In The Matter Of:

Munoz v New Jersey Sports, et al.

Paula C. Sociedade, Ph.D.

March 13, 2017

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1 SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - MIDDLESEX COUNTY
2 DOCKET NO. MID-L-3284-15

3 - - - - - - - - - - - - - - - - - - :
WASHINGTON MUNOZ, :
4 Plaintiff, :
vs. : DEPOSITION UPON
5 NEW JERSEY SPORTS & EXPOSITION: ORAL EXAMINATION
AUTHORITY, NEW MEADOWLANDS :
6 RACETRACK, LLC, LP CIMINELLI, : of
INC., LP CIMINELLI RCCIP, :
7 COOPER PLASTERING CORPORATION,: PAULA C. SOCIEDADE,
KF MECHANICAL, LLC, PAINO : Ph.D.
8 ROOFING COMPANY, INC., PAINO :
ROOFING CO INC., COUNTRY SIDE :
9 PLUMBING & HTG, COUNTRY SIDE :
PLUMBING AND HTG, COUNTRY SIDE:
10 PLUMBING, COUNTRY SIDE PLUMB- :
ING & HEATING, INC., JOHN :
11 DOES 1-20, ABC CORPORATIONS :
1-20, :
12 :
Defendants. :
13 - - - - - - - - - - - - - - - - - - :

14 Newark, New Jersey
Monday, March 13, 2017
15

16 DEPOSITION of PAULA C. SOCIEDADE, Ph.D.,
17 in the above-entitled action, by and before PATRICIA
18 J. RUSSONIELLO, a Certified Court Reporter and Notary
19 Public of the State of New Jersey, at the office of
20 PAULA C. SOCIEDADE, Ph.D., 182 Van Buren Street, 2:05
21 p.m.
22

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12 Daniel McClutchy, Videographer

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1 I N D E X

2

WITNESS	DIRECT	CROSS	REDIRECT	RECROSS
PAULA C. SOCIEDADE, Ph.D.				
By Mr. Peck	6,12		67,77	
By Mr. Gulino		40		74

VOIR DIRE EXAMINATION	PAGE
By Mr. Gulino	12

E X H I B I T S

NUMBER	DESCRIPTION	PAGE
P-1	Seven-page Psychological Evaluation	4
P-1A	Curriculum vitae	4
D-1	One-page copy of driver's license (front and back)	46

18 (Counsel retains exhibits.)

19
20
21
22
23
24
25

1 (Exhibit P-1 and Exhibit P-1A marked for
2 identification.)
3 MR. GULINO: Good morning. My name --
4 good afternoon.
5 My name is Joseph Gulino. I represent
6 the defendants in this case.
7 Before the Doctor begins her testimony I
8 just wanted to place on the record -- on the
9 stenographic record an objection to the Doctor's
10 testimony and it will be the subject of a motion in
11 limine prior to any testimony being -- prior to the
12 trial and submitted to the Trial Judge.
13 My review of my file is that there has
14 been no exchange concerning any Interrogatories
15 designating the Doctor as an expert in this case and
16 that as a result of that I will be moving at the time
17 of trial.
18 Obviously I reserve my rights at the
19 time of trial. I will conduct a cross-examination of
20 the Doctor while she's here today and we'll let the
21 Court decide, all right?
22 MR. PECK: Okay. And this is William
23 Peck. Good afternoon.
24 I represent Plaintiff in this matter for
25 today's deposition and I'll reserve any argument for

1 those in limine motions in Court. So we've noted
2 defense counsel's objection; however, he's agreed to
3 continue with the deposition video today in
4 anticipation of whatever the Court's ruling may be.
5 THE VIDEOGRAPHER: All right? I'm just
6 going to do my usual introduction. One moment.
7 (Pause.)
8 THE VIDEOGRAPHER: Good morning -- I'm
9 sorry. Good afternoon. We're here today, March 13th,
10 2017, for the videotape deposition of Dr. Paula
11 Sociedade.
12 This deposition is being taken in the
13 matter of Washington Munoz versus New Jersey Sports
14 and Exposition Authority, et al. which is filed in the
15 Superior Court of New Jersey, Docket Number -- Law
16 Division -- I'm sorry. Start that again. Superior
17 Court of New Jersey, middle -- Law Division, Middlesex
18 County, Docket Number MID-L-3284-15.
19 I am the Videographer, Daniel McClutchy,
20 and I represent Frontino Reporting.
21 The Court Reporter is Pat Russoniello
22 also of Frontino Reporting.
23 Would counsel please announce their
24 appearances for the record.
25 MR. PECK: Good afternoon. William

1 Peck, Clark Law Firm, here on behalf of plaintiff,
2 Washington Munoz.
3 MR. GULINO: Joseph J. Gulino from
4 Nicoletti, Gonson and Spinner representing all of the
5 defendants.
6 THE VIDEOGRAPHER: Thank you.
7 The time is now 2:05 p.m.
8 Would the court reporter please swear in
9 the witness.
10 P A U L A C. S O C I E D A D E, Ph.D., having been
11 duly sworn by the Notary, testifies as follows:
12 DIRECT EXAMINATION BY MR. PECK:
13 Q. Good afternoon, Dr. Sociedade.
14 A. Good afternoon.
15 Q. Okay. I just want to thank you first
16 for making yourself available today for this
17 testimony.
18 Doctor, you've been asked to testify
19 today in a case involving my client, Washington Munoz.
20 Do you understand that?
21 A. Yes.
22 Q. Okay. And you are being asked to
23 testify here as an expert in the field of clinical
24 psychology. Do you understand that?
25 A. Yes.

1 Q. Okay. Can you explain to the jury,
2 please, your background? In other words, where you
3 went to school and what your qualifications are? You
4 can refer to your CV which we've previously marked as
5 P-1A for identification.
6 A. I've been licensed as a psychologist
7 since 1998 here in the State of New Jersey. I
8 graduated with a Doctorate from Seton Hall in 1995.
9 My career as a psychologist began in
10 1987 while working through graduate school. In fact,
11 my first position was at the geriatric department in
12 the Newark Beth Israel Medical Center.
13 I've been in private practice since 1996
14 through the present and I've had -- prior to being in
15 private practice I've worked at numerous facilities as
16 a psychologist throughout the years.
17 Q. Okay. You mentioned just now that you
18 went to Seton Hall University and you received a
19 degree in 1995. What degree did you receive?
20 A. A Doctorate in philosophy.
21 Q. Okay. So that's a Ph.D., correct?
22 A. That is a Ph.D.
23 Q. And what -- what do you have to do in
24 order to earn a Ph.D.?
25 A. You have to complete I believe it's 120

1 some-odd credits. You have to do a pre-Doc training
2 and a post-Doctoral training. You also have to have
3 original published research which is inclusive of the
4 dissertation process.
5 Q. Okay, Doctor. And also what license do
6 you hold?
7 A. I hold a license in the State of New
8 Jersey, number 3664.
9 Q. Okay. And what is --
10 A. Which is...
11 Q. -- license number 3664?
12 A. In order to -- to become a licensed
13 psychologist you need to qualify to be able to sit
14 before a panel of psychologists which means taking a
15 written -- a written exam, preparing a case study of a
16 client and -- and then bringing that up before the
17 Board.
18 Q. Okay. And I notice on -- looks like the
19 third page of your CV you list some honors that you
20 had received.
21 Can you just briefly tell us a little
22 bit about those honors?
23 A. I was awarded in 1990 the Outstanding
24 Educational Achievement Award.
25 In 1988 I graduated with summa cum laude

1 honors.
2 In '80 -- 1987 I was awarded the Simone
3 Picard Research Fund for the thesis research I did.
4 From '80 -- 1985 to 1988 I was awarded
5 three graduate assistantships and a full Fellowship
6 for minority women from the American Psychological
7 Association.
8 And then as an undergraduate in 1984 I
9 graduated with cum laude honors.
10 I was initiated into the International
11 Honor Society in Social Sciences, the National Honor
12 Society in psychology and the Educational Opportunity
13 Fund Honor Society.
14 Q. Okay. And do you have any published
15 works?
16 A. I do. I published in 1993 my thesis and
17 then I published in 1990 also my -- my dissertation.
18 I apologize. And then in 1987 I published again from
19 research off of my graduate work.
20 Q. Okay. And I see on the last page of
21 your CV you list some professional affiliations. Can
22 you tells us what those are?
23 A. The American Psychological Association,
24 the New Jersey Psychological Association and the
25 Portuguese/American Professional Group Association.

1 Q. Okay. I know we're sitting here in your
2 office today in Newark and you list on the first page
3 of your CV that you have been in this office looks
4 like since 1996. Is that correct?
5 A. In this office since 1996; however,
6 practicing -- I opened an office -- I moved into the
7 building -- I'm sorry. Yes. 1996.
8 Q. Okay. And can you just give us a
9 general sense of what your practice consists of?
10 A. Well, when I opened in the Ironbound I
11 knew -- in the Ironbound, Newark, that is -- I knew
12 that practicing psychology was going to be a bit of a
13 trick because I don't know if anyone noticed, my name
14 is not on the building. Many Hispanic and Portuguese,
15 European clients do not seek out help for a lot of
16 varying reasons so when I opened this practice it was
17 to be able to sort of provide a clinic where people
18 felt welcomed and nurtured and, you know, that their
19 mental healths be addressed in a very professional
20 although nonthreatening way.
21 Q. Okay. So are there many mental health
22 services available for the various Latino communities
23 in this area?
24 A. In fact, when I -- when I received my
25 Doctorate I think I was the third, maybe fourth

1 Portuguese-speaking psychologist in the State of New
2 Jersey. Very few. There's such a need.
3 Q. And how many languages do you speak?
4 A. I speak English obviously, Portuguese
5 and -- and Spanish.
6 Q. Okay. So you're trilingual?
7 A. Correct.
8 Q. And have you served as an expert in the
9 field of clinical psychology in other cases aside from
10 this one?
11 A. I have.
12 Q. Just approximately how many?
13 A. Not more than two handfuls. Possibly a
14 handful.
15 Q. Okay. Have Courts accepted you and
16 qualified you as an expert in your field?
17 A. Yes.
18 Q. Okay. And that field being the field of
19 clinical psychology?
20 A. Correct.
21 Q. Okay.
22 MR. PECK: At this time I'm going to be
23 asking the Court to qualify you as an expert witness
24 in the field of clinical psychology.
25 MR. GULINO: May I voir dire?

1 MR. PECK: Want to do it now?
2 VOIR DIRE EXAMINATION BY MR. GULINO:
3 Q. Doctor, I'm not sure if I heard you
4 correctly.
5 Did you say you were practicing as a
6 licensed psychologist or psychiatrist?
7 A. Psychologist.
8 Q. Chologist.
9 A. Yes.
10 Q. Okay. All right.
11 A. I have a Doctorate in psychology, yes.
12 Q. And you have a Ph.D. in psychology?
13 A. Yes.
14 Q. Okay.
15 MR. GULINO: No objection then. Sorry.
16 I misheard you before.
17 No objection.
18 MR. PECK: Okay. Again, I would ask the
19 Court to qualify Dr. Sociedade as an expert witness in
20 the field of clinical psychology.
21 CONTINUED DIRECT EXAMINATION BY MR. PECK:
22 Q. Doctor, just as a practical sense could
23 you also explain to the jury today why you're
24 testifying on videotape as opposed to coming in live
25 to a Courtroom?

1 MR. GULINO: Objection. Relevancy.
2 THE VIDEOGRAPHER: Do you want to go off
3 the record for that?
4 MR. GULINO: (Indicates.)
5 THE VIDEOGRAPHER: No. Okay.
6 Q. You could answer.
7 A. When the times that I have done this,
8 it's -- you know, the Court schedules are so full and
9 so unpredictable that my practice is very busy that I
10 think it would just make a lot more sense to be able
11 to do this here instead of in the Court system not
12 knowing if I would be called and having to cancel my
13 clients' treatment.
14 Q. Okay. And you just mentioned your
15 practice. Do you see patients on a regular basis?
16 A. I do.
17 Q. Okay.
18 A. I have a full private practice.
19 Q. And typically how long do your sessions
20 last with those patients?
21 A. 45 minutes.
22 Q. Dr. Sociedade, I will be asking you to
23 give your opinions and conclusions today in your
24 testimony. You understand that, correct?
25 A. Correct.

