her complaints are and putting it in the
24 context of her life and what she's -- she's
25 dealing with. Is it stress induced? Is it -- in

1 her case, she was fine, kind of worried well kind
2 of a person, but was concerned and -- but, no,
3 there was no diagnosis for her.
4 **Q. Are there other instances?**
5 **You don't have to provide the specific**
6 **details, but are there other times where you would**
7 **meet and evaluate an individual and not come to a**
8 **diagnosis?**
9 A. The diagnosis, I guess, would be: No
10 diagnosis. Does not fit any known pathology that
11 we should be concerned about.
12 **Q. And when you come to the conclusion that**
13 **there's no diagnosis, does that mean that the**
14 **individual is not experiencing any form of harm?**
15 **MS. JONES:** Objection. Form.
16 You can answer.
17 **THE WITNESS:** From a neuropsychological
18 prospective, which is what I'm evaluating.
19 **BY MR. BELLINGER:**
20 **Q. Okay. If you look to page 2 of your**
21 **expert report, the second full paragraph, the**
22 **beginning of the second paragraph states, "The**
23 **rationale for avoiding 'objective measures' of**
24 **mental health functioning is not well**
25 **articulated."**

1 **So we've talked about some of what those**
2 **objective measures are in the past.**
3 **Would you agree that a direct interview**
4 **can be an objective measure?**
5 A. No.
6 **Q. Never?**
7 A. It's a structured interviewed at best.
8 **Q. What do you mean by "structured**
9 **interview"?**
10 A. Well, most of us have some kind of way
11 that we've developed over the years that we
12 interview folks in a certain manner to collect
13 data, but it's only one data. It's only one
14 source of data. There's nothing to integrate, and
15 that's the problem.
16 **Q. Right. I understand there's only one**
17 **data point, but --**
18 A. If you had a line and you had one data
19 point, you have no line. You need at least two
20 data points to form a line.
21 **Q. But the data can be objective or**
22 **subjective, right?**
23 A. Right.
24 **Q. So if the person conducting an interview**
25 **is trained to assess mental health functioning and**

Page 121

1 **is trained to do such interviews, could that one**
2 **data point be -- that one data point, being the**
3 **interview, could that be objective?**
4 A. No.
5 **Q. Never?**
6 A. Nope.
7 **Q. Because there's only one data point?**
8 A. No. Because you're not having any --
9 anything to compare it with.
10 Objective data provides for normative
11 samples and basis of comparison with no data.
12 **Q. Does --**
13 A. And administered in a standardized
14 manner.
15 **Q. Are you -- is your answer complete?**
16 A. I don't know. Let me think about it.
17 And then -- but subjective data is
18 important, but it's only one source.
19 **Q. Okay. Okay. So Dr. Van Susteren's**
20 **report notes that "Direct interviews and**
21 **observations are an important tool to assess an**
22 **individual."**
23 **Do you agree with that?**
24 A. Absolutely.
25 **Q. Okay. Do you think that during an**

Page 122

1 **interview it's possible to obtain information**
2 **about an individual's family history?**
3 A. Yes.
4 **Q. Is it possible to obtain information,**
5 **during an interview, about educational history?**
6 A. Yes.
7 **Q. Is it possible to obtain information, in**
8 **an interview, about work history?**
9 A. Yes.
10 **Q. Is it possible to obtain information, in**
11 **an interview, about a substance abuse history?**
12 A. Yes.
13 **Q. Is it possible to obtain information, in**
14 **an interview, about mental health history?**
15 A. Yes.
16 **Q. Okay. Would you consider that**
17 **peer-reviewed research -- let me start that over.**
18 **Can peer-reviewed research be an**
19 **objective source of information?**
20 A. Can peer-reviewed research be an
21 objective source of information for what?
22 **Q. To validate what an individual is telling**
23 **you.**
24 A. I don't know how that research would
25 validate what the subjective information is being

Page 123

1 provided by an individual.
2 **Q. Well, let's say, for example, an**
3 **individual says they're concerned about climate**
4 **change, and there is peer-reviewed research that**
5 **says climate change harms the mental health of**
6 **individuals.**
7 **Could you use that peer-reviewed research**
8 **to help validate the individual's claim that**
9 **they're worried about climate change?**
10 **MS. JONES:** Objection. Form.
11 You can answer.
12 **THE WITNESS:** I don't see how that would
13 validate the individuals. I'm having a hard time
14 drawing that connection that you're suggesting.
15 **BY MR. BELLINGER:**
16 **Q. Okay. Is it your information -- is it**
17 **your opinion that Dr. Van Susteren only relied on**
18 **one source of data in rendering opinions about the**
19 **plaintiffs in this case?**
20 A. That's the way I saw what she was doing
21 was, again, an important data point, but it's only
22 one data point.
23 **Q. Okay. If you look to the last paragraph**
24 **on page 2, the third sentence says, "If the group**
25 **being studied is biased in only one direction, it**

Page 124

1 **would not be surprising that the outcomes fall in**
2 **only one direction."**
3 **Is that right?**
4 A. Exactly.
5 **Q. Is it your opinion that Dr. Van Susteren**
6 **is studying the plaintiffs in this case?**
7 A. Excuse me?
8 **Q. Is it your opinion that Dr. Van Susteren**
9 **is studying the plaintiffs in this case?**
10 A. What do you mean by "studying the
11 plaintiffs"?
12 **Q. Well, the sentence in your report says,**
13 **"If the group being studied." Maybe I can start**
14 **by asking that.**
15 **What do you mean by that?**
16 A. That she says she's using facts and
17 science to make a determination of what's going on
18 with these claimants.
19 **Q. Is -- is it your opinion that**
20 **Dr. Van Susteren is doing a research study here?**
21 A. She's doing case studies on each of them,
22 as I -- as I can see it.
23 **Q. Would you agree that if a youth decides**
24 **to be a plaintiff in a climate change lawsuit**
25 **against their government, they likely have**

1 **concerns about climate change?**
2 MS. JONES: Objection. Form.
3 THE WITNESS: I have --
4 MS. JONES: Foundation.
5 You can answer.
6 THE WITNESS: I have no basis to
7 determine that.
8 BY MR. BELLINGER:
9 **Q. Okay. Okay. If you look to page 3, the**
10 **first paragraph, four lines up from the bottom,**
11 **starting, "It does not," see that?**
12 A. Can you excuse me a moment?
13 **Q. Sure.**
14 A. Didn't bring my reading glasses. I'm
15 sorry.
16 **Q. I can read it. It says --**
17 A. Okay. Third up, you said?
18 **Q. Fourth line up.**
19 A. Fourth line up.
20 **Q. I'll read it.**
21 **It says -- your report says, "It does not**
22 **appear that attempts were made in**
23 **Dr. Van Susteren's evaluation of the selected**
24 **plaintiffs, to investigate sources of variance or**
25 **even to consider them."**

1 **What are possible sources of variance?**
2 A. Could be anything.
3 **Q. Such as?**
4 A. Well, what -- when we're talking about
5 variance for this case or variance in general,
6 what are you specifically wanting to know about
7 sources of variance?
8 **Q. I'm specifically wanting to know about**
9 **this sentence in your expert report --**
10 A. Uh-huh.
11 **Q. -- that says, paraphrasing now, that**
12 **Dr. Van Susteren did not investigate sources of**
13 **variance when evaluating the plaintiffs.**
14 A. Well, in any study that we do, case study
15 is an evaluation, as I termed it before, we want
16 to know what other factors should we consider.
17 For example, if I have a patient that's
18 showing some dementia, is it because their brain's
19 deteriorating? Is that the variance in that
20 individual?
21 Is it because they're malnourished and
22 it's reversible? Is it because they're too
23 depressed?
24 We need to consider alternatives before
25 we can accurately -- and rule those out before we

1 can accurately come to a conclusion about what's
2 happening.
3 Now, in the cases that I often work with
4 that I just mentioned, I'm happy if it's a
5 reversible cause because that's good news.
6 If it -- if I see that now this has been
7 something that's been coming over time and maybe
8 there's depression and it's complicating it, but
9 they've still got the underlying pathology, then
10 I'm much more concerned about that individual.
11 **Q. And can one individual have multiple**
12 **sources of a psychological injury?**
13 A. Exactly.
14 **Q. So to use your example, if -- if somebody**
15 **came to you and they were showing signs of**
16 **dementia and they were -- because they were --**
17 **let's say they were malnourished -- malnourished**
18 **and depressed. If you --**
19 A. Or taking medications improperly; that's
20 another frequent source that we find that may
21 mimic some symptoms of a more serious condition.
22 **Q. Okay. So let's say -- let's say they**
23 **have all -- they're doing all three of those**
24 **things: They're malnourished, they're depressed**
25 **and they're improperly taking their medications.**

1 **If you alleviate the malnourishment, they**
2 **could still have other psychological injuries**
3 **related to their depression and improper**
4 **medication, correct?**
5 A. They could.
6 **Q. Okay. If you -- I will just -- it's --**
7 **I'm looking on the page 3, third full paragraph,**
8 **beginning of the second sentence. I'll just read**
9 **it.**
10 A. Thank you.
11 **Q. It says -- you say in your expert report,**
12 **"For example, Dr. Van Susteren opines" on "one**
13 **case that the individual is experiencing," quote,**
14 **"'the deepest, most gripping emotions directed**
15 **at'" the "'state government.'"**
16 **And then you say, "This is apparently not**
17 **a quote from the individual being interviewed, but**
18 **Dr. Van Susteren's interpretation."**
19 **How do you know this is not a direct**
20 **quote?**
21 A. It was not cited as a direct quote.
22 **Q. Okay. So because it didn't have**
23 **quotation marks around it?**
24 A. There's no indication that the individual
25 said, I am suffering the deepest, most gripping

Page 129

1 emotions directed at the state government.
2 It's not in her case statement.
3 **Q. Isn't it in Attachment 3?**
4 A. As to what the person said to her. Where
5 she quotes other things that they -- that are
6 direct quotes, this is totally not in that.
7 So I'm assuming that was not a direct
8 quote. That was her interpretation.
9 **Q. And do you have any reason to believe**
10 **that her interpretation is incorrect?**
11 A. I have no idea what to believe about that
12 interpretation. It's very subjective, and I don't
13 know what to compare it against. I have not seen
14 the individual.
15 I -- there's not enough information for
16 me to determine whether that would be something I
17 would agree with or not. Don't know.
18 **Q. Okay. Is it your opinion that this --**
19 **that language used by Dr. Van Susteren reflects**
20 **bias and a lack of objectivity?**
21 A. It's not objective. It lacks
22 objectivity.
23 **Q. What's --**
24 A. Objectivity would mean as compared to
25 what.

Page 130

1 **Q. So because she doesn't compare that**
2 **specific statement to the statement of a different**
3 **individual, it's not objective?**
4 **MS. JONES:** Objection. Form.
5 **THE WITNESS:** No, to a group of
6 individuals with the known pathology. There's no
7 normative sample to know what we should expect or
8 not expect.
9 And, again, gets back to that methodology
10 of having controlled -- well-controlled groups and
11 looking at those individual differences.
12 How does this group differ from the norm?
13 We -- we don't know. The data's not there.
14 **BY MR. BELLINGER:**
15 **Q. Is it possible that --**
16 **MR. BELLINGER:** Okay. I think I'm almost
17 done. If we could just take a break and come back
18 for any last questions.
19 **THE WITNESS:** Okay.
20 **VIDEOGRAPHER:** We are going off the
21 record. The time is 12:30 p.m.
22 (Whereupon, a break was then taken.)
23 **VIDEOGRAPHER:** We are back on the record.
24 The time is 12:39 p.m.
25 ///

Page 131

1 **BY MR. BELLINGER:**
2 **Q. Okay. Dr. Sheppard, I just have one or**
3 **two more questions.**
4 **Do you plan to do any more work on this**
5 **case between now and trial?**
6 A. I have not been asked to do any more work
7 on this case.
8 **MR. BELLINGER:** Okay. That's it. I have
9 no further questions. Thank you for your time
10 today.
11 **MS. JONES:** I'll reserve all my questions
12 for trial. Thank you.
13 **VIDEOGRAPHER:** That concludes the
14 deposition. The time is 12:39 p.m.
15 (Whereupon, the deposition
16 concluded at 12:39 p.m.)
17 Signature Reserved
18 * * * * * * * *
19
20
21
22
23
24
25

1 DEPONENT'S CERTIFICATE
2
3 I, DR. DEBRA SHEPPARD, the deponent in the
4 foregoing deposition, DO HEREBY CERTIFY, that I
5 have read the foregoing - 131 - pages of
6 typewritten material and that the same is, with
7 any changes thereon made in ink on the corrections
8 sheet, and signed by me a full, true and correct
9 transcript of my oral deposition given at the time
10 and place hereinbefore mentioned.
11
12 ____________________________
13 DR. DEBRA SHEPPARD
14
15
16 Subscribed and sworn to before me this _____
17 day of ________________, 2023.
18
19 ____________________________
20 PRINT NAME:______________
21 Notary Public, State of Montana
22 Residing at:________________
23 My commission expires:_________
24
25 KF - Rikki Held, et al vs. State of Montana, et al

1
2 C E R T I F I C A T E
3
4 STATE OF MONTANA)
: Ss
5 COUNTY OF GALLATIN)
6 I, Kasey L. Fisher, Registered
Professional Reporter and Notary Public for the
7 State of Montana, residing in Bozeman, do hereby
certify:
8
That I was duly authorized to and did
9 swear in the witness and report the deposition of
DR. DEBRA SHEPPARD in the above-entitled cause;
10 that the foregoing pages of this deposition
constitute a true and accurate transcription of my
11 stenotype notes of the testimony of said witness,
all done to the best of my skill and ability; that
12 the reading and signing of the deposition by the
witness have been expressly reserved.
13
I further certify that I am not an
14 attorney nor counsel of any of the parties, nor a
relative or employee of any attorney or counsel
15 connected with the action, nor financially
interested in the action.
16
IN WITNESS WHEREOF, I have hereunto set
17 my hand and affixed my notarial seal on this the
28th day of December 2022.
18
19
20
21
22
23
24
25

$

$300 (1)
37:15
$300-an-hour (1)
37:21

/

/// (6)
87:24,25;92:24,25;
96:25;130:25

A

ability (1)
55:14
able (7)
54:6,7,8;83:8;85:11;
113:14;115:25
abnormal (2)
107:8;115:21
above (1)
102:19
abreast (1)
80:16
abroad (2)
74:8,15
Absolutely (1)
121:24
abundance (1)
42:22
abuse (1)
122:11
accept (1)
57:9
accepted (1)
100:12
accumulated (1)
38:11
accurate (3)
39:8;59:23;85:23
accurately (2)
126:25;127:1
achieved (1)
75:8
achievement (1)
54:15
across (3)
45:7;97:6,17
Act (2)
94:24;95:3
activities (2)
13:2;97:20
actual (4)
12:9;43:6,16;61:22
actually (4)
37:19;43:1;45:4;
69:3
adapt (3)
83:22;84:15;85:12
adaptation (2)
84:21;85:17
addition (4)
28:8;32:13;47:23;
70:5
additional (3)
33:2;41:6;71:13
Additionally (2)
113:9,12
address (5)
7:17;83:25;90:8;
98:25;117:24
addresses (2)
83:7;85:15
addressing (3)
87:2,5,13
adequate (3)
95:18;96:8,17
adherence (1)
100:11
administer (3)
6:15;109:21,25
administered (1)
121:13
administering (1)
102:17
administrative (2)
46:25;96:12
admit (1)
76:12
admitting (1)
74:13
adopt (1)
86:12
adopted (1)
84:1
adult (7)
44:18,19,20;59:1;
60:19,20;61:22
adults (10)
44:22;49:2,3,8;
52:12;61:11,16,25;
63:15,15
adverse (1)
52:6
advocacies (1)
98:19
advocacy (1)
98:9
advocate (5)
97:5,16;98:13,14,17
advocating (4)
80:22;85:24;86:4;
98:23
affect (1)
65:6
affected (1)
52:2
affects (1)
64:8
Affidavit (2)
23:18;24:1
Again (33)
12:5;14:21;15:5;
26:22;32:18;33:8;37:1;
48:8;54:25;57:22,25;
64:6;66:18;67:5,20;
70:21;73:11,12;85:3;
86:13;87:16;88:9;
91:18;96:12,21;99:17;
100:15,23;101:16;
103:10;106:21;123:21;
130:9
against (3)
75:15;124:25;129:13
age (18)
43:7,10;44:16,17;
54:14;58:18;60:18,24;
61:1,3,4,11,15;62:7,8,
11;73:19,20
agencies (6)
17:16,17;47:22;
49:12,13;56:17
agency (1)
45:11
ages (2)
61:24;62:2
aging (6)
42:21,23;43:12,22;
50:10,11
ago (2)
46:19;116:10
agree (19)
68:2;82:5;83:12;
84:4;86:3;112:7,11;
113:2,17,17,21,24;
117:11;118:3,6;120:3;
121:23;124:23;129:17
agreed (2)
30:17;31:3
agreeing (1)
30:12
agreement (3)
30:22,25;46:11
ahead (3)
41:11;58:7;80:13
AL (5)
3:9;5:9,10;0:25,25
alleged (1)
89:19
alleges (1)
88:21
alleviate (1)
128:1
allow (4)
45:7;47:3;112:6,25
allowing (1)
45:19
allows (2)
45:12;80:16
almost (1)
130:16
Alpha (1)
69:10
alternatives (1)
126:24
Although (1)
58:20
always (7)
13:14,23;16:1;20:3;
37:24;57:24;61:17
ambiguous (1)
57:23
American (15)
42:15;79:17,25;
80:14,25;81:19,23;
82:5,21;83:5;86:18,25;
87:4,9;109:2
amicus (3)
19:13,16;20:7
amount (2)
21:2,14
Andrea (1)
6:12
annual (1)
33:5
anthropogenic (1)
64:14
anticipate (3)
26:8;38:24;39:2
anticipatory (1)
90:10
anxiety (3)
60:7;90:9,10
anymore (2)
21:8;49:23
anything's (1)
25:19
APA (2)
80:6,10
APA's (1)
109:5
apparently (1)
128:16
appear (2)
25:19;125:22
appearance (1)
78:19
APPEARANCES (4)
3:1;78:6,24;79:10
APPEARING (3)
3:8;5:23,24
apply (1)
101:4
applying (1)
41:4
approach (3)
70:14,15,16
appropriate (7)
60:16;66:12,13;67:2,
12;112:5,25
approved (1)
45:8
approximate (1)
21:13
approximately (12)
10:16;18:18;21:24;
29:13;31:7,10;44:21;
48:20,25;57:17;58:18;
75:21
area (5)
41:2;47:19;50:11;
66:2;68:14
areas (3)
48:10;72:15;105:14
argues (1)
111:22
argument (1)
58:21
Army (2)
69:10,10
around (2)
115:10;128:23
arrive (1)
37:16
articulated (2)
96:4;119:25
articulates (1)
83:20
aside (1)
88:5
assess (6)
56:16;59:9,19;61:19;
120:25;121:21
assessing (1)
59:6
assessment (13)
50:2,4;59:4;60:21,
23;61:5,10,14;62:2,4;
68:1;99:4;118:17
assign (1)
118:13
Assistant (5)
3:11,19;39:21;40:18;
71:11
associated (1)
15:11
Association (17)
79:18;80:1,8,15;
81:1,19,23;82:6,7,12,
22;83:5;86:19;87:1,5,
9;109:2
associations (1)
19:23
assuming (1)
129:7
assumption (1)
99:2
assumptions (3)
26:17;27:3;99:1
at' (1)
128:15
at_ (1)
0:22
Attachment (19)
24:12,16;32:3,11,14;
34:7,14,18;35:9,18,19;
36:4,9,11;65:11;91:4;
92:11;93:13;129:3
attempt (3)
52:19;101:12;102:1
attempts (1)
125:22

attended (1)
43:23
attests (1)
24:3
ATTORNEY (7)
3:8,11,19;6:1,11,13,
23
attorneys (3)
5:21;17:16;56:17
auditory (1)
70:11
author (1)
39:23
authored (2)
19:13,17
available (1)
11:14
Avenue (2)
3:5;5:15
average (1)
73:3
avoid (3)
78:23;80:12;110:1
avoiding (1)
119:23
award (1)
74:21
awards (1)
74:19
aware (11)
9:10;33:23;38:17;
39:4;79:6;95:5;96:13;
100:24;105:16;115:12,
15
away (1)
116:12

B

back (14)
8:1;21:7;34:16;
48:11;56:6;63:22;
68:22;80:3;95:12;
99:13;109:11;130:9,
17,23
background (5)
68:4;86:14;87:17,20;
93:22
bad (2)
30:3;103:11
ballpark (2)
10:23;31:14
bar (1)
44:15
based (17)
13:1;55:6,20;68:10;
69:18;86:8;90:12;93:9,
14;94:7,10;99:2,4;
100:10,21;102:17;
108:15
base-rate (1)
75:7
basis (5)
26:12;48:5;94:10;
121:11;125:6
become (4)
41:20;43:10;83:23;
84:16
becoming (1)
101:16
bee (1)
69:3
beginning (6)
25:15;39:6;68:8;
97:3;119:22;128:8
BEHALF (1)
3:8
behavior (4)
13:9;42:19;44:2;
107:7
BELLINGER (57)
5:25;6:1,20,22;9:16,
21;15:20;22:24;23:4,
16;25:1;26:24;35:5,16;
41:12;49:15;55:23,25;
56:2,8;58:2,10;64:22;
65:16;66:22;67:10;
82:18;84:13;85:5,18;
86:16,23;87:18;88:1;
89:3,14;90:2;92:15;
93:1;97:1;99:7,15;
104:4,17;108:17;
113:7,23;116:8;
117:22;118:5;119:19;
123:15;125:8;130:14,
16;131:1,8
belong (1)
19:22
below (4)
58:18;102:21;
103:18,19
benefit (2)
69:2;104:7
benefits (3)
80:17;81:22;82:2
Besides (8)
19:9;22:9;35:17;
41:5,13;43:19;50:7;
52:2
best (16)
12:15;52:21;70:10;
72:2;79:2;90:11;
103:17,25;104:1;
105:1,11;106:1;
111:15;114:14,16;
120:7
Beta (1)
69:10
better (2)
46:25;102:19
bias (3)
101:13;104:10;
129:20
biased (1)
123:25
big (1)
106:2
bigger (1)
21:11
bill (5)
21:10;37:13,15;
113:14,19
billable (1)
38:11
billed (2)
38:5,7
billing (5)
38:25;111:24;114:1,
3;115:5
Billings (5)
3:14,16;5:15;7:13,19
bills (1)
38:14
Binet (1)
68:24
bipolar (3)
60:6;111:5,10
bis (1)
103:22
bit (4)
24:13;37:20;53:22;
106:6
blanket (1)
79:12
blog (1)
79:7
board (16)
40:25;41:5,13,20;
42:4,9,13,15;44:25;
45:25;46:1;62:21,22;
71:17;72:10;74:21
boards (1)
41:4
body (6)
20:22;34:19,21;
35:10,15;86:8
book (1)
60:8
both (8)
13:11,12;15:21;25:7;
53:1,14,14;59:7
bottom (1)
125:10
Boulevard (1)
7:18
Box (1)
3:21
Boy (2)
59:22;60:7
brain (5)
13:6;42:19;44:1;
78:11;87:23
brain's (1)
126:18
break (10)
9:13,14;55:23;56:2,
5;91:19;99:8,12;
130:17,22
breaks (1)
9:12
brief (3)
19:14,17;20:7
briefly (1)
24:7
briefs (1)
20:14
bring (3)
10:2,5;125:14
broad (1)
85:3
Broadway (1)
3:13
business (1)
7:15
busy (1)
78:25

C

call (9)
63:17;69:15;80:6;
84:22,23;89:12;98:17;
100:18;101:1
called (4)
6:17;69:9;101:7;
109:11
Calls (1)
89:10
came (2)
71:22;127:15
Can (80)
6:25;8:1,25;9:22;
10:16;13:3;15:15;16:9,
15;21:9,18;26:21;
33:20;34:24;35:11;
40:7;41:9;42:17;44:20;
45:3,22;49:6;52:1,22;
53:7;54:16;57:21;
58:24;65:5;67:22;
68:25;72:3,14;73:5;
74:24;75:3;83:22;
84:10,15;86:21;87:15;
88:4,6,25;100:20,22,
25;101:14,25;108:2,9,
14;110:3;111:3,17;
112:3,23;113:5;115:6;
116:3,12;117:4,6,21;
118:3,7;119:16;120:4,
21;122:18,20;123:11;
124:13,22;125:5,12,16;
126:25;127:1,11
capacity (8)
13:2;15:8;18:15;
20:2,3;65:18;69:14;
76:15
care (1)
114:21
career (3)
10:18;12:6;49:20
carried (1)
69:6
cars (1)
81:25
case (62)
6:23;11:18;17:19;
19:1,10;23:7;24:10;
25:17;26:9,19;29:6,10,
11;30:5,13,23;31:18;
32:6,15;33:3,15;36:21;
37:10;38:6,7,19;50:16;
65:25;66:6,8;71:18;
77:20,25;88:7,12,14,
19;89:5;90:14;92:2;
95:6,8;96:16,16;98:23;
101:7;107:12,15,25;
114:3;115:14;119:1;
123:19;124:6,9,21;
126:5,14;128:13;
129:2;131:5,7
cases (19)
12:18,20,22;13:6,12;
15:9,22,25;16:7;18:4,
23,25;20:14;29:22;
37:22;51:13;54:15;
107:22;127:3
categories (2)
62:1;63:16
categorize (1)
11:9
category (3)
61:2,4;118:13
Cause (5)
5:8;88:22;105:19;
117:5;127:5
caused (1)
51:5
causes (2)
51:17;52:1
causing (1)
95:17
CDV-2020-307 (1)
5:8
certain (9)
13:2;23:12;50:16,16;
53:6;61:4;105:20;
116:11;120:12
certainly (1)
43:7
certificate (2)
45:1;0:1
certification (13)
42:4,14;43:17;44:25;
45:5,6;46:4,14;62:21,
22;71:18;72:10;74:21
certified (6)
40:25;41:5,13,20;
42:9,13
CERTIFY (1)
0:4
challenge (1)
96:19
chance (4)
53:8;102:19;103:18;
104:14
change (41)

29:4;61:5;63:24;
64:3,8,11,14,17,25;
65:5,12,19,22,24;66:7,
16;67:18,21;77:14;
83:7,8,20;84:5,16;
85:12,24,25;87:2,6,10,
13,20,23;96:23;97:6,
16;123:4,5,9;124:24;
125:1
changed (2)
109:7,10
changes (1)
0:7
channel (1)
70:10
characterize (1)
46:9
charged (1)
37:21
charging (1)
37:18
chat (1)
21:20
check (1)
45:25
checking (1)
105:8
children (15)
17:5;58:14,17;59:3,
9,19;60:13;61:20;
63:15;64:18,25;65:6;
67:19;73:10;77:11
children's (4)
63:19;64:3,8,11
circumference (1)
69:19
circumstances (1)
20:8
citations (1)
27:11
cited (2)
36:10;128:21
civil (1)
15:22
claim (6)
63:24;89:9;99:20;
104:6;110:13;123:8
claimant (2)
19:8;57:12
claimants (2)
90:24;124:18
claiming (1)
100:6
claims (2)
57:14,16
clarified (1)
57:3
clarify (1)
64:5
Clark (1)
5:7
classes (2)
72:18,21
clear (11)
20:6;25:6;26:15;
32:4;60:12;66:4;76:6,
18;94:7;104:13;107:14
clients (19)
44:4,11,22;47:11,16;
48:1,7,21;49:4;50:20;
51:15;52:2;54:5;61:15,
19;62:10;65:18;73:3;
118:11
climate (44)
63:24;64:3,7,10,14,
17,25;65:5,11,19,22,
23;66:7,14,15,25;67:2,
18,20;77:14;83:6,8,20;
84:4,16;85:12,23,25;
86:5;87:2,5,10,13,20,
22;97:6,16;98:10,19;
123:3,5,9;124:24;
125:1
clinical (8)
27:16,16;42:9;43:13;
56:12;106:13;109:8,12
clinician (1)
78:25
cog (1)
72:12
cognitive (2)
50:3;69:18
coherent (1)
94:5
cohort (2)
54:17;81:16
collateral (1)
108:4
collect (3)
100:20;108:9;120:12
collected (1)
71:22
College (1)
71:11
combine (1)
103:15
combining (1)
101:8
coming (4)
59:25;60:2;75:11;
127:7
comment (2)
12:23;68:16
commentary (1)
108:22
comments (1)
19:7
commission (1)
0:23
committee (4)
81:5,7,10,16
commonly (1)
100:11
communicates (1)
114:11
communicating (1)
114:21
communication (4)
83:16;97:5,8;114:18
communications (1)
88:18
communities (3)
83:22;84:15;85:12
community (2)
52:4;56:17
comorbid (1)
51:5
comorbidity (1)
51:1
companies (2)
113:15,19
compare (4)
54:16;121:9;129:13;
130:1
compared (1)
129:24
comparison (1)
121:11
compensation (5)
19:4;57:14,16;104:6;
105:10
competence (1)
41:2
competency (1)
68:13
Complaint (7)
28:10,13;33:10;
88:21;90:20,21;91:8
complaints (5)
75:14,19,22;108:6;
118:23
complete (7)
8:13;9:9;25:16;26:6,
12;39:8;121:15
completed (4)
8:12;42:25;71:5,6
completely (1)
7:24
Completion (1)
68:11
complicating (1)
127:8
compose (1)
55:13
compromise (1)
12:25
compromised (2)
13:4,7
concept (1)
89:16
conceptualize (1)
90:11
concern (2)
51:4,8
concerned (5)
64:17;119:2,11;
123:3;127:10
concerns (2)
64:24;125:1
concise (1)
85:4
concluded (1)
131:16
concludes (1)
131:13
conclusion (5)
89:11,13;118:20;
119:12;127:1
conclusions (3)
100:10,16,21
concomitant (1)
48:9
condition (3)
51:12;111:2;127:21
conditions (5)
52:6;59:5;60:3,5;
93:4
conduct (1)
52:15
conducted (2)
62:25;106:8
conducting (2)
72:16;120:24
confidence (5)
100:22,23;101:1,25;
106:9
confidential (5)
24:18;32:2,10;65:10;
92:10
Confidentiality (3)
23:19;24:2,10
confined (1)
56:12
confirm (1)
56:12
congress (1)
98:5
connection (1)
123:14
consensus (1)
101:18
consider (16)
40:23;43:14;44:18;
47:15;60:18,20;61:9;
62:13,16,19;63:18;
118:18;122:16;125:25;
126:16,24
consideration (1)
56:20
considerations (2)
111:23;115:22
considered (5)
27:7;58:19;65:3;
83:13;117:19
considering (1)
118:22
constitutional (2)
95:5,9
consult (1)
28:22
contact (1)
45:18
contacted (3)
29:14,17,19
contain (1)
27:6
contained (2)
34:7,13
contains (2)
36:6;91:8
content (2)
35:23,24
contention (1)
80:11
contents (1)
24:4
context (3)
17:24;104:5;118:24
continue (2)
44:3,16
CONTINUED (1)
3:1
continuing (3)
48:3;84:8;86:24
continuing-education (2)
43:24;80:18
contradictory (1)
89:23
contrasting (1)
74:11
controlled (1)
130:10
conversation (1)
55:7
conversations (1)
88:17
conveying (1)
85:23
cope (1)
83:9
copies (1)
11:17
copy (1)
25:16
corrections (1)
0:7
correctly (5)
48:25;68:18;83:10;
84:2;86:1
correlate (1)
69:18
correlated (1)
69:21
counsel (6)
6:2,4;28:1;29:1,3,14
Country (2)
7:18;80:23
County (1)
5:7
couple (1)
113:8
course (1)
118:9
coursework (2)
68:13;71:15

Court (12)
5:7,14,16,17;6:14;8:1,4,7,18;9:6;20:18;33:15
covered (1)
76:17
COVID (3)
11:21,24;46:18
create (2)
83:24;103:21
credential (2)
45:9;46:22
credentials (5)
47:7;50:10;67:22;74:10,12
crime (1)
15:7
criminal (3)
15:22;49:11;73:21
criteria (1)
111:12
critical (1)
101:20
critique (6)
25:24;26:3;32:22;34:9;71:20;88:10
critiquing (1)
34:11
cry (1)
105:13
current (8)
40:7;44:3;47:10;50:1,8;69:11;79:21;108:6
currently (9)
18:10;72:16,21;73:1;77:7;79:22,23;81:2;82:11
CV (11)
25:7;39:6,15;40:1,4;43:11;44:24;47:9,20;76:22;79:16

D

damages (1)
89:9
data (35)
27:7,8;55:20;63:13;67:9;70:3;71:21,22;86:9;92:19;93:18,20,21;94:11;100:19;101:9;108:9;114:8,10;120:13,13,14,17,18,20,21;121:2,2,7,10,11,17;123:18,21,22
data's (1)
130:13
date (4)
29:7;38:6;42:6;76:23
day (1)
0:17
days (1)
80:3
dealing (2)
51:20;118:25
death (1)
20:11
Debra (5)
5:6;6:16;7:2;0:3,13
D-e-b-r-a (1)
7:2
December (1)
5:11
decide (1)
69:1
decides (1)
124:23
decision (1)
72:11
declaration (1)
19:11
declined (1)
78:21
declining (1)
82:9
deepest (2)
128:14,25
defendant (1)
88:16
DEFENDANTS (13)
3:9;6:5;13:11;28:1;29:1,3,14;30:23;31:3;32:25;88:13,18,22
defense (1)
15:8
deficit (2)
48:10;105:14
deficits (1)
14:19
define (7)
44:14;58:17;63:1,4,11;91:17;100:13
defined (2)
42:18;61:20
defining (2)
112:4,23
definitely (1)
45:25
definition (1)
106:22
definitively (1)
16:9
degree (2)
43:5,20
demarcation (1)
58:24
dementia (2)
126:18;127:16
dementias (2)
13:8;14:20
demonstrated (1)
47:7
demonstration (1)
68:13
Department (1)
3:20
depend (2)
72:4;84:21
dependent (1)
62:4
depends (3)
54:25;63:1;73:16
deponent (1)
0:3
DEPONENT'S (1)
0:1
deposed (4)
10:14,17;11:3,19
deposition (21)
5:5,19;9:24;11:16,23;21:19;22:1,2,6,12,13,17,18;25:14;34:2;91:13;92:6;0:4,9;131:14,15
depositions (1)
11:13
depressed (3)
126:23;127:18,24
depression (3)
60:7;127:8;128:3
describe (3)
12:18,19;75:18
describes (1)
90:21
description (1)
39:9
design (3)
68:14;71:14;101:6
designated (1)
24:18
designing (1)
100:19
detail (3)
12:18;24:6,16
detailed (1)
88:8
details (4)
30:1;98:9,11;119:6
detect (1)
101:15
deteriorating (1)
126:19
determination (1)
124:17
determinations (1)
117:21
determine (8)
30:20;69:4;72:9;76:19;107:2,5;125:7;129:16
develop (3)
69:1;70:24;108:7
developed (4)
69:9;70:22;101:11;120:11
developmental (4)
20:12;60:9;84:23;85:7
diagnosable (1)
93:3
diagnose (1)
118:10
diagnoses (6)
89:19;112:3,18,23;113:13;114:5
diagnosis (27)
75:20;90:4;110:25;111:1,8,9,10,18;113:19;114:1,2,8,20,25;115:4,17,24;117:12,23;118:8,13,20;119:3,8,9,10,13
diagnostic (5)
56:19;90:5;111:23;115:22;117:3
differ (1)
130:12
difference (2)
106:18;110:24
differences (8)
68:11,21;69:8,17,22;70:1,7;130:11
different (8)
46:13;53:20;60:23;84:20;91:1;96:16;106:4;130:2
Diploma (1)
42:10
direct (6)
120:3;121:20;128:19,21;129:6,7
directed (2)
128:14;129:1
direction (2)
123:25;124:2
directly (1)
21:10
disabilities (8)
20:12;47:12,17;48:7,22;49:1;60:4,9
disability (4)
49:19;59:11,21;60:1
disagreement (1)
115:8
discipline (4)
83:21;84:15,22;85:14
disciplines (3)
84:20;85:6,10
discounts (1)
81:25
discovery (2)
91:15,17
discuss (2)
24:15;102:15
discussion (1)
103:12
dismissed (2)
75:24;76:4
disorder (4)
60:7;90:1,3;111:10
disorders (3)
13:8;50:22;51:16
Dissatisfaction (1)
75:20
distinct (1)
115:11
distress (1)
89:9
District (1)
5:7
divided (1)
84:19
Division (6)
109:3,4,5,6,13,15
doctoral (1)
68:12
document (9)
9:23;25:4,7,10;82:21,25;86:15;88:9;90:8
documents (12)
10:2,5,9;19:24;22:11;27:20,24;28:2,4,7,11;30:12
donated (1)
38:21
donating (1)
38:18
Done (11)
11:21;12:4;13:12;18:6,16;20:24;48:3;62:21;74:13;117:8;130:17
doubt (3)
92:8,13,16
down (10)
8:8;31:13;91:19;97:2;100:8;106:6;111:21;112:3,19;113:8
dozen (2)
11:10;12:8
Dr (77)
5:6;6:16,21;9:22;10:11;23:5;24:12,16;25:2,23;27:8,23;28:8;30:14,16;31:17,20;32:2,5,13,20;33:24;34:7,18,21;35:10,18;36:5,5;56:9;65:10;68:16;74:12;79:14;84:7;89:7,22,24;91:3;92:6,10;95:16,23;97:4,15;98:9;99:3,16,20,22;104:12;109:20,23;110:4,13,16;111:22;112:1,3,11;113:11,18;115:9,13;121:19;123:17;124:5,8,20;125:23;126:12;128:12,18;0:3,13;129:19;131:2
draft (2)

28:19,25
drafting (3)
31:23;32:11,16
drawing (1)
123:14
drug (3)
14:23;48:15;117:18
drug-induced (1)
116:25
drugs (1)
13:7
DSM-5-TR (1)
113:14
dues (1)
79:19
duly (1)
6:17
dunning (1)
79:20
during (3)
43:4;121:25;122:5

E

earlier (2)
58:13;76:17
earliest (1)
68:23
early (3)
69:6;71:9;118:15
ease (1)
45:12
East (1)
3:5
Eastern (1)
71:11
ebb (1)
73:14
education (6)
27:15;39:9,11;41:18;
48:3;69:2
educational (2)
54:14;122:5
effect (1)
9:5
effects (1)
85:24
effort (9)
101:13,13,25;102:8;
103:17,25;105:1,11;
106:1
efforts (3)
80:18,18,21
eight (1)
38:13
either (2)
7:25;29:20
elderly (6)
44:2,4,11,14,18;
51:23
else (18)
5:22;19:17;21:22;
22:8;26:4;27:18;33:19;
35:17;40:15,19;46:5;
60:1;66:25;74:23;77:4;
107:5;112:8,14
e-mail (1)
29:20
embedded (6)
102:10,25;103:1,3,
11,15
Emily (3)
3:10;6:4;21:21
Emily@joneslawmtcom (1)
3:15
emotional (1)
89:9
emotions (2)
128:14;129:1
emphasis (3)
43:3;44:1;102:5
employed (5)
7:10,12;40:9,10;
47:21
employer (1)
7:14
employment (7)
39:9,13;40:8;47:10,
23;50:1,8
end (4)
19:6;23:21;79:20;
118:20
energy (2)
94:17,20
engineering (1)
84:25
enough (4)
87:16;93:5,18;
129:15
ensure (1)
46:25
entire (2)
10:18;110:6
entitled (1)
104:8
environment (1)
105:23
environmental (10)
32:18,24;51:16;52:1;
94:24;95:2,19;96:5,8,
18
Esq (3)
3:3,10,18
established (1)
41:17
estimate (8)
21:2;44:20;48:20;
61:19;73:2,8,9,18
ET (5)
3:9;5:9,10;0:25,25
evaluate (13)
14:23;44:11;45:17;
49:14;58:13,14;60:13;
67:24;68:2;106:13,16;
108:1;119:7
evaluated (2)
14:8;17:5
evaluating (6)
14:2;57:12;106:11;
118:22;119:18;126:13
evaluation (11)
13:16,21;46:18;
63:12;106:20;107:2;
111:18;116:24;118:18;
125:23;126:15
evaluations (10)
15:1,4;44:8;48:3,14;
63:9,10,14;106:8,10
even (6)
8:6;39:22;45:24;
59:23;117:14;125:25
exacerbates (1)
51:12
exact (2)
11:4;29:7
exactly (6)
31:12;37:8;116:22;
117:15;124:4;127:13
exaggerate (1)
105:14
EXAMINATION (1)
6:19
examinations (1)
18:7
examine (1)
101:20
examined (3)
6:18;94:1,11
examinee (1)
72:10
examinee-neuropsychologist (1)
72:6
examinees (1)
72:25
examining (1)
117:20
example (23)
14:9,16;34:3;51:18,
19,23;53:3;54:20;
66:19;103:8,11;
105:10,12;106:15;
111:3;114:16;116:11;
118:14,14;123:2;
126:17;127:14;128:12
examples (7)
17:14;19:2;48:6;
53:17,23;98:19,21
exams (1)
72:14
except (1)
57:7
exclusive (1)
74:22
exclusively (4)
14:12,21;21:8;50:4
Excuse (4)
95:13;99:18;124:7;
125:12
exhibit (14)
9:17,18;23:1,6,13,
18;24:23;25:3;28:14;
31:18;32:1;34:22;
82:15,20
exhibits (2)
36:13,16
Exonerated (2)
76:8,9
expect (2)
130:7,8
experience (9)
39:16,17,18,20;40:5;
41:19,21,25;51:14
experiencing (6)
52:13;117:14,25;
118:7;119:14;128:13
experiment (1)
101:8
experimental (2)
85:1,8
expert (85)
10:12;12:21;13:11,
13;15:21,25;16:1,3,7,
19,25;17:6,7,9,12,15;
18:3,4,20,23,25;19:9;
21:3,15;24:12;25:7,14,
16,22;26:8;28:8,19,23;
29:11;30:8,12,17;31:8,
17,23;32:11;33:3,6,11,
21;34:8,19,21;36:20;
37:5,10,22;38:22;39:7;
40:23;41:7,15;43:22;
47:15,25;56:10;62:14,
16,19;63:18;67:20;
74:6;76:20;84:7;89:8;
93:6;95:8;96:15;99:17;
106:7;107:12,15,21,24;
108:19;109:19;111:21;
119:21;126:9;128:11
expertise (16)
41:17;45:11;47:19;
63:24;64:2,7,10;65:22;
66:2,13,14,25;67:1;
68:15;84:11;89:13
experts (2)
38:18;42:1
expired (1)
81:8
expires_ (1)
0:23
explain (9)
13:3;24:7;42:17;
45:3;46:16,24;102:12;
109:6;111:15
explanation (1)
88:8
explicitly (1)
19:20
extensive (2)
47:18;68:12
extent (1)
24:14
eyesight (1)
103:20

F

face (2)
55:5,5
face-to-face (1)
55:6
fact (4)
16:18,21,22;42:8
factor (1)
113:25
factors (4)
54:13;93:25;117:19;
126:16
facts (2)
100:11;124:16
failing (1)
96:17
fair (5)
37:4;50:19,21,24;
65:21
fall (2)
52:10;124:1
fallible (1)
75:12
false (1)
78:10
familiar (9)
25:4;65:4;87:3,8;
89:15;94:16,23;98:8,
11
family (2)
108:4;122:2
far (4)
26:10;38:11;83:20;
84:5
federal (1)
98:1
fee (5)
30:24,25;31:1,6,13
feel (2)
23:10;35:11
fees (1)
38:2
few (3)
46:19;109:10;116:10
field (12)
41:17;42:2;43:13;
44:3;47:16;66:14;67:8;
68:5,9,11;101:21;
102:6
Fifteen (1)
10:22
Fifty (1)
48:23
file (1)
20:13
filed (7)
19:24;20:19;33:3;
75:15,22;76:1,12
filing (1)
99:4

fill (1)
53:7
final (3)
19:7;25:10;72:11
finally (1)
9:11
find (3)
45:18;108:9;127:20
finding (2)
103:5;106:5
findings (1)
103:23
fine (4)
36:3;82:4;118:19;
119:1
finish (1)
8:6
finished (1)
104:19
Firm (1)
3:12
First (13)
5:6;6:17;29:6;43:11;
55:21;56:9;74:5;83:2;
86:13;95:14;100:9;
110:12;125:10
Fisher (5)
3:16,24;5:14,16,17
fit (2)
94:4;119:10
five (6)
31:15;34:6;35:8;
65:9;112:2,19
flat (1)
37:12
flow (1)
73:14
focus (2)
79:1;87:7
focused (1)
87:11
folks (1)
120:12
following (2)
5:1;83:3
follows (1)
6:18
footnotes (1)
27:10
force (1)
9:4
foregoing (2)
0:4,5
forensic (5)
15:6;21:9;62:17,20;
77:17
forgot (2)
41:10;78:11
Form (30)
26:20;34:23;41:8;
49:5;50:23;57:20;58:5;
59:10,19;64:19;65:13;
66:17;84:6;87:14,21;
88:24;89:21;92:12;
96:20;113:4,20;116:2;
117:16;118:1;119:14,
15;120:20;123:10;
125:2;130:4
formal (8)
71:15;112:3,18,23;
113:13,19;115:17;
118:17
forming (3)
26:18;27:7;107:11
forms (1)
53:6
formulate (3)
66:20;77:22;94:10
formulated (1)
98:7
formulating (1)
72:5
formulation (1)
71:23
formulations (2)
25:25;117:4
forth (2)
26:12,17
found (2)
41:1;89:23
Foundation (4)
86:20;104:2;108:13;
125:4
four (11)
11:6;12:14,15;15:24;
16:8,25;21:6;25:15;
31:15;75:23;125:10
fourth (5)
97:3;99:19;106:7;
125:18,19
France (1)
68:23
Frank (1)
83:4
free (2)
23:10;35:11
freezing (1)
56:1
frequent (1)
127:20
fringe (1)
69:16
full (6)
101:25;102:8;112:2;
119:21;128:7;0:8
function (1)
54:14
functioning (7)
18:15;69:18;110:23;
112:4,24;119:24;
120:25
Fund (6)
56:21;57:6,9,15,19;
58:4
funded (1)
43:1
further (5)
97:2;100:8;106:6;
109:24;131:9
future (1)
72:25

G

garbage (2)
101:21,22
gathering (2)
32:21;34:10
gauge (1)
54:12
gave (2)
28:11,16
gender (1)
54:15
General (6)
3:11,19;92:3;96:14;
98:2;126:5
generalist (1)
50:15
generally (4)
12:20,22;19:4;44:16
genuine (1)
88:11
geriatric (2)
43:3;44:1
gets (1)
130:9
given (1)
0:9
gives (1)
103:16
giving (7)
26:8;55:12;101:24;
102:8;103:25;106:1;
114:1
glasses (1)
125:14
global (2)
83:25;87:13
goal (3)
47:3;84:20;100:1
Good (3)
6:21;99:8;127:5
government (2)
124:25;129:1
government' (1)
128:15
grad (1)
80:3
granted (2)
43:17;45:6
granting (1)
45:11
Gregory (2)
6:2,2
gripping (2)
128:14,25
ground (1)
7:21
group (8)
43:7,10;49:8;82:3;
123:24;124:13;130:5,
12
groups (2)
106:16;130:10
guess (11)
10:20;52:23;59:22,
23;61:23;71:25;73:13;
99:1;101:17,24;119:9
guesstimate (1)
73:11
guest (2)
45:21;78:6

H

hand (1)
23:17
handing (4)
23:5;25:2;31:16;
82:19
handles (1)
57:15
happen (1)
30:2
happening (1)
127:2
happens (4)
51:9,22;70:25;75:12
happy (1)
127:4
hard (2)
73:25;123:13
hardest (1)
83:9
harm (5)
95:17;117:13,15;
118:7;119:14
harming (1)
96:19
harms (7)
51:21;83:20;84:4;
93:8;107:3,6;123:5
head (15)
14:9,11,20;17:2;
47:12,17,18;48:1,17,
21,25;49:19;59:10,20,
25
head-injury (1)
49:8
health (55)
42:20,23;43:2,12,18,
22;44:1;50:22;51:4,8,
8,15,15,21;59:8;60:3,5;
63:19;64:3,8,11;65:6,
9;66:15,16;67:1,3,14,
19,25;68:3,4,5;77:11;
81:6,10;88:23;93:4,8,
17,23,23;94:9;105:17;
107:3,6;109:25;
110:15,17,21;114:21;
119:24;120:25;122:14;
123:5
hear (3)
7:24,25;29:6
heard (2)
6:22;29:10
heavens (1)
79:8
Held (2)
5:9;0:25
Helena (3)
3:22;6:7,11
help (12)
28:19;72:1;83:22,24;
84:1,15;85:11;105:13,
15;115:22;117:24;
123:8
helpful (5)
30:21;35:12;112:4,
23;117:4
HEREBY (1)
0:4
herein (1)
6:17
hereinbefore (1)
0:10
herself (1)
97:4
higher (1)
44:15
highest (1)
41:16
history (11)
39:10,12;47:24;
52:22;108:4,6;122:2,5,
8,11,14
hit (1)
83:9
homeless (1)
52:6
honest (2)
17:25;49:8
honestly (1)
78:22
hope (1)
100:7
Hornbein (2)
6:10,10
hour (2)
9:12;37:15
hourly (3)
37:12,13,14
hours (8)
21:24;22:5;31:14;
38:9,10,11,12;45:23
human (1)
85:15
human-induced (1)
83:7
hurdle (1)
72:13
husband (1)
40:17
hypothetical (1)

67:7

I

Idaho (1)
46:18
idea (1)
129:11
identification (5)
9:20;23:3,15;24:25;
82:17
identify (5)
5:21;9:22;115:25;
116:5;117:12
illness (2)
15:9;111:5
IME (1)
18:22
IMEs (6)
18:7,12,17;19:3;
21:9,16
impact (1)
13:9
impacted (2)
65:11;66:7
impacting (2)
65:24;69:24
impacts (8)
64:3,11,17,25;66:16;
67:19;83:23;84:16
impairment (3)
13:4;112:4,24
impairments (1)
13:1
implants (1)
48:14
implemented (2)
60:16;100:16
important (15)
68:3;85:22;86:4;
113:12,18,25;114:20;
115:1,4,7,10;117:23;
121:18,21;123:21
impression (2)
93:19;103:22
improper (1)
128:3
improperly (2)
127:19,25
impulsive (1)
70:15
include (2)
27:3;50:2
included (2)
27:9;93:13
includes (1)
25:7
including (2)
9:5;32:14
income (3)
21:3,12,14
incorrect (2)
49:21;129:10
increased (1)
38:2
independent (2)
18:6,13
indicate (2)
9:13;109:18
indicated (1)
109:24
indication (1)
128:24
individual (40)
20:1,3;24:15;53:7;
67:7;68:3,11,20;69:8,
17,23,25;70:7;101:13;
106:11;108:1;114:12,
22,22;115:18,21;116:1,
23;117:25;118:7;
119:7,14;121:22;
122:22;123:1,3;
126:20;127:10,11;
128:13,17,24;129:14;
130:3,11
individuals (13)
12:24;14:1,7,8;
85:16;92:20;106:14;
110:2,14;115:16;
123:6,13;130:6
individual's (4)
18:14;117:14;122:2;
123:8
induced (2)
117:18;118:25
industrial (2)
84:25;85:7
inflict (1)
105:18
influence (1)
54:14
influences (1)
54:16
information (39)
24:10;32:21;34:10;
52:25;53:9;55:12;58:9;
65:14;70:10,11;85:23;
89:2;91:9;93:5,9,12,14,
22,23,23;94:3,7;105:6;
107:13,19,25;108:2,3,
4;122:1,4,7,10,13,19,
21,25;123:16;129:15
inhibit (1)
105:25
injured (2)
19:5;48:11
injuries (12)
14:14,17,18;47:17;
48:1,12;49:1;88:23;
89:20;93:17;115:19;
128:2
injury (22)
14:3,9,10,11,20;
15:10;47:12;48:17,21;
49:19;50:23;51:2,5,6,9,
11,11;59:10,20,25;
78:11;127:12
ink (1)
0:7
instances (1)
119:4
instead (1)
96:18
Institute (2)
43:2,18
instructed (1)
8:24
instruments (3)
58:24;60:21,24
insurance (4)
111:24;113:14,19;
114:4
insurance-billed (1)
21:8
intake (1)
118:18
integrate (4)
67:9;106:3;108:10;
120:14
integrated (5)
70:4;71:21;94:1,2;
114:8
integrating (1)
101:9
integration (2)
63:13;93:21
intellect (1)
52:21
intellectually (1)
55:15
intelligence (2)
55:2;69:21
intend (2)
65:23;66:5
interest (1)
50:11
interfering (1)
110:23
Intergovernmental (1)
83:6
interject (1)
56:24
international (1)
19:23
interpret (1)
8:19
interpretation (4)
128:18;129:8,10,12
interpreting (1)
114:10
interrupt (2)
8:5,10
intervals (2)
100:23;101:2
intervention (2)
112:5,25
interview (10)
120:3,9,12,24;121:3;
122:1,5,8,11,14
interviewed (4)
78:9,20;120:7;
128:17
interviews (4)
90:24;91:2;121:1,20
into (10)
46:22;52:10;70:2;
72:14;73:21;84:20;
94:4;101:14;103:22;
106:4
intrathecal (1)
48:15
introduce (1)
103:22
introducing (1)
101:14
invest (1)
80:21
investigate (4)
112:6;113:1;125:24;
126:12
involved (5)
48:17;49:18;60:13;
80:24;81:17
involving (1)
95:9
IQ (4)
68:24;69:11;70:5;
103:8
isolation (3)
51:20,24;52:3
issue (3)
80:8;95:6;107:9
issued (2)
33:15;86:17
issues (6)
14:23,24;19:7;52:13;
63:24;117:25
item (1)
55:12
items (1)
55:16

J

Jones (49)
3:10,12;6:4,4;8:22;
17:20;22:9;26:20;
29:18,22;30:9;34:23;
35:13;41:8;49:5;57:20;
58:5,7;64:19;65:13;
66:17;67:4;84:6,18;
85:13;86:6,20;87:14,
21;88:24;89:10,21;
92:12,18;96:20;104:2,
11;108:13;113:4,20;
116:2;117:16;118:1;
119:15;123:10;125:2,
4;130:4;131:11
journal (1)
109:17
judge (1)
76:19
Judicial (1)
5:7
Justice (3)
3:20;49:11;73:21

K

Kalispell (2)
3:6;6:9
Kasey (1)
5:16
keep (4)
74:4;79:20;80:16;
110:9
kept (1)
48:2
KF (1)
0:25
kind (13)
12:24;14:2;48:16;
57:13;62:1;70:2;94:5;
97:22;105:17,24;
119:1,1;120:10
kinds (4)
14:18;52:6;105:18;
117:9
knowing (1)
106:4
knowledge (6)
18:5;19:12;33:17;
66:9;72:4;83:24
known (3)
54:22;119:10;130:6
knows (1)
107:9

L

label (2)
111:1,14
lack (3)
66:2;105:14;129:20
lacked (1)
69:13
lacks (1)
129:21
lady (1)
118:15
language (3)
70:13;115:10;129:19
large (1)
61:17
largely (2)
56:11,12
last (24)
11:3,6,11,19;12:9,
14;15:24;16:7,25;
18:17;21:1,4,5,12,14;
25:15;30:2;44:21;
57:18;63:22;102:4;
109:21;123:23;130:18
Law (3)
3:4,12;96:11

laws (3)
96:10,19;98:4
lawsuit (2)
19:14;124:24
lawyers (2)
17:19;30:4
learn (1)
55:15
learners (2)
70:12,12
learning (4)
55:2;60:3;70:8,10
least (4)
12:8;83:8;102:18;
120:19
legal (4)
89:10,12,15;91:18
legislation (13)
80:21;81:12,14,18;
97:6,16;98:1,1,4,10,13,
20,24
legislative (2)
80:18,25
legislature (1)
98:5
less (4)
73:5,5,16;74:15
level (1)
68:12
levels (4)
54:15;102:19,21;
103:18
Lewis (1)
5:7
liability (2)
47:2,6
licensed (1)
45:15
licensing (2)
75:15,25
licensure (1)
45:12
life (1)
118:24
lifespan (1)
63:17
likely (1)
124:25
limited (1)
35:7
line (8)
74:7;111:21;114:13;
120:18,19,20;125:18,
19
lines (5)
45:7;112:2,19;113:8;
125:10
list (7)
36:6;39:15;40:1,4;
53:19;76:22;82:1
listed (9)
39:23;50:7;77:2,5;
80:20;81:5;85:7;88:16;
111:13
literature (4)
65:5;108:12,16,18
litigation (2)
20:10;99:5
little (5)
24:13;37:20;53:22;
80:11;106:6
lived (1)
52:5
lives (1)
45:17
living (1)
51:19
lobbying (1)
20:24
local (1)
78:10
logic (1)
116:7
logical (1)
68:6
long (4)
31:11;45:22;53:20;
79:24
longer (1)
81:7
look (25)
23:11;31:19;35:11;
36:4;37:18;53:18;
68:22;69:22;70:8,9;
79:1;83:18;85:21;88:9;
95:12,14,22;97:2;
101:3,6;111:25;112:1;
119:20;123:23;125:9
looking (14)
15:3,5;36:9;55:13;
56:19;68:7,25;69:7;
97:13,14,20;101:2;
128:7;130:11
looks (2)
54:25;76:25
lot (7)
15:1;33:8;48:13;
52:4;73:20;106:2;
108:20
low (1)
37:20
lower (1)
61:21
luxury (1)
50:17

M

mad (1)
79:14
maiden (1)
7:6
main (4)
34:19,21;35:10,15
makes (2)
49:4;108:10
making (1)
94:4
malnourished (4)
126:21;127:17,17,24
malnourishment (1)
128:1
man (1)
107:8
management (3)
95:19;96:6,18
manner (5)
100:3,17;106:9;
120:12;121:14
Manor (1)
7:18
man's (1)
86:10
manuals (1)
90:6
many (20)
10:16,24;11:2;12:4,
13;16:24;18:9;21:24;
22:5;38:10,11;45:21;
50:19;70:21;73:2,10,
19;75:21;106:4;108:8
marked (9)
9:19;23:2,14;24:24;
25:3;31:18;32:1;82:16,
19
marking (1)
9:17
marks (1)
128:23
master's (3)
43:1,5,20
material (1)
0:6
materials (2)
32:15,17
matter (1)
68:17
may (23)
8:22;13:9;15:10,10;
19:19,25;20:6,15,17;
29:21;33:6,17;36:23,
24;48:17,17;52:9,9;
57:23;84:8;105:16,22;
127:20
maybe (8)
18:16;61:17;73:12;
99:8;101:24;105:24;
124:13;127:7
McGarvey (1)
3:4
mean (30)
13:3;14:4;16:3;
19:21;35:2;38:2;51:3;
56:14;63:3;66:4;68:20;
69:25;93:11;94:2;96:5,
9,10;98:4,12,14;
102:13;106:10;109:4;
110:20;116:5;119:13;
120:8;124:10,15;
129:24
meaning (1)
41:25
means (5)
40:25;45:3,10;56:15;
76:6
measure (6)
69:17;70:6;102:2,7,
23;120:4
measurement (3)
52:21;58:23;68:10
measurements (1)
69:20
measures (23)
44:16;52:20;53:2,4,
5,11,12,15,18;69:1;
92:21;93:24;101:12;
102:10,11,13,16;103:3,
6,11;108:5;109:25;
120:2
measures' (1)
119:23
media (8)
78:20,24;79:2,5,10;
91:23;92:1,2
medical (7)
18:6;64:16,20,21;
65:5;91:21;108:3
medication (1)
128:4
medications (2)
127:19,25
meet (8)
13:14,16,20,24;22:8;
111:12;118:11;119:7
meetings (1)
81:11
Melissa (1)
6:10
member (11)
20:2;79:17,22,25;
80:3,14;81:4,7,22;82:3,
23
members (1)
81:16
membership (1)
82:8
memory (3)
55:2;118:16,19
mental (51)
15:6,9;20:11;42:20,
23;43:2,12,18,22;44:1;
50:22;51:4,8,15,15,21;
59:7;60:3,5;64:8;65:6,
9;66:15,16;67:1,3,14,
19,24;68:3,4,5;69:14;
77:11;88:23;93:3,8,17,
23;94:9;105:17;107:3,
6;109:25;110:15,17,
20;119:24;120:25;
122:14;123:5
mention (1)
51:23
mentioned (12)
14:20,23;48:8;50:9;
71:16;92:21;103:7;
106:21;116:10;118:12;
127:4;0:10
mentor (1)
72:1
mentored (1)
42:1
mentoring (1)
72:25
merged (1)
46:21
merit (2)
111:7,13
method (3)
100:14,18;101:4
method' (1)
100:12
methodology (21)
25:24;26:3;32:20;
34:9,12;35:7,24;37:2;
67:25;68:15;71:21;
72:5;77:21;78:3,4;
88:10;96:22,23,24;
100:15;130:9
methods (2)
100:18;101:3
Michael (2)
3:18;6:6
might (16)
11:15;14:14,24;
16:20;85:11;93:25;
99:1;104:7,9,25;
105:10,21;111:15;
114:12,14,16
military (2)
69:8,12
mimic (1)
127:21
mind (1)
20:9
minute (1)
24:6
minutes (3)
22:7;99:9;116:10
missed (1)
85:8
missing (1)
25:19
mm-hmm (1)
8:17
moderating (1)
93:25
moderator (1)
69:23
moment (3)
23:10;95:22;125:12
Montana (26)
3:6,9,14,20,22;5:6,
10,15;7:13,19;50:14;
56:21;57:6,9,19;58:4;
71:11;76:2,3;88:15;

94:23;95:2,17;96:17;
0:21,25
Montana's (3)
57:13;94:16,20
more (24)
15:17;18:19;21:9;
36:1;45:12,23;59:14;
70:23,23;73:6,15,23;
74:15;83:23;84:16;
90:9;103:5,5;105:6;
127:10,21;131:3,4,6
morning (1)
6:21
most (6)
11:20;54:22;77:2;
120:10;128:14,25
mostly (1)
43:4
motivates (1)
104:10
Mountain (1)
5:12
much (7)
38:5,24;101:13;
102:15;105:22;108:8;
127:10
multiple (6)
45:9;49:17;67:9;
101:8;103:4;127:11
multi-step (1)
72:12
Munchausen's (1)
105:17
Myriad (1)
104:3

N

name (7)
5:25;6:22,25;7:6,14;
109:7,10
NAME_ (1)
0:20
names (2)
7:5;28:5
Nate (1)
104:12
Nathan (2)
6:1,22
national (5)
19:18,21,22;43:2,17
nature (2)
57:8;75:18
near (1)
19:5
nearly (1)
42:6
necessarily (5)
39:22;51:5;62:7;
97:19;107:16
necessary (2)
48:5;67:24
need (17)
9:12;19:6;26:14;
41:21;67:13,17;78:25;
82:9;93:20,21,25;
104:14;115:24;117:8,
12;120:19;126:24
needed (1)
46:16
needs (1)
85:15
negative (1)
74:25
neurocognitive (1)
14:19
neurodegenerative (1)
13:8
neurologically (1)
12:25
neuropsychological (5)
13:4;19:23;59:7;
108:21;119:17
neuropsychologically (1)
13:1
neuropsychologist (3)
27:16;40:21;75:1
neuropsychologists (1)
101:10
Neuropsychology (16)
7:16;40:13,24;41:7,
15;42:10,17,18;43:3;
50:10;72:19;74:20;
101:17;109:8,12,12
neurostimulators (1)
48:15
new (1)
101:16
news (1)
127:5
newspaper (1)
91:25
Next (3)
23:17;110:9;114:11
nice (1)
93:24
Nicole (2)
3:24;5:17
nod (1)
8:17
noise (1)
105:22
nominal (1)
70:14
non (1)
102:15
Nope (1)
121:6
norm (1)
130:12
normative (3)
54:17;121:10;130:7
North (2)
3:13;5:15
Northern (2)
7:16;40:12
Notary (1)
0:21
note (2)
5:24;99:19
noted (1)
50:9
notes (4)
31:13;56:11;78:5;
121:20
notice (1)
5:20
notify (1)
45:24
November (3)
29:8,9,14
number (11)
10:19;11:4,5,6;12:7;
17:1;31:14;80:19;
81:24;107:22;111:12
numerous (1)
87:1

O

oath (2)
6:15;9:4
object (2)
8:23;84:6
Objection (37)
26:20;34:23;35:13;
41:8;49:5;57:20;58:5;
64:19;65:13;66:17;
67:4;84:8,18;85:13;
86:6,20;87:14,21;
88:24;89:10,21;92:12,
18;96:20;104:2,14;
108:13;113:4,20;
115:11;116:2;117:16;
118:1;119:15;123:10;
125:2;130:4
objective (27)
26:1;53:1,10,12,14,
18;55:19,20;69:1;
79:11;93:24;100:3,5,6;
101:11;108:5;109:25;
119:23;120:2,4,21;
121:3,10;122:19,21;
129:21;130:3
objectivity (5)
99:20;100:1;129:20,
22,24
observations (1)
121:21
observing (4)
6:6,8,11,12
obtain (8)
42:3;43:5,19;122:1,
4,7,10,13
obtaining (1)
45:12
obviously (1)
38:3
occasion (1)
110:22
occasions (1)
45:16
off (4)
17:1;56:3;99:10;
130:20
offer (13)
34:5;65:23;66:5,15;
67:2,14,18;74:16;
79:10;80:17;81:24;
85:16;89:24
offered (2)
37:6;89:8
offering (2)
13:14;35:22
offhand (2)
75:4;91:11
office (3)
31:2;40:17;75:12
officer (1)
20:4
offices (1)
5:14
often (5)
46:2;58:3;59:18;
75:9;127:3
old (1)
30:2
older (10)
44:18,18,20,22;49:2,
3,7;52:12;61:25;63:15
Once (3)
61:3,5;78:11
one (33)
15:16;20:9;28:10;
54:20;68:23;72:12,13;
85:8;99:1;104:9,10;
105:10;106:2;111:11;
112:19;113:12;114:2;
118:4;120:13,13,16,18;
121:1,2,7,18;123:18,
22,25;124:2;127:11;
128:12;131:2
one's (1)
55:13
only (14)
30:15;41:18;67:22;
107:2;111:23;120:13,
13,16;121:7,18;123:17,
21,25;124:2
open (1)
100:20
open-ended (2)
66:19;70:21
operate (1)
98:3
operator (1)
5:17
opines (1)
128:12
opinion (22)
18:14;27:22;35:3;
66:10,21;68:17;74:18;
82:10;86:9,10;87:17;
89:24;92:23;99:23,25;
107:1;114:19;123:17;
124:5,8,19;129:18
opinions (42)
13:15;26:7,13,18;
27:7;29:4;33:6;34:5,
12,15,17,20,25;35:7,9,
22;37:6;65:23;66:5,15,
24;67:3,14,18;72:5;
74:16;77:20,24;78:7;
79:11;93:2,7,15;94:8,
20;95:2;96:15;99:21;
100:3;107:11;108:19;
123:18
opportunities (1)
43:24
opposed (1)
8:17
oral (2)
72:14;0:9
order (14)
22:25;23:6,8,20,25;
24:5,9,19;32:6;41:20;
68:2;100:10;105:15;
111:13
orders (1)
33:15
organization (8)
19:21;20:2,4;72:1;
75:16;76:1;86:11;
101:19
organizational (1)
85:1
organizations (3)
19:19;20:13;80:20
otherwise (2)
78:20;104:8
out (13)
45:18;48:5;53:7;
57:25;69:12;75:11;
80:2;98:16;99:23;
101:22;116:14;117:9;
126:25
outcomes (4)
69:24;102:1;106:9;
124:1
outside (1)
84:7
over (21)
7:20;10:24;21:1,4;
38:2;44:20;48:19;
60:18,24;61:3,10,15;
67:16;69:6,16;70:21;
75:23;104:12;120:11;
122:17;127:7
own (5)
15:8;69:7;88:6;
109:17;117:8

P

page (24)

7:22;23:22;25:10,11;
43:11;47:9;55:21;56:9;
68:8;74:5;82:2;97:3;
99:17;100:9;106:7;
109:20,22;111:20,25;
112:2;119:20;123:24;
125:9;128:7
pages (3)
25:15;39:6;0:5
paid (3)
17:9;37:9;71:24
Panel (1)
83:6
papers (1)
40:1
paperwork (1)
46:17
paragraph (18)
56:10;63:23;68:9;
74:6;83:3,19;85:21;
86:25;95:15;97:3;
99:19;106:7;112:2;
119:21,22;123:23;
125:10;128:7
paramount (1)
100:12
paraphrasing (1)
126:11
parse (1)
57:25
part (6)
23:19;35:23;42:24;
52:16;71:20;107:23
Partially (1)
47:21
participate (3)
54:6,7,8
particular (4)
24:11;69:5;81:16;
114:12
particularly (1)
77:24
passed (2)
72:14;98:5
past (9)
19:24;20:7;43:25;
48:19;72:19,20;73:1;
81:3;120:2
pathologizing' (1)
110:1
pathology (11)
110:15,17,19,21,24;
111:1,4;114:23;
119:10;127:9;130:6
patient (2)
114:17;126:17
patients (4)
14:11;41:19,21;
56:16
patient's (1)
114:15
pattern (1)
105:20
patterns (1)
103:13
pause (1)
15:15
pay (1)
79:19
paying (1)
17:11
payment (1)
57:23
pediatric (2)
58:19,25
pediatrics (1)
58:22
peer-reviewed (6)
108:23;122:17,18,
20;123:4,7
peers (1)
41:1
penalty (2)
9:5;20:11
people (23)
8:8;14:22;20:11;
37:18;41:3;42:1;48:10,
14;49:10;52:5,7;69:12;
70:9;72:2;75:9;83:22;
84:15;85:11;89:25;
94:12;105:14,16;
116:11
people's (1)
69:20
per (2)
37:15;79:3
percent (12)
21:4,17;44:23;48:23,
25;49:2,3;57:18;59:14;
73:12,23;100:25
percentage (8)
21:13;44:21;48:20;
59:15,18;61:18,21,22
perfect (1)
75:10
Perfection (1)
75:7
perform (4)
19:3;54:19;55:3;
102:18
performance (3)
101:14;103:13;
105:20
performing (4)
21:15;54:13;102:20;
103:18
perhaps (3)
18:10;19:18;44:23
perjury (1)
9:5
person (20)
13:14,15,16,20,24;
54:12;60:16;70:2;
91:18;102:18;103:17,
19;107:3;114:12;
116:16;117:7,20;
119:2;120:24;129:4
personal (2)
74:17;82:10
personality (2)
52:21;79:3
personally (1)
80:24
person's (3)
15:6;107:7,9
perspective (3)
64:23;67:23,24
pertain (1)
37:2
phase (1)
19:6
PhD (6)
42:24,25;71:1,5,7;
83:4
Phil (2)
22:24;79:14
Philip (1)
6:2
phrase (1)
72:24
physical (17)
14:3,9;47:12,17;
48:6,16,21;49:1,19;
50:23;51:9,11;59:11,
20;60:1;64:11;93:22
physically (1)
48:11
picking (1)
21:11
picture (2)
94:5;103:16
pieces (1)
94:4
place (1)
0:10
plaintiff (1)
124:24
PLAINTIFFS (39)
3:2;6:1,3,9,11,13,23;
13:11;24:11,15;34:6,
13;35:8;36:20;65:9,24;
66:6,8;89:4,18;90:13,
17,22;91:9,16,24;92:9;
93:3,7,16;96:19;98:23;
115:14;123:19;124:6,
9,11;125:24;126:13
plaintiffs' (5)
38:18;88:22;91:13,
20;94:8
plan (2)
117:24;131:4
planned (1)
36:17
play (3)
85:22;86:4;87:13
please (15)
5:23;6:25;7:24;8:5,
16;9:23;13:5;39:5;
40:7;41:11;78:14;
95:11,22;97:12;110:4
pm (4)
130:21,24;131:14,16
PO (1)
3:21
point (21)
8:10;20:5;28:6;38:8,
13;46:10,12;49:20;
50:5;58:24;95:23;
98:15,16;110:3;
120:17,19;121:2,2,7;
123:21,22
points (2)
108:9;120:20
policies (3)
96:8,9,10
policy (8)
85:25;86:5,10;94:17,
20,24;95:2;96:12
political (1)
20:22
population (5)
50:15;58:19,25;59:1;
61:22
populations (1)
102:18
portion (2)
21:11;61:17
portions (1)
24:17
possibility (1)
19:20
possible (10)
14:15;72:25;100:5;
122:1,4,7,10,13;126:1;
130:15
posts (1)
79:7
potential (1)
72:6
poverty (1)
51:20
practice (27)
44:5,6,7,12;45:8,13,
19,22;47:4,6,8;52:16,
19;56:11;57:18;58:15;
63:7;67:6;71:17;73:4;
76:15;80:23;94:14;
106:13;107:16,23;
108:20
practitioner (2)
56:17;64:21
practitioners (2)
112:6;113:1
precluded (1)
18:2
preconference (1)
21:20
precursors (1)
69:11
pre-existing (4)
51:4,7,8,12
prefer (1)
79:1
prejudice (3)
75:24;76:4,5
preparation (2)
22:13,18
prepare (7)
16:1,5,16,22,25;
21:19;34:2
prepared (5)
16:19,21;25:17;31:1,
2
preparing (11)
21:25;22:5;26:1;
27:14,21;28:14,22;
33:11,16,20;36:11
prescribe (2)
112:5,24
Present (6)
3:16,23,25;5:13,23;
78:6
presenting (3)
98:15;99:21;100:3
presents (1)
97:4
president (2)
83:4;86:18
presurgical (1)
48:13
pretraumatic (3)
89:25;90:3;110:18
pretty (2)
66:19;75:11
previously (3)
31:18;32:1;118:12
PRINT (1)
0:20
prior (13)
11:13;22:11,17;
28:14;29:10,22;30:12;
31:22;32:11,16;33:11,
16,20
private (10)
44:5,6,7;52:16;
56:16;73:3;76:15;
94:14;107:16,23
privilege (1)
16:17
privileged (1)
16:20
probably (9)
21:17;24:6;50:17;
54:22;69:13,16;73:24;
85:15;103:10
problem (6)
53:9;55:14;70:13;
104:16;116:6;120:15
problems (1)
103:20
proceed (1)
15:8
proceedings (1)
5:1
process (5)

70:11,13;71:18;72:2,
12
produce (3)
14:19;100:16;105:19
producing (1)
106:5
Professional (9)
42:15;45:1;64:2;
65:18;75:15,25;81:21;
101:19;107:10
professor (1)
71:11
profile (4)
35:8;63:2;106:19,23
profiles (3)
34:6,13;62:25
profiling (1)
63:5
progress (1)
46:8
project (1)
100:24
promote (1)
98:16
promoted (1)
106:9
promoting (1)
84:21
promotion (1)
80:22
prospective (4)
53:9;64:16,21;
119:18
protective (9)
22:25;23:6,8,19,25;
24:5,9,19;32:6
protects (1)
24:9
prove (1)
115:20
provide (13)
18:13,22;21:2;25:21;
28:1;59:2;60:15;78:5;
85:4;94:19;95:1;96:17;
119:5
provided (10)
20:21;22:20,22;
32:24;33:6;91:16;
93:10,15;97:20;123:1
providers (1)
114:21
provides (1)
121:10
providing (7)
18:3;47:11,16,25;
93:6;95:18;96:7
provision (1)
45:21
provisions (2)
45:19;95:6
psychiatric (1)
80:7
psychiatrists (1)
113:13
psychiatry (3)
62:14,17;77:17
psychological (41)
12:25;15:1,4;34:6;
52:15;54:4;62:25;63:2,
4,10,12,14;68:23;69:3;
79:17,25;80:15,23,25;
81:19,23;82:6,22;83:5;
86:18,25;87:4,9;89:20;
95:17;106:19,19,22;
107:1;108:12;109:2;
115:19;117:13,18;
127:12;128:2
psychological/psychiatric (1)
108:5
psychologist (9)
27:17;64:24;65:1;
84:24,24,25;85:1,2;
111:17
psychologists (6)
79:9;83:23;85:22;
86:3;87:12;102:15
psychologist's (1)
67:23
Psychology (12)
42:15;43:13;45:2;
62:20;67:23;68:10;
80:22;83:21;84:14,19;
85:10,15
psychopathy (2)
112:6;113:1
psychosis (1)
117:1
PSYPACT (4)
46:7,11,13,20
Public (1)
0:21
publications (13)
39:23;40:2;76:22;
77:8,10,13,16,20,22,
23;87:10;108:23;
109:14
publish (1)
109:17
published (5)
39:17,19;77:1,4;79:5
pumps (1)
48:15
pure (1)
59:22
purpose (5)
18:11,13;54:10,12;
114:5
purposely (1)
103:21
purposes (11)
9:19;23:2,14;24:24;
25:13;45:13;53:21;
82:16;103:12;111:24;
115:1
pursuant (2)
5:19;113:13
pursued (2)
50:12;62:23
put (2)
68:24;88:4
putting (1)
118:23
puzzle (2)
94:4,4

Q

qualification (1)
45:1
qualifications (8)
41:6,14;43:21;47:24;
67:13,17;74:10;97:10
qualified (3)
47:1;74:15;76:19
questionnaires (1)
53:7
quick (1)
28:16
quite (4)
51:22;72:24;78:21;
116:18
quotation (1)
128:23
quote (5)
128:13,17,20,21;
129:8
quotes (2)
129:5,6

R

radio (1)
116:15
raise (1)
102:22
range (2)
62:11;73:12
rare (1)
45:16
rarely (1)
46:3
rate (8)
37:12,12,13,14,17,
22,24,25
rationale (1)
119:23
reach (1)
61:6
reaching (2)
83:21;84:5
read (20)
8:1;28:17;68:18;
83:2,3,10;84:2;86:1;
91:7,12,15,23;92:2,5;
110:6,9;125:16,20;
128:8;0:5
reader (1)
110:13
reading (8)
90:20,23;91:10;99:2;
110:6;112:8,13;125:14
realize (1)
70:18
really (12)
16:13;20:20;45:5;
46:8,15,24;68:25;
70:20;83:14;86:7;
101:21;103:17
realm (2)
15:6;52:10
reason (11)
9:8;49:12;65:8;
78:23;92:8,13,16;
113:12,18;115:7;129:9
reasoning (1)
114:13
reasons (3)
26:12;104:3;115:5
rebuttal (1)
33:24
recall (18)
17:21;19:19;20:18;
27:25;30:11,15;31:10,
12;32:14;33:2,4,20;
36:19,22;42:6;79:24;
81:20;90:23
receive (2)
56:15;72:10
received (4)
71:1;74:19,25;75:13
recent (5)
11:20;77:2;87:2;
102:5;118:14
recently (3)
12:9;17:22;43:25
reciprocity (1)
45:7
recollection (1)
12:16
recommendations (5)
44:10;60:15;87:1,4;
117:6
record (10)
7:1;25:6;32:5;56:4,
6;99:11,13;104:13;
130:21,23
recorded (1)
114:9
records (1)
91:21
refer (1)
25:14
reference (1)
106:17
referenced (1)
65:10
references (1)
36:6
referencing (1)
35:15
referral (3)
57:24;62:5;73:16
referrals (6)
56:13;57:5,7,8;58:3;
73:22
referring (9)
35:14;42:8,11;49:24;
90:25;91:3;97:9,25;
98:2
refers (1)
60:8
refine (1)
53:22
reflects (1)
129:19
regular (1)
48:4
relate (7)
32:19;33:9;77:10,13,
16;78:2;114:8
related (12)
32:15;37:1;42:21;
43:22;51:16,21;87:10;
97:6,16;98:10,19;
128:3
relationships (2)
42:19;44:2
relative (1)
54:13
relatively (1)
102:5
relevant (8)
24:8;37:6;47:23;
74:9;77:24;78:1;
108:11;109:14
reliability (1)
92:20
reliable (1)
100:20
relied (5)
27:15,20,22;100:22;
123:17
relies (1)
41:18
rely (11)
27:13;68:16;77:21;
86:9;107:13;108:1,2,
11,19;109:1,15
relying (2)
26:18;77:19
remediation (1)
50:3
remedy (1)
89:5
remember (6)
20:8;30:1;55:16;
70:9;90:20;91:9
remembering (1)
48:24
remind (1)
104:11
reminded (1)
17:22
remotely (1)
5:23

rendering (2)
111:18;123:18
rental (1)
81:25
repeat (3)
41:11;61:7;112:10
rephrase (5)
7:25;26:14;32:8;
61:2,8
replication (1)
100:21
report (95)
16:1,4,19,21,23,25;
22:3;24:13,17;25:8,15,
17,24;26:2,6,11,16,17;
27:6,9,11,14,21;28:8,
14,20,23,25;29:4;
30:14,17;31:8,17,19,
22,23;32:3,11,13,16;
33:11,16,21,24;34:8,
18,19,21;35:2,3,10,18,
23;36:5,11,13;37:7;
39:7;56:10;63:22;66:1;
68:8;74:6;75:10;78:5;
83:7,19;84:8;89:8;
94:21;95:3,12,23;
97:15,19,23;99:3,17,
22,24;100:2,9;106:8;
109:19;110:4,7,10;
111:21;112:1;119:21;
121:20;124:12;125:21;
126:9;128:11
reporter (5)
5:16;6:14;8:1,7,18
reporter's (1)
8:4
Reporting (2)
5:14,18
reports (9)
16:5;19:9;32:18,23;
33:3,5;36:20;37:5;
108:21
represent (1)
5:22
reputable (2)
82:6,11
requested (1)
11:16
requests (2)
56:15;78:21
required (3)
67:21,25;115:18
requires (2)
33:5;68:12
reread (1)
112:22
research (25)
12:16;39:15,17,18,
20,21;68:14,14;71:14;
72:5,16;77:21;100:18,
19,24;103:5;108:16,
21;122:17,18,20,24;
123:4,7;124:20
researchers (1)
69:16
reservation (1)
52:5
reserve (1)
131:11
Reserved (1)
131:17
residents (1)
95:17
Residing (1)
0:22
residual (2)
18:14;48:10
resilience (1)
85:16
resilient (2)
83:23;84:17
resources (2)
87:9;109:15
respect (1)
34:20
respond (1)
82:9
responding (1)
83:17
response (1)
83:6
responses (2)
91:16,18
responsive (1)
10:9
rest (1)
49:4
result (2)
50:22;55:17
resulted (1)
39:22
results (1)
106:5
retain (1)
70:9
retained (2)
17:14;18:25
retainer (1)
30:22
retains (1)
17:12
retardation (1)
20:11
reversible (2)
126:22;127:5
review (11)
22:11;25:23;28:13;
30:14;32:7,10;33:10,
14;34:1;36:10;37:5
reviewed (12)
22:17,21;24:3;30:16;
31:20,22;32:16,17;
36:7,19;41:1;65:7
reviewer (2)
41:3;71:17
reviewing (3)
30:11;33:20;96:1
reviews (1)
75:1
right (34)
9:16;11:24;18:24;
29:22;36:14;39:5;
41:22;47:4,5,13;53:16,
25;62:9;63:9;71:13;
72:24;78:7;88:4;94:13;
95:11;99:7;103:2;
105:3;107:22;116:12,
14,16,19,20,21;120:16,
22,23;124:3
Rikki (2)
5:9;0:25
Riley (1)
7:8
R-i-l-e-y (1)
7:8
rise (1)
110:22
Robinson (1)
3:25
Rockies (2)
7:16;40:12
Roger (2)
3:3;6:8
Rogers (2)
6:12,12
role (4)
85:22;86:4;87:13;
107:12
rough (2)
11:5,6
Roughly (1)
78:15
routine (1)
48:4
routinely (2)
71:16,24
rsullivan@mcgarveylawcom-via (1)
3:7
rule (1)
126:25
rules (1)
7:21
run (1)
37:20
rural (3)
81:6,6,10
Russell (3)
3:18;6:6,6

S

safely (1)
47:8
safety (1)
117:8
sake (1)
8:4
same (17)
7:22;8:8;9:4;12:5;
35:13;37:24,25;47:3;
61:11,15;62:1;67:4;
84:18;85:13;86:6;
92:18;0:6
sample (3)
54:17;71:17;130:7
samples (1)
121:11
saw (2)
60:17;123:20
saying (2)
69:13;90:12
scaled (1)
21:7
Scales (3)
54:23,24;55:18
scanned (4)
28:15,16;32:19;
36:24
schedule (4)
30:24,25;31:1,6
schizophrenia (2)
60:6;116:25
school (4)
39:24;69:4;80:3;
108:3
science (5)
66:14;67:1;100:11;
101:17;124:17
scientific (5)
83:24;100:12,13,18;
101:4
scientist (1)
67:2
scope (2)
67:6;84:7
se (1)
79:3
Seattle (1)
6:13
second (11)
15:16;23:22;56:10;
63:23;74:6;83:18;
95:15;112:2;119:21,
22;128:8
second-to-last (2)
74:7;109:19
section (2)
32:2;90:20
security (1)
55:11
seeing (7)
51:14;52:7;59:24;
69:24;73:5;86:14;
114:14
seem (1)
33:9
seems (1)
37:19
selected (1)
125:23
selection (1)
69:7
self-employed (2)
7:15;40:11
self-report (1)
53:6
send (1)
73:17
sense (5)
24:20;78:2;103:15;
108:7,10
sent (2)
32:17;38:14
sentence (12)
63:23;95:15;104:18;
109:20,22;110:9;
112:17;113:9;123:24;
124:12;126:9;128:8
serious (1)
127:21
serve (3)
29:11;30:12;76:20
service (2)
17:16;49:13
services (5)
47:11,16,25;50:2;
59:2
serving (2)
17:8;107:15
set (3)
26:11,17;111:11
settlement (1)
19:7
several (5)
19:22;20:13;84:20;
102:4,9
severe (2)
83:21;84:5
sheet (1)
0:8
Sheppard (15)
5:6;6:16,21;7:2;
9:22;10:11;23:5;25:2;
32:5;56:9;99:16;
104:12;0:3,13;131:2
S-h-e-p-p-a-r-d (1)
7:3
Sheppard's (1)
84:7
shorts (2)
116:17;117:9
show (3)
28:25;31:25;97:11
showing (2)
126:18;127:15
shows (2)
78:6;114:7
side (1)
37:20
sides (1)
13:12
signature (4)
23:21;24:1;25:11;
131:17
signed (6)

19:16,25;20:7,15;
46:11;0:8
significance (1)
24:1
significant (2)
110:14,20
signs (1)
127:15
sit (1)
116:18
sitting (1)
110:5
situation (3)
12:9;19:5;70:3
six (1)
38:12
skimmed (2)
33:13;90:19
skimming (1)
70:17
skull (1)
69:19
skulls (1)
69:20
Sleep (1)
106:2
slept (1)
105:21
Social (12)
17:16;49:12,12;
51:16,20,23,24,25;
52:2;84:24;85:7,25
Society (1)
109:8
solve (2)
55:14;70:13
somebody (16)
19:17;51:19;66:25;
67:13,17;74:14;
102:20;104:1,7,25;
105:10,25,25;116:15;
118:6;127:14
someone (5)
45:17;49:13;66:12,
13;107:5
Somethin' (1)
116:16
sometime (1)
29:13
sometimes (7)
16:22;18:22;49:12;
70:24;73:15;79:14;
105:13
somewhat (2)
50:14;89:23
somewhere (2)
10:22;31:13
Sorry (20)
15:18;16:12;39:11;
49:3;56:12;57:2;58:7,
11;61:7;67:12,15;74:7;
75:13;103:2;104:19;
109:21;112:8,15;
118:2;125:15
sort (5)
13:9;57:22;69:10;
102:3;105:17
sorts (1)
52:18
sought (1)
48:5
sound (2)
85:24;86:4
Sounds (2)
68:6;90:9
source (10)
57:24,25;104:9,10;
120:14;121:18;122:19,
21;123:18;127:20
sources (19)
27:13;36:10;49:17;
63:13;67:9;73:17;94:3;
101:9;104:24,25;
105:24;108:4,8;109:1;
125:24;126:1,7,12;
127:12
speak (1)
72:13
speaking (1)
8:11
Special (1)
3:11
specialist (1)
43:12
specialize (4)
42:20;47:10,11;
50:22
specialties (1)
50:7
specialty (3)
43:15;44:25;50:11
specific (16)
20:8;24:11;36:2;
53:23;54:17;66:6,18;
67:7;74:1;89:19;98:18,
21,24;106:15;119:5;
130:2
specifically (10)
8:24;14:6;35:1,4;
66:24;96:4;97:13,19;
126:6,8
specifics (2)
37:1;96:13
spell (1)
6:25
spend (4)
21:25;22:5;33:8;
37:2
spent (1)
31:11
spite (1)
110:12
spoken (2)
65:17;90:16
stand-alone (4)
102:10,13,16,23
stand-alones (1)
103:16
standard (2)
37:19;41:16
standardized (3)
100:17;103:7;121:13
standing (1)
89:16
start (8)
8:11;9:17;12:6;31:7;
44:17;67:16;122:17;
124:13
started (1)
80:2
starting (2)
109:22;125:11
starts (2)
112:17;113:9
STATE (32)
3:9;5:9;6:25;15:7;
17:16;33:5;45:7,17,18,
20;56:21;57:6,9,15,19;
58:4;76:2,3;88:15;
94:16,20;95:16,18,19;
97:25;98:5;100:2,4;
111:21;0:21,25;129:1

'

'state (1)
128:15

S

stated (3)
92:10;99:25;117:17
statement (24)
26:7;49:21;50:25;
66:1;75:7;78:10;79:12;
83:4,12,13,14;86:8,11,
17;96:3,14;112:7,12,
13;113:22;115:9;
129:2;130:2,2
statements (5)
92:9,14,17;97:10;
101:18
states (13)
45:9,13,14,21;46:10;
47:4,8;68:9;97:7,17;
113:8,11;119:22
statistics (4)
68:14;71:4,6;74:4
stay (1)
44:3
still (6)
8:25;43:14;58:20;
100:9;127:9;128:2
stop (2)
8:13;113:16
stories (2)
91:23;92:2
story (1)
70:3
strategies (1)
84:1
strategy (1)
114:18
street (2)
107:9;116:14
stress (4)
89:25;90:3;110:18;
118:25
strike (3)
18:1;50:20;54:3
stroke (2)
14:20;48:9
structured (2)
120:7,8
student (1)
80:2
studied (3)
87:22;123:25;124:13
studies (5)
32:18,24;71:18;
74:15;124:21
study (6)
42:18;68:12;74:8;
124:20;126:14,14
studying (4)
87:23;124:6,9,10
stuff (1)
46:25
subject (5)
24:18;32:5;101:23;
102:7;103:25
subjective (9)
53:1,4,5,14;55:19;
120:22;121:17;122:25;
129:12
submit (3)
30:24;46:17;72:7
submitted (5)
19:10;33:24;36:20;
45:10;71:19
Subpoena (3)
9:17,24;10:9
Subscribed (1)
0:16
substance (1)
122:11
sued (1)
76:14
suffering (8)
89:25;93:8,16;107:3,
6;110:14;115:19;
128:25
suggesting (1)
123:14
suggests (1)
95:16
Suite (2)
3:13;7:18
Sullivan (3)
3:3;6:8,8
summaries (1)
90:24
summarize (1)
66:2
summary (4)
91:2;96:14;99:23;
114:7
summation (2)
95:25;97:22
summer (1)
43:25
superseded (4)
45:4;46:5,6,20
supersedes (1)
46:15
supervised (2)
41:18,25
supervision (1)
48:5
support (2)
89:8;108:19
suppose (1)
101:7
supposed (1)
86:11
sure (24)
7:21;14:4;16:2,13;
17:24;20:10;26:22;
27:1;38:4;46:8;54:18;
59:17;60:12;63:2;
67:21;70:19;72:23;
75:2,6,11;86:10;
106:22;116:4;125:13
surface (1)
70:17
surprising (1)
124:1
suspected (1)
12:24
suspicion (1)
102:22
Susteren (25)
27:23;31:20;33:24;
36:5;89:24;95:16;97:4;
99:20;109:20,23;
110:4,13,16;111:22;
112:3;113:11,18;
115:13;123:17;124:5,
8,20;126:12;128:12;
129:19
Susteren's (35)
24:12,16;25:23;27:8;
28:8;30:14,16;31:17;
32:2,13,20;34:7,18,21;
35:10,18;36:5;65:10;
68:16;74:12;89:7;91:3;
92:6,10;95:23;97:15;
98:9;99:3,22;112:1,11;
115:9;121:19;125:23;
128:18
sworn (2)
6:18;0:16
symptoms (4)
111:7,11,13;127:21
system (4)

49:11;69:7;73:21;
101:11

T

takeaway (2)
97:21,23
talk (1)
104:12
talked (3)
105:5,9;120:1
talking (11)
8:8;52:10;55:1;
60:21;67:6;78:11;
103:24;107:14;116:9,
15;126:4
Tara (1)
3:25
task (1)
33:9
tasks (5)
39:2;55:8,9,10;70:14
taught (2)
71:6;72:18
teaching (2)
40:5;72:21
technologies (1)
83:25
Telehealth (1)
94:13
telephone (1)
29:20
television (1)
78:6
telling (1)
122:22
tells (2)
83:16;110:13
ten (8)
11:3,11;21:1,4;
44:21;48:19;57:18;
99:9
tend (8)
11:9;13:10;14:2,5;
59:9,12;73:14;108:19
term (7)
63:6,8;81:8;106:24,
25;110:16,18
termed (2)
90:11;126:15
terms (8)
15:9;57:10;58:23;
62:2;65:1;67:22;80:17;
101:17
test (11)
54:21;55:3,4,11,18;
68:24;70:5;101:23;
102:7;103:8,25
testified (3)
6:18;12:1,14
testify (1)
12:23
testifying (1)
9:6
testimony (8)
5:2;9:3,9;11:18;
18:3;19:10;20:21;
25:22
testing (2)
52:16;54:4
tests (16)
52:18,24;53:13,19,
24;54:2,11,19;55:1;
68:23;69:4,10,11;
102:16;103:7,14
Thanksgiving (1)
31:9

'

'the (1)
128:14

T

therapy (1)
50:2
thereof (2)
66:3;105:15
thereon (1)
0:7
thinking (2)
29:8;98:6
third (7)
68:9;85:21;86:24;
111:21;123:24;125:17;
128:7
Thirty (1)
11:1
Thorough (1)
52:22
though (2)
47:3;79:15
thought (2)
66:21;105:2
thought-out (1)
70:15
three (4)
63:15;73:8;75:23;
127:23
throughout (4)
39:21;43:24;48:3;
114:9
till (1)
116:24
timeframe (1)
12:5
times (12)
10:17,22;11:2,10;
12:4,8,13;16:24;18:9,
19;106:2;119:6
Today (22)
5:11;6:24;7:21;8:16,
22;9:4,9;10:3,6;21:19;
22:12,19;24:8,15;26:6,
10,11;36:16,18;79:20;
117:9;131:10
today's (1)
34:2
together (1)
68:24
told (4)
29:25;30:9;37:20;
49:23
Tomac (2)
3:24;5:17
tool (1)
121:21
tools (6)
61:5,10,12,14;62:3,4
top (2)
17:1;111:20
total (2)
73:11,12
totally (2)
54:18;129:6
Tourette's (1)
60:7
to-wit (1)
5:2
tracked (1)
38:9
tracking (1)
38:12
trained (3)
107:10;120:25;121:1
training (16)
27:15;39:21;41:6,14,
18;42:22,24;43:4,6,20;
45:11;47:18,20;68:4;
71:4,14
transcript (3)
24:17;92:5;0:9
transcripts (4)
11:12,17;22:18;
91:13
trauma (2)
47:19;48:18
treat (2)
44:4;58:11
treatable (2)
117:7,7
treated (3)
58:21,25;62:1
treating (4)
49:18;60:14;115:13;
116:6
treatment (10)
19:6;44:6,10;49:22,
23;60:15;114:15;
115:1,16;116:9
trial (11)
11:17,18;12:2,9,14;
18:3;36:17;38:25;39:3;
131:5,12
trials (1)
11:21
tried (1)
69:17
trouble (1)
107:17
true (2)
21:5;0:8
truth (4)
92:8,16;101:2,3
truthful (1)
9:9
try (8)
8:18;9:11;44:3;54:2;
95:23;104:12;105:19;
118:18
trying (6)
8:8;35:6;52:23;
53:21;57:25;103:21
turn (2)
39:5;95:12
turning (2)
63:22;99:16
TV (2)
78:11,19
twenty (1)
42:7
two (6)
8:8;21:12,14;112:19;
120:19;131:3
type (8)
34:15;46:13;50:16;
55:10;60:5;96:12;
107:25;117:13
types (13)
12:20,22;14:13,17,
22,24;51:25;52:24;
59:5;72:6;107:13;
108:18;116:11
typewritten (1)
0:6
typically (5)
18:12;51:22;52:12;
107:13;108:1

U

unclear (1)
16:9
under (9)
9:4;44:24;47:9;50:7;
58:20;61:20,20;73:19,
20
underlying (8)
14:2,9,14;49:19;
59:10,20;117:5;127:9
understood (1)
96:7
undertaken (1)
92:22
unfortunately (2)
17:21;28:21
United (2)
97:7,17
unless (3)
8:23;36:1;79:19
unqualified (1)
79:10
unusual (1)
115:25
up (14)
21:11;44:17;48:2;
49:4;55:24;71:22;
73:25;76:22;84:19;
117:24;125:10,17,18,
19
use (22)
36:17;52:19,24;53:1,
4,19,25;54:4,21;61:4,
10,11,14,16;62:3;63:7,
8;106:24,25;110:16;
123:7;127:14
used (9)
25:24;35:8;58:12;
69:3;77:22;96:22;
109:11;111:23;129:19
uses (1)
110:18
using (3)
106:15,16;124:16
utilize (2)
82:1;101:3
utilized (1)
60:22

V

vaguely (1)
102:14
validate (4)
122:22,25;123:8,13
validity (2)
92:20;102:1
Van (60)
24:12,16;25:23;27:8,
23;28:8;30:14,16;
31:17,20;32:2,13,20;
33:24;34:7,18,21;
35:10,18;36:5,5;65:10;
68:16;74:12;89:7,24;
91:3;92:6,10;95:16,23;
97:4,15;98:9;99:3,20,
22;109:20,23;110:4,13,
16;111:22;112:1,3,11;
113:11,18;115:9,13;
121:19;123:17;124:5,
8,20;125:23;126:12;
128:12,18;129:19
variable (1)
101:12
variables (4)
69:23;93:25;106:4;
118:19
variance (7)
125:24;126:1,5,5,7,
13,19
variety (1)
52:8
various (4)
43:23;52:20;53:24;

102:17
venture (1)
61:23
verify (1)
92:22
versus (1)
5:9
via (2)
3:23,25
video (1)
5:17
videoconference (1)
5:5
Videographer (12)
3:24;5:4;6:14;15:15,
18;56:3,6;99:10,13;
130:20,23;131:13
video-recorded (1)
5:4
view (4)
55:15;98:15,17;
116:19
violating (2)
16:17;55:11
violations (1)
95:9
visual (1)
70:12
vita (3)
49:22;97:21;109:5
volunteer (1)
71:25
vs (1)
0:25

W

wants (2)
104:7;114:22
warm (1)
55:24
warming (1)
83:25
warns (1)
83:8
way (17)
8:7;13:7;16:15;
48:11;70:8,9;85:3;
90:10;98:16;100:19;
102:2;107:2;108:9;
110:23;111:15;120:10;
123:20
ways (2)
70:6;102:9
wearing (2)
116:17;117:9
weather (1)
116:17
Wechsler (5)
54:23,24;55:4,18;
103:8
weed (1)
69:11
week (3)
12:10;30:3;73:3
well-controlled (1)
130:10
well-validated (1)
52:20
weren't (3)
37:5;94:19;95:1
what's (18)
7:7,14,17;15:6;25:2;
31:25;46:9;54:24;57:8;
67:24;70:10;80:16;
82:19;111:9;116:23;
124:17;127:1;129:23
wheel (1)
72:13
WHEREUPON (10)
5:1;9:18;23:1,13;
24:23;56:5;82:15;
99:12;130:22;131:15
whole (6)
12:6;62:11;82:2;
86:11;101:11,16
who's (5)
17:11,11;69:1;
102:20;118:15
wide (1)
52:8
within (4)
101:19;103:7,13;
109:3
without (8)
16:17;45:24;55:11;
66:18;100:5;110:5;
111:18;118:7
witness (50)
5:13;6:17;15:17,19;
21:3;26:8,22;34:25;
35:14;38:22;41:10;
49:7;55:24;56:1;57:22;
58:6,8;64:20;65:14;
66:18;67:5;84:11,19;
85:14;86:7,22;87:16,
22;89:1,12,22;92:13,
19;96:21;104:3,16;
107:12,21;108:15;
113:6,21;116:4;
117:17;118:3;119:17;
123:12;125:3,6;130:5,
19
word (2)
8:17;58:12
words (1)
88:6
work (35)
7:17;21:8,9,15;
30:10;31:8;37:9;42:24,
25;43:5,19;45:14;46:7;
56:21;57:1,1,5;58:3;
71:25;72:8;74:20;75:1;
80:25;81:12,14;98:9;
101:5,6,10;114:16;
116:19;122:8;127:3;
131:4,6
worked (5)
17:18,20;29:21;
30:10;81:18
worker (5)
19:5;57:14,14,15;
69:3
workers' (3)
19:4;104:6;105:9
working (7)
31:11;40:17;41:19,
21;43:7;77:7;107:24
works (1)
40:15
world (1)
116:19
Worrell (1)
83:4
worried (3)
118:15;119:1;123:9
written (8)
19:10;27:22;31:13;
68:16;75:10;79:4;97:5,
8
wrong (2)
116:13,23
wrongdoing (1)
76:11
Wyoming (1)
45:15

Y

year (7)
18:10,17;43:25;
45:23;73:8;79:21;
102:4
yearly (1)
73:6
years (30)
10:24;11:3,7,11;
12:14;15:25;16:8,25;
21:1,4,6,12,14;38:3;
42:7;44:21;46:19;48:4,
19;57:18;69:16;70:21;
72:19,20;73:15;75:23;
87:2;102:4;109:10;
120:11
youth (6)
6:23;65:24;66:16;
67:3;92:9;124:23

Z

Zoom (3)
3:7,23,25
Zoomed (1)
11:22

1

1 (6)
68:8;97:3;99:17;
106:7;109:20,22
10 (2)
21:4;49:2
10:18 (1)
56:4
10:35 (1)
56:7
100 (1)
100:25
11:32 (1)
99:11
11:45 (1)
99:14
115 (1)
3:13
12:30 (1)
130:21
12:39 (3)
130:24;131:14,16
131 (1)
0:5
1430 (1)
7:18
16 (11)
58:18,24;60:18,24;
61:3,11,15,20,24;62:2,
10
18 (1)
58:20
188 (1)
9:18
189 (2)
23:1,6
190 (2)
23:13,18
191 (2)
24:23;25:3
192 (2)
82:15,20
1970s (1)
80:3
1987 (2)
71:2,14
1990s (1)
78:16
1st (2)
3:5;5:14

2

2 (6)
36:4,9,11;111:20;
119:20;123:24
20 (8)
18:10,16;44:23;49:3;
72:19,20;73:12,23
2003 (1)
42:5
2008 (1)
77:1
201401 (1)
3:21
2022 (1)
5:11
2023 (1)
0:17
22nd (1)
5:11
25 (2)
73:19,20
2711 (1)
5:14

3

3 (19)
7:18;24:12,16;32:3,
11,14;34:7,14,18;35:9,
18,19;47:9;65:11;91:4;
92:11;125:9;128:7;
129:3
30 (3)
21:17;22:7;45:23
345 (1)
3:5
35 (1)
10:22

4

4 (1)
25:11
40 (7)
21:17;22:7;109:3,4,
5,6,15
400 (1)
73:8
410 (1)
3:13

5

5 (3)
21:4;111:25;112:2
50 (2)
48:25;59:14
5784 (1)
42:10
59101 (1)
3:14
59620-1401 (1)
3:22
59901 (1)
3:6

6

61 (2)
31:18;34:22
61A (1)
32:1
65 (3)
44:17;62:2,10

7

70s (1)
118:15

9

9:09 (1)
5:12
90s (1)
71:9

EXHIBIT 2

EXPERT REPORT
OF
LISE VAN SUSTEREN, M.D.

Held et al.,

v.

The State of Montana et al.,

MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY

(Case No. CDV-2020-307)

Prepared for Plaintiffs and Attorneys for Plaintiffs:

Roger Sullivan
Dustin Leftridge
McGarvey Law
345 1st Avenue East
Kalispell, MT 59901
rsullivan@mcgarveylaw.com
dleftridge@mcgarveylaw.com

Nathan Bellinger
Mathew dos Santos
Andrea Rodgers
Our Children's Trust
1216 Lincoln Street
Eugene, OR 97401
nate@ourchildrenstrust.org

Melissa Hornbein
Barbara Chillcott
Western Environmental Law Center
103 Reeder's Alley
Helena, MT 59601
hornbein@westernlaw.org
chillcott@westernlaw.org

Philip P. Gregory
Gregory Law Group
1250 Godetia Drive
Redwood City, CA 94062
pgregory@gregorylawgroup.com

TABLE OF CONTENTS

I. Introduction 1

II. Education & Background 1

III. Summary of Conclusions 2

IV. Bases & Methodology 4

A. General Methodology 4

B. Plaintiff Assessment Procedures and Diagnostic Criteria 4

i. The Direct Interview 6

V. Climate Change is Causing Impacts and Events That Harm the Mental Health of Children, Including These Plaintiffs 7

A. Summer Heat Waves, Violence and Anxiety 10

B. Drought and Access to Clean Water 11

C. Wildfires 11

D. Indirect and Vicarious Climate Change Impacts 13

VI. Youth Are Especially Vulnerable to the Mental Health Impacts of Climate Change 14

VII. The Mental Health Impacts of Climate Change are Exacerbated by the State of Montana's Role in Creating and Failing to Respond to Climate Change 18

VIII. A Court Order Declaring the Illegality of Montana's Energy Policy is Necessary to Protect Children Against Climate Harms and Dangers to their Health 21

IX. Conclusion 21

Attachment 1: Curriculum Vitae
Attachment 2: References
Attachment 3: Plaintiff Profiles (subject to protective order)

I. Introduction

The purpose of this expert report is to evaluate facts and science and to render opinions on the impacts of climate change on the mental health of children, including the 16 Youth Plaintiffs in this case. My opinion focuses on the psychological and mental health impacts of climate change on young people, future generations, and select individual Plaintiffs in this case. My review of the available information, as well as my individual psychological profiles of the select individual Plaintiffs, confirms, based on a reasonable degree of scientific certainty, that climate change poses a significant threat to the mental health and wellbeing of Montana's children, and the 16 youth Plaintiffs in this case. It is my professional opinion that a remedy to ease the psychological suffering waged on these Plaintiffs by their own government is clear and available: a court order recognizing that Montana's energy policy betrays government's role to protect its youngest and most vulnerable citizens and is therefore unconstitutional. Climate scientists have clearly articulated a scientific prescription to stabilize the climate system and protect young people, yet Montana continues policies and practices which promote high fossil fuel emissions and take us in the opposite direction of where climate scientists say we need to be headed. (Hansen et al., 2013). We cannot just treat or medicate people who are experiencing mental health impacts due to climate change. While that can help, to meaningfully address the problem, we must address the root cause of the psychological injuries: climate change.

II. Education & Background

I am a board certified general and forensics clinical psychiatrist in practice for 29 years. My academic and clinical training took place at the University of Paris, in Togo West Africa, and at St. Elizabeth's Hospital in Washington D.C. I am Clinical Associate Professor of Psychiatry and Behavioral Sciences at George Washington University in Washington DC. In addition to my private practice, I have worked in community mental health centers. Over the course of my career, I have provided mental health services to people from all walks of life and across the entire socioeconomic spectrum. I have worked with the homeless in metropolitan Washington D.C., with displaced persons traumatized by natural disasters, and with Physicians for Human Rights assessing the credibility of torture victims seeking political asylum in the U.S. I have also worked as a behavioral profiler at the Central Intelligence Agency performing psychological profiles of world leaders. As a psychiatrist in private practice, I have evaluated and treated individuals, couples and families. I am an expert in evaluating and treating individuals who have experienced trauma.

I frequently am asked to comment as an expert on topics concerning human behavior on national and local television, radio and in publications – both professional and for the public. I have been a guest blogger for the Huffington Post, on topics related to psychology and environmental issues. In 2009, I co-convened one of the first conferences on the psychological effects of climate change, warning that the U.S. mental health system is not prepared. In 2013, I worked with Dr. James Hansen and a number of other experts on a paper entitled *Assessing "Dangerous Climate Change": Required Reductions of Carbon Emissions to Protect Young People, Future Generations and Nature.* (Hansen et al., 2013). This paper set the scientific prescription needed to restore Earth's energy imbalance and protect the mental health of young people. In the last decade I have given hundreds of presentations on climate change and mental health. I have

served on the Maryland Task Force on Energy Policy and The Metropolitan Council of Governments, a multi-state council charged with protecting our climate and environmental health. I have also served on the Advisory Board of the Center for Health and the Global Environment at Harvard University T.H. Chan School of Public Health. I am a founding member of the Climate Psychiatry Alliance. In May 2018, I received the Distinguished Fellow award of the American Psychiatric Association, its highest membership honor. Over the last several years, I have helped develop youth climate anxiety assessment tools, conducted research and reviewed data in assessing the mental health of young people faced with climate change. In May of 2022 I was honored by the Washington Psychiatric Society, a district branch of the American Psychiatric Association, for my work on climate and mental health.

I attach as **Attachment 1** my *curriculum vitae*, which contains a list of my relevant publications. My report contains citations to sources I have used or considered in forming my opinions described herein, listed in **Attachment 2.** In **Attachment 3** is my professional psychological profiles of the mental health impacts of climate change, and the government's conduct in causing climate change, on five of the youth Plaintiffs whom I met with individually. It is subject to the protective order entered in this case to protect the privacy of these young people.

I am working pro bono to prepare the expert report in this action because of the magnitude of the harm facing these youth Plaintiffs and the urgent need for the judiciary to understand the mental health consequences of climate change.

My conclusions in this report are based on my training and experience as a general and forensic psychiatrist, my experience as a professional profiler, my knowledge and review of medical and psychological literature and climate science, my research and study of the mental health impacts of climate change, my review of the Plaintiffs' complaint, and my psychological profiles of some of the youth Plaintiffs.

III. Summary of Conclusions

The scientific community has officially and repeatedly warned that the health of young Americans will suffer from a range of increasingly devastating climate-related impacts during the coming years, including more disaster-based displacement and relocation, increased flooding along rivers and streams, more extended summer droughts and water shortages, which in some regions will result in crop failures and shifts, more intense summer heat waves, an increase in catastrophic wildfires, losses in fisheries, the destruction of forests, air pollution, and the spread of diseases from infestations of insects, among other climate impacts. The science shows that our most vulnerable population, the world's children, are already being harmed both physically and psychologically from climate change, and the suffering increases with each day that governments continue with policies that promote fossil fuels and result in high levels of greenhouse gas (GHG) emissions that worsen the already severe climate crisis. The focus of this report will be on the current psychological harm to children, including the 16 youth Plaintiffs in this case, and the menacing conditions that threaten them with future, life-long harm as the climate crisis deepens and as the State of Montana continues to promote a fossil fuel-based energy system and obfuscate the truth about the dangers of fossil fuels and climate change.

Section IV identifies the documents, data, and studies I reviewed in analyzing this case and developing my opinions. It also contains a description of the methodology used in preparing this report and in conducting the individual psychological profiles of five of the youth Plaintiffs with whom I met.

Section V explains that the psychological harms from climate change are both acute and chronic and they accrue directly from impacts such as heat waves, drought conditions, wildfires, air pollution, violent storms and flooding, and new threats of disease, which scientists have linked to climate change. Some young people experience acute physical climate harms from personally experiencing these impacts that lead to mental health impacts. Others experience the slower and pervasive harms of climate change from the knowledge of what is to come. Both manifestations have been shown to harm mental health and psychological wellbeing. Mental health impacts are also accruing indirectly from a range of cascading climate change impacts, a domino effect of harms attributable to collapsing ecosystems, declining faith in democratic institutions, economic impacts to their families, and other psycho-social stressors.

Section VI explains how children, a special group in the population as a whole, are particularly sensitive and vulnerable to the mental health impacts of climate change and need special protection for their well-being. Children today and tomorrow will continue to suffer acutely from episodic acute conditions, and they will be stressed chronically from the slower moving disasters. They will suffer anticipatory anxiety, including pretraumatic stress, from their knowledge of future harm to themselves and others. For some, the focus of their lives will be on running for the safety of higher ground – literally and figuratively.

Section VII describes how the psychological harms from climate change are aggravated by the knowledge that government, despite repeated warnings by scientists, is not only failing to take action to address climate change, but is actively implementing, proposing and endorsing policies that make it worse. The deliberate nature of this harm is of a singularly destructive character, known as **institutional betrayal, in that government, including the State and Montana, the Governor of Montana, and the agency Defendants, betrays its fundamental role to the children of Montana – to keep them safe.**

Section VIII identifies well-understood climate change mitigation strategies that are well-understood and urgently needed to protect children's mental health.

That climate change is causing devastating physical injuries, illnesses, and deaths is extensively documented in the scientific literature. For the magnitude of its impacts, the potential insinuation into every aspect of life, the relentlessness of its nature and debilitating effects, it is, however, the emotional toll of climate change that is even more catastrophic, especially for our children. I conclude that the Defendants' promotion of fossil fuels, pursuant to its State Energy Policy, which contributes to and increases the grave harms from the worsening climate crisis, causes even greater injuries to young people. This chilling disregard for their health and welfare has the capacity to bring lifetime hardships. A remedy to ease the psychological suffering of our children exists: the declaration from this court that the State of Montana's action to promote fossil fuels in the midst of the climate crisis, bringing grievous harm to Plaintiffs' mental health, violates their constitutional rights. Immediate, bold, action by the State of Montana to reduce emissions of the

greenhouse gases that are the root cause of the climate crisis will ease Plaintiffs' suffering. This partial redress for Plaintiffs with mental health injuries does not come from "winning the case," which would increase dopamine and endorphins momentarily for many people in a win/lose type scenario. That is not the long-term redress to these mental health harms that I refer to herein. Rather, these children will see that in this dark time of deepening crises, there are reasons to maintain hope that a healthier and safer world is within reach because a branch of their government has recognized the injuries being caused by another, and has declared it unconstitutional. They will see that their government, upon whom they depend, is not abandoning them - or worse, working against them - but is instead working to protect them – as the social contract demands and the Montana Constitution empowers it to do.

IV. Bases & Methodology

A. General Methodology

I have reviewed documents, data, and studies in analyzing this case and developing my opinions, a specific index of which may be found as **Attachment 2** to this expert report. My analyses and opinions are based on my decades of experience as a general and forensic psychiatrist; working with individuals, families and in community health centers; my work as a psychological profiler of world leaders for the executive branch of the federal government; my decades of experience studying and writing about the impacts of climate change on adults' and children's mental health, including a recent global study of climate distress in 10,000 children and young people; my experience treating adults who have suffered health effects from climate events; my evaluations of children struggling with climate harms; my profiles of five of the Plaintiffs in this case; and consulting with other mental health professionals who study and work with adults and children suffering from climate-related health effects. It is standard practice in the medical field to review such documents and to consult with others as a means of forming medical opinions.

The documents I have reviewed can be summarized as originating from the categories listed below: (1) A wide-array of publicly available records from federal and state agencies on climate change, public health, and mental health; (2) Studies on climate change impacts on children, including, the 2021 report *Climate Change and Human Health in Montana.* These studies have sections describing the methodologies used, which I have reviewed; (3) Peer-reviewed scientific and policy publications related to potential and actual mental health impacts on children due to climate change; (4) the profiles of individual Plaintiffs I conducted as reported in **Attachment 3**; and (5) methods to curb or mitigate health effects caused by climate change. I have also reviewed the pleadings filed with the Court in this matter, including Plaintiffs' Complaint.

B. Plaintiff Assessment Procedures and Diagnostic Criteria

As part of my methodology in formulating my expert opinions, I conducted individual psychological profiles of five of the youth Plaintiffs in this case, which are in **Attachment 3** and subject to the protective order. I met with each of these Plaintiffs individually and in person in Montana for a maximum hour and a half session. Among the 16 Plaintiffs in this case, the five individual Plaintiffs I met with were chosen randomly, for reasons of logistical convenience, and

because they had previously disclosed mental health harms related to climate change and the conduct of Defendants in the Complaint.

My findings for each of the five Plaintiffs described in **Attachment 3** are based on my expertise as described in the qualifications section of my expert report, the scientific literature on climate change harms to mental health described in the body of my expert report, the direct interviews I conducted with the individual Plaintiffs, and the supplemental indirect information I obtained from the filings in this case.

In conducting my profiles of the psychological or mental health injuries experienced and sustained by these Plaintiffs, it is important not to "pathologize" the Plaintiffs' emotions or mental state. I have therefore not performed formal psychological testing for specific disorders to make individual diagnoses pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM–5-TR). Formal diagnoses can be helpful in defining impairment of functioning to prescribe an appropriate intervention and to allow practitioners to investigate psychopathology (Kaplan & Sadock). That is not my purpose as an expert in this case. Additionally, one important reason why psychiatrists make formal diagnoses pursuant to DSM-5-TR is to be able to bill insurance companies, but since I am not billing insurance companies for this work, a formal diagnosis is not necessary. Thus, while I am familiar with, reviewed and utilized the DSM–5–TR as a point of reference from my training when I provide my professional profile of these Plaintiffs, I did not formally assess the Plaintiffs I met with for purposes of diagnosis and treatment.

My profiling practices are consistent with accepted methodologies used by psychiatrists to evaluate individuals and their mental health. The most important tool in my ability to assess an individual is the direct interview and observation, which is a person-to-person interaction where I use clinical experience as a practitioner and my formal training to arrive at my expert opinion. This is the most useful and commonly used assessment tool in psychiatry (Kaplan & Sadock). Children in the age range of these Plaintiffs are known to have the capacity to provide transparent, accurate, and substantive information about their inner experiences, including their sadness, anger, fears, and anxieties.

I intentionally did not ask the Plaintiffs to prepare for our meeting so as not to introduce any bias into the experience. The setting for each of these meetings was purposefully selected to be an open and friendly space, visually pleasing, to awaken their senses and promote a stream of consciousness. When that happens, it allows the profiler to more accurately observe and comment on what has been said – which aids in evaluating credibility. At the start, as is standard in a forensic meeting, I establish that the plaintiffs understand who I am, why we are together, and that they have no expectation of diagnosis nor treatment. A combination of a structured and unstructured interview format was used to create the optimal environment for free disclosure. The plaintiffs were asked common structured questions to initiate a discussion, but subsequent questions on the topic followed the lead of each individual in keeping with whatever came to the plaintiff's mind. Unscripted discussions are most often both more revealing and more authentic. Open-ended questions are asked for the same reason – and allow for more reliable tracking - that is staying consistent with their themes, words, and emotional tone - with follow-up questions. I deliberately ensure that every question I pose is non-leading. During the meeting, I refrain from

any suggested approval or disapproval of what is being said either overtly or covertly (with body language) and record with personal notes on paper everything I see and hear, taking care to keep my pen close to the paper so it doesn't appear I am only interested in certain matters. I do this to avoid any suggestion of a personal response to what is being communicated. I have found that a video recording is counterproductive when doing an unbiased profile because when a camera is on, the subject acts differently. Each Plaintiff was interviewed alone with me.

After meeting with each Plaintiff, I reviewed their stories in the Complaint. I purposefully did not review this information in advance of the in-person meeting to ensure that my observations of the Plaintiffs were as judgment-free and unbiased as possible. The other collateral information I relied upon is my knowledge of climate change as described in the documents referenced in **Attachment 2.**

To prepare the written profiles contained in **Attachment 3**, I carefully reviewed my notes – checking for changes in tone, subject matter, or change in body language. If any of these was noted, I reviewed what occurred just prior to have prompted the change. Silences were noted. The mood of the interview as it progressed was captured, as, in my experience, it fits a characteristic pattern that lends credibility to the process. Experiences prompted by noteworthy auditory or visual stimulation were duly recorded and interpreted. Emotional experiences shared with me were captured. I analyzed what I envision for the Plaintiffs in the future based on my understanding of climate change, my professional knowledge and experience, and my observations of the Plaintiffs during the course of the interview.

I was not asked to meet with the Plaintiffs to diagnose them, nor to develop a formal treatment plan; and I did not. Neither was necessary for me to have an opinion about their mental health nor to conclude that climate disruption is causing emotional injuries that are adversely affecting their mental health. The primary data points I relied upon to reach my opinions for each of the individual Plaintiffs is their self-report, the psychological profile produced in accordance with the methods described above, their history, climate change studies and reports, and my observations as an expert in this area.

i. The Direct Interview

Critical to a "successful" interview is establishing a trusting rapport with the interviewee and conducting the interview in a comfortable space with a relaxed atmosphere. Such a setting is conducive to the spontaneous flow of thoughts, ideas and feelings. During the interview, I:

- Asked non-leading, open-ended questions;
- Used "tracking" questions to encourage the production of additional material based on what was already said;
- Scrutinized body language and behaviors, including facial expressions;
- Followed the chain of associations without interruption;
- Noted abrupt changes of subject;
- Noted the silences, the drops in tone, redirected gaze;
- Approached topics indirectly and generically, e.g., to know about peer relations – "how are you getting on at school?";

- Noted the internal consistency among body language, facial expression and what was said, when it was said, and the tone of voice;
- Maintained a neutral tone; and
- Refrained from personal distracting behaviors.

To assess the credibility of the responses of the interviewee in the interview I evaluated the following:

- Fluidity of our conversation;
- Transparency of feelings;
- Emotional accessibility;
- Broad range of affect;
- Relationships with peer groups; and
- Internal consistency.

I also looked for signs of unconscious defense mechanisms such as garrulousness, silence, overly emotional expressions, editing thoughts, and intellectualization.

The factors I considered in assessing the reliability of the interview include:

- Unscripted and spontaneous character of the discourse;
- The density of emotion, thought, and knowledge;
- Willingness to risk disapproval for potentially unwelcome opinions, feelings and actions;
- Awareness of the emotional states of others (Emotional Intelligence);
- History of taking initiative and industrious follow through;
- Spontaneous displays of empathy;
- Independent thinking;
- Respect for the truth and the efforts to be accurate; and
- Internal consistency of content, tone and body language including facial expression.

I also assessed sudden shifts in subject or in a theme of the interview, the pace and range of emotional flow of the interview, paying particular attention to moments when the interviewee seemed to experience discomfort. I factored into my assessment that individuals mature at different stages and at different rates, and evaluated whether the thoughts, emotions, and behaviors of the interviewee were consistent with what would be expected in a child of his or her age.

V. Climate Change is Causing Impacts and Events That Harm the Mental Health of Children, Including These Plaintiffs

Every physical injury, illness and death carries with it an attendant emotional toll. This is no different when the impacts of *climate change* are the cause of injury, illness, or death. The mental health impacts of these conditions – actual events, including those seen from a distance, or the threat of them – can present as both acute and chronic. Acute impacts are often described as high-intensity but time-limited, with a tendency to result in transient mental health symptoms, but not always. Acute traumatic events can also leave scars in our psyches that lead to chronic

injury: attendant symptoms are awakened or exacerbated by triggers long after the initial traumatic event may have passed.

Healing from acute climate events can be impeded by many factors: the frequency and intensity of stressors, the lack of personal and community support in the aftermath, the degree and duration of displacement, the difficulty of rebuilding or restoring, and the belief that the disaster could have been avoided. In some instances, people never fully heal and carry the consequences throughout their lifetimes.

The psychological toll can become chronic – evolving from acute events or slow-moving disasters, or out of the fear of both. Chronic psychological stress may initially be less dramatic than acute conditions, but the damage to mental health is no less serious or harmful.

It is well documented that children who are exposed to natural disasters are uniquely vulnerable to mental health problems, including anxiety and depression, as well as acute stress reactions and adjustment disorder (Goldmann & Galea, 2014; Lawrence et al., 2021). Mental health experts already know that climate change causes, and will continue to cause, mental health impacts by exposing the youth Plaintiffs to more frequent and more intense natural disasters such as extreme weather events, wildfires, drought, and other climate change impacts. The mental health community is seeing a full range of conditions and symptoms from extreme weather events including depression, anxiety, Post-Traumatic Stress Disorder (PTSD), increased drug and alcohol abuse, domestic violence, and child abuse (Neria et al., 2009; Clayton et al., 2021). The American Psychological Association (APA) found that "PTSD, depression, general anxiety, and suicide all tend to increase after a disaster" (Clayton et al., 2017). The 2021 report, *Climate Change and Human Health in Montana*, acknowledges this, stating, "The mental health impacts of climate change are profound and varied. . . . Those impacts include increases in post-traumatic stress disorder (PTSD), anxiety, depression, substance abuse, and suicidal thoughts." (Adams et al., 2021).

That major psychological injury can be expected from the impacts of climate disruption has been reached with "high confidence" – the maximum level of certainty based on the scale utilized by the authors of the study. It was reached because of "strong evidence" and with "high consensus" (Dodgen et al., 2016).

According to the APA, "In general, climate change can be considered an additional source of stress to our everyday concerns, which may be tolerable for someone with many sources of support but can be enough to serve as a tipping point for those who have fewer resources or who are already experiencing other stressors" (Clayton et al., 2017). Another study analyzed by the APA found that climate change inspired feeling of loss, helplessness, and frustration (Moser, 2013). These findings are confirmed in the *Climate Change and Human Health in Montana* report (Adams et al., 2021).

A growing concern is the rapidly expanding prevalence of climate distress. It reflects not only rising anxiety at the ever more obvious signs of our deteriorating climate, but this stress in and of itself carries significant health burdens. Stress drives up the secretion of cortisol – a human hormone released as part of the fight or flight centers in the brain that are triggered by anxiety

provoking situations or conditions. High levels of cortisol are not damaging when they are short-lived. Persistently *high* levels of cortisol, however, can be exceedingly damaging. Among other impacts, chronically elevated levels of cortisol reduce immune function, disturb sleep patterns, disrupt digestion, impair memory, and harm the cardiovascular system. (Yaribeygi et al., 2017). An individual's ability to make carefully reasoned decisions can be compromised under stress. It is even a factor contributing to infertility. As the stress of worrying about or surviving climate disasters mounts, physical and emotional consequences will occur with increasing frequency. The cumulative toll of repeated exposure to extreme climate events will be challenging to surmount, individually and collectively. We can expect to see not only individuals under stress – but entire communities – and more. Our communities will undoubtedly exhibit behaviors associated with "survival mode" as the challenges deepen.

While not everyone may yet personally be experiencing the world's ongoing extreme climate events and their downstream effects, young people are at the forefront of this experience. The pain of empathic identification with others struggling from the consequences of fires, floods, storms and extreme heat, and the fears and losses - bring their own emotional toll. Given the pervasive media attention to extreme weather events, the images and personal stories of people killed, injured, dislocated, or otherwise effected by climate change events, are ubiquitous. This can have significant impact on people, particularly empathic children.

Contending with the physical impacts of climate change is an ongoing challenge to our ability to cope psychologically. The federal government acknowledges that the physical devastation of climate change can engender the feeling of "loss and disconnection" from "place and identity" – a problem known as solastalgia and described as troubling as chronic stress (Dodgen et al., 2016). When places we have come to know well are irreversibly damaged, we lose the comforting sense of the familiar, the anchoring sense of belonging. Our inner psychic world – a key component of our sense of identity – mirrors the alien state of the damaged physical world – when it is lost, we lose a part of ourselves (Clayton et al., 2017). Native American and indigenous people, many of whom have maintained deep spiritual and cultural connections across generations for thousands of years, are particularly vulnerable to the loss of an irreversibly damaged homeland. For example, the *Climate Change and Human Health in Montana* report found that members of the Crow Tribe, "express a widespread sense of environmental-cultural-health loss, along with despair at their inability to address root causes of these local impacts of climate change." (Adams et al., 2021). Additionally, "On the Flathead Indian Reservation, more than a quarter of low-income residents surveyed (both Native and non-Native) increase their food security by harvesting wild foods. They perceive that these wild foods are already adversely impacted by climate changes, such as increased wildfires, increased drought, and weather variability." (Adams et al., 2021). Youth Plaintiffs Ruby and Lilian, members of the Crow Tribe, report their experiences from the damaging impacts of climate change to their traditional food sources and cultural practices. (Complaint ¶¶ 70-76). Sariel, who lives on the Flathead Indian Reservation and is a member of the Confederated Salish and Kootenai Tribes, reports a "profound emotional and psychological impact" from the climate crisis, and is stressed by what her community is and will be facing from the climate crisis. Thinking about the future makes her feel distraught. She wonders if she will have a future at all. (Complaint ¶ 32).

I concur with the findings of the APA, the Montana human health report, and federal government's conclusion; the anthropogenic climate impacts to mental health described are already occurring and will get worse as the climate crisis unspools and the consequences continue to be unleashed on these youth plaintiffs in the State of Montana.

Since the time of the ancient Greeks it has been recognized that the mind and body are a two-way street – what harms the mind affects the body, what harms the body affects the mind. The consequences of the climate crisis, physical and psychological, have mutually multiplying harmful effects. I will not evaluate the full extent of the physical impacts of climate change that result in mental health harms, but below I describe types of events that drive characteristic psychological harms. Many of the events described below have been identified by the youth Plaintiffs as giving rise to their injuries in the Complaint.

A. Summer Heat Waves, Violence and Anxiety

Montana's annual temperatures have already risen significantly due to climate change. Climate scientists expect that temperatures will continue to rise in Montana over the coming years and decades (Whitlock et al., 2017). Many of these Plaintiffs have struggled to adapt or been forced to remain holed up indoors as a result of extreme heat in Montana. (Complaint ¶¶ 44, 66-67, 23, 59).

Based upon a global rise in temperatures, is an increased incidence in Montana of extreme heat waves during the summer months (Melillo et al., 2014; Adams et al., 2021; Complaint ¶ 153). In addition to the physical illnesses and deaths caused by heat waves, significant psychological stress is associated with heat waves. As temperature rises, so does aggression (Raj, 2014; Bulbena, 2006; Anderson, 1987; Van Susteren et al., 2020; Adams et al., 2021). The *Climate Change and Human Health in Montana* report recognizes that, "Elevated temperatures have been related to worsening a) mental health status . . . ; b) diminished cognitive function . . .; c) increased violence . . . ; d) increased interpersonal aggression in the form of domestic violence, abuse, and rapes . . . ; and e) suicide . . . . Even small increases in temperature, in one case comparing average monthly temperatures between 25-30°C (77-86°F) with those over 30°C (86°F), can lead to significant exacerbation of mental illness." (Adams et al., 2021). Each standard deviation of increased temperature and change in rainfall, is associated with a 4% increase in conflict between individuals, and a 14% increase in conflict between groups (Hsiang et al., 2013). These findings are valid across all regions and among all ethnic groups. The increased acts of aggression include assaults, murders and suicides, especially violent suicide. As temperatures continue to rise, we can expect increasing individual and social aggression and unrest.

The APA describes the impacts of warmer weather on aggression and violence as "extensively studied" (Clayton et al., 2017) and cites lab and field-based experiments demonstrating a "causal relationship between heat and aggression" that can be explained by increased arousal and decreased self-regulation (Anderson, 2001; Simister & Cooper, 2005). In the period from 2010 to 2099, Ranson (2012) predicts an additional 30,000 murders, 200,000 rapes, and 3.2 million burglaries due to higher temperatures. Exposure to increased temperatures is linked to other

mental health ailments, as reflected in a rise of hospital psychiatric admissions. (Watts et al., 2019; Lawrence et al., 2021).

People with pre-existing mental disorders are especially vulnerable to the impacts of heat waves. During hot periods, they appear to get sicker than expected, show greater dangerousness towards others, require more frequent use of restraints, and display increased anxiety (Bulbena et al., 2006; Bratu et al., 2022). The government has acknowledged these mental health impacts of climate change, concluding "there may be a link between extreme heat (climate change related or otherwise) and increasing violence, aggressive motives, and/or aggressive behavior . . . ." (Dodgen et al., 2016; Adams et al., 2021).

B. Drought and Access to Clean Water

According to climate scientists, as global temperatures rise, drought conditions in Montana are worsening and they are expected to continue to worsen with changing precipitation patterns (Whitlock et al., 2017; Complaint ¶¶ 160-162). Many of these Plaintiffs have been personally affected by Montana's droughts. (Complaint ¶¶ 22, 23, 29, 34, 56). Drought conditions have been especially challenging for Rikki and her family given the importance of water for their crops and livestock (Complaint ¶¶ 15-16). Claire and her family have water rights to rivers that are threatened by increasing drought conditions (Complaint ¶ 68).

Drought is slower moving than storms and has its own attendant, often chronic, mental health impacts (Stanke, 2013). Prolonged drought is a major contributing factor to an increase in suicide among affected populations (Hanigan et al., 2012; Carleton, 2017). The unrelenting day after day despair from watching and waiting for water that does not come is particularly damaging to individuals who depend on water for their livelihood or cultural sustenance. Prolonged stress, it bears repeating, is harmful both psychologically and physically.

As the Flint Water Crisis has illustrated, widespread psychological harm is associated with water-related disasters (Cuthbertson et al., 2016). In addition to the direct physical and psychological impacts caused by exposure to the lead tainted water, Flint residents showed signs of "secondary trauma" – the emotionally distressing "ripple effects," including anxiety and depression, from concerns about ill-defined future health effects on their families – particularly their children, limited funds for those wishing to move away, decreased property values, uncertainty about whether the water was now safe. Underpinning this is a growing cynicism that government can't be trusted (Cuthbertson et al., 2016). When a decline in the availability and quality of freshwater is linked to human caused climate change, an increase in mental impacts such as these should be expected.

C. Wildfires

Increasing temperatures from climate change are causing Montana's land and vegetation to dry out, resulting in bigger, more frequent and more intense wildfires (Whitlock et at., 2017; Melillo et al., 2014). Homes and communities in Montana, including Plaintiffs' homes and communities, are increasingly threatened by wildfires (Complaint ¶ 173). Wildfires have ravaged Rikki's ranch multiple times, causing the incineration of wildlife and turning previously green vistas into heaps

of grey ash, along with the loss of power and smoke filled air choked with dangerous pollutants (Complaint ¶ 19). Lander and Badge prepared to evacuate during the summer of 2018 when a wildfire threatened their home (Complaint ¶ 24). Wildfires have raged across the Flathead Reservation, where Sariel lives, forcing her to remain indoors to avoid breathing the smoke polluted air (Complaint ¶ 30). Smoke filled air from wildfires has inhibited Plaintiffs including Kian, Georgianna, Grace, Eva, Mica, Olivia, Jeffrey, Nathaniel, Claire, Ruby, Lilian, and Taleah from going outside – keeping them from previously enjoyed recreational activities and even from exercising (Complaint ¶¶ 36, 40, 44, 47, 53, 59, 62, 67, 73-74, 77).

Persistent psychological stress is common from the trauma of the *threat* of loss, the upheaval and stress of evacuations, the trauma of the catastrophic realities: the loss of one's home, possessions, and perhaps pets – a lifetime of memories turning into a moonscape in minutes. The emotional toll can rise to the level of clinical disorders: mental health professionals are seeing an increase in depressive disorders, generalized anxiety disorders, PTSD, drug and alcohol abuse and a rising incidence of domestic violence (Finlay et al., 2012, Silveira et al., 2021). A recent study of the Camp Fire, the deadliest wildfire in California history, found that exposure to fires of this nature significantly increased the risk of psychological disorders, particularly PTSD and depression. (Silveira et al., 2021).

Children are especially vulnerable to the consequences of extreme weather events. (Finlay et al., 2012).

In modern American society, the unavoidable exposure to triggers such as the smell of smoke, the sight of ash, hearing sirens, and others can reignite debilitating fear reactions. Adding to the stress, the comforting "face" of one's community may have been lost or rendered unrecognizable, and the network of supportive members scattered due to the fire and evacuations. When people are forced to evacuate their homes, they are often separated from family, social networks, schools, and other relationships and community ties that provide emotional – and even physical – support. Low levels or the absence of social support is one of the strongest predictors of posttraumatic stress (Brewin et al., 2000; Ozer et al., 2003). Often the areas burned are prone to additional fires, or mudslides after intense rains, forcing the wrenching and sometimes divisive question of rebuilding or returning home an additional stressor.

Montana's record wildfire seasons have led to a doubling of respiratory-related emergency room visits (Complaint ¶ 177). Children with asthma are more likely to have an asthma attack with smoky conditions. Smoky air choked with pollutants from wildfires sickens not only people who live nearby but those who are at distances of thousands of miles. Increased risk of asthma attacks generally increases anxiety in young asthmatics because of the panic one feels when it becomes hard to breathe.

Wildfires can cause suffering from the loss of a forest, or other places individuals have come to love and feel comforted by. Solastalgia, a term coined by Australian philosopher Glenn Albrecht in 2003, describes the gripping sense of existential loss when treasured places are irreparably damaged or destroyed as a result of human carelessness or willful disregard for them (Albrecht, 2005). Solastalgia manifests itself "in the erosion of the sense of belonging (identity) to a particular place and a feeling of distress (psychological desolation) about its transformation."

The often deep anguish can trigger intense visceral pain. Indigenous people are especially vulnerable to solastalgia because of the deep and culturally bound traditions tied to their Native lands (Albrecht, 2005). Solastalgia provides a western medical analysis of why Badge, who is named after Badger-Two Medicine, a place where Badge enjoyed outdoor activities, including fishing, describes the painful emotional toll when he learned the area had been partly destroyed by wildfires (Complaint ¶ 25). This research explains why Sariel reports that "[t]he threat of losing her community's important connection to the environment and losing her culture because of climate change is exceedingly stressful on Sariel and her community." (Complaint ¶ 28).

D. Indirect and Vicarious Climate Change Impacts

In addition to the acute and chronic mental health impacts associated with specific climate change events described above, even when individuals are not directly affected by a particular climate event, the simple awareness of current and predicted impacts of climate change, can be associated with chronic mental health impacts (Doherty & Clayton, 2011; Van Susteren et al., 2020). This can exact a more gradual, though by no means less significant, emotional toll. Those who are most knowledgeable and fully understand the reality of the threats posed by climate change, and haven't chosen to turn a blind eye to the reality (as a psychological defense mechanism), are most likely to experience the biggest impact on their social, emotional, and spiritual well-being (Fritze et al., 2008).

The impacts of indirect and vicarious climate events present a stew of emotional ills – anxiety, depression, despair, a growing feeling of anger and powerlessness. Some individuals feel guilty and frustrated when their best efforts to stop climate change are not successful. In other instances, exposure to climate crises leads to apathy and numbness. (Doherty & Clayton, 2011; Fritz et al., 2008; Clayton et al., 2017). A growing body of literature shows the anguish emanating from the debilitating knowledge that humans, entrusted with the highest capacity for empathy, and well within their power to control the contributing factors, are instead at the core of the problem. Deep-seated fears lead to existential questions about the survival – not only of other species in this age of mass extinction, but, indeed, questions about the survival of humans. If we do survive, many are asking, what will the world look like?

Day in and day out worrying about the unprecedented scale of the risk posed by climate change, and the future for oneself, children, and future generations, takes a heavy toll on individuals' well-being, wearing them down, sending some to the "breaking point." Children are especially vulnerable to this. The Plaintiffs' stories in the Complaint reflect their despair and hopelessness. For example, the snow dependent sport Georgianna has invested so much time in, may not exist in the future because, simply, there may be no snow in the future. (Complaint ¶ 42). "Witnessing climate change impacts around her is devastating emotionally to Grace . . . she is anxious about her future and fearful that her generation may not survive the climate crisis." (Complaint ¶ 45). Badge is similarly worried about the future - not only for himself, but for the children he may one day have. (Complaint ¶ 26). Sariel describes being "distraught when thinking about her future and if she will have one." (Complaint ¶ 32).

In a 2007 survey of Australian children, researchers Tucci, Mitchell, and Goddard found that "[a] quarter of children are so troubled about the state of the world that they honestly believe it will

come to an end before they get older" (Tucci et al., 2007). The survey describes children crying, worrying about what is happening to animals, having problems sleeping, and wondering why their parents cannot do more. In the first known case of what is being called "climate change delusion," a depressed 17-year-old Australian boy was hospitalized for refusing to drink water for fear it would cause the death of millions of people caught in his drought-ridden country (Wolf & Salo, 2008). Climate change anxiety is now prevalent among younger generations, (Van Susteren, 2020; Wu et al., 2020), including some of the youth Plaintiffs in this case. A survey of 2000 young people aged 8-16 years old showed that 73% were worried about the current state of the planet, 19% have had nightmares about climate change, and 41% have no trust in adults to address the crisis (Consulo et al., 2020).

A study of 10,000 young people aged 16-25 from 42 countries in 26 languages, of which I am a co-author, reinforces previous findings showing that climate distress in young people is global, and that it affects their everyday lives. The study also reveals that the distress is more intense when young people believe their government is not adequately responding to the mounting climate consequences. High levels of distress, functional impacts and feelings of betrayal will inevitably damage children's mental health and wellbeing according to the study. (Hickman et al., 2021).

In my expert opinion, if Montana's government continues to make climate change worse with a State Energy Policy that explicitly promotes fossil fuels by permitting their extraction, transport, and burning, Montana children will be exposed to far greater damage to their mental health. The emotional toll will exceed what is already being documented. Children will grow up in an atmosphere that is not consistent, for some, with their survival, let alone with the psychological health needed to address the mounting challenges before them. It is also my expert opinion that if the State Energy Policy is allowed to stand and is treated as constitutional, in spite of such clear harms to the constitutional rights of Youth Plaintiffs, that alone will devastate the mental health of these children.

VI. Youth Are Especially Vulnerable to the Mental Health Impacts of Climate Change

A large, growing and compelling body of research shows that the impacts on children from climate change damages them psychologically, both directly and indirectly, in ways distinct and unique from adults (Burke et al., 2018). Importantly, neuroscience has established that human brains continue to grow and develop until around the age of 25.

Children under 21 years of age make up approximately 21.53% of the Montana population, and are distinct from the older population (Social Explorer, 2022). Fifteen of the 16 Plaintiffs in this case are under 21 years of age (one is now 21). Children are not simply small adults. Their bodies and brains are still growing and developing, making them particularly vulnerable to "climate distress" – both from the impacts of climate change today and from the threats of future harms.

Early childhood is critical for brain development and stress from even minor disturbances during childhood can affect brain development in critical ways (Van Susteren, 2020). Neuroscientists report that brain development persists in humans until the mid-twenties, especially within the

prefrontal cortex. The prefrontal cortex is the part of the brain that decides how to act after receiving information from other parts of the brain. Commanding the "executive" functioning of the brain – it governs how we express ourselves, consider moral values and questions, how we regulate ourselves emotionally. The prefrontal cortex is where we make complex decisions and judgments, where we strategize and problem solve using our reason and in consideration of the data coming in from other parts of the brain. Adverse conditions from external stressors – sensory, emotional, social – can ***permanently*** affect the development of the prefrontal cortex, adversely affecting the manner in which we present ourselves to the outside world – and in turn how the world responds to us (Kolb et al., 2012). Exposure to climate trauma during this critical period of development has the potential to create damaging life-long consequences (Lawrence et al., 2021).

The American Academy of Pediatrics has declared that the "social foundations of children's mental and physical health are threatened by the specter of far-reaching effects of unchecked climate change, including community and global instability, mass migrations, and increased conflict. Given this knowledge, failure to take prompt, substantive action would be an act of injustice to all children. A paradigm shift in production and consumption of energy is both a necessity and an opportunity for major innovation, job creation, and significant, immediate associated health benefits". It further confirms that "Extreme weather events place children at risk for injury, loss of or separation from caregivers, exposure to infectious diseases, and a uniquely high risk of mental health consequences, including posttraumatic stress disorder, depression, and adjustment disorder. Disasters can cause irrevocable harm to children through devastation of their homes, schools, and neighborhoods, all of which contribute to their physiologic and cognitive development" (AAoP, 2015).

In response to the psychosocial stressors of disasters and the resulting dislocation, in some cases, children frequently exhibit characteristic problematic behaviors. Parents, caregivers and teachers should be on the lookout for rising incidents of minor deviance and delinquency in adolescents, while young children will have trouble sleeping, may become hyperactive, or manifest their anxiety through increased "clinginess" (Norris et al., 2002).

The National Commission on Children and Disasters presented a report to the President and Congress in 2010 on the academic challenges, behavioral problems and mental health impacts of children displaced by extreme events, noting that children have been more of an afterthought than a priority in disaster planning and response. The Commission recommended that the President establish a national strategy to address the special physical and psychological needs of children exposed to disasters. (National Commission on Children and Disasters, 2010).

Many children are more attuned and sensitive to the changes in the natural world than their parents – in part because they spend more time outside, exploring, learning, and playing. Plaintiffs describe their anguish in the Complaint. (Complaint ¶¶ 26, 35, 74)

The wanton, reckless disregard for the future shown by governments, including the State of Montana, most grievously affects our children, including these Plaintiffs. For the reasons described above, their emotional state will increasingly be at risk as the climate crisis worsens. Many will engage in coping mechanisms that are intended to relieve their anxiety, but can

actually make matters worse. When children are exposed to multiple traumatic events, the harms are mutually amplified. A "strong relationship" links the number of adverse childhood experiences with health risk factors (both mental and physical) that lead to illness and premature death (Felitti et al., 1998). As the number of exposures to traumatic events increases so do the health risks. Young people will spend their lives, literally and figuratively, running for higher ground.

A recent study documented that under current GHG emission rates, children born in 2020 are expected to be exposed to more than a ***seven-fold increase in extreme climate events***, such as heat waves, wildfires, storms, compared to people born in 1960. The more GHG that pollute our atmosphere, the greater the disparity in youth of their lifetime exposure to extreme climate events. (Thiery et al., 2021).

Many children wonder how they can do "more" to protect their environment, their futures, and address the climate crisis, but they also struggle with the knowledge that they should never have been put in this situation to begin with because their government, the "adults in the room," have been aware of the threat of climate change for decades. They will likely be pinned to feelings of failure when rescue efforts fall short or their eagerness is not embraced by others, including their government leaders. They acknowledge the deep frustration and even anger towards adults who praise them for their actions - with a pat on the head - instead of taking more actions themselves. But their deepest and most gripping emotions are directed at their own state government for continuing to promote fossil fuels during the worsening climate crisis and for the abject injustice of being abandoned to a ferociously uncertain future.

Chronic climate mental health impacts and fear about the future especially ravage sensitive and highly empathic children. It has the power to unravel them. Without trust in our government institutions and in the people expected to serve the public, the fabric of society breaks down. Mental health professionals know this from working within the family model of mental health: when dysfunctional parents do not take care of their children, in the chaotic home environment that results, families fall apart. Similar chaos and mental health impacts can result at the societal level, in ways that resemble the family model, when the heads of our society are behaving in dysfunctional and dangerous ways toward society and children.

Children of grossly irresponsible parents, like the classic case of children of alcoholics, are said to "grow up quickly." They often must take care of themselves, sometimes their parents, and their younger siblings. Adults may mistakenly praise them because they seem to function well on the outside, but on the inside it is often a very different story. They frequently feel abandoned, angry, overwhelmed, misunderstood, and alienated from the culture of the kids around them. Filled with worry, they may have a hard time relaxing and even feeling comfortable being happy. They are deprived of a normal childhood. As adults, they may have difficulty with close emotional relationships, distrust authority and wrestle with a cynical view of the world that keeps them from community engagement. I do not see how, without rapid intervention, many of our children, including these Plaintiffs, now desperately seeking to awaken their government to the perils of climate change before us, in the absence of responsible action from government leaders, will escape many of these same struggles.

While all the apocalyptic warnings about the future are unspeakably traumatizing, for many, and especially children, knowing that human actions are hurting animals can be the emotional breaking point. Children identify with animals. The association pins them to their own fears – if animals are suffering, they feel the pain too. The experience of animals - their touch, their magnificence, their endearing behaviors – bring profound and enduring emotional comfort to children. Mental health experts increasingly recognize the cornucopia of beneficial effects to human physical and emotional well-being from human connections to animals. Many species of wildlife are today in a gut-wrenching decline from climate change impacts, particularly those species that are of critical importance to the heritage of Montana and are valued by the Youth Plaintiffs (Complaint, ¶¶ 57, 165-167).

Distinct from an older generation, young people are now wrestling with a deeply unnatural conflict: whether or not to have children. Two concerns weigh heavily on them: the child's safety, given future climate harm scenarios, and, knowing that raising another life will lead to greater CO_2 emissions, the cost to the planet of bringing another person into the world in a society still dependent on fossil fuels. Some young women report feeling a spike of optimism around child-bearing and creating a family when hearing a piece of good news about the environment – and seeing it dip upon hearing another round of bad news. Conceivable Future, a recently formed organization, describes the climate crisis as a reproductive crisis (http://conceivablefuture.org). Grace and Olivia explain in their Complaint how they are grappling with this unnatural conflict (Complaint ¶¶ 45, 61). As Olivia states in the Complaint, she "values her family and would like to have and raise children of her own, but she questions whether this is even an option in a world devastated by the climate crisis. She fears that if she has children they, or their children, would suffer or starve. Imagining the future that she will inherit, or that her children would live in, and the current suffering that the climate crisis is already causing her and others is a heavy burden for her to carry, and Olivia feels heartbroken and desperate." (Complaint ¶ 61).

While all youth are especially vulnerable to the emotional toll of climate change, a particular burden is borne by the youth activists, including some of these Plaintiffs. In Roman mythology Cassandra was given the power of prophecy – but her fate was to foretell of future harm and not be believed – and to suffer seeing the consequences when protective action was not taken. Youth climate activists, including Plaintiffs, these modern day "Climate Cassandras" – are visualizing the fateful future, warning their state government of the dangers, but seeing these warnings discounted, disregarded. Many of these "Climate Cassandras" live daily with the images of climate disasters they can't get out of their minds. They struggle with "pre-traumatic stress disorder," a version of the classic PTSD that impedes their ability to experience joy as young people should freely experience, to think of little but the doom that lies ahead.

In continuing to promote fossil fuels and denying that climate change is a threat or a scientifically credible phenomenon – the Montana state Defendants add to the Plaintiffs' existing anguish and frustration – while adding even more pressure to their sense of being personally responsible to get their government to do the right thing. And as they dig ever deeper in the effort to try to be more convincing, valiantly working to save beloved animals and the natural world, with ignominious government resistance relentlessly testing them to the core – some struggle with feelings of failure.

Enhancing our ability to adapt to challenges builds resilience – an ability that we will call upon all throughout life. While youth can be resilient, when their adaptive processes are jeopardized, they are additionally vulnerable. Some of the greatest threats to those adaptive processes include disruption in the caregiver relationships and supportive environments, impaired brain development and cognition, difficulty regulating emotions, and decreased engagement with the environment (Masten, 2001). The impacts of climate change can bring about all of these threats, severely undermining the natural resilience that youth may otherwise have.

Exposure to traumatic events can alter our DNA by awaking *additional* genes (beyond those needed under normal conditions) that "code" for stress. Studies have shown that psychological harm from early life stresses experienced by refugees and survivors of war trauma, childhood sexual abuse, or other traumatic events, can awaken these additional genes. Through "transgenerational epigenetic inheritance" the *expression* of activated stress genes can subsequently be passed on to our children, even in absence of the original trauma (Babenko et al., 2015; Gapp et al., 2014; Jablonka, 2009).

As described above – persistently high levels of stress over time have multiple damaging effects on young people's bodies – including altering hormone levels affecting reproductive success, impairing cognitive functioning, inducing maladaptive behaviors, and in still developing children, altering brain development. In addition to the stress of external trauma from climate change, transgenerational epigenetic inheritance is an internal source of climate stress (Gapp et al., 2014; Kellerman, 2013; Reul, 2014).

The trauma that children are now experiencing, and will experience in the future, due to acute and chronic climate change impacts is positioned to be genetically passed down to future generations, making climate change truly an intergenerational crisis, and underscoring the need for immediate action by the state of Montana to avoid multi-generational mental health harms that are literally part of children, and their children's, DNA.

VII. The Mental Health Impacts of Climate Change are Exacerbated by the State of Montana's Role in Creating and Failing to Respond to Climate Change

In the aftermath of a disaster, people look for the *cause* of the traumatic event as they try to cope and recover. How one processes the event is determined in part by how these questions can be answered: *why* did this happen, *who* or *what* is responsible, and could it have been prevented? Was it a "pure" accident – due to a mistake, carelessness – or *worse*, the result of *deliberate disregard for consequences*? The answers to these questions lay the groundwork for the degree of difficulty we face in trying to put the event behind us.

After a *natural* disaster, an identifiable low point is seen, followed by the feeling that the worst is over, and the recovery process can begin. Disasters experienced as "natural" generally are easier to reconcile because they are experienced as "fate" – beyond our control. But when disasters are no longer experienced solely as natural, as "acts of god or nature," but instead, are experienced as having arisen or been made worse because of the behavior of humans – it is much tougher for people to recover and the psychological harms are more serious. Injuries that occur as the result

of an intentional act – or acts that could have been avoided – are much harder to put behind us and therefore are more psychologically damaging than injuries that occur accidentally (Folkman et al., 1986). Human "generated" injuries, known as "technological disasters," "generally cause more severe mental health problems than natural disasters when they are of roughly the same magnitude." (Weisaeth, 1994).

When a trusted and powerful institution that people depend on for aspects of their wellbeing (e.g., schools, church, or government) is implicated in causing harm, the trauma is intensified. Known as "Institutional Betrayal," it occurs when the institution affirmatively causes the harm, or when the institution fails to take protective, preventative, or responsive actions. (Smith & Freyd, 2014). It can include institutional actions such as covering up or destroying damaging information related to the harm it perpetrated (Smith et al., 2014). It also can include governmental actions that disregard or contradict what scientists or other experts say is needed to protect people. A correlation exists between the mental wellbeing of young people and the scientific standards that would stabilize the climate system and keep young people safe. (Hansen et al., 2013). The more powerful the institution, the more we feel (and are!) vulnerable to the policies and practices of the institution. The more pervasive the influence of the institution, the more the feeling of vulnerability can be all encompassing – creating a feeling of helplessness. Our ability to take control of our lives, to contain the harm and restore safety when profoundly affected by institutional betrayal, is limited. It is this feeling that we are vulnerable and indeed in some ways helpless – that we do not have control over our fate, and that we are limited in our ability to restore a feeling of safety, that makes institutional betrayal so devastating. (Contrast this with harm inflicted by an individual or an event – where a feeling of betrayal is contained, time limited, and likely dealt with by measures that are within our reach.) The potential for Institutional Betrayal to be a breeding ground for paralysis and cynicism is significant and dangerous. It can lead to doubts about the integrity and reliability of the structures and functions critical to a stable, ordered society.

Those who have less power and status in society, such as underrepresented individuals, communities and youth, are especially vulnerable to institutional betrayal. Emerging research has also identified "judicial betrayal" - occurring when victims feel that the judicial system has let them down by failing to address the harms that are being perpetrated on them (Smith et al., 2014).

An example of both a technological disaster and institutional betrayal is the water crisis in Flint, Michigan. Public officials were repeatedly warned that Flint's water showed dangerously high levels of lead, but officials downplayed the risk, misleading the public about the severity of the threats and harm. The disaster continued unabated despite the concerns voiced by federal agencies, health care providers, academics, scientists, and despite the pleas of families with children who were already showing signs of contamination or were at risk. A state of emergency was declared, but by then the harm had already been set in motion and people were suffering the consequences. Five officials involved were charged with manslaughter. The emotional toll on families from the Flint water crisis has been grievous. In addition to the damage to their health from lead poisoning, residents have a plethora of additional woes: debilitating outrage at a catalogue of irresponsible decisions and outright deception, and the disastrous conclusion that

government, upon which they depend for security and safety, cannot be trusted. Anxiety, stress, depression, and substance abuse have increased in Flint residents (Cuthbertson et al., 2016).

Climate change is an example of both a technological disaster and institutional betrayal. That humans, as a result of government policies and actions, are the primary drivers of the current impacts of climate change is not scientifically disputed (IPCC, 2021). Documents cited in the Plaintiffs' complaint reveal that Montana state government has known of the dangerous impacts of climate change for decades (Complaint ¶¶ 185-200). Yet, rather than take actions to respond to the climate crisis, Montana continues to promote fossil fuels. (Complaint ¶¶ 109-117). At the same time Defendants are covering up and failing to disclose known information about the climate impacts of fossil fuel projects (Complaint ¶¶ 109-117). Montana's actions and conduct challenged in this case are a clear example of the disastrous and tragic consequences of both a technological disaster and institutional betrayal.

As people struggle to get beyond the impacts of a climate related disasters, they will try to process the event by looking to government and people in positions of authority to answer the critical questions. Why did this happen? Who is responsible? Could it have been avoided? If they believe reasonable action to assure their safety and health is being taken by government – recovery from a disaster is less arduous; if, on the contrary, they believe government affirmatively caused or substantially contributed to the disaster, the psychological toll can be expected to rise steeply and greatly impede recovery.

Consider your feelings if your barn burned down because it was struck by lightning. Now imagine your feelings if your barn burned down because your neighbor lit a fire near it? What would be the psychological fall out if your barn burned down because your neighbor *deliberately* set it on fire? Indeed, the legal system also recognizes this distinction: the greater degree of intentionality with which a harmful act is judged to have been committed, the greater the cost to make the person "whole," and, for a criminal act, the harsher the punishment.

In the context of climate change, it is well known that "natural" disasters are occurring more frequently and with greater intensity because of human-caused climate change. Years of clear, repeated warnings show that the harm from climate change is no accident – that it could have been prevented by energy policies not reliant on fossil fuels. The Plaintiffs know this. As it becomes increasingly apparent that deliberate indifference, willful ignorance, callousness, and politics have been put ahead of human safety and health, particularly the safety and health of children, the resulting anger greatly encumbers the process, making recovery that much more difficult.

The populace can be expected to realize with mounting outrage, much like the residents of Flint, the degree to which they have been deceived and betrayed by government that is charged with protecting them – but is instead persistently ignoring or downplaying the risks of climate change, is failing to respond to academics, climate scientists and the pleas of young people, all presenting evidence of measurable and devastating physical and psychological impacts. Buffeted by the consequences of terrible decisions made in the past – now carrying irreversibly worsening conditions – the dark inevitability breeds bitter feelings of loss and anger that are the seeds of despair.

That the State on Montana continues to use the legal system – with statutes, regulations, executive orders, and other legal measures – to perpetuate the use of the fossil fuels responsible for causing climate change – despite knowing now for more than 50 years of the grave threats posed by climate change, is significant. The defendants' sanctioning of climate change as lawful, reflected in its policies, makes the psychological injuries suffered by individuals, including the Plaintiffs, all the more damaging.

As we look down the road to contemplate future recovery efforts, our progeny will know government officials knew for decades that harm was coming to them. Knowing that we did not value them enough to bother protecting them from harm, which is how they will interpret inaction today, will foment not only anguish but feeling of cynicism and distrust, breeding deep and enduring hostility towards democratic institutions, and towards each other as survival becomes an issue. It may not be realistic to imagine a well-functioning civil society under these circumstances.

In my expert opinion, absent immediate government action on climate change, in addition to the physical and economic harms that will befall Plaintiffs and children, the mental health of a growing number of people, including especially these Plaintiffs, will decline. As Montana persists in promoting its energy policies that prioritize fossil fuel production and extraction, and the persistent, intentional, and reckless disregard for the health and well-being of citizens this represents, erodes faith in institutions and the democratic process. The social contract will continue its dangerous downward spiral. A favorable outcome in this case, in contrast, would immediately benefit the Plaintiffs' mental health, by showing that their state government heard their cries for help, and far from being callous to their suffering, was indeed taking decisive action to reduce it – by the only reasonable and believable course of action: ending state supported climate disruption perpetrated by the ongoing promotion of fossil fuels.

VIII. A Court Order Declaring the Illegality of Montana's Energy Policy is Necessary to Protect Children Against Climate Harms and Dangers to their Health

Health Professionals are in agreement: not working to stop the climate crisis, and making it worse, is damaging children psychologically. (AAoP, 2015; Watts et al., 2018; Adams et al., 2021). A science-based government response to climate change, factoring in the lag time between action and results, determines not only the severity of health impacts now but also into the future (Watts et al., 2018). Plaintiffs' psychological health depends on the State of Montana working to protect their well-being instead of betraying their role as government and affirmatively making climate change worse. It is thus my expert opinion that a court order declaring that Montana's energy policy promoting fossil fuels is unconstitutional, and declaring that law that allows government officials to disregard climate change impacts is unconstitutional, will help restore Plaintiffs' short and long-term mental health.

IX. Conclusion

As the consequences of our fossil fuel-based energy choices "come home to roost," children, including these youth Plaintiffs will be at the center of the storm. As warming accelerates and

Earth's natural systems take over, ever more inhospitable conditions will become inevitable and take their toll.

As described herein, and in the individual Plaintiff assessments contained in **Attachment 3**, it is my expert opinion, that these youth Plaintiffs are experiencing both acute and chronic impacts to their mental well-being from climate disruption. Without immediate action by the government to address climate change in line with what scientists say is needed to restore climate stability and protect young people (Hansen et al., 2013), it is my expert opinion that these Plaintiffs will continue to suffer acute and chronic psychological distress and that their suffering and symptoms will worsen.

In promoting fossil fuel based energy policies, the state of Montana is directly at fault for harming Plaintiffs' mental health.

The Plaintiffs know this. They are within their rights to expect and demand that the state of Montana protect them, and their progeny. This is founded on the very specific and clear words of the Constitution of the State of Montana.

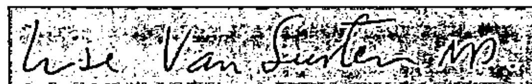
The mental health impacts of climate change can be reduced, and future harms avoided, through immediate action by the Defendants, consistent with the relief sought in this case.

I have seen children suffer physically and emotionally at the hands of adults; I know abuse when I see it. I see it. The government-supported and perpetuated climate crisis is an intolerable assault on our children and is justifiably equivalent to child abuse. For its scale and permanency, it is unmatched in the annals of history. It is causing and will continue to cause profound psychological damage to children, and to these Plaintiffs.

Though the survival and well-being of humanity is on the line, it is an especially excruciating injustice that those who have benefitted from climate stability should be unmoved or silent at the harm that will be unleashed upon those who are just beginning their lives. We have the opportunity of many lifetimes – alone of all generations, to stand in the path of climate calamity. All of the accomplishments and dreams of humanity, the breathtaking beauty and life-giving bounty of the natural world now lies in the hands of a few courageous and well-placed individuals who have the capacity to turn the course of history towards survival.

Our children, and our Posterity need help. These Plaintiffs are confronting the perpetrators of the harm they are facing and they are calling upon the judicial system to bring the perpetrators to justice. It is my professional opinion that their mental health depends upon the outcome of their constitutional plea for help.

Signed this 30th day of September, 2022 in Washington, DC.



Lise Van Susteren, M.D.

ATTACHMENT 1: CURRICULUM VITAE

Lise C. Van Susteren, MD
1609 Connecticut Ave. NW, Suite 300, Washington, DC 20009
301-787-1780; lvs350@me.com; lisevansusteren.com

Work Experience

Private Practice: General and Forensic Psychiatry	1987 – Present
Candidate for the US Senate, Maryland Consultant to	2005 – 2006
the Central Intelligence Agency	Classified
Medical Behavioral Unit: Profiler of world leaders	
Staff Psychiatrist: Alexandria Mental Health Center, Alexandria, VAStaff	1985 – 1991
Psychiatrist: Springfield Mental Health Center, Springfield, VA	1984 – 1989

Forensics (Selected)

Expert Witness: Held v State of Montana	Ongoing
Expert Witness: Psychological Profiles and Report; Juliana v US;The Psychological Damages to Youth Plaintiffs from US Government Inaction on Climate	June 2018
Necessity Defense: Evaluation and Psychological Profile; "Valve Turner"	2018
Consultant: The Psychological and Mental Consequences of Climate Change in South Africa	August 2021
Physicians for Human Rights: Evaluation of Torture Victims Seeking Asylum	2010 – Present

Academic Appointments and Teaching Experience

Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences, George Washington University, Washington, DC	2022 -
Associate Clinical Professor of Psychiatry Georgetown Univ School of Medicine, Washington DC	1998 - 2005
Georgetown Univ School of Medicine Seminar on Psychiatry and the Law	1998, 1999, 2000

Education

Residency in Psychiatry - St. Elizabeth's Hospital, Washington, DC Medical	1982 – 1986
Surgical Internship; Hospital Tokoin; Lomé, Togo (West Africa)Internship -	1981 – 1982
American Hospital at Neuilly; Paris, France	1980 – 1981
Internship - Hospital St. Anne, Paris, France	1980 – 1981
Doctorate in Medicine: University of Paris, Paris, France	1973 – 1982
University of Wisconsin; Madison, Oshkosh, Wisconsin (intermittently)	1969 – 1973
University of Paris: Sorbonne; Paris, France	1970 – 1971

Publications (Selected)
Books

"Emotional Inflammation: Discover Your Triggers and Reclaim you Equilibrium duringAnxious Times": April 2020 (with Stacey Colino) Sounds True Press
"Climate and Mental Health" Editor/Contributor, Publisher Pending

Papers, Chapters, Editorials

"A Parable for Climate Collapse?"; Association of Child and Adolescent Mental Health, August 2021
"Our Children Face Pre-Traumatic Stress from Worries about Climate Change"; British Medical Journal: November 2020
"Psychological Impacts of Climate Change and Recommendations"; Health of People Health ofthe Planet: May 2020 (Chapter); Springer Publishing
"The Age of Thanatos: Environmental Consequences of the Trump Presidency"; The DangerousCase of Donald Trump: March 2019 (Chapter)
"The Psychological Impacts of Climate Change – A Call to Action"; The British Journal ofPsychiatry: May 2018

"Facing the Great Challenge of our Generation"; A Photo Primer on Global Climate Change for Young Adults: (Introduction); by Frederick W. Krueger (Author)
"Emotional Resiliency in the Era of Climate Change"; (Forward); by Leslie Davenport (Author)
"Hold Your Breath - Air Pollution and your Mental Health"; Clinical Psychiatry News: March 2017
"Climate Change - A Call to Action for Psychiatry"; British Journal of Psychiatry: January 2017
"Assessing Dangerous Climate Change"; (contributor) James Hansen et al.: December 2013
"The Psychological Effects of Global Warming on the US and Why the US Mental Health System is not Adequately Prepared"; National Wildlife Federation, with funding from the Robert Wood Johnson Foundation: February 2012
"Mental Health Professionals - Our Moral Obligation on Climate"; Huffington Post: April 2009
"Delivering on Labor Day"; with Dr. Eric Chivian, James Hansen; Huffington Post: Nov. 2013
"The Insanity Defense"; Journal of the American Academy of Psychiatry and the Law, 2002

Service on Boards and Committees (current and past)
Climate Psychiatry Alliance
Climate Psychology Alliance – North America
Interfaith Moral Action on Climate (IMAC)
Center for Health and the Global Environment; Harvard T. H. Chan School of Public Health
Vice President Al Gore's "The Climate Project"
Earth Day Network
The Climate Mobilization
Physicians for Social Responsibility
ecoAmerica
National Wildlife Federation
American Public Health Association: Section on Mental Health
American Public Health Association: Advisory Board: Climate, Health and Equity
Metropolitan Washington Council of Government
Chesapeake Climate Action Network
Social Climate Leadership Group
United Planet Faith and Science Initiative
Equality Maryland

Media
Frequently quoted in the press, including the New York Times, Washington Post, Globe and Mail, Huffington Post (guest blogger); regular guest on local and national radio (I hosted a weekly segment: "The Doctor Is In"). Guest on national and local television and radio hundreds of times to address current events, public health concerns and psychological matters; including commentary on the pandemic, climate & mental health, global terrorism & violence, and various topics in psychiatry: the mental state of hostages, serial killers, arsonists, psychological profiles of national figures, and the insanity defense in court.

Recent Presentations (selected)
I have given hundreds of presentations around the world to educate professionals, policy makers and the public on climate and health. The topics include the emotional toll of climatedisruption, the plight of refugees, environmental injustice, working with communities to buildresilience, creating coalitions and using the lessons of behavioral psychologists to craft persuasive messaging.

- The Health Care Policy Podcast with David Introcaso; March 2022
- Organization for Co-Operation and Development: "Climate and Health" Feb 2022"
- Annual Grief Sensitivity Virtual Learning Institute SAMHSA: "Grief Sensitivity – Where We Are Now & Where We Can Go With Our Practice"; February 2022
- International Faith Leaders Presentation; "Climate and Mental Health: Climate Anxiety and the Role of Faith Leaders"; February 2022
- ecoAmerica, The American Psychological Association, George Washington University Climate and Health Institute: Climate Change and Mental Health: Research to Action, Feb 2022
- Harvard T.H. Chan School of Public Health: "Planetary Health"; February 2022

- NYU Seminar on Client Anxiety: "Legal and Ethical Considerations"; January 2022
- Dartmouth Health Care Foundations: "Unresolved Tensions: Climate Change and Climate Anxiety"; December 2021
- United Nations Conference: "A planetary State of Mind: A Climate Change and Mental Health Program"; November 2021
- Hazon Seal of Sustainability: Keynote; October 2021
- Earth Rangers Webinar: "Building Resilience to Environmental Degradation in Children"; June 2021
- APA Annual Meeting Live Session; May 2021
- Academy of Integrative Health Medicine; Q&A with Dr. Guarneri; March 2021
- University of Colorado Denver School of Medicine: "Mental Health Impacts of the Global Climate Emergency"; February 2021
- New York Psychoanalysis and Climate Conference; Keynote; December 2020
- George Washington University: Global Mental Health Seminar with Janet Lewis; December 2020
- Manhattan Institute for Psychoanalysis: Keynote: "Framing the Climate Crisis – A Psychological Overview"; December 2020
- Climate Reality: "Mental Health Impacts of Climate Change"; August 2020
- Florida Psychiatric Society - Dr. Abbey Strauss Podcast Interview: "Climate and Mental Health"; August 2020
- Special Olympics: "Resilience in the Time of Covid"; August 2020
- The Daily Optimist: "Emotional Inflammation"; August 2020
- Pro Bono Counseling Center; "Climate Change – The Emotional Toll"; October 2020
- Climate Reality Leadership Training (Mentor); July 2020
- Climate Reality Project: "The Climate Crisis and Mental Health"; June 2020
- Eco America: "Climate Change, the Emotional Toll"; June 2020
- Emotional Inflammation: Politics and Prose; May 2020
- BBNR Podcast: "Wellness during the Covid"; May 2020
- Kresge Foundation: "Resilience Starts with Me"; May 2020
- New York Psychiatric Societies: "What Psychiatrists Should Know"; May 2020
- Special Olympics: "Isolation and the Pandemic"; May 2020
- Emory University Medical School: "Climate Crisis and Clinical Medicine"; May 2020
- Bill McKibben's class Middlebury College: "Building Resilience - Climate and PandemicTraumas; April 2020
- Podcast Interview: "Sounds True"; April 2020
- American Psychiatric Association: "Breaking Down Climate Silos"; April 2020
- Climate Elders National Call: "Climate Traumas and the Pandemic"; March 2020
- Johns Hopkins University Climate Change and Mental Health Course: "Round Table Discussion on Mental Health Practice and Policy; February 2020
- Barclays Bank: "Climate Traumas": New York City; January 2020
- American Psychiatric Association Annual Meeting; Symposium: (Chair) "When the Climate Disaster is Slow Moving"; May 2018
- Princeton University: Witnessing Professionals and Climate Change; May 2018
- National Resources Defense Council (Mom's Clean Air Force): "What Social Psychology Tells Us about Climate Action and Making an Action Plan"; March 2018
- National Geographic/Lindblad Expedition to Antarctica, Featured Speaker
  #1 Climate Change - the Physical and Emotional Toll
  #2 The Charms, Tricks and Secrets of Nature – Turning Awe into Action on Climate
  December 2017
- American Public Health Association; Keynote Speaker: "Duty to Warn and Protect on Climate in the Era of Climate Dangers; November 2017
- Pontifical Academy of Sciences, The Vatican: "Acton on Climate"; November 2017
- Ohio Wesleyan University: "Climate Change – Your health and Your Role"; Sept. 2017
- Citizens Climate Lobby: "Mental Health and Climate"; Washington D.C.; June 2017
- APHA: "Resilience in the Face of Climate Change"; Washington D.C.; June 2017

- American Psychiatric Association Annual Meeting: Workshop; (Chair) Duty to Warn and Protect - Climate; May 2017
- American Psychiatric Association: "Disaster Psychiatry – Current Needs in Managing Climate Change"; San Diego, CA; May 2017
- Harvard Global Health Institute: "Human Health in a Changing Climate Symposium"; Cambridge, MA; April 2017
- Climate Reality Project and The Harvard Global Health Institute: "Climate and Mental Health"; Atlanta, Georgia; February 2017
- The Emerging Markets Symposium: "Climate and Your Health"; Oxford, England; January 2017
- California Department of Health: "Your Health and Climate Change"; October 2016
- American Psychiatric Association; "Climate and Health"; Wash. DC; October 2016
- University of Oregon School of Law: "Climate in Court": with Dr. James Hansen and Prof. Jeffrey Sachs, Eugene, Oregon; September 2016

ATTACHMENT 2: REFERENCES

AAoP. (2015). Global climate change and children's health: Policy statement. Pediatrics, 136(5).

Adams, A., Byron, R., Maxwell, B., Higgins, S., Eggers, M., Byron, L., & Whitlock, C. (2020). Climate Change and Human Health in Montana: A Special Report of the Montana Climate Assessment. Montana Institute on Ecosystems.

Albrecht, G. (2005). 'Solastalgia'. A new concept in health and identity. PAN: Philosophy Activism Nature, (3), 41-55.

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). Washington, DC.

Anderson, C. A. (1987). Temperature and aggression: effects on quarterly, yearly, and city rates of violent and nonviolent crime. J. Pers. Soc. Psychol., 52(6), 1161-73.

Anderson, C. A. (2001). Heat and violence. Current Directions in Psychological Science, 10(1), 33–38. doi:10.1111/1467-8721.00109

Babenko, O., Kovalchuk, I., & Metz, G. (2015). Stress-induced Perinatal and Transgenerational Epigenetic Programming of Brain Development and Mental Health, Neuroscience and Biobehavioral Revs., 48, 70-91.

Bratu, A., Card, K., Closson, K., Aran, N., Marshall, C., Clayton, S., Gialason, M., Samji, H., Martin, G., Lem, M., Logie, C., Takaro, T., & Hogg, R. (2022). The 2021 Western North American heat dome increased climate change anxiety among British Columbians: Results from a natural experiment. Journal of Climate Change and Health, 100116.

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. Journal of Consulting and Clinical Psychology, 68(5), 748-766.

Bulbena, A., Sperry, L., and Cunillera, J. (2006). Psychiatric effects of heat waves. Psychiatric Services, 57(10), 1519.

Burke, S., Sanson, A., & Van Hoorn, J. (2018). The Psychological Effects of Climate Change on Children. Child & Family Disaster Psychiatry, 20:35. https://doi.org/10.007/s11920-018-0896-9.

Carleton, T. (2017). Crop-damaging temperatures increase suicide rates in India. Proceedings of the National Academy of Sciences of the United States of America, 114(33).

Clayton, S., Manning, C. M., Krygsman, K., & Speiser, M. (2017). Mental health and our changing climate: impacts, implications, and guidance. Washington, D.C.: American Psychological Association, and ecoAmerica.

Clayton, S., Manning, C.M., Speiser, M., & Hill, A.N. (2021). Mental Health and Our Changing Climate: Impacts, Inequities, Responses. Washington D.C.: American Psychological Association and ecoAmerica.

Complaint for Declaratory and Injunctive Relief, Held v. Montana. (2020).

Consulo, A., Harper, S., Mino, K., Hayes, K., Williams, K., & Howard, C. (2020). Ecological grief and anxiety: the start of a healthy response to climate change? The Lancet Planetary Health, 4(7), e261-e263.

Cuthbertson, C. A., Newkirk, C., Ilardo, J., Loveridge, S., & Skidmore, M. (2016). Angry, scared, and unsure: Mental health consequences of contaminated water in Flint, Michigan. Journal of Urban Health: Bulletin of the New York Academy of Medicine, 93(6), 899–908. http://doi.org/10.1007/s11524-016-0089-y

Dodgen, D., D. Donato, N. Kelly, A. La Greca, J. Morganstein, J. Reser, J. Ruzek, S. Schweitzer, M.M. Shimamoto, K. Thigpen Tart, & R. Ursano. (2016). Ch. 8: Mental health and well-being. The impacts of climate change on human health in the United States: A scientific assessment. U.S. Global Change Research Program, Washington, DC, 217–246. http://dx.doi.org/10.7930/J0TX3C9H.

Doherty, T.J. & Clayton, S. (2011). The Psychological Impacts of Global Climate Change, American Psychologist, 66(4), 265-276.

Felitti, V. J., et al., (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences Study. American Journal of Preventative Medicine, 14(4), 245-258.

Finlay, S.E., Moffat, A., Gazzard, R., Baker, D., & Murray, V. (2012). Health Impacts of Wildfires. PLOS Current Disasters, 4. doi:10.1371/4f959951cce2c.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R.J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. Journal of Personality and Social Psychology, 50(5), 992-1003.

Fritze, J., Blashki, G. A., Burke S., & Wiseman, J. (2008). Hope, despair and transformation: Climate change and the promotion of mental health and well-being. International Journal of Mental Health Systems, 2, 13.

Gapp, K., et al. (2014). Early Life Epigenetic Programming and Transmission of Stress-induced Traits in Mammals. BioEssays 36(5), 491-502.

Goldman, E., & Galea, S. (2014). Mental Health Consequences of Disasters. Annu. Rev. Public Health, 35, 169-83.

Hanigan, I. C., Butlera, C. D., Kokicc, C. N., & Hutchinson, M. F. (2012). Suicide and drought in New South Wales, Australia, 1970–2007. PNAS, 109(35), 13950–13955.

Hansen, J., Kharechà, P., Sato, M., Masson-Delmotte, V., Ackerman, F., et al. (2013). Assessing "Dangerous Climate Change": Required Reduction of Carbon Emissions to Protect Young People, Future Generations and Nature. PLoS ONE 8(12): e81648. Doi: 10.1371/journal.pone.0081648.

Hickman, C., Marks, E., Pihkala, P., Clayton, S., Lewandowski, R.E., Mayall, E., Wray, B., Mellor, C., & Van Susteren, L. (2021). Young people's voices on climate anxiety, government betrayal and moral injury: a global phenomenon.

Hsiang, S.M., Burke, M., & Miguel, E. (2013). Quantifying the Influence of Climate on Human Conflict. Science, 341, 1235367.

Intergovernmental Panel on Climate Change ("IPCC"). (2021). Climate Change 2021: The Physical Science Basis, Working Group I.

Jablonka, E. (2009). Transgenerational Epigenetic Inheritance: Prevalence, Mechanisms, and Implications for the Study of Heredity and Evolution. The Quarterly Rev. of Biol. 84(2), 131-176.

Kaplan & Sadock's Synopsis of Psychiatry.

Kellerman, N. (2013). Epigenetic Transmission of Holocaust Trauma: Can Nightmares Be Inherited? Isr. J. Psychiatry Relat. Sci. 50(1), 33-39.

Kolb, B., Mychasiuk, R., Muhammad, A., Li, Y., Frost, D. O., & Gibb, R. (2012). Experience and the developing prefrontal cortex. Proceedings of the National Academy of Sciences, 109(Supplement 2), 17186-17193.

Lawrence, E., Thompson, R., Fontana, G., & Jennings, N. (2021). The impact of climate change on mental health and emotional wellbeing: current evidence and implications for policy and practice. Imperial College London, Grantham Institute Briefing Paper No. 36.

Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. American Psychologist, 56(3), 227-238.

Melillo, J. M., Richmond, T., & Yohe, G. W. Eds. (2014). Climate change impacts in the United States: The third National Climate Assessment. U.S. Global Change Research Program, 841 pp. doi:10.7930/J0Z31WJ2

Moser, S. C. (2013). Navigating the political and emotional terrain of adaptation: Community engagement when climate change comes home. In S. C.Moser & M. T. Boyko (Eds.), Successful adaptation to climate change: Linking science and policy in a rapidly changing world (pp. 289–305). New York, NY: Routledge.

National Commission on Children and Disasters. (2010). 2010 Report to the President and Congress. AHRQ Publication No. 10-M037. Rockville, MD: Agency for Healthcare Research and Quality. October 2010.

Neria, Y., Galea, S., & Norris, F. H. (Eds.). (2009). Mental health and disasters. Cambridge University Press.

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981-2001. Psychiatry: Interpersonal and Biological Processes, 65(3), 207-239.

Ozer, E.J., Best, S.R., Lipsey, T.L., & Weiss, D.S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. Psychological Bulletin, 129(1), 52-73.

Raj, A. (2014). Feeling Hot Can Fuel Rage: Hotter Weather Sparks Aggression and Revolution. Scientific American. https://www.scientificamerican.com/article/feeling-hot-can-fuel-rage/

Ranson, M. (2012). Crime, weather, and climate change. Harvard Kennedy School M-RCBG Associate Working Paper Series No. 8. doi:10.2139/ssrn.2111377.

Reul, J. (2014). Making Memories of Stressful Events: A Journey Along Epigenetic, Gene Transcription, and Signaling Pathways. Frontiers in Psychiatry 5, 5.

Silveira, S., Kornbluh, M., Withers, M.C., Grennan, G., Ramanathan, V., & Misra, J. (2021). Chronic Mental Health Sequelae of Climate Change Extremes: A Case Study of the Deadliest Californian Wildfire. Int. J. Environ. Res. Public Health 2021, 18, 1487. https//doi.org/10.3390/ijerph18041487.

Simister, J., & Cooper, C. (2005). Thermal stress in the USA: Effects on violence and on employee behaviour. Stress and Health: Journal of the International Society for the Investigation of Stress, 21(1), 3–15. doi:10.1002/ smi.1029

Smith, C. P., & Freyd J. J. (2014). Institutional Betrayal. American Psychologist, 69(6), 575-587.

Smith, C. P., Gómez, J. M., & Freyd, J. J. (2014). The Psychology of Judicial Betrayal. Roger Williams University Law Review, vol. 119, 451-475.

Social Explorer (2022). https://www.socialexplorer.com/

Stanke, C., Kerac, M., Prudhomme, C., Medlock, J., & Murray, V. (2013). Health effects of drought: a systematic review of the evidence. PLoS currents, 5.

Thiery, W., Lange, S., Rogelj, J., Schleussner, C. F., Gudmundsson, L., Seneviratne, S. I., ... & Wada, Y. (2021). Intergenerational inequities in exposure to climate extremes. Science, 374(6564), 158-160.

Tucci, J., Mitchell, J., & Goddard, C. (2007). Children's fears, hopes and heroes: Modern childhood in Australia. Australian Childhood Foundation.

Van Susteren, L. (2020). Our children face "Pretraumatic Stress" from worries about climate change. In BMJ Opinion https://blogs.bmj.com/bmj/2020/11/19/our-children-face-pretraumatic-stress-from-worries-about-climate-change/

Van Susteren, L., & Al-Delaimy, W. (2020). Psychological Impacts of Climate Change and Recommendations. In Al-Delaimy, W., Ramanathan, V., Sanchez Sorondo, M. (eds) Health of People, Health of Planet and Our Responsibility. Springer, Cham. https://doi.org/10.1007/978-3-030-31125-4_14

Watts, N., et al. (2018). The 2018 report of the *Lancet* Countdown on health and climate change: shaping the health of nations for centuries to come. The *Lancet*, 392(10163), 2479-2514. http://dx.doi.org/10.1016/S0140-6736(18)32594-7.

Watts, N., et al. (2019). The 2019 report of The *Lancet* Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate. The *Lancet*, 394(10211), 1836-1878. https://doi.org/10/1016/S0140-6736(19)32596-6.

Weisaeth, L. Psychological and Psychiatric Aspects of Technological Disasters, in Individual and Community Responses to Trauma and Disaster: The Structure of Human Chaos, 100 (Robert J. Ursans, Brian G. McCaughey, & Carol S. Fullerton, eds. 1994).

Whitlock, C., Cross, W., Maxwell, B., Silverman, N., & Wade, A. A. (2017). Montana climate assessment. Bozeman and Missoula MT: Montana State University and University of Montana, Montana Institute on Ecosystems.

Wolf, J., & Salo, R. (2008). Water, water, everywhere, no any drop to drink: climate change delusion. Australian and New Zealand Journal of Psychiatry, 42:4, 350.

Wu, J., Snell, G., & Samji, H. (2020). Climate anxiety in young people: a call to action. https://doi.org/10/1016/S2542-5196(20)30223-0

Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T., Sahebkar, A. (2017). The Impact of Stress on Body Function: A Review. EXCLI Journal, 16: 1057-1072. https://www.excli.de/vol16/Sahebkar_Panahi_21072017_proof.pdf

ATTACHMENT 3: PLAINTIFF PROFILES

Attachment 3 to Dr. Lise Van Susteren's Expert Report, contains Confidential Materials. It is being redacted from this public filing and being filed under seal with the Court, pursuant to the Joint Stipulation and Protective Order governing this case, as signed by Judge Seeley on September 30, 2022.

EXHIBIT 3

AMERICAN PSYCHOLOGICAL ASSOCIATION

Resolution on Affirming Psychologists' Role in Addressing Global Climate Change

Whereas there is near consensus among climate scientists that global climate change is occurring faster than anticipated, starting in the late 1990's and early 2000's, and there will be greater global climate change if greenhouse gases are not reduced (Confalonieri et al., 2007; Gilman, Randall, & Schwartz, 2007; Sokolov, et al., in press);

Whereas climate scientists now agree that recent dramatic climate change is associated with human behavior that has resulted in increasing emissions of greenhouse gases (CO2; CH4; N2O)(IPCC, 2007; National Research Council, 2010; U.S. Environmental Protection Agency, 2009;), and psychologists can provide a behavioral analyses of such contributions (APA Task report on Global Climate Change);

Whereas there is a need for inter- and cross-disciplinary research on Global Climate Change that includes the social and behavioral sciences, and psychologists have been and are collaborators and participants in such research (APA Task report on Global Climate Change, Center for Research on Environmental Decisions, 2009; Fischhoff, B., & Furby, L., 1983; National Research Council, 2010);

Whereas the impacts of climate change are increasing globally and include the destruction of habitats and subsequent threats to endangered species, acidity of water, disasters (e.g. forest fires), extreme weather (e.g., hurricanes, heat waves), decreasing availability of water, and spreading of diseases, harming plants, wildlife, human physical heath, settlements, and psychological well-being, and are a threat to social, economic, and environmental sustainability (IPCC, 2007; APA task force report on Psychology and Climate Change, 2009);

Whereas psychologists have shown a concern about individual and institutional discrimination (e.g., APA Resolution on Poverty and SES, 2000; APA resolution on Prejudice, Stereotypes, and Discrimination, 2006); and climate change has already had disproportionate impact on the poor, including greater impacts on women and children, on rural regions and their inhabitants, and is anticipated to have greater effects on already disadvantaged populations including but not limited to persons with disabilities (APA task force report on Psychology and Climate Change, 2009; International Disability and Development Consortium, 2008; National Research Council, 2010);

Whereas the APA in its mission and vision statements and in its ethical code of conduct indicates that psychologists are committed to creating, applying, and communicating our knowledge to improving individual and societal conditions and facilitating the resolution of global challenges;

Whereas there is a persistent resistance among many to accept the findings of climate change science due to a variety of psychological and social factors, ranging from not knowing or understanding the science and scientific review processes, to psychological threats that accompany accepting global climate change, to outright manipulation of science designed to undermine belief in both climate change and human's contribution to climate change (Feygina, Goldsmith, & Jost, in press; Flynn, Slovic & Kunreuther, 2001; Kazdi, 2009; Moser and Dilling, 2007; Pidgeon, Kasperson, & Slovic, 2003; APA Task report on Global Climate Change; Vess & Arndt, 2008).

Whereas psychology as a discipline is well-suited to address important behavioral and methodological aspects of understanding human behavioral contribution and responses to global climate change (APA task force report on Psychology and Climate Change (Clayton & Brook, 2005, Gifford, 2007; Uzzell & Moser, 2009);

Whereas APA is committed to education in psychology and the dissemination of sound psychological science both in and out of the classroom.

Whereas APA Council approved a research agenda on environmental problems proposed by a 1993 Task Force on Psychology and Environmental Problems

(Cvetkovich, G.T. & Wener, R., 1994).;

Therefore it is resolved that APA reaffirms its recognition of the importance of psychological aspects of human environment relations;

Therefore it is resolved that APA supports psychologists' involvement in scientific research on global climate change and on the role of human behavior as a significant contributor to these changes;

Therefore it is resolved that APA recognizes the current and anticipated psycho-social impacts of climate change, especially for already underprivileged and marginalized groups, in addition to the bio- and geo-physical impact and the ethical imperative of addressing climate change via adaptation and mitigation;

Therefore it is resolved that APA recognizes the role of psycho-social processes in perceptions and beliefs about global climate change that can potentially hinder public understanding of global climate change.

Therefore it is resolved that APA supports psychologists' involvement in research, education, and community interventions in improving public understanding of global climate change impacts and psychological contributions to mitigation and adaptation efforts that address both environmental and human, including psychological, impacts of Global Climate Change.

References

Center for Research on Environmental Decisions (2009). The Psychology of Climate Change Communication: A Guide for Scientists, Journalists, Educators, Political Aides, and the Interested Public. (http://www.cred.columbia.edu/guide/ (http://www.cred.columbia.edu/guide/)).

Clayton, S., & Brook, A. (2005). Can psychology help save the world? A model for conservation psychology. Analyses of Social Issues and Public Policy (ASAP), 5(1), 87-102.

Cvetkovich, G.T. & Wener, R. (1994). How can psychology help save the planet: A research agenda on environmental problems. Statement distributed by the APA Taskforce on Psychology and Environmental Problems. Washington, D.C.: American Psychological Association.

Fischhoff, B., & Furby, L. (1983). Psychological dimensions of climatic change. In Social Science research and climate change: An interdisciplinary appraisal. R. S. Chen, E. Boulding, S. H. Schneider (eds), pp. 180-203. Dordrecht: Reidel.

Gifford, R. (2007). Environmental Psychology and Sustainable Development: Expansion, Maturation, and Challenges. *Journal of Social Issues*. 63(1), 199-212.

International Disability and Development Consortium Statement to Human Rights Council Resolution 7/23 "Human Rights and Climate Change.

Kazdin, A. E. (2009). Psychological science's contributions to a sustainable environment: Extending our reach to a grand challenge of society. *American Psychologist*. 64(5), 339-356.

National Research Council. (2010). Advancing the science of climate change. Washington: National Academies Press.

Uzzell, D., & Moser, G. (2009). Introduction: Environmental psychology on the move. *Journal of Environmental Psychology*. 29(3), 307-308.

Date created: 2011

Find this article at:
https://www.apa.org/about/policy/climate-change

EXHIBIT 4

Northern Rockies Neuropsychology, P.C.
1460 Country Manor Blvd., #3
Billings MT 59102
Telephone: (406)238-6350
Fax: (406) 238-6359

Debra Sheppard, PhD, ABPP, ABCN
Board Certified in Clinical Neuropsychology

www.NeuroPsychTesting.com
shepbus@NeuroPsychTesting.com

November 29, 2022

Jones Law Firm
115 N. Broadway
Suite 410
Billings, MT 59101
Attn: Emily Jones, Attorney

RE: Held v. State of Montana

Dear Ms. Jones:

You have asked me to review an opinion provided by Lise Van Susteren, MD regarding the above-mentioned case. Dr. Van Susteren suggests that the State of Montana is causing psychological harm to residents of this state by not providing adequate environmental management of the state.

I am a board certified clinical neuropsychologist. I completed my doctoral education in Clinical Psychology in 1987 at Wayne State University, Detroit Michigan. I completed the requirements for board certification by the American Board of Professional Psychology-Clinical Neuropsychology in 2003. I have worked primarily in hospital and private practice settings, largely confined to clinical referrals. I did not study abroad. I do not provide guest appearances on television shows to present my opinions. I do not claim expertise in climate change issues.

The field of psychology is based on the measurement of individual differences. Completion of this field of study at the doctoral level requires extensive coursework and demonstration of competency in the areas of statistics, research design, and research methodology. It is this expertise I will rely on to comment on Dr. Van Susteren's written opinion in this matter. I will not be commenting on the case itself, as that is beyond the scope of my expertise. I am neither an attorney or an expert in climate change litigation.

As Dr. Van Susteren presents herself in her written communication, she is an advocate for legislation related to climate change across the United States. She is providing her opinions "pro bono" and she does not claim objectivity in presenting her opinions. However, she claims that her opinions are based on "facts and science". In order for conclusions to be based on facts and science, adherence to the commonly accepted "scientific method" should be paramount. Following these principles helps assure that conclusions are not based on bias, advocacy, or manipulation of data. When evaluations are conducted in this manner, confidence in outcomes is promoted. When this methodology is violated, outcomes are open to multiple areas of criticism. Dr. Van Susteren indicated that she formed her opinions based on individual interviews with five individuals who are plaintiffs in the above-mentioned matter. She further indicated that she did not administer any

EXHIBIT R

objective measures of mental health because she wanted to avoid "pathologizing" these individuals. In spite of this claim, Dr. Van Susteren tells the reader that these individuals are suffering from significant mental health pathology. She also argues that diagnostic considerations are only used for insurance billing purposes. It has been my experience that diagnostic work assists in providing common terminology and agreed-upon descriptions of mental health conditions that allow communication regarding known disorders and whether the individual does or does not exhibit adequate symptoms to be characterized in such a manner. While these categories may be useful in insurance billing, it should be noted that a great deal of consideration is involved in formulating the diagnostic system that well exceeds any need for insurance billing.

The rationale for avoiding "objective measures" of mental health functioning is not well articulated. While there is certainly benefit to engaging in clinical interviews, this is only one source of information. In clinical practice, I find it very helpful to consider many other sources of information. In addition to the clinical interview, my evaluation would include gathering information regarding an individual's family history, educational history, work history, mental health history, substance abuse history, and any other relevant factors that could be contributing to the current clinical concerns being reported. Medical reports and history are often an important factor. As a clinical psychologist/clinical neuropsychologist, I find well validated, objective measures to be critical. Such measures provide normative data that helps interpret an individual's performance on these measures with regard to baseline expectations, as well as expectations associated with individuals with a known disorder. Multiple sources of data should converge in order to conclude with any degree of reliability that a certain condition exists or does not exist. Relying on only one source of data greatly limits the ability to have confidence in outcomes.

In following the scientific method, it is important that the researcher attempt to have working hypotheses. As it is never possible to "prove" a hypothesis, this method involves "disproving" a null hypothesis. By disproving the null hypothesis, the working hypothesis is more likely to be accepted. For example, in this case, the working hypothesis is that climate change has an impact in mental health. The null hypothesis would then state that climate change does not impact mental health. By disproving the null hypothesis, the working hypothesis would be a considered alternative. In Dr. Van Susteren's approach, no such hypothesis testing is being rendered. Instead, Dr. Van Susteren opines that her conclusions are based on her training, experience, review of the literature, research, plaintiff self-report, observations of the plaintiff, a review of the plaintiff's complaints, and developing psychological profiles on a select sample of plaintiffs.

Sample bias would definitely be a consideration in adhering to the scientific method. Attempts are made to obtain sample subjects that are reflective of the group of interests, as well as "control" subjects. If the group being studied is biased in only one direction, it would not be surprising that the outcomes fall in only one direction. It is just as important to study characteristics of those not suspected of a condition as it is to study those that claim to have the condition. Without such comparisons, it is not possible to describe which characteristics are unique to the group of interest. The result is that conclusions are based on "confirmatory bias". In other words, you find what you are looking for in this method. Dr. Van Susteren admits that her "subjects" were chosen because of "convenience", climate change consciousness, and claims of having mental health harm. This method of subject selection would not meet the requirements of sound research methodology.

One of the basic tenants of scientific research is that "correlation is not causation". Simply put, just because two events may occur together, one cannot state with confidence that one of the events causes the other. For example, wearing summer clothing may correlate highly with eating ice cream. However, it would be absurd to say that eating ice cream causes wearing summer clothing or vice versa. Instead, one must consider other factors or sources of variance that may cause these two events to occur together at a higher level of probability. Examination of sources of variance is critical. Statistical methodology is very useful in identifying the sources of variance. Because very few things have a direct 1:1 correlation, we assume that there are other factors that are associated with the event being measured. We label these factors sources of variance. In evaluating any research study, efforts are made to measure and define the sources of variance. Often, factors that account for the "most" variance are considered to be a plausible explanation for events, but not the sole explanation. It does not appear that attempts were made in Dr. Van Susteren's evaluation of the selected plaintiffs to investigate sources of variance or even to consider them. Without such consideration of sources of variance, conclusions are subject to the danger of "misattribution". That is, an event is attributed to one factor while it may really be due to a different factor.

Dr. Van Susteren makes claims that climate change has the "potential" for affecting brain development. The basis for this claim is uncertain, as she does not present any objective findings to this effect. As a neuropsychologist, studying brain/behavior relationships, I find it necessary to investigate any potential brain changes with objective measures. Such measures would include, but not be limited to, neuroimaging and neuropsychological evaluation. Neuropsychological measures allow for the interpretation of whether an individual's abilities are consistent or inconsistent with expectations for the individual at a particular age. While I would agree that the prefrontal cortex continues to develop well into the mid-20s, research information has well-established certain expectations for executive functioning to be developed at certain ages along the early lifespan. No comments related to this trajectory are noted in Dr. Van Susteren's discussion of brain development.

In reviewing Dr. Van Susteren's reports of her select sample, it does not appear that a great deal of objectivity was applied. For example, Dr. Van Susteren opines in one case that the individual is experiencing "the deepest, most gripping emotions directed at state government". This is apparently not a quote from the individual being interviewed, but Dr. Van Susteren's interpretation. At another point, she states that the plaintiff is "dark with fear and filled with anguish". Again, this is not the plaintiff's words, but Dr. Van Susteren's interpretation. Claims of not introducing bias into these interviews have clearly not been supported. In each reported interview, Dr. Van Susteren diagnoses "psychological harms consistent with exposure to traumatic stressors and other unhealthy social forces brought on by climate change that destabilize society." Although Dr. Van Susteren claims that she is avoiding pathologizing individuals, she assigns these individuals a diagnosis involving pathology. She further talks about these individuals suffering from "pre-traumatic stress" or what would more commonly be called anticipatory anxiety. This would involve anxiety evoked in individuals that are anticipating a particular outcome.

An important feature of the scientific research method is that studies are able to be replicated. In order to replicate one's work, factors such as hypotheses, sample selection, methodology, analysis of data, and justifiable outcomes must be clearly stated. In the methodology under discussion, no such information is provided in such a manner that outcomes can be independently replicated and validated. In fact, Dr. Van Susteren does not actually appear to be very confident in her opinions

as she consistently qualifies these opinions with "may" or "may not" happen. Such opinions could be asserted much more confidently if actual scientifically accepted research methodology had been incorporated.

In reviewing Dr. Van Susteren's opinion, it is clear that she is a very enthusiastic, committed advocate for her position. However, absent sound methodology in researching such assertions, the conclusions are likely not very robust. Actually, they appear to have contributed more to the concept of "confirmatory bias". Research was not conducted in an objective manner, hypotheses were not tested, statistical analysis was not provided, methodology and sample selection is suspect, and opinions are entirely consistent with Dr. Van Susteren's advocacy. Absent sound research methodology, one is asked to accept that "the situation is this way because I say it is". That is certainly not an opinion based on facts and science.

I hope this information is helpful to you in your work with this case. If you have any comments or concerns, please feel free to contact me at 238.6350.

Sincerely,

Debra Sheppard, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
American Board of Professional Psychology