

Neuroscience Associates Incorporated Information Sheet for Forensic Evaluations

Thank you for considering us as a provider of neuropsychological/psychodiagnostic assessment services in your case. The following information summarizes our policies concerning forensic neuropsychological evaluations:

1. What is a Neuropsychological Evaluation and How Long Does the Evaluation Take?

Surprisingly, only a minority of our patients/litigants are ever told by their attorneys why they have been referred to us, what a neuropsychological evaluation entails, or how long it will take. Frequently, patients/litigants are under the mistaken notion that they will only be evaluated "for about an hour." Neuropsychological evaluation examines the cognitive, intellectual, emotional and behavioral functioning of individuals with known or suspected injuries or diseases of the brain. As such, it is necessary to examine a variety of domains that cover such areas as basic intellectual level, as well as a variety of additional cognitive and behavioral domains. The assessment process is generally complex and often lengthy.

It is usually necessary to administer a large number of psychometric measures in order to cover the relevant domains required in a more comprehensive assessment of this type. While the majority of cases can be completed during the course of an eight hour interval (about one day), at times it is also necessary to have an individual return for usually one (and rarely more than one) additional session(s) in order to complete the evaluation process. About three quarters of the evaluation involves one-to-one interaction with a neuropsychological examiner. Some measures may also be computer-administered. The other quarter involves additional paperwork, as well as completion of written assessment materials.

2. How Are the Results of the Evaluation Communicated?

In the majority of our forensic cases, a written report is prepared. Written reports are of three basic types. The first type of report involves only a brief listing of the measures that were administered, and the results that were obtained. This type of report provides the most basic synopsis of assessment data, but is less complete in terms of actual clinical and diagnostic information. This report tends to be about 2-3 pages in length. The second type of report includes a summary of assessment results, but also a brief description of historical and other clinical information, as well as a brief narrative summary of results and findings. This report is the most common type that is produced for forensic purposes, and is generally 5-10 pages in length. The third type of report that is generated tends to be far more detailed in terms of historical and descriptive information. It includes a more complete review of assessment results, differential diagnostic summary, as well as a lengthy clinical formulation. This longer report also includes more detailed information as to treatment recommendations and prognostic information. This report takes far longer to produce, and is less frequently used. The report often runs from 15-20 pages in length.

3. How Is A Typical Day Spent At Neuroscience Associates Inc.?

Usually, we request that patients/litigants arrive at our offices by 9:30 AM. It generally takes about ten minutes to fill out our patient/litigant face sheet. We often request that the examinee begin (or in some cases complete) one or two personality assessment questionnaires prior to the commencement of the actual clinical interview and subsequent neuropsychological assessment. Generally, this will take from 1 -2 hours. The clinical interview generally begins after a short (15 minute) break, and will typically run from one to one-and-a-half hours. At that point, a brief lunch break is offered although some examinees decline, and prefer to continue with the examination process until completed.

Typically, the psychometric portion of the evaluation will begin by 12:30-1 PM, and will conclude by about 4:30-5:00 PM. Occasionally, a patient may need to stay slightly longer in order to complete the personality assessment questionnaires (5-5:30 PM). In rare instances, a patient/litigant may complete the assessment in a shorter interval of time. However, there are also cases in which an examinee (for any

number of reasons) will take far longer to complete the assessment. In these instances, the examinee will need to return in order to complete the assessment process. Usually one additional day will be required, and rarely a third visit will be needed.

4. Audio taping/Videotaping:

We do not permit audiotaping or videotaping of forensic (or any other type of) neuropsychological evaluations. Reproduction of actual neuropsychological assessment measures (different than the clinical interview, history and mental status examination) violates copyright laws, as well as our ethical standards for professional practice (e.g. APA Ethical Standards, "Test Security"). We do permit audiotaping of the clinical interview, history and mental status examination. We do not permit videotaping of any portion of the examination, which we believe to be too intrusive, and a potential confound to the assessment process.

5. Third Party Observers:

We do not permit the presence of observers during forensic evaluations. The single exception to this rule is a "clinical indication" for the presence of another individual (for example, if a patient/litigant is significantly sensory or motor-handicapped, grossly demented, or in rare cases when a minor child is to be evaluated). In such a circumstance where a "clinical indication" is evident, it will be the examiner's choice to decide whether or not to include a third party in the assessment process. There are both research studies as well as position statements from various neuropsychological organizations strongly recommending against the presence of observers. Third party observers cause an evaluation to be "non-standard" and may interfere in the assessment process in a variety of ways that may be difficult to fully account for. As such, the resulting information obtained during an "observed" evaluation may be subject to significant distortion and may result in a far higher level of interpretive error. Thus, as a general policy, we do not permit such observers to be present either during the interview process, or during the neuropsychological evaluation itself (that includes the administration of psychometric assessment measures).

6. Presence of Patient/Litigant Advocates:

We do permit (and encourage) an advocate/significant other (such as an attorney or paralegal, significant other, etc.) to accompany a patient/litigant to the evaluation session. Such an advocate may often calm and reassure an anxious individual (particularly when our examination is to be conducted at the request of the defendants), thus resulting in a more valid and complete assessment overall. However, the advocate/significant other must wait in our patient waiting area, and may not accompany (nor interrupt) the examinee during the actual evaluation process.