1 Q. Okay. Will all of your opinions and
2 conclusions be within a reasonable degree of
3 probability in your field of expertise?
4 A. Yes.
5 Q. Okay. And so, in other words, your
6 opinions and conclusions will be within a reasonable
7 degree of probability in the field of clinical
8 psychology?
9 A. Yes.
10 Q. Okay. Doctor, I'm going to refer to
11 your report which we just marked as P-1 for
12 identification.
13 You can, of course, feel free to refer
14 to your report which is in front of you, correct?
15 A. Correct.
16 Q. Okay. You've prepared one report in
17 this case, correct, and it's dated July 11th, 2016?
18 A. Yes.
19 Q. Okay. And in that report it summarizes
20 your opinions and conclusions in this matter, correct?
21 A. Yes.
22 Q. What literature did you review or depend
23 upon in reaching your opinions?
24 A. Various literature.
25 I -- I do have a specialty in

1 multicultural issues and treatment and so I used a lot
2 of the research referring to Latino communities and
3 Latino therapists, Moitoza being one of them, who has
4 published extensively in the importance of
5 multicultural awareness and treatments published in
6 1982. Also Araujo, another -- another researcher
7 who -- who writes profusely on the importance of
8 culturally-sensitive not only treatment but also
9 assessment procedures. That's -- that's 1996.
10 There's a slew of other psychologists
11 and researchers who've -- who've published on the
12 importance of this type of awareness in mental health;
13 McDavis, Arredondo, Baltes, Munroe and Munroe, et
14 cetera.
15 Q. Okay. I also notice on Page 2 of your
16 report and throughout your report you refer to the
17 DSM-IV Manual.
18 Can you explain to the jury what the
19 DSM-IV Manual is?
20 A. The DSM -- Diagnostic and Statistical
21 Manual is a universal manual used by people in mental
22 health, providers of different specialties,
23 psychiatrists, psychologists, social workers. It's
24 used base -- basically as an informative tool which
25 lists all the possible diagnoses, conditions, maladies

1 that someone may be experiencing.
2 Q. Okay. So for lack of a better term is
3 this the go-to psychology handbook that everybody
4 uses?
5 A. Yes.
6 Q. You also mention multi-axial assessment
7 process. Can you explain to the jury what that is?
8 A. Well, it's -- you know, we -- when we do
9 an assessment there's a lot of information that's
10 being presented. The psychologist is observing, is
11 analyzing, is assessing and in order to be able to
12 present this -- this information the DSM, the
13 Diagnostic and Statistical Manual, as well as Doctoral
14 programs in general, we're trained on using the
15 multi-axial system which is a five-point system if you
16 will and each axis has a different function.
17 It's a nice, neat way of presenting the
18 clinical picture.
19 Q. Okay. And in your evaluation you also
20 performed an evaluation of Mr. Munoz himself. Is that
21 correct?
22 A. That is correct.
23 Q. Okay. Just generally what did that
24 evaluation consist of? In other words, how many
25 sessions and things like that?

1 A. The way I -- I do a clinical assessment
2 is we schedule three -- three sessions, three
3 45-minute sessions where I spend the three sessions on
4 an individual one-to-one basis assessing the client.
5 An assessment usually means besides
6 clinical observation history-gathering, the mental
7 status exam, you know, and things of that sort
8 basically.
9 Q. Okay. And then that evaluation along
10 with all the materials and literature that you've just
11 described are these the type of things that experts in
12 your field normally rely upon to render opinions in
13 cases such as this one?
14 A. Yes.
15 Q. And when you say your opinions are going
16 to be made within a reasonable degree of medical or
17 psychological probability what you're saying is that
18 all of your opinions will be more likely right than
19 wrong?
20 A. Correct.
21 MR. GULINO: Objection.
22 THE VIDEOGRAPHER: Want to go off?
23 MR. GULINO: (Indicates.)
24 THE VIDEOGRAPHER: No? Okay.
25 Q. I think you touched upon this, Doctor,

1 already, but if you can explain a little further.
2 When working with clients who are
3 members of a minority group is it important for the
4 therapist to have knowledge of therapeutic
5 consideration specific to that group?
6 A. Yes.
7 Q. Could you explain that?
8 A. I think as I mentioned earlier my -- my
9 building does not have psychologists on it anywhere or
10 mental health.
11 The community is very hesitant in
12 seeking out this type of service because it's seen
13 as -- you have to be loco or crazy in order to speak
14 to a psychologist or a psychiatrist.
15 When -- when clients do come in, you
16 know, it's -- it's -- they're very guarded and they're
17 very resistant in a way not because they're not
18 cooperative but because they fear and they have
19 anxiety over what all this means so for any client, in
20 particular a male client, to come in to see me I'm
21 sure they did a good amount of sweating beforehand.
22 Q. The DSM-IV, Diagnostical and Statistical
23 Manual IV that you mentioned before, does that also
24 incorporate any kind of awareness regarding cultural,
25 diverse populations in the U.S. and internationally?

1 A. Yes. In fact, more attention has been
2 paid throughout the years to the importance of
3 culturally-sensitive assessments and evaluations.
4 Q. Okay. And why do you think that's
5 important?
6 A. Well, we do know that there's certain
7 syndromes and -- and -- and clinical data that may be
8 evaluated as aberrant or abnormal which could be part
9 of the culture.
10 We also know that like a mistrust of
11 authority figures can be viewed as paranoia when, in
12 fact, it's just part of the culture, you know.
13 They're immigrants. They came here. They don't
14 particularly trust easily.
15 And that's just a couple of examples.
16 Q. Okay. What is your approach in
17 providing psychological services? I know on Page 3
18 you mention it. You mention that it's a multicultural
19 approach and life span developmental theory.
20 Can you just explain briefly to the jury
21 what those two things mean?
22 A. Yes.
23 It's very important clinically to --
24 especially in this population to help the client to
25 feel comfortable and -- and welcomed almost like in

1 your own home and to get their guard down so that they
2 can openly talk about the issues they're presenting
3 with.
4 The life span approach sort -- came out
5 of my -- my graduate work at Seton Hall, and basically
6 it entails looking at the person in its entirety and
7 not just the symptoms. I look a lot at history. I
8 put a good amount of importance on the therapeutic
9 alliance which is the therapeutic relationship. I
10 look at the client in -- in his or her entirety;
11 socially, economically, culturally, financially,
12 sexually. Almost any l-y you can think of.
13 Q. What do you mean by therapeutic
14 relationship?
15 A. Well, as I mentioned earlier, you know,
16 people don't come readily. Hispanics or Portuguese
17 people in these communities don't come, you know, very
18 open or readily into this type of environment so I --
19 and it's important for them to trust. That's another
20 important piece of it; that if they trust the person
21 they're talking to they will be much more open.
22 They're cooperative. I'm talking about being open to
23 the process itself.
24 Q. Okay. And what is your goal in
25 rendering a psychological report such as the one we're

1 referring to?
2 A. You know, there's a lot of information
3 being observed and -- and evaluated so the goal is to
4 try to simplify complex information into something
5 that we can understand and know what we're talking
6 about in terms of the presenting issue.
7 Q. Thank you, Doctor.
8 Now, I notice on Page 3 of your report
9 you have a section towards the bottom entitled
10 Evaluation.
11 So could you tell us about your
12 evaluation of Mr. Munoz as outlined in your report?
13 A. Yes. Again, he was seen on three
14 separate occasions on an individual basis with me. I
15 provided a detailed explanation of the process of the
16 evaluation and I did this verbally and in his native
17 tongue.
18 Mr. Munoz is Spanish-speaking. He was
19 fully aware of -- of the process.
20 Also he was told that I was doing this
21 evaluation and he was cooperative and agreed to
22 participate and he was seen again by me for
23 psychological assessment and clinical observation.
24 Q. Thank you.
25 You made behavioral observations during

1 your exam, correct?
2 A. Correct.
3 Q. Okay. What were some of the behavioral
4 observations that you made that you found significant?
5 A. Well, he -- he arrived punctually to all
6 his appointments. He was very casually dressed and
7 neatly dressed.
8 He did appear anxious and he had
9 difficulty with -- with eye contact which is common
10 for the Hispanic community.
11 He was very soft-spoken but very clear
12 in -- in goals and what he was saying.
13 I did notice a lot of depression and as
14 I mentioned he was anxious.
15 There was -- he was subdued during the
16 evaluation process and he spoke at -- you know, about
17 all of the changes in his life since -- since this
18 happened to him.
19 Q. Okay. If you could tell us a little bit
20 more, though, about how he was noticeably depressed
21 and anxious as you list here in your report?
22 A. Well, he was sitting, in fact, where
23 counsel is sitting and he was wringing his hands.
24 There -- eye contact was -- was not there many times
25 which usually means some anxiety.

1 He -- his posture was sort of like this
2 and not erect.
3 He moved his feet quite a bit.
4 He presented with a flat mood if you
5 will.
6 And he just seemed sad as he was talking
7 to me.
8 Q. Okay. You do mention in here that Mr.
9 Munoz was cooperative and friendly in all of his
10 sessions --
11 A. Yes.
12 Q. -- is that correct?
13 A. Correct.
14 Q. And you also said that there was no
15 evidence of abnormal behaviors, psychosis and/or
16 suicidal/homicidal ideation, plan or intent?
17 A. That is correct.
18 Q. You do mention that he became subdued at
19 times about talking about the accident. Is that
20 something that was significant to you?
21 A. Yes, it was. I made a point of noting
22 it.
23 Q. Okay. Was he also subdued when talking
24 about other things?
25 A. Yes.

1 Q. Such as?
2 A. Well, such as not being able to provide
3 for his family. He spoke at length about how his work
4 history was quite extensive and that he was very
5 physical and played lots of sports and that he -- I
6 believe he indicated he had not worked since the
7 accident and has not been able to engage in any of his
8 activities -- physical activities that he enjoyed.
9 Q. When Mr. Munoz became subdued when
10 talking about things that you just mentioned is that
11 something that's significant to you when you're making
12 your conclusions?
13 A. Absolutely.
14 Q. Okay.
15 A. Hispanic men in particular take great
16 pride in their role as providers for the family and
17 when they lose the ability to do this they -- they
18 fall into deep depressions. Sometimes they don't
19 speak of it because, you know, it's seen as weakness
20 and -- and men are not weak. Men take care. Men go
21 out and do and, you know, it's -- it's sort of a big
22 blow to the self and the ego when the male is --
23 Hispanic male is unable to do this.
24 Q. Did Mr. Munoz give you a history about
25 his life prior to being hurt at work?

1 A. Yes.
2 Q. Okay. And what were the notes or things
3 that you remember about his life?
4 A. He is I believe the father of four
5 daughters. He is very involved with them. He spoke a
6 lot about his life in Ecuador and playing soccer and
7 playing, you know, volleyball, swimming. He was a
8 very active individual.
9 He also spoke a lot about working in the
10 construction field in order to provide for his family.
11 There was no I believe -- or there was
12 no medical history reported or noted I think for Mr.
13 Munoz as well as no mental health history reported
14 which means there's no history of treating or seeking
15 out help for -- for any mental health issues.
16 Q. When he talked to you about his life as
17 it existed before the incident where he got hurt did
18 he appear to talk to you differently than he did
19 about --
20 A. Yes.
21 Q. -- how he was when he talked about the
22 accident? You mentioned before he was subdued --
23 A. Yes.
24 Q. -- when he talked about the accident and
25 things afterwards.

1 How is his mood or how was his
2 presentation when he talked about his life prior to
3 being hurt?
4 A. Yes. It's interesting because, you
5 know, when I do these in -- these clinical interviews
6 talking specifically about all the issues you can see
7 it physically in -- in the client.
8 When they talk about, you know, their
9 life prior and getting up at 4 and, you know, getting
10 ready for work and coming home and -- and the routine
11 of it and being able to do it, you know, there's --
12 there's this uplifting feel about it. Not, "Oh, my
13 God. I have to go to work" kind of thing, but this,
14 "I'm going to work." You know, they know it's hard,
15 they know they have to go out there but with this sort
16 of vitality if you will.
17 Q. Great. And you mentioned as we're
18 talking here about his life history and things, you
19 say in your report that there is no evidence of "intent
20 to mislead or dissimulate." There's "also no evidence
21 of coached responses." He was genuine in his
22 presentation.
23 Are these things that are significant to
24 you when you're evaluating somebody such as Mr. Munoz?
25 A. Absolutely. It's really important

1 that -- and that -- that is why I put a lot of focus
2 on the therapeutic alliance and the therapeutic
3 relationship. I want the client to be able to talk to
4 me like he's talking to someone openly and freely and
5 not as a professional he or she has to be afraid of.
6 Q. Okay. I note on Page 5 of your report
7 you talk about the Relevant Family History as you
8 entitled it.
9 Just going through this briefly for the
10 jury to hear, did he talk about his childhood?
11 A. He did. He reported a loving and joyful
12 childhood. He was raised Catholic and in a very
13 close-knit family.
14 Q. And then you go on to talk about his
15 high school in Ecuador and then talking about him
16 being gainfully employed throughout his life.
17 Are these significant findings for you
18 as well when you're evaluating somebody?
19 A. Yes. It shows functionality and health.
20 He was also very proud when he spoke
21 about working. That came across quite clearly.
22 Q. How about living in this country? Did
23 it seem he was proud of that as well?
24 A. Yes. America is his country.
25 Q. I note at the bottom of Page 5 of your

1 report you say, "Mr. Munoz became tearful when
2 describing his life prior to the accident."
3 Is this something of significance to you
4 as well in your evaluation?
5 A. Yes, it is. It signifies adjustment
6 issues and -- and loss. He -- you know, he spent a
7 lot of his time being very physically agile playing
8 like I mentioned -- as I mentioned earlier playing
9 tennis, playing volleyball, soccer. These are all
10 important sports in our community and he -- and he had
11 this joy for life when he was active. He had a very
12 healthy image of himself. He knew he could get out
13 there and play with the young guys and he found it all
14 very rewarding. He spoke about that quite a bit.
15 Q. Okay. And did Mr. Munoz relate to you
16 that he was not able to work after he got injured?
17 A. That's correct.
18 Q. Okay. And then you actually put a quote
19 in your report on Page 6 and it's in regard to his
20 current situation. "Mr. Munoz stated" -- and you have
21 a quote there. Would you -- want to talk about that?
22 A. Well, I'll read it and maybe that -- and
23 we -- if you have questions about it, I'll answer it.
24 He said to me, "My life has changed
25 drastically. I went from being an active and proud,

1 hard-working man who enjoyed life and playing sports
2 to a man who feels lost, embarrassed, useless and
3 depressed. My work was who I was."
4 Q. And --
5 A. Quote.
6 Q. -- what about this quote in particular
7 did you find significant when making your conclusions
8 and your opinions in this matter?
9 A. Part of -- part of developing in a
10 healthy manner is to have a healthy ego or healthy
11 sense of being or sense of self, and it is not
12 uncommon for men to find the work role as -- as being
13 who they are. "This is what I do" because there is a
14 lot of value placed in the culture on being gainfully
15 employed and taking care of your family. It gives you
16 a sense of accomplishment and pride.
17 Q. And then the next thing you list in your
18 report are Multi-Axial Assessment which is those five
19 axes that you mentioned earlier. Is that correct?
20 A. That's correct.
21 Q. Okay. And I note -- it looks like Axis
22 V you mention a GAF score which according to --
23 earlier in your report is the global assessment of
24 functioning score. Is that correct?
25 A. That is correct.

1 Q. And you have a score there. What's
2 the -- the score you have listed?
3 A. 57 which is the current global score and
4 if -- in the DSM, the Diagnostic and Statistical
5 Manual, there's codings and a number between 51 and 60
6 tends to indicate serious sym -- moderate to serious
7 symptoms and if you look at the Axis I axial, Axis I
8 is where the clinician, the psychologist, psychiatrist,
9 reports on the -- the most important part of what the
10 we're assessing and -- and my diagnosis for Mr. Munoz
11 was major depressive disorder, single episode because
12 there's no prior history, with moderate -- moderate
13 features. And basically what that means is there's
14 enough mood going on that fits this criteria in order
15 to use that diagnosis from the DSM.
16 Q. Okay. And then you move on to your
17 Interpretations and Impressions in your report starting
18 on Page 6.
19 You mention in the first paragraph that
20 Mr. Munoz is "experiencing significant depression,
21 anxiety, adjustment difficulties and stress symptoms."
22 As far as depression what do you mean by
23 Mr. Munoz is "experiencing significant depression"?
24 A. Depression, there are many symptoms of
25 depression; mood obviously being one of them.

1 In men it tends to be irritability,
2 frustration, anger. There's sleep disturbance,
3 there's fatigue, sexual impotency sometimes. There's
4 poor appetite. My mind just went blank. Poor
5 appetite. Sometimes labile mood swings which could
6 be, you know, from being flat to as I indicated
7 earlier angry and irritable. There's concentration,
8 focus, memory issues.
9 Q. Did you find any of these things that
10 you're listing right now with Mr. Munoz?
11 A. Yes. If I did not find any of those or
12 most of those there would not be that diagnosis.
13 Q. And then you mentioned anxiety. What --
14 what do you mean -- just in a general sense what do
15 you mean by anxiety?
16 A. Anxiety is being -- feeling keyed up,
17 worried, a sense of foreshortened future. In other
18 words, like gloomy about it, not seeing a future,
19 wanting a future but not knowing about how to get one,
20 wringing of hands.
21 Q. What about -- you also list adjustment
22 difficulties. What do you mean by adjustment
23 difficulties?
24 A. Transition usually means we have to
25 adjust and you could either -- I mean, we all go

1 through some issues when -- when something different
2 happens or something traumatic happens but not all of
3 us experience clinical distress. And -- and he -- he
4 had stress symptoms such as, you know, feeling lost
5 such as not knowing how to make good decisions, not
6 knowing how to move forward from this, you know,
7 having a plan, not having a plan, ping ponging back
8 and forth, crying when talking about his prior life.
9 Q. Okay. And in talking about this
10 depression, the anxiety, the adjustment difficulties
11 and stress symptoms, in your expert opinion are these
12 all causally-related to his work injury of June 25th,
13 2013?
14 A. Yes. I mean, there's no prior history.
15 He's a well-adjusted individual and -- you know, and
16 he's really struggling with significant diagnoses.
17 Q. And also in your opinion you write, "It
18 is my clinical opinion within a reasonable degree of
19 medical certainty that Mr. Munoz needs psychological
20 treatment."
21 What do you mean by that?
22 A. Well, I mean, the depression is -- is a
23 clinical depression which means significant symptoms
24 and for this type of depression to eradicate or to --
25 to be able to managed effectively treatment is needed.

1 Q. Okay.
2 A. This is --
3 Q. Is that what you mean by -- when you
4 say -- afterwards you say, "Mr. Munoz's psychological
5 condition is chronic and is unlikely to change in the
6 foreseeable future"? Are you trying to say that
7 without treatment it won't get any better?
8 A. I don't think it will get better without
9 treatment.
10 Q. Okay.
11 A. It's like apathy. You know, just --
12 yeah.
13 Q. What kind of treatment do you feel that
14 Mr. Munoz needs in order to get himself better?
15 A. I believe he -- he needs psychotherapy
16 with a psychologist and I also believe that there may
17 be a need for psychopharmacology which is
18 antidepressants which would help him deal with this.
19 Q. Okay. Is that something more that a
20 psychiatrist would be able to prescribe?
21 A. Psychiatrists prescribe. Psychiatrists
22 prescribe medication. Psychologists do assessments
23 and evaluations and psychotherapy.
24 Q. Okay. And on Page 7 of your report at
25 the top you mention the future treatment and costs

1 that you believe Mr. Munoz will need for his
2 psychological care going into the future. Is that
3 correct?
4 A. Correct.
5 Q. Okay. Could you please describe to the
6 jury what you feel would be the costs and how you got
7 to that figure?
8 A. I based it on biweekly psychotherapy.
9 Initially we start weekly and then move
10 into biweekly when symptoms are better managed so I
11 based it on that. And I also based it on bimonthly
12 visits to a psychiatrist for medication management.
13 Q. Okay. And you mention that you -- given
14 his life expectancy of 34 years you considered the
15 biweekly psychotherapy at looks like $190 per visit.
16 Is that correct?
17 A. That's correct.
18 Q. Okay. So then expounding that upon 34
19 years you came out to the figure of future costs just
20 for the psychotherapy to be $170,000, correct?
21 A. Correct.
22 Q. You also mention that the estimated
23 costs for bimonthly psychopharmacological treatment is
24 $221,000. Is that correct?
25 A. Yes.

1 Q. And then you also mention that the costs
2 of psychotropic medication varies and is determined by
3 the quality -- I'm sorry -- by the quantity of
4 medications, frequency and dosage and generic versus
5 brand. Is that correct?
6 A. That is correct.
7 Q. Okay. So that's a number you really
8 can't quantify?
9 A. Yes.
10 Q. Okay. And then, Doctor, you have a
11 Final Summary in your report on Page 7. Can you just
12 again give us what your final opinions and conclusions
13 were?
14 A. That he presents with significant
15 depression and anxiety, talk about how -- the distress
16 that he's feeling, I -- I strongly believe he needs --
17 he needs treatment both -- definitely from a
18 psychologist, more than likely also psychiatric for
19 medication, and that without it, you know,
20 unfortunately, I think the quality of -- of his
21 day-to-day and his psychological well-being will be
22 affected and probably spiral in a negative way; some
23 form of deterioration.
24 Q. Okay. And you conclude with "I can
25 state with a reasonable degree of medical certainty

1 that his current psychological state is the result of
2 work-related accident."
3 Is that what your conclusions and
4 opinions are?
5 A. Yes. There's no history and that seems
6 to be the precipitating event that brought all this
7 here.
8 Q. Okay. And I think you touched upon it
9 earlier.
10 You talked to Mr. Munoz about how active
11 he was prior to his injury. Is that correct?
12 A. That's correct.
13 Q. Okay. And do you remember him talking
14 about sports and things like that?
15 A. Yes.
16 Q. Okay. Is that him no longer being able
17 to participate in sport-related activities? Are these
18 things that would affect your findings?
19 A. Yes.
20 Q. Okay. Is that something that's typical
21 in an individual like Mr. Munoz?
22 A. Yes.
23 Q. Okay. How is that significant?
24 A. Well, I mean, soccer, just --just to
25 talk about soccer, soccer's very big, and he played

1 soccer and not being able to enjoy some of these, you
2 know -- some of these activities -- this is a
3 gentleman who was very physically agile. He worked
4 out. He took care of himself. Even though he worked
5 construction which is very labor-intensive he would go
6 out and play and he would, you know, go out and engage
7 in these sports so not being able to do so impacts his
8 psychological state without a doubt.
9 Q. How about if Mr. Munoz has testified
10 that he can no longer do the construction work he was
11 performing before he got injured? Would that be of
12 significance to you in your findings?
13 A. Yes.
14 Q. Okay. How so?
15 A. Going back to pride and -- and how
16 Hispanic men tend to, you know, be very proud of -- of
17 providing for their family and not being able -- this
18 is the thing. It's not being able to take care of
19 one's own in an Hispanic male really impacts their
20 mental health.
21 Q. If Mr. Munoz decides to now go into a
22 different field and decides to go and continue his
23 studies somewhere would his current condition
24 psychologically impact his ability to now study and
25 take on a different career?

1 A. Absolutely.
2 Q. How --
3 A. One of the -- one of the -- one of the
4 cornerstones of depression is foggy brain, is
5 difficulty making decisions, insecurities, focus
6 issues, memory -- short-term memory issues, cognitive
7 processes, reaction time. All of that is slowed.
8 I would think that in order to do
9 something like that treatment would need to be
10 rendered to facilitate that.
11 Q. Okay.
12 MR. PECK: Thank you, Doctor. That's
13 all the questions I have for you right now.
14 THE WITNESS: You're welcome.
15 MR. GULINO: Can we take a break, please?
16 THE VIDEOGRAPHER: Going off the record.
17 The time is 2:46.
18 MR. GULINO: On the record.
19 Doctor, before I begin my cross-
20 examination can I look at your notes and your records,
21 please?
22 THE WITNESS: Yes.
23 MR. GULINO: I need about ten minutes or
24 whatever.
25 Whatever you have with you that you

1 needed to testify today.
2 THE WITNESS: Also the report that I
3 have here?
4 MR. GULINO: The report if it's the same
5 one as I have, I don't need that.
6 THE WITNESS: It's the same one --
7 MR. GULINO: Just --
8 THE WITNESS: -- with highlights.
9 MR. GULINO: Yeah. It's the same one.
10 It's a copy.
11 THE WITNESS: And --
12 MR. GULINO: I don't need that.
13 THE WITNESS: -- my CV.
14 MR. GULINO: CV I have, right? I have
15 the CV?
16 THE WITNESS: Yes, I gave you the CV.
17 MR. GULINO: Yeah. You gave me one. So
18 this is really all I need.
19 THE WITNESS: Yeah.
20 MR. GULINO: Just give me a -- got to
21 take a break. Give me about five or ten minutes.
22 MR. PECK: Go off the record.
23 (Discussion off the record.)
24 (Recess taken at 2:46 p.m.)
25 THE VIDEOGRAPHER: We are back on the

1 record. The time is 3:02.
2 This is still the first disk or disk
3 number 1.
4 CROSS-EXAMINATION BY MR. GULINO:
5 Q. Good afternoon, Doctor.
6 A. Good afternoon.
7 Q. We have not met before today, have we?
8 A. No, we have not.
9 Q. Okay. And you have testified before at
10 trial? Have you?
11 A. At other case -- on other cases?
12 Q. Yes.
13 A. Yes.
14 Q. Yes. So you'll know that this is what
15 we call cross-examination, right?
16 A. Yes.
17 Q. Okay. So I'm going to ask you a series
18 of questions. Most of them should result in a yes or
19 no and if you can't do that you let me know and I'll
20 try and rephrase the question, okay?
21 A. Yes.
22 Q. All right. And if at any time you want
23 to refer to your notes or your report please feel free
24 to do so.
25 A. Thank you.

1 Q. You're welcome.
2 Now, Mr. Munoz first came to you as a
3 referral from the Clark Law Firm, did he not?
4 A. Yes.
5 Q. And he was sent to you for evaluation
6 for the purposes of litigation, wasn't he?
7 A. Yes.
8 Q. He was not sent to you for treatment,
9 correct?
10 A. Correct.
11 Q. And you have received other referrals
12 from the Clark Law Firm?
13 A. Yes.
14 Q. And would it be fair to say that it's
15 more than a dozen?
16 A. I don't think so.
17 Q. Okay. Are you still receiving referrals
18 from the Clark Law Firm?
19 A. Yes.
20 Q. And when you first met with Mr. Munoz
21 that was approximately three years after his accident?
22 A. The evaluation is dated -- yes.
23 Q. And when you first met with him in June
24 of 2016 were you -- were you given a referral check by
25 the Clark Law Firm for your services?

1 A. Yes.
2 Q. And did that encompass just one visit or
3 three of them?
4 A. It encompassed the whole process of
5 evaluation.
6 Q. And also today as well?
7 A. No.
8 Q. Today's separate?
9 A. Yes.
10 Q. And are you being compensated for your
11 time today?
12 A. Yes.
13 Q. Can you tell the jury what is your rate
14 of compensation?
15 A. For today?
16 Q. Yes.
17 A. $1500.
18 Q. Is that by the hour or is that by the
19 appearance?
20 A. By the afternoon.
21 Q. Okay.
22 A. The bulk of time I should say.
23 Q. Now, I noticed in your report that you
24 saw the plaintiff three times; on June 21st, 2016,
25 June -- I'm sorry -- June 6, 2016, June 21st, 2016 and

1 June 23rd, 2016?
2 A. I believe so. June 6, 21st and 23rd.
3 Q. Okay. Now, I notice in reviewing your
4 notes today just a few minutes ago that we have
5 typewritten notes of about a paragraph of June 6,
6 2016.
7 A. Mm'mm.
8 Q. I see one about two or three lines for
9 June 21st, 2016, correct?
10 A. Mm'mm.
11 Q. I don't see one for June 23rd unless I
12 missed it.
13 (Pause.)
14 A. Could be in transcription. It should be
15 here.
16 (Pause.)
17 A. It's not in here.
18 Q. Okay. When you say it should be in
19 transcription what is that?
20 A. We can look on the computer if it's in
21 there.
22 Q. And I don't doubt you saw him three
23 times.
24 A. Yes.
25 Q. I just wanted to know that I don't see

1 it in your records.
2 A. It's odd it's not in here.
3 Q. Now, you also had Mr. Munoz sign an
4 assignment of benefits, did he not?
5 A. Yes.
6 Q. And that was on or about June 6, 2016?
7 A. Yes.
8 Q. Can you tell me what -- what name he
9 used when he signed the benefits?
10 (Pause.)
11 A. Looks like Washington. It's hard to
12 make out the signature. Washington Munoz.
13 Q. Okay. Now -- and the assignment of
14 benefits can you describe to the jury what that is?
15 A. It basically says that you're signing
16 that I can talk to you and treat you or evaluate you
17 and that should there be a need to provide information
18 to an insurance company or an attorney that I could do
19 that -- or an adjustor -- for example, should I need
20 more sessions and treatment.
21 Q. Now, when he first came in to you did
22 he -- did he fill out some forms or anything like that
23 with you?
24 A. Every patient or every client that comes
25 fills out an intake packet.

1 Q. And do you have that in front of you?
2 A. I do.
3 Q. And can you tell us what name he used
4 when he filled out that form?
5 A. Washington Munoz.
6 Q. Okay. And when a person comes in
7 whether it's a referral or a patient would it be fair
8 to say that in order for you to evaluate them you
9 expect them to tell you the truth, correct?
10 A. Correct.
11 Q. And you expect them to tell you the
12 whole truth, right?
13 A. Correct.
14 Q. Okay. And are you aware that Mr. Munoz
15 also goes by the name of Washington Munozarevalo? All
16 one word. M-u-n-o-z-a-r-e-v-a-l-o? And I may
17 mispronounce it.
18 Did he ever tell you that?
19 A. It's not uncommon in the Hispanic
20 community to go by many different names.
21 Q. Well, I'm not asking -- I'm not saying --
22 A. So I --
23 Q. -- if there's a hyphen between the
24 names. I'm saying it's all one word.
25 A. I have Washington Munoz.

1 Q. Okay.
2 MR. GULINO: Why don't we mark this?
3 (Exhibit D-1 marked for identification.)
4 THE VIDEOGRAPHER: Going off the record.
5 The time is 3:09.
6 One moment.
7 (Pause.)
8 MR. PECK: Doctor, if you want to step
9 out just for -- just for a quick second.
10 (At this time the witness leaves the
11 deposition room at 3:09 p.m.)
12 MR. PECK: Just so you know I have an
13 objection. Let's go off the video record.
14 Okay.
15 THE VIDEOGRAPHER: So we're off.
16 MR. GULINO: We're off anyway.
17 MR. PECK: Just want to place an
18 objection on the record as to relevancy of Mr. Munoz
19 and -- and this line of questioning regarding his name
20 being different than what counsel's purporting that he
21 told to the Doctor.
22 So, again, I'm just placing an objection
23 as to relevancy.
24 MR. GULINO: Okay.
25 MR. PECK: Okay?

1 THE VIDEOGRAPHER: Want me to get the
2 Doctor?
3 MR. GULINO: Bring her back in. We'll
4 begin.
5 (At this time the witness enters the
6 deposition room at 3:11 p.m.)
7 THE VIDEOGRAPHER: We are back on the
8 record. The time is 3:11.
9 MR. GULINO: Thank you.
10 BY MR. GULINO:
11 Q. Doctor, could you look at what we've
12 marked as Exhibit D as in David 1 for identification.
13 A. Yes.
14 Q. Now, that is a -- for the record that's
15 a driver's license from the State of New Jersey.
16 Do you recognize the individual on that
17 license?
18 A. Yes.
19 Q. Is that Washington Munoz?
20 A. Mm'mm.
21 Q. And does it state Washington
22 Munozarevalo?
23 A. Yes.
24 Q. And do you see that it's a commercial
25 driver's license?

1 A. Yes.
2 Q. Did Mr. Munoz when he came to you when
3 he gave you his history did he give you his work
4 history?
5 A. Yes.
6 Q. And what did he tell you he did?
7 A. Construction field.
8 Q. Did he ever tell you he had a commercial
9 driver's license?
10 A. No.
11 Q. Did he ever tell you that in 2011 he had
12 a very large accident in the State of Pennsylvania
13 while he was driving a tractor trailer?
14 A. No.
15 MR. PECK: Objection. Go ahead.
16 Q. Did he ever tell you that he made a
17 living as a commercial driver?
18 A. No.
19 Q. Okay. Would that have been something
20 you would have wanted to know --
21 A. Yes.
22 Q. -- when you were referring to -- when
23 you were interviewing him?
24 A. Yes.
25 Q. Now, did he give you his date of birth?

1 A. Yes.
2 Q. And -- 11/11/69 I believe?
3 A. Yes.
4 Q. Now, I notice those notes that you have
5 are they from your interview with him that you have in
6 your hand right there?
7 A. No. This was just this morning I wrote
8 this...
9 Q. Getting ready for today's --
10 A. Yes.
11 Q. -- testimony?
12 Did he give you his Social Security
13 number?
14 A. Yes.
15 Q. And what was that?
16 A. 157-96-7885.
17 Q. And did he tell you whether or not he
18 was a member of a union?
19 A. I don't believe so.
20 Q. Would that have been something you would
21 have wanted to know?
22 A. Not particularly.
23 Q. When you discussed his condition --
24 A. Mm'mm.
25 Q. -- did you ask him how the accident

1 occurred?
2 A. Yes.
3 Q. And what did he tell you?
4 A. That he was on a roof and that he
5 stepped on a soft part of a roof and his foot went in
6 and that he fell, twisted and he was -- I think he had
7 his tool belt, maybe some buckets he was holding.
8 Q. Did he say anything else about the
9 accident itself? Whether he fell? Whether he didn't
10 fall? Anything like that?
11 A. No. It was along those lines; that
12 he -- he stepped into a soft spot is how I understood
13 it.
14 Q. And did he ever tell you what he
15 injured?
16 A. His shoulder. He said he hurt his back;
17 that he had some treatment. I think it's ongoing
18 treatment.
19 Q. Did he tell you he underwent two
20 surgeries to the shoulder?
21 A. Yes.
22 Q. And when -- did he tell you that he
23 underwent therapy?
24 A. Physical therapy?
25 Q. Yes.

1 A. Yes.
2 Q. I notice that in your evaluation and
3 opinion of Mr. Munoz you use the DSM-IV book, right?
4 A. DSM-V.
5 Q. Does your report indicate that you used
6 a IV?
7 A. Yes.
8 Q. Okay.
9 A. But it also indicates on the Axis I the
10 F Code which means the diagnosis was taken out of the
11 F Code.
12 Q. Yes.
13 A. On Axis I.
14 Q. That's on the fifth axis?
15 A. On the first axis of Page -- Page 6.
16 Q. Okay.
17 A. Code F. That's from DSM-V.
18 Q. F32.1?
19 A. I see -- yes.
20 Q. So that's taken from the number V?
21 A. Correct.
22 Q. And that would be the fifth edition of
23 that book, correct?
24 A. Correct.
25 Q. And would it be fair to say that that

1 book is basically for want of a better term the
2 bible --
3 A. That is the bible.
4 Q. -- that is used very frequently by both
5 psychologists and psychiatrists?
6 A. Correct.
7 Q. Now, you talked about a single episode.
8 Do you see that in axis number 1?
9 A. Yes.
10 Q. What was the episode?
11 A. That -- the episode -- usually you need
12 to qualify what the depression is because there's
13 different types of depression and so single episode
14 means that there's no history of it and it is what is
15 being presented at the moment. There's nothing else
16 prior to it; otherwise, it would be recurrent
17 episodes.
18 Q. My -- my misunderstanding. I thought it
19 was a single episode of something that caused this.
20 A. No, no, no. Clinical -- clinical
21 depression -- obviously there's lots of different
22 types, but there's also whether it -- just once in
23 your lifetime you've had this, if you've had it, you
24 know, recurrently, if it's mild, moderate, severe or
25 even psychotic. There's a lot of different descriptors

1 that come after the diagnosis.
2 Q. Did he tell you how many different --
3 withdrawn -- that he was married twice?
4 A. Yes.
5 Q. And that one -- one of his ex-wives is
6 down in I believe Florida with two of his daughters,
7 right?
8 A. Correct.
9 Q. And that he has another wife that he was
10 separated from and she lives in Puerto Rico with two
11 other children?
12 A. Two daughters, yes.
13 Q. And did he tell you at least back in
14 2016 that he had another relationship with another
15 woman?
16 A. Yes.
17 Q. Is that significant?
18 A. That he's had --
19 Q. Oh, you know what? Let me withdraw the
20 question. That's a poorly-phrased question.
21 A. Yeah.
22 Q. The fact that he has two ex-wives for
23 want of a better term and now is in another
24 relationship concerning his psychological makeup or
25 his complaints of depression or whatever, does that

1 have any significance to you that he is able to
2 carry -- at least carry on a relationship with
3 somebody?
4 A. That's a hard one to answer.
5 Q. Sorry?
6 A. That's a hard one to answer.
7 Are you saying -- repeat it again.
8 Q. You have the Ph.D.
9 A. I know it is. I'm sorry. Repeat the
10 question again, please.
11 Q. The fact that he had this accident, the
12 fact that he is depressed but the fact -- or he says
13 to you -- but the fact that he is -- was in a
14 relationship is that something that is significant to
15 you in making a determination of the level of his
16 depression?
17 A. No.
18 Q. Well, would it be fair to say that a
19 person who is not depressed probably has an easier
20 time in a relationship than someone who is?
21 A. Absolutely.
22 Q. And I think I asked you this before but
23 his work history, did he ever tell you how long he was
24 in that field?
25 A. On and off I think both in Ecuador and

1 here in the United States.
2 Q. And -- and here in the construction
3 field did he tell you exactly what he did?
4 A. As laborers there's never specifically --
5 you know, could they use the term "construction" which
6 could be a helper, which could be a mason sometimes,
7 which could be -- you know.
8 I don't even know what you call --
9 Q. Painter?
10 A. Painting. They -- a lot of immigrants
11 do painting.
12 Q. If -- if I were to tell you that he at
13 the time of his accident was employed as a stucco
14 plaster worker, doing stucco work, did he tell you
15 that?
16 A. Yes.
17 Q. And he is a citizen of the United
18 States, correct?
19 A. I don't know that.
20 Q. If I were to tell you that there's
21 testimony from him in his deposition that in 2016 he
22 obtained his citizenship, is that something that you
23 would have taken into consideration when we're talking
24 about multi-culturalism and -- and...
25 A. Well, I know how he feels about the

1 United States. It doesn't surprise me. I think that
2 he would want to be a citizen.
3 Q. Okay.
4 A. Most immigrants come with that dream I
5 think.
6 Q. Now, the -- at present -- well,
7 according to your report at 16 he had a loving and
8 interactive relationship with his four daughters.
9 A. Correct.
10 Q. Normal?
11 A. Yes.
12 Q. Now -- and I don't mean -- I'm sorry to
13 go back and forth. I'm just...
14 He told you he played tennis and -- and
15 what else?
16 A. Soccer.
17 Q. Tennis and soccer?
18 A. And volleyball.
19 Q. And?
20 A. Volleyball.
21 Q. Volleyball.
22 A. And --
23 Q. How old was he at the time of the
24 accident?
25 A. I will tell you in a minute.

1 46 -- no. Sorry. At the time of the
2 evaluation 46. So 43 I believe. Let me actually look
3 at the report.
4 Q. Did he tell you where he played
5 volleyball?
6 A. In parks.
7 Q. Did he tell you how often he played?
8 A. Prior to -- prior to all this?
9 Weekends, after work.
10 Q. And did he ever express any issues with
11 his shoulders before this accident --
12 A. No.
13 Q. -- to you?
14 And tennis. Where did he play tennis?
15 Was he in a league?
16 A. No, no, not on a league. Family,
17 friends.
18 Q. Did he tell you he was fired as a result
19 of this accident?
20 A. I don't recall that. I don't believe
21 so.
22 Q. If I were to tell you that he was fired
23 from this job because there was a requirement that any
24 employee who was injured is to tell the construction
25 manager within one hour of the accident and he did

1 not -- he waited an entire day -- would that have any
2 effect in your opinion as to his not working any more
3 when he got fired instead of that he couldn't work
4 physically?
5 A. No, not at all.
6 Q. Well, is part of his depression the fact
7 that he can't work?
8 A. Yes.
9 Q. Well, would it be part of the depression
10 the fact that he was fired?
11 A. I don't know why he was fired. It
12 doesn't surprise me that he didn't report it right
13 away.
14 Q. Well, he -- if I were to tell you that
15 there will be testimony that he underwent not
16 indoctrination but orientation at the job site and
17 that a Spanish translator was available and that there
18 will be testimony that his co-worker who was with him
19 when he had his accident said to him, "You need to" --
20 A. Report it.
21 Q. -- "report this," and he did not, would
22 that surprise you that he didn't report it the first
23 day?
24 A. Again, knowing what I know about the
25 culture it's not surprising that they would, you know,

1 be afraid to talk to authorities, really.
2 Q. Well, he's been -- he's a union member,
3 correct?
4 A. As of today, yes.
5 Q. Yeah. And would it be fair to say that
6 the union members are protected much better than
7 nonunion members?
8 A. Correct.
9 Q. Okay.
10 A. But there's still a mistrust. That's
11 what people don't seem to understand.
12 Q. Well, if I were to tell you that he has
13 made a claim that he fell on his right arm on the
14 ground, that there will be testimony by his co-worker
15 who was five feet behind him that he did not fall at
16 all; that he merely lurched when he stepped into this
17 depression is that something you'd want to know?
18 A. I -- yes.
19 Q. Because would it be fair to say that
20 when somebody comes to you for either an evaluation or
21 for treatment you need the truth, don't you?
22 A. Correct.
23 Q. And the fact that he was fired instead
24 of him leaving the job because he was unable
25 physically to do the job was that something that you

1 would have wanted to know when you were coming to some
2 kind of conclusion concerning whether or not he's
3 depressed about this situation?
4 A. I mean, it would -- I would want to know
5 all the data obviously.
6 Q. Because would it be fair to say that we
7 can't treat anybody unless we know pretty much --
8 A. We need the data.
9 Q. -- everything, right? We need the data.
10 Very good.
11 Now, I was going through your report
12 again and I was looking at the -- that Axis V, GAF
13 score?
14 A. Yes.
15 Q. 57?
16 A. Correct.
17 Q. And if it's between a 51 and a 60 it is?
18 A. Moderate.
19 Q. Moderate, correct? Not severe or
20 serious. Just moderate, correct?
21 A. It's in the moderate to severe I think.
22 Let me just look.
23 Q. Is there anything that you're referring
24 to in -- the literature I have here says it's just
25 moderate and I may be wrong.

1 What are you --
2 A. I have the --
3 Q. -- using to get --
4 A. -- the DSM. The DSM.
5 Q. All right. Now --
6 A. Moderate to serious. I -- I apologize.
7 Serious. That's -- that's a direct out of the DSM.
8 Q. You last saw him in June of 2016, right?
9 A. Yes.
10 Q. And it is now March 13th, 2017.
11 A. Yes.
12 Q. Has Mr. Munoz received any treatment,
13 psychiatric or psychological treatment since the time
14 you saw him?
15 A. I don't know.
16 Q. Now, you are talking about -- if I were
17 to tell you that as far as we know he has not been
18 receiving any psychological or psychiatric treatment
19 is that significant to you?
20 A. Yes.
21 Q. And is it significant to you because he
22 hasn't gotten worse?
23 A. I don't know if he's gotten worse.
24 Q. Now, your evaluation for future on the
25 numbers that were posted by Mr. Peck on your estimates

1 I guess we call it in your opinion --
2 A. Mm'mm.
3 Q. -- are you telling this jury that as a
4 result of this accident in June of 2013 in which he
5 was fired, subsequent to that that he would need
6 treatment biweekly for 34 more years?
7 A. The thing with major depression is that
8 that's why we have the specifiers, you know; the --
9 the --
10 Q. Well, in order for the major depressive
11 episode to manifest itself there's certain -- I think
12 you might have said it before -- certain --
13 A. Criteria.
14 Q. -- criteria that have to be met and
15 certain -- like, for example, he's not suicidal,
16 right?
17 A. No.
18 Q. He didn't have a weight loss, correct?
19 A. No.
20 Q. Okay. Didn't talk to you in your notes
21 at least about insomnia, correct?
22 A. Correct.
23 Q. And he didn't talk to you about
24 hypersomnia? Would that be too much sleep?
25 A. Too much sleep.

1 Q. He didn't talk about that.
2 He didn't talk about fatigue, a loss of
3 energy?
4 A. Loss of energy.
5 Q. Well, loss of energy because of
6 physical --
7 A. Yes.
8 Q. -- problems?
9 A. Physical and it's part of the diagnostic
10 and -- major depression.
11 Q. And psychomotor agitation or retardations.
12 Let me see.
13 If a person is psychomotor retarded --
14 and I know we don't like to use that word but it's
15 what? It's lessened?
16 A. No. It's sort of like an apathetic
17 state which I noted here. You know, he's just sitting
18 there. Like very flat lined. We call it -- amongst
19 us sometimes we say, you know, the -- the living dead
20 if you will.
21 Q. He has no affect I think it's called?
22 A. Flat --
23 Q. An affect, correct?
24 A. Flat affect.
25 Q. Now, have you ever heard of -- withdrawn.

1 This is the Ironbound area of Newark, is
2 it not?
3 A. Yes.
4 Q. And you are of Portuguese origin, right?
5 A. Yes.
6 Q. Have you ever heard of a Loja, L-o-j-a?
7 A. Loja?
8 Q. I don't know if I'm pronouncing it
9 incorrectly or not.
10 If I were to tell you that Mr. Munoz
11 testified that he was attending a school in Ecuador in
12 Spanish -- for Ecuador in Newark at a place called
13 Loja, L-o-j-a, did he ever tell you that?
14 A. No.
15 Q. And he testified in May of 2016 that he
16 was attending this school and you saw him in June of
17 '16. He didn't tell you that?
18 A. Well, he told me he was thinking about
19 different things, you know, post --
20 Q. Well, I'm not talking about what he was
21 thinking about. I just want to know did he tell you
22 that he was actually attending a school in Newark?
23 A. Not to my record (sic).
24 Q. Would that have been something you
25 wanted to know?

1 A. Yes.
2 Q. Would it be fair to say that since you
3 saw Mr. Munoz in June of 2016 he hasn't called you for
4 a consultation?
5 A. No.
6 Q. And his attorneys have not called you
7 again concerning him about a consultation?
8 A. Evaluators by law can't serve a dual
9 purpose so I would not get the call.
10 Q. You wouldn't be able to treat him
11 anyway?
12 A. No.
13 Q. Were you asked by Mr. Munoz for a
14 referral?
15 A. No.
16 Q. Withdrawn.
17 If you had been asked by him for a
18 referral I'm assuming your records would have showed
19 to whom you would have referred him to?
20 A. That's correct.
21 Q. And there is no referral anywhere in
22 your -- in your records on it?
23 A. I think financially is why he didn't ask
24 me.
25 Q. Psychologists and psychiatrists take

1 union medical benefits?
2 A. Yes.
3 Q. As I told you before he's a member of
4 Local 29 of the Operative Plasterers and Cement Masons
5 International Association --
6 A. So he has --
7 Q. -- is that fair to say?
8 A. He has mental health benefits? I don't
9 know. Sometimes you can be a union member and not
10 have it.
11 Q. But did he ever say to you that he
12 didn't have medical benefits?
13 A. No. I don't know if he had...
14 Q. Would it be fair to say that part of
15 your opinion is based upon the fact that Mr. Munoz is
16 not working?
17 A. Yes.
18 Q. That if he were employed whatever
19 depression you feel he has should be improved somewhat
20 if he were employed?
21 A. Absolutely. Reintegration is --
22 Q. Sure.
23 A. -- you know.
24 Q. So that if he had another job besides
25 heavy labor his depression hopefully would lessen?

1 A. One would hope.
2 Q. Okay. As a commercial truck driver?
3 A. I'm sorry?
4 Q. As a commercial truck driver perhaps
5 which is less demanding --
6 A. Meaning if he was a --
7 Q. Physically, yeah. Less demanding
8 physically than a -- than a heavy laborer?
9 A. I would imagine that that would help.
10 MR. GULINO: All right. Thank you.
11 THE WITNESS: You're welcome.
12 REDIRECT EXAMINATION BY MR. PECK:
13 Q. Dr. Sociedade, is it easy for somebody --
14 is it easy for someone with depression and/or anxiety
15 to even get a job?
16 A. No, it's not.
17 Q. Why not?
18 MR. GULINO: Objection.
19 Q. Why not?
20 A. Well, like I said there's this brain
21 fog, there's concentration issues, there's memory
22 issues, concentration, fatigue --
23 Q. All right. So memory issues --
24 A. Some subdued -- like a flat affect.
25 Q. Right. So memory issues and fatigue and

1 concentration issues would you consider that to be
2 something difficult to work with if you're going to be
3 a commercial truck driver?
4 A. I would be afraid of someone driving
5 with major depression.
6 Q. Okay. And, Dr. Sociedade, based on your
7 knowledge, your training, your experience in this
8 psychological treatment of patients how does one's
9 ability to pay for that treatment affect somebody
10 obtaining that treatment?
11 A. As I mentioned earlier -- and I made a
12 point of mentioning it -- my name is not on my
13 building. People do not seek out help. It is kind of
14 taboo in the culture to begin with. Getting them in
15 the door is important obviously and then not having
16 the means to do it -- I mean, we're expensive and I do
17 know some of us have sliding scales but not many
18 people.
19 Q. Okay. And counsel alluded to in his
20 questioning of you that Mr. Munoz is a member of a
21 union. Do you remember that testimony or -- or those
22 questions?
23 A. Yes.
24 Q. Okay. And then counsel also told you
25 that Mr. Munoz was fired from his job. Is that

1 correct?
2 A. Right.
3 Q. Okay. So do you have any idea whether
4 or not he still has benefits and things like that?
5 Did you talk to Mr. Munoz about that?
6 A. I've not seen Mr. Munoz since I did the
7 evaluation.
8 Q. Okay. Counsel asked you about Mr. Munoz
9 using an for lack of a better term elongated name, a
10 different last name. It was Munoz with additional
11 parts of the name afterwards.
12 Although you said that you would want to
13 know that is there really any significance in the use
14 of that name for your clinical findings?
15 A. It's funny because I was in Europe and I
16 needed to get my dual citizenship thing and I did not
17 know that I was Paula de con Socied (phonetic) -- this
18 whole long, elongated thing.
19 So it is not uncommon to have -- and --
20 and to truncate one's name because it is so darn long.
21 Q. Okay. And so Mr. Munoz telling you that
22 his name was Munoz as opposed to the elongated name
23 does that really have any significant impact on your
24 findings?
25 A. It does not surprise me.

1 Q. Counsel asked you about how Mr. Munoz
2 came to you and he talked about the referral from my
3 law firm, correct?
4 A. Correct.
5 Q. Okay. Is it uncommon for experts such
6 as yourself to be paid for your time for sitting here
7 today for deposition testimony and for doing
8 evaluations?
9 A. Not at all.
10 Q. You mentioned that you weren't surprised
11 that Mr. Munoz did not tell anybody at his work site
12 that he had been injured. Do you remember saying
13 that?
14 A. Correct.
15 Q. Okay. You mentioned a mistrust and used
16 that in a general sense. What -- what did you mean by
17 mistrust?
18 A. In general, Hispanic and Portuguese
19 people feel because of the cultural/political system
20 there, they're afraid. They're afraid to talk to
21 authority. They will yes you, yes you, but they're
22 afraid to talk to authority.
23 Q. Okay.
24 MR. GULINO: Objection. Go ahead.
25 Q. And you were making an evaluation as to

1 your role as an expert in clinical psychology,
2 correct?
3 A. Correct.
4 Q. Okay. The mechanics of how Mr. Munoz
5 fell on that rooftop does that impact your findings as
6 to whether or not he's depressed and has anxiety
7 and -- and those findings that you made?
8 A. No.
9 Q. Okay. So it doesn't matter if he fell
10 forward, he fell to the left, he fell to the right?
11 Isn't it what is important is that Mr.
12 Munoz was injured? Isn't that the important thing
13 that you need to know?
14 A. The clinical data of his mental state.
15 Q. Okay. And counsel talked to you about
16 whether or not Mr. Munoz was fired or if he left the
17 job and you said you would want to know the difference.
18 Is that correct?
19 A. Correct.
20 Q. Okay. Is that the important factor or
21 is it the fact that Mr. Munoz can't do the job any
22 more the important --
23 MR. GULINO: Objection.
24 Q. -- thing --
25 MR. GULINO: Objection.

1 Q. -- in your evaluation?
2 A. That he can't do it.
3 Q. Okay. So it doesn't matter whether or
4 not he was fired or he left the job on his own?
5 A. No.
6 MR. GULINO: Objection.
7 Q. Counsel asked you about DSM-IV and then
8 DSM-V.
9 How often do the DSM manuals come out or
10 how often are they published?
11 A. Not often at all.
12 Q. Okay. How long ago did DSM-V come out?
13 Do you know?
14 A. I would look specifically if you'd like
15 but not -- not long ago.
16 Q. Okay.
17 A. There's been a revamping universally
18 of -- of Government codes for Medicare and procedure
19 codes. Since ObamaCare it's been complicated.
20 Q. And when the new DSM-V is published does
21 it also come with for lack of a better term like a
22 cheat sheet to tell you what the differences are --
23 A. Yes.
24 Q. -- between IV and V?
25 A. IV and V.

1 Q. Counsel also mentioned that Mr. Munoz
2 testified or that -- that, rather, in your report that
3 there's a loving relationship with his four daughters.
4 Do you remember that?
5 A. Yes.
6 Q. Okay. If somebody is depressed and has
7 anxiety does that mean that that person cannot have
8 loving relationships with his family members such as
9 his four daughters?
10 A. Absolutely not.
11 Q. So people who are depressed and have
12 anxiety and all of the other findings that you found
13 for Mr. Munoz is it uncommon for those people to still
14 be able to function?
15 A. Within a family system, yes.
16 Q. Counsel also asked you about this -- if
17 I'm pronouncing it incorrectly I apologize -- this
18 Loja school -- L-o-j-a -- school that Mr. Munoz
19 purportedly was attending. Do you remember him asking
20 you those questions?
21 A. Yes.
22 Q. Does it matter from a clinical
23 psychology standpoint and your opinions and findings
24 whether or not he was attending a school such as the
25 one counsel was referring to?

1 A. Well, that would help me with the
2 assessment of concentration and memory and the
3 cognitive part of it.
4 Q. And, again, you mentioned that you
5 cannot treat Mr. Munoz should he want to come back to
6 you for psychological treatment. Is that correct?
7 A. You cannot have a dual role.
8 MR. PECK: Okay. That's all the
9 questions I have for you right now.
10 RECROSS-EXAMINATION BY MR. GULINO:
11 Q. Did you test him for his concentration?
12 A. No.
13 Q. Okay. And we talked before about
14 Hispanics, Latinos, Portuguese about their reluctance --
15 A. Yes.
16 Q. -- if I can use that term --
17 A. Mm'mm.
18 Q. -- to seek psychiatric or psychological
19 treatment.
20 Would it be fair to say that you're
21 stereotyping them?
22 A. No.
23 Q. Well, he has a loving family, correct?
24 A. Mm'mm.
25 Q. He had a job for quite some time in one

1 form or another, right?
2 He didn't tell you -- at least your
3 report doesn't indicate that he didn't seek psychiatric
4 treatment because of his fear or mistrust or reluctance
5 to seek the treatment because of his culture, did he?
6 A. I don't think we talked about treatment.
7 Q. Okay. But you were sent him by his
8 attorneys for the purposes of a lawsuit, right?
9 A. Correct.
10 Q. Okay. And during your conversations
11 with him there is nothing at least in your report that
12 indicates that he was reluctant to seek treatment?
13 A. It's not mentioned in the report.
14 Q. Correct. And if it's not mentioned in
15 your report -- withdrawn.
16 When you write reports, both the
17 psychologist and psychiatrist, we talk about positive
18 findings and negative findings, right?
19 A. Correct.
20 Q. And generally a positive finding is
21 something that shouldn't be there, right? And a
22 negative finding means you don't even mention it in
23 your report because it's normal, right?
24 So if he were to tell you that he had a
25 fear or he had a reluctance to seek treatment that

1 would have been a positive finding that you would have
2 put in the report, right?
3 A. Or it could be assumed in it, too.
4 Q. All right. Well, when you say
5 assuming --
6 A. Meaning -- that's why I put in the --
7 the viewpoint of how I was approaching the evaluation.
8 Q. Correct. Now -- so you were approaching
9 him because he's from Ecuador and basically -- he's
10 from Ecuador. He's an immigrant from Ecuador,
11 correct?
12 A. Mm'mm.
13 Q. Is that the way you looked at it?
14 A. Yes.
15 Q. Okay. And would you agree with me that
16 a person who was fired from a job is less likely to
17 find another job as a result of being fired?
18 A. If I was the employer I'd want to know
19 why.
20 Q. Okay. If I were to tell you that he has
21 traveled down to Florida to see his family on at least
22 enough occasions for him not to be able to remember
23 how many times he's gone down there, is that something
24 you'd take into consideration?
25 A. No. I know how close he is to his

1 daughters.
2 Q. Well, would it be fair to say that most
3 people who are depressed really don't like to do
4 anything? They like to sit on the couch I think as
5 you said before in a certain way and --
6 A. Correct.
7 Q. -- sort of curl up?
8 A. Correct.
9 Q. Okay. And his going to Florida to visit
10 family would belie that fact, wouldn't it? To an
11 extent?
12 A. To an extent.
13 Q. Okay.
14 MR. GULINO: Thank you, Doctor.
15 THE WITNESS: You're welcome.
16 REDIRECT EXAMINATION BY MR. PECK:
17 Q. And, again, Doctor, somebody can be
18 depressed and have anxiety and all the findings that
19 you found and still have a good relationship with
20 their daughters. Is that correct?
21 A. That is correct.
22 Q. Okay. And if the only way somebody can
23 see their daughters is to fly down to Florida would
24 you expect a depressed person to not do that?
25 A. No.

1 MR. PECK: That's all the questions I
2 have.
3 THE VIDEOGRAPHER: Okay. Going off the
4 record. The time is 3:46.
5 (Counsel retains exhibits.)
6 (3:46 p.m.)
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1 CERTIFICATE
2
3 SUPERIOR COURT OF NEW JERSEY)
4 MIDDLESEX COUNTY)
5
6 I, PATRICIA J. RUSSONIELLO, a
7 Certified Court Reporter before whom the examination
8 under oath of said witness was taken, do hereby
9 certify that the witness whose testimony appears in
10 the foregoing examination under oath was duly sworn
11 and that the transcribed deposition of said witness is
12 a true record of the testimony given by the witness;
13 that the proceedings herein are recorded fully and
14 accurately; that I am neither attorney nor counsel for
15 nor related to any of the parties to the action in
16 which this examination under oath was taken and,
17 further, that I am not a relative of any attorney or
18 counsel employed by the parties hereto or financially
19 interested in this action.
20
21
22
23
24 ____________________________
PATRICIA J. RUSSONIELLO
25 C.C.R. License No. XI00517

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$1500 (1) 42:17
$170,000 (1) 34:20
$190 (1) 34:15
$221,000 (1) 34:24

A

aberrant (1) 19:8
ability (3) 24:17;37:24;68:9
able (20) 8:13;10:17;13:10;16:11;24:2,7;26:11;27:3;28:16;32:25;33:20;36:16;37:1,7,17,18;54:1;65:10;73:14;76:22
abnormal (2) 19:8;23:15
Absolutely (6) 24:13;26:25;38:1;54:21;66:21;73:10
accepted (1) 11:15
accident (18) 23:19;24:7;25:22,24;28:2;36:2;41:21;48:12;49:25;50:9;54:11;55:13;56:24;57:11,19,25;58:19;62:4
accomplishment (1) 29:16
according (2) 29:22;56:7
accurately (1) 79:14
Achievement (1) 8:24
across (1) 27:21
action (2) 79:15,19
active (4) 25:8;28:11,25;36:10
activities (4) 24:8,8;36:17;37:2
actually (3) 28:18;57:2;64:22
additional (1) 69:10
addressed (1) 10:19
adjust (1) 31:25
adjustment (5) 28:5;30:21;31:21,22;32:10
adjustor (1) 44:19
affect (6) 36:18;63:21,23,24;67:24;68:9
affected (1) 35:22
affiliations (1) 9:21
afraid (6) 27:5;59:1;68:4;70:20,20,22
afternoon (9) 4:4,23;5:9,25;6:13,14;40:5,6;42:20
afterwards (3) 25:25;33:4;69:11
again (14) 5:16;9:18;12:18;21:13,22;35:12;46:22;54:7,10;58:24;60:12;65:7;74:4;77:17
agile (2) 28:7;37:3
agitation (1) 63:11
ago (3) 43:4;72:12,15
agree (1) 76:15
agreed (2) 5:2;21:21
ahead (2) 48:15;70:24
al (1) 5:14
alliance (2) 20:9;27:2
alluded (1) 68:19
almost (2) 19:25;20:12
along (2) 17:9;50:11
although (2) 10:20;69:12
America (1) 27:24
American (2) 9:6,23
amongst (1) 63:18
amount (2) 18:21;20:8
analyzing (1) 16:11
and/or (2) 23:15;67:14
anger (1) 31:2
angry (1) 31:7
announce (1) 5:23
anticipation (1) 5:4
antidepressants (1) 33:18
anxiety (13) 18:19;22:25;30:21;31:13,15,16;32:10;35:15;67:14;71:6;73:7,12;77:18
anxious (3) 22:8,14,21
apathetic (1) 63:16
apathy (1) 33:11
apologize (3) 9:18;61:6;73:17
appear (2) 22:8;25:18
appearance (1) 42:19
appearances (1) 5:24
appears (1) 79:9
appetite (2) 31:4,5
appointments (1) 22:6
approach (3) 19:16,19;20:4
approaching (2) 76:7,8
approximately (2) 11:12;41:21
Araujo (1) 15:6
area (2) 10:23;64:1
argument (1) 4:25
arm (1) 59:13
Arredondo (1) 15:13
arrived (1) 22:5
aside (1) 11:9
assessing (3) 16:11;17:4;30:10
assessment (9) 15:9;16:6,9;17:1,5;21:23;29:18,23;74:2
assessments (2) 19:3;33:22
assignment (2) 44:4,13
assistantships (1) 9:5
Association (5) 9:7,23,24,25;66:5
assumed (1) 76:3
assuming (2) 65:18;76:5
attending (5) 64:11,16,22;73:19,24
attention (1) 19:1
attorney (3) 44:18;79:14,17
attorneys (2) 65:6;75:8
authorities (1) 59:1
Authority (4) 5:14;19:11;70:21,22
available (3) 6:16;10:22;58:17
Award (1) 8:24
awarded (3) 8:23;9:2,4
aware (2) 21:19;45:14
awareness (3) 15:5,12;18:24
away (1) 58:13
axes (1) 29:19
axial (1) 30:7
axis (10) 16:16;29:21;30:7,7;51:9,13,14,15;52:8;60:12

B

back (9) 32:7;37:15;39:25;47:3,7;50:16;53:13;56:13;74:5
background (1) 7:2
Baltes (1) 15:13
base (1) 15:24
based (5) 34:8,11,11;66:15;68:6
basically (7) 15:24;17:8;20:5;30:13;44:15;52:1;76:9
basis (3) 13:15;17:4;21:14
became (3) 23:18;24:9;28:1
become (1) 8:12
beforehand (1) 18:21
began (1) 7:9
begin (3) 38:19;47:4;68:14
begins (1) 4:7
behalf (1) 6:1
behavioral (2) 21:25;22:3
behaviors (1) 23:15
behind (1) 59:15
belie (1) 77:10
belt (1) 50:7
benefits (7) 44:4,9,14;66:1,8,12;69:4
besides (2) 17:5;66:24
Beth (1) 7:12
better (10) 16:2;33:7,8,14;34:10;52:1;53:23;59:6;69:9;72:21
bible (2) 52:2,3
big (2) 24:21;36:25
bimonthly (2) 34:11,23

birth (1) 48:25
bit (5) 8:22;10:12;22:19;23:3;28:14
biweekly (4) 34:8,10,15;62:6
blank (1) 31:4
blow (1) 24:22
Board (1) 8:17
book (3) 51:3,23;52:1
both (4) 35:17;52:4;54:25;75:16
bottom (2) 21:9;27:25
brain (2) 38:4;67:20
brand (1) 35:5
break (2) 38:15;39:21
briefly (3) 8:21;19:20;27:9
Bring (1) 47:3
bringing (1) 8:16
brought (1) 36:6
buckets (1) 50:7
building (4) 10:7,14;18:9;68:13
bulk (1) 42:22
busy (1) 13:9

C

call (5) 40:15;55:8;62:1;63:18;65:9
called (5) 13:12;63:21;64:12;65:3,6
came (8) 19:13;20:4;27:21;34:19;41:2;44:21;48:2;70:2
Can (30) 7:1,4;8:21;9:21;10:8;14:13;15:18;16:7;18:1;19:11,20;20:2,12;21:5;26:6;35:11,24;37:10;38:15,20;42:13;43:20;44:8,14,16;45:3;66:9;74:16;77:17,22
cancel (1) 13:12
care (5) 24:20;29:15;34:2;37:4,18
career (2) 7:9;37:25
carry (2) 54:2,2
case (6) 4:6,15;6:19;8:15;14:17;40:11
cases (3) 11:9;17:13;40:11
casually (1) 22:6
Catholic (1) 27:12
causally-related (1) 32:12
caused (1) 52:19
CCR (1) 79:25
Cement (1) 66:4
Center (1) 7:12
certain (5) 19:6;62:11,12,15;77:5
certainty (2) 32:19;35:25
CERTIFICATE (1) 79:1
Certified (1) 79:7
certify (1) 79:9
cetera (1) 15:14
change (1) 33:5
changed (1) 28:24
changes (1) 22:17
cheat (1) 72:22
check (1) 41:24
childhood (2) 27:10,12
children (1) 53:11
Chologist (1) 12:8
chronic (1) 33:5
citizen (2) 55:17;56:2
citizenship (2) 55:22;69:16
claim (1) 59:13
Clark (5) 6:1;41:3,12,18,25
clear (1) 22:11
clearly (1) 27:21
client (10) 6:19;8:16;17:4;18:19,20;19:24;20:10;26:7;27:3;44:24
clients (3) 10:15;18:2,15
clients' (1) 13:13
clinic (1) 10:17
clinical (21) 6:23;11:9,19,24;12:20;14:7;16:18;17:1,6;19:7;21:23;26:5;32:3,18,23;52:20,20;69:14;71:1,14;73:22
clinically (1) 19:23
clinician (1) 30:8
close (1) 76:25
close-knit (1) 27:13
coached (1) 26:21
Code (3) 51:10,11,17
codes (2) 72:18,19
codings (1) 30:5
cognitive (2) 38:6;74:3
comfortable (1) 19:25
coming (3) 12:24;26:10;60:1
commercial (6) 47:24;48:8,17;67:2,4;68:3
common (1) 22:9
communities (3) 10:22;15:2;20:17
community (4) 18:11;22:10;28:10;45:20
company (1) 44:18
compensated (1) 42:10
compensation (1) 42:14
complaints (1) 53:25
complete (1) 7:25
complex (1) 21:4
complicated (1) 72:19
computer (1) 43:20
con (1) 69:17
concentration (6) 31:7;67:21,22;68:1;74:2,11
concerning (4) 4:14;53:24;60:2;65:7
conclude (1) 35:24
conclusion (1) 60:2
conclusions (8) 13:23;14:2,6,20;24:12;29:7;35:12;36:3
condition (3) 33:5;37:23;49:23
conditions (1) 15:25
conduct (1) 4:19
consider (1) 68:1
consideration (3) 18:5;55:23;76:24
considered (1) 34:14
consist (1) 16:24
consists (1) 10:9
construction (7) 25:10;37:5,10;48:7;55:2,5;57:24
consultation (2) 65:4,7
contact (2) 22:9,24
continue (2) 5:3;37:22
CONTINUED (1) 12:21
conversations (1) 75:10
cooperative (4) 18:18;20:22;21:21;23:9
copy (1) 39:10
cornerstones (1) 38:4
correctly (1) 12:4
costs (5) 33:25;34:6,19,23;35:1
couch (1) 77:4
counsel (14) 5:23;22:23;68:19,24;69:8;70:1;71:15;72:7;73:1,16,25;78:5;79:14,18
counsel's (2) 5:2;46:20
country (2) 27:22,24
County (2) 5:18;79:4
couple (1) 19:15
course (1) 14:13
Court (12) 4:21;5:1,15,17,21;6:8;11:23;12:19;13:8,11;79:3,7
Courtroom (1) 12:25
Courts (1) 11:15
Court's (1) 5:4
co-worker (2) 58:18;59:14
crazy (1) 18:13
credits (1) 8:1
criteria (3) 30:14;62:13,14
cross- (1)

38:19
cross-examination (3)
4:19;40:4,15
crying (1)
32:8
cultural (1)
18:24
cultural/political (1)
70:19
culturally (1)
20:11
culturally-sensitive (2)
15:8;19:3
culture (6)
19:9,12;29:14;
58:25;68:14;75:5
cum (2)
8:25;9:9
curl (1)
77:7
current (4)
28:20;30:3;36:1;
37:23
CV (8)
7:4;8:19;9:21;10:3;
39:13,14,15,16

D

D-1 (1)
46:3
Daniel (1)
5:19
darn (1)
69:20
data (5)
19:7;60:5,8,9;71:14
date (1)
48:25
dated (2)
14:17;41:22
daughters (9)
25:5;53:6,12;56:8;
73:3,9;77:1,20,23
David (1)
47:12
day (2)
58:1,23
day-to-day (1)
35:21
de (1)
69:17
dead (1)
63:19
deal (1)
33:18
decide (1)
4:21
decides (2)
37:21,22
decisions (2)
32:5;38:5
deep (1)
24:18
defendants (2)
4:6;6:5
defense (1)
5:2
definitely (1)
35:17
degree (7)
7:19,19;14:2,7;
17:16;32:18;35:25
demanding (2)
67:5,7
department (1)
7:11
depend (1)
14:22
deposition (9)
4:25;5:3,10,12;
46:11;47:6;55:21;
70:7;79:11
depressed (11)
22:20;29:3;54:12,
19;60:3;71:6;73:6,11;
77:3,18,24
depression (26)
22:13;30:20,22,23,
24,25;32:10,22,23,24;
35:15;38:4;52:12,13,
21;53:25;54:16;58:6,
9;59:17;62:7;63:10;
66:19,25;67:14;68:5
depressions (1)
24:18
depressive (2)
30:11;62:10
describe (2)
34:5;44:14
described (1)
17:11
describing (1)
28:2
descriptors (1)
52:25
designating (1)
4:15
detailed (1)
21:15
deterioration (1)
35:23
determination (1)
54:15
determined (1)
35:2
developing (1)
29:9
developmental (1)
19:19
diagnoses (2)
15:25;32:16
diagnosis (5)
30:10,15;31:12;
51:10;53:1
Diagnostic (4)
15:20;16:13;30:4;
63:9
Diagnostical (1)
18:22
difference (1)
71:17
differences (1)
72:22
different (13)
15:22;16:16;32:1;
37:22,25;45:20;
46:20;52:13,21,25;
53:2;64:19;69:10
differently (1)
25:18
difficult (1)
68:2
difficulties (4)
30:21;31:22,23;
32:10
difficulty (2)
22:9;38:5
dire (2)
11:25;12:2
DIRECT (3)
6:12;12:21;61:7
discussed (1)
49:23
Discussion (1)
39:23
disk (2)
40:2,2
disorder (1)
30:11
dissertation (2)
8:4;9:17
dissimulate (1)
26:20
distress (2)
32:3;35:15
disturbance (1)
31:2
diverse (1)
18:25
Division (2)
5:16,17
Docket (2)
5:15,18
Doctor (20)
4:7,15,20;6:18;8:5;
12:3,22;14:10;17:25;
21:7;35:10;38:12,19;
40:5;46:8,21;47:2,11;
77:14,17
Doctoral (1)
16:13
Doctorate (4)
7:8,20;10:25;12:11
Doctor's (1)
4:9
done (1)
13:7
door (1)
68:15
dosage (1)
35:4
doubt (2)
37:8;43:22
down (5)
20:1;53:6;76:21,23;
77:23
dozen (1)
41:15
Dr (6)
5:10;6:13;12:19;
13:22;67:13;68:6
drastically (1)
28:25
dream (1)
56:4
dressed (2)
22:6,7
driver (4)
48:17;67:2,4;68:3
driver's (3)
47:15,25;48:9
driving (2)
48:13;68:4
DSM (8)
15:20;16:12;30:4,
15;61:4,4,7;72:9
DSM-IV (5)
15:17,19;18:22;
51:3;72:7
DSM-V (5)
51:4,17;72:8,12,20
dual (3)
65:8;69:16;74:7
duly (2)
6:11;79:10
during (3)
21:25;22:15;75:10

E

earlier (8)
18:8;20:15;28:8;
29:19,23;31:7;36:9;
68:11
earn (1)
7:24
easier (1)
54:19
easily (1)
19:14
easy (2)
67:13,14
economically (1)
20:11
Ecuador (8)
25:6;27:15;54:25;
64:11,12;76:9,10,10
edition (1)
51:22
Educational (2)
8:24;9:12
effect (1)
58:2
effectively (1)
32:25
ego (2)
24:22;29:10
either (2)
31:25;59:20
elongated (3)
69:9,18,22
else (3)
50:8;52:15;56:15
embarrassed (1)
29:2
employed (6)
27:16;29:15;55:13;
66:18,20;79:18
employee (1)
57:24
employer (1)
76:18
encompass (1)
42:2
encompassed (1)
42:4
energy (3)
63:3,4,5
engage (2)
24:7;37:6
English (1)
11:4
enjoy (1)
37:1
enjoyed (2)
24:8;29:1
enough (2)
30:14;76:22
entails (1)
20:6
enters (1)
47:5
entire (1)
58:1

entirety (2)
20:6,10
entitled (2)
21:9;27:8
environment (1)
20:18
episode (7)
30:11;52:7,10,11,13,19;62:11
episodes (1)
52:17
eradicate (1)
32:24
erect (1)
23:2
especially (1)
19:24
estimated (1)
34:22
estimates (1)
61:25
et (2)
5:14;15:13
Europe (1)
69:15
European (1)
10:15
evaluate (2)
44:16;45:8
evaluated (2)
19:8;21:3
evaluating (2)
26:24;27:18
evaluation (21)
16:19,20,24;17:9;21:10,12,16,21;22:16;28:4;41:5,22;42:5;51:2;57:2;59:20;61:24;69:7;70:25;72:1;76:7
evaluations (3)
19:3;33:23;70:8
Evaluators (1)
65:8
Even (5)
37:4;52:25;55:8;67:15;75:22
event (1)
36:6
everybody (1)
16:3
evidence (3)
23:15;26:19,20
exactly (1)
55:3
exam (3)
8:15;17:7;22:1
EXAMINATION (9)
6:12;12:2,21;38:20;67:12;77:16;79:7,10,16
example (2)
44:19;62:15
examples (1)
19:15
exchange (1)
4:14
Exhibit (4)
4:1,1;46:3;47:12
exhibits (1)
78:5
existed (1)
25:17
expect (3)
45:9,11;77:24
expectancy (1)
34:14
expensive (1)
68:16
experience (2)
32:3;68:7
experiencing (3)
16:1;30:20,23
expert (8)
4:15;6:23;11:8,16,23;12:19;32:11;71:1
expertise (1)
14:3
experts (2)
17:11;70:5
explain (7)
7:1;12:23;15:18;16:7;18:1,7;19:20
explanation (1)
21:15
Exposition (1)
5:14
expounding (1)
34:18
express (1)
57:10
extensive (1)
24:4
extensively (1)
15:4
extent (2)
77:11,12
ex-wives (2)
53:5,22
eye (2)
22:9,24

F

F32.1 (1)
51:18
facilitate (1)
38:10
facilities (1)
7:15
fact (16)
7:10;10:24;19:1,12;22:22;53:22;54:11,12,12,13;58:6,10;59:23;66:15;71:21;77:10
factor (1)
71:20
fair (12)
41:14;45:7;51:25;54:18;59:5,19;60:6;65:2;66:7,14;74:20;77:2
fall (3)
24:18;50:10;59:15
family (13)
24:3,16;25:10;27:7,13;29:15;37:17;57:16;73:8,15;74:23;76:21;77:10
far (2)
30:22;61:17
father (1)
25:4
fatigue (4)
31:3;63:2;67:22,25
fear (3)
18:18;75:4,25
features (1)
30:13
feel (8)
14:13;19:25;26:12;33:13;34:6;40:23;66:19;70:19
feeling (3)
31:16;32:4;35:16
feels (2)
29:2;55:25
feet (2)
23:3;59:15
fell (7)
50:6,9;59:13;71:5,9,10,10
Fellowship (1)
9:5
felt (1)
10:18
few (2)
11:2;43:4
field (15)
6:23;11:9,16,18,18,24;12:20;14:3,7;17:12;25:10;37:22;48:7;54:24;55:3
fifth (2)
51:14,22
figure (2)
34:7,19
figures (1)
19:11
file (1)
4:13
filed (1)
5:14
fill (1)
44:22
filled (1)
45:4
fills (1)
44:25
Final (2)
35:11,12
financially (3)
20:11;65:23;79:18
find (5)
29:7,12;31:9,11;76:17
finding (3)
75:20,22;76:1
findings (12)
27:17;36:18;37:12;69:14,24;71:5,7;73:12,23;75:18,18;77:18
fired (12)
57:18,22;58:3,10,11;59:23;62:5;68:25;71:16;72:4;76:16,17
Firm (6)
6:1;41:3,12,18,25;70:3
first (11)
6:15;7:11;10:2;30:19;40:2;41:2,20,23;44:21;51:15;58:22
fits (1)
30:14
five (3)
29:18;39:21;59:15
five-point (1)
16:15
flat (6)
23:4;31:6;63:18,22,24;67:24
Florida (4)
53:6;76:21;77:9,23
fly (1)
77:23
focus (3)
27:1;31:8;38:5
fog (1)
67:21
foggy (1)
38:4
follows (1)
6:11
foot (1)
50:5
foregoing (1)
79:10
foreseeable (1)
33:6
foreshortened (1)
31:17
form (3)
35:23;45:4;75:1
forms (1)
44:22
forth (2)
32:8;56:13
forward (2)
32:6;71:10
found (4)
22:4;28:13;73:12;77:19
four (4)
25:4;56:8;73:3,9
fourth (1)
10:25
free (2)
14:13;40:23
freely (1)
27:4
frequency (1)
35:4
frequently (1)
52:4
friendly (1)
23:9
friends (1)
57:17
front (2)
14:14;45:1
Frontino (2)
5:20,22
frustration (1)
31:2
full (3)
9:5;13:8,18
fully (2)
21:19;79:13
function (2)
16:16;73:14
functionality (1)
27:19
functioning (1)
29:24
Fund (2)
9:3,13
funny (1)
69:15
further (2)
18:1;79:17
future (8)
31:17,18,19;33:6,

25;34:2,19;61:24

G

GAF (2) 29:22;60:12
gainfully (2) 27:16;29:14
gave (3) 39:16,17;48:3
general (5) 10:9;16:14;31:14;70:16,18
generally (2) 16:23;75:20
generic (1) 35:4
gentleman (1) 37:3
genuine (1) 26:21
geriatric (1) 7:11
given (3) 34:13;41:24;79:12
gives (1) 29:15
global (2) 29:23;30:3
gloomy (1) 31:18
goal (2) 20:24;21:3
goals (1) 22:12
God (1) 26:13
goes (1) 45:15
Gonson (1) 6:4
Good (15) 4:3,4,23;5:8,9,25;6:13,14;18:21;20:8;32:5;40:5,6;60:10;77:19
go-to (1) 16:3
Government (1) 72:18
graduate (4) 7:10;9:5,19;20:5
graduated (3) 7:8;8:25;9:9
great (2) 24:15;26:17
ground (1) 59:14
Group (3) 9:25;18:3,5
guard (1) 20:1
guarded (1) 18:16
guess (1) 62:1
GULINO (36) 4:3,5;6:3,3;11:25;12:2,15;13:1,4;17:21,23;38:15,18,23;39:4,7,9,12,14,17,20;40:4;46:2,16,24;47:3,9,10;67:10,18;70:24;71:23,25;72:6;74:10;77:14
guys (1) 28:13

H

Hall (3) 7:8,18;20:5
hand (1) 49:6
handbook (1) 16:3
handful (1) 11:14
handfuls (1) 11:13
hands (2) 22:23;31:20
happened (1) 22:18
happens (2) 32:2,2
hard (4) 26:14;44:11;54:4,6
hard-working (1) 29:1
health (9) 10:21;15:12,22;18:10;25:13,15;27:19;37:20;66:8
healths (1) 10:19
healthy (4) 28:12;29:10,10,10
hear (1) 27:10
heard (3) 12:3;63:25;64:6
heavy (2) 66:25;67:8
help (7) 10:15;19:24;25:15;33:18;67:9;68:13;74:1
helper (1) 55:6
hereby (1) 79:8
herein (1) 79:13
hereto (1) 79:18
hesitant (1) 18:11
high (1) 27:15
highlights (1) 39:8
himself (4) 16:20;28:12;33:14;37:4
Hispanic (8) 10:14;22:10;24:15,23;37:16,19;45:19;70:18
Hispanics (2) 20:16;74:14
history (15) 20:7;24:4,24;25:12,13,14;26:18;27:7;30:12;32:14;36:5;48:3,4;52:14;54:23
history-gathering (1) 17:6
hold (2) 8:6,7
holding (1) 50:7
home (2) 20:1;26:10
Honor (3) 9:11,11,13
honors (4) 8:19,22;9:1,9
hope (1) 67:1
hopefully (1) 66:25
hour (2) 42:18;57:25
hurt (4) 24:25;25:17;26:3;50:16
hypersomnia (1) 62:24
hyphen (1) 45:23

I

idea (1) 69:3
ideation (1) 23:16
identification (5) 4:2;7:5;14:12;46:3;47:12
image (1) 28:12
imagine (1) 67:9
immigrant (1) 76:10
immigrants (3) 19:13;55:10;56:4
impact (3) 37:24;69:23;71:5
impacts (2) 37:7,19
importance (5) 15:4,7,12;19:2;20:8
important (13) 18:3;19:5,23;20:19,20;26:25;28:10;30:9;68:15;71:11,12,20,22
impotency (1) 31:3
Impressions (1) 30:17
improved (1) 66:19
incident (1) 25:17
inclusive (1) 8:3
incorporate (1) 18:24
incorrectly (2) 64:9;73:17
indicate (3) 30:6;51:5;75:3
indicated (2) 24:6;31:6
Indicates (4) 13:4;17:23;51:9;75:12
individual (6) 17:4;21:14;25:8;32:15;36:21;47:16
indoctrination (1) 58:16
information (5) 16:9,12;21:2,4;44:17
informative (1) 15:24
Initially (1) 34:9
initiated (1) 9:10
injured (6) 28:16;37:11;50:15;57:24;70:12;71:12
injury (2) 32:12;36:11
insecurities (1) 38:5
insomnia (1) 62:21
instead (3) 13:11;58:3;59:23
insurance (1) 44:18
intake (1) 44:25
intent (2) 23:16;26:19
interactive (1) 56:8
interested (1) 79:19
interesting (1) 26:4
International (2) 9:10;66:5
internationally (1) 18:25
Interpretations (1) 30:17
Interrogatories (1) 4:14
interview (1) 49:5
interviewing (1) 48:23
interviews (1) 26:5
into (12) 9:10;10:6;20:18;21:4;24:18;34:2,10;37:21;50:12;55:23;59:16;76:24
introduction (1) 5:6
involved (1) 25:5
involving (1) 6:19
Ironbound (3) 10:10,11;64:1
irritability (1) 31:1
irritable (1) 31:7
Israel (1) 7:12
issue (1) 21:6
issues (15) 15:1;20:2;25:15;26:6;28:6;31:8;32:1;

38:6,6;57:10;67:21,
22,23,25;68:1
IV (4)
18:23;51:6;72:24,
25

J

Jersey (9)
5:13,15,17;7:7;8:8;
9:24;11:2;47:15;79:3
job (13)
57:23;58:16;59:24,
25;66:24;67:15;
68:25;71:17,21;72:4;
74:25;76:16,17
Joseph (2)
4:5;6:3
joy (1)
28:11
joyful (1)
27:11
Judge (1)
4:12
July (1)
14:17
June (16)
32:12;41:23;42:24,
25,25,25;43:1,2,5,9,
11;44:6;61:8;62:4;
64:16;65:3
jury (10)
7:1;12:23;15:18;
16:7;19:20;27:10;
34:6;42:13;44:14;
62:3

K

keyed (1)
31:16
kind (5)
18:24;26:13;33:13;
60:2;68:13
knew (3)
10:11,11;28:12
knowing (5)
13:12;31:19;32:5,6;
58:24
knowledge (2)
18:4;68:7

L

labile (1)
31:5
labor (1)
66:25
laborer (1)
67:8
laborers (1)
55:4
labor-intensive (1)
37:5
lack (3)
16:2;69:9;72:21
languages (1)
11:3
large (1)
48:12
last (4)
9:20;13:20;61:8;
69:10
Latino (3)
10:22;15:2,3
Latinos (1)
74:14
laude (2)
8:25;9:9
Law (9)
5:15,17;6:1;41:3,
12,18,25;65:8;70:3
lawsuit (1)
75:8
league (2)
57:15,16
least (6)
53:13;54:2;62:21;
75:2,11;76:21
leaves (1)
46:10
leaving (1)
59:24
left (3)
71:10,16;72:4
length (1)
24:3
less (3)
67:5,7;76:16
lessen (1)
66:25
lessened (1)
63:15
level (1)
54:15
license (8)
8:5,7,11;47:15,17,
25;48:9;79:25
licensed (3)
7:6;8:12;12:6
life (17)
19:19;20:4;22:17;
24:25;25:3,6,16;26:2,
9,18;27:16;28:2,11,
24;29:1;32:8;34:14
lifetime (1)
52:23
likely (3)
17:18;35:18;76:16
limine (2)
4:11;5:1
line (1)
46:19
lined (1)
63:18
lines (2)
43:8;50:11
list (6)
8:19;9:21;10:2;
22:21;29:17;31:21
listed (1)
30:2
listing (1)
31:10
lists (1)
15:25
literature (4)
14:22,24;17:10;
60:24
litigation (1)
41:6
little (3)
8:21;18:1;22:19
live (1)
12:24
lives (1)
53:10
living (3)
27:22;48:17;63:19
Local (1)
66:4
loco (1)
18:13
Loja (4)
64:6,7,13;73:18
L-o-j-a (3)
64:6,13;73:18
long (6)
13:19;54:23;69:18,
20;72:12,15
longer (2)
36:16;37:10
look (9)
20:7,10;30:7;38:20;
43:20;47:11;57:2;
60:22;72:14
looked (1)
76:13
looking (2)
20:6;60:12
looks (5)
8:18;10:3;29:21;
34:15;44:11
lose (1)
24:17
loss (5)
28:6;62:18;63:2,4,5
lost (2)
29:2;32:4
lot (14)
10:15;13:10;15:1;
16:9;20:7;21:2;22:13;
25:6,9;27:1;28:7;
29:14;52:25;55:10
lots (2)
24:5;52:21
loving (5)
27:11;56:7;73:3,8;
74:23
lurched (1)
59:16
l-y (1)
20:12

M

major (5)
30:11;62:7,10;
63:10;68:5
makeup (1)
53:24
making (6)
6:16;24:11;29:7;
38:5;54:15;70:25
maladies (1)
15:25
male (4)
18:20;24:22,23;
37:19
man (2)
29:1,2
managed (2)
32:25;34:10
management (1)
34:12
manager (1)
57:25
manifest (1)
62:11
manner (1)
29:10
Manual (7)
15:17,19,21,21;
16:13;18:23;30:5
manuals (1)
72:9
Many (11)
10:14,21;11:3,12;
16:24;22:24;30:24;
45:20;53:2;68:17;
76:23
March (2)
5:9;61:10
mark (1)
46:2
marked (5)
4:1;7:4;14:11;46:3;
47:12
married (1)
53:3
mason (1)
55:6
Masons (1)
66:4
materials (1)
17:10
matter (7)
4:24;5:13;14:20;
29:8;71:9;72:3;73:22
may (8)
5:4;11:25;16:1;
19:7;33:16;45:16;
60:25;64:15
maybe (3)
10:25;28:22;50:7
McClutchy (1)
5:19
McDavis (1)
15:13
mean (17)
19:21;20:13;30:22;
31:14,15,22,25;32:14,
21,22;33:3;36:24;
56:12;60:4;68:16;
70:16;73:7
Meaning (2)
67:6;76:6
means (12)
8:14;17:5;18:19;
22:25;25:14;30:13;
31:24;32:23;51:10;
52:14;68:16;75:22
mechanics (1)
71:4
Medical (7)
7:12;17:16;25:12;
32:19;35:25;66:1,12
Medicare (1)
72:18
medication (4)
33:22;34:12;35:2,
19
medications (1)
35:4
member (5)
49:18;59:2;66:3,9;
68:20
members (4)
18:3;59:6,7;73:8
memory (7)
31:8;38:6,6;67:21,
23,25;74:2
men (7)
24:15,20,20,20;
29:12;31:1;37:16

mental (11)
10:19,21;15:12,21;17:6;18:10;25:13,15;37:20;66:8;71:14
mention (12)
16:6;19:18,18;23:8,18;29:22;30:19;33:25;34:13,22;35:1;75:22
mentioned (20)
7:17;13:14;18:8,23;20:15;22:14;24:10;25:22;26:17;28:8,8;29:19;31:13;68:11;70:10,15;73:1;74:4;75:13,14
mentioning (1)
68:12
merely (1)
59:16
met (4)
40:7;41:20,23;62:14
middle (1)
5:17
Middlesex (2)
5:17;79:4
MID-L-3284-15 (1)
5:18
might (1)
62:12
mild (1)
52:24
mind (1)
31:4
minority (2)
9:6;18:3
minute (1)
56:25
minutes (4)
13:21;38:23;39:21;43:4
misheard (1)
12:16
mislead (1)
26:20
mispronounce (1)
45:17
missed (1)
43:12
mistrust (5)
19:10;59:10;70:15,17;75:4
misunderstanding (1)
52:18
Mm'mm (8)
43:7,10;47:20;49:24;62:2;74:17,24;76:12
moderate (10)
30:6,12,12;52:24;60:18,19,20,21,25;61:6
Moitoza (1)
15:3
moment (3)
5:6;46:6;52:15
mood (5)
23:4;26:1;30:14,25;31:5
more (13)
11:13;13:10;17:18;19:1;20:21;22:20;33:19;35:18;41:15;44:20;58:2;62:6;71:22
morning (3)
4:3;5:8;49:7
most (5)
30:9;31:12;40:18;56:4;77:2
motion (1)
4:10
motions (1)
5:1
move (3)
30:16;32:6;34:9
moved (2)
10:6;23:3
moving (1)
4:16
much (5)
20:21;59:6;60:7;62:24,25
multi-axial (3)
16:6,15;29:18
multicultural (3)
15:1,5;19:18
multi-culturalism (1)
55:24
Munoz (59)
5:13;6:2,19;16:20;21:12,18;23:9;24:9,24;25:13;26:24;28:1,15,20;30:10,20,23;31:10;32:19;33:14;34:1;36:10,21;37:9,21;41:2,20;44:3,12;45:5,14,25;46:18;47:19;48:2;51:3;61:12;64:10;65:3,13;66:15;68:20,25;69:5,6,8,10,21,22;70:1,11;71:4,12,16,21;73:1,13,18;74:5
Munozarevalo (2)
45:15;47:22
M-u-n-o-z-a-r-e-v-a-l-o (1)
45:16
Munoz's (1)
33:4
Munroe (2)
15:13,13

N

name (15)
4:3,5;10:13;44:8;45:3,15;46:19;68:12;69:9,10,11,14,20,22,22
names (2)
45:20,24
National (1)
9:11
native (1)
21:16
neat (