7. What About Medication Effects Upon the Assessment Process?

Most patient/litigants who are seen by us are taking one or more types of medication. While the majority of medications that are taken probably do not adversely affect our assessment results to a large extent, certain medications are more likely to confound the results of our assessment in a much more significant manner. These latter medications include higher potency pain medications (such as narcotic-containing analgesics, including Vicodin, Darvocet, Percocet, Demerol, etc.), some of the more potent anti-anxiety medications (such as benzodiazepines including Valium, Ativan and Xanax), sleeping medications (such as Ambien, Restoril, etc.), and mood-stabilizing agents (such as lithium carbonate, or higher-dose anti-convulsants).

Other types of psychoactive medications can be problematic when taken in higher doses. These may include tricyclic antidepressants (e.g., Elavil, Norpramine), newer neuroleptic agents (e.g., Risperdol, Olanzapine, Seroquel, Geodon) or other "classic" agents such as Thorazine, Mellaril, Haldol, etc. Additional medications that can at times be problematic (particularly in higher doses) include a number of anti-convulsants, and medications for high blood pressure (such as beta-blockers and thiazides).

As a general guideline, we prefer that patients/litigants use as little medication as is necessary in order to

address their conditions, particularly in the five days before (as well as the day of) our examination. In the case of narcotic-containing analgesics (including Vicodin, Darvocet, Percocet, Demerol, and others), as well as anti-anxiety agents (such as Valium, Ativan and Xanax, that may have amnesic side effects), we prefer that, if at all possible, the patient remain drug free from these agents for at least 48 hours prior to our examination. In general, the less medication taken, the better from our standpoint. All medication changes should be cleared by the patient's attending physician(s). Also, please instruct the patient/litigant not to drink alcoholic beverages within 24 hours of their appointment with us.

8. What Should They Bring to the Examination?

There are two important items that patients/litigants frequently forget to bring with them to our evaluations. These items are: **1) eye glasses and/or 2) hearing aides**. If either one (or both) of these assistive items are required, please make sure that the patient/litigant brings them to the scheduled appointment. If the patient/litigant has neck or back pain, we recommend that they bring their favored cushion or pillow, or a neck brace, if they feel that this would be helpful. It may also be helpful to bring a sweater or jacket as our offices are air-conditioned.

Also, the patient/litigant may want to bring a small lunch to the appointment. We have several eating facilities at Cedars-Sinai Medical Center (moderately priced) that are available to all who visit the medical center campus, as well as several restaurants within walking distance. At least two breaks will be offered during the assessment process. If the patient/litigant is taking medications, please ask them to bring either the medication bottles themselves, or preferably, at least a list of their medications that we can copy for their chart.

9. Parking Issues and Transportation:

We are conveniently located in the West Hollywood/Beverly Hills Area. The closest major intersection to us is Third Street and Robertson Boulevard (check either Thomas Guide or MapQuest online). If the patient/litigant should choose to park in one of our two building parking lots, the cost will be \$11.00. However, there are several other alternative parking options including two nearby lots on Third Street for a \$6.00 daily charge, and the larger Beverly Center shopping mall parking lot also \$6.00 per day, about two blocks away. Unfortunately, we do not validate patient parking.

10. Cancellation/Missed Appointment Policy:

We allow a one-hour "grace period" for all patients/litigants who are scheduled for an examination. However, after one hour, the appointment will be cancelled in its entirety (no "partial day" examinations), and will need to be rescheduled. We require three days (72 hours) advance notification if an appointment needs to be cancelled or re-scheduled in order to avoid a full charge. If a full charge is levied due to inadequate notification or a failed appointment (no-show), this charge must be paid in full before another appointment will be scheduled. Our evaluation sessions run a full day for all practical purposes. As such, a missed appointment (or inadequate notification) results in the loss of eight full hours of billable time.

11. Scheduling of Deposition and/or Trial Testimony:

Due to the high demand for our services, long appointment waiting times, and other scheduling complexities, we require at least two weeks advance notice of depositions in order to assure a scheduling date. We require that the actual scheduling of the deposition be confirmed in written form (either by fax or by regular mail). We also require that *cancellations* of scheduled depositions be completed in *written form* (again by fax or regular mail). We require a minimum two days (48 hours) notice of cancellation of a scheduled deposition, or a minimum charge of \$1000 (equivalent to two hours) will be charged to the scheduling party. Deposition testimony is charged at the rate of \$500 per hour (or any part thereof). It is anticipated that the deposition will take place in our offices. If the deposition is to take place at a location *other than our office*, then we will charge our court appearance rates, according to the terms specified in the

following section.

Trial testimony scheduling is a more complicated issue, since the exact date and time of testimony is sometimes more difficult to pinpoint. We require that at least a seven-day written notification of intent to schedule testimony in court be given in written form (fax or regular mail). We further require that two days (48 hours) of advance notice of exact date and time be provided in written form, preferably by fax. We also require that a payment of \$5000 (full day testimony) be provided 48 hours in advance of scheduled testimony in court (\$2500 per half day, only beginning after 1:00 PM, until the close of the court day, and *only* if the appearance is in a Los Angeles County court).

Similar to our cancellation policy regarding deposition testimony, we require a minimum of 48-hour notice of cancellation of scheduled court testimony, or a full charge will be made (or the full amount of the fee that has been paid will be retained as payment).

For further information, please contact of our Administrative Staff at: (310) 855-1265

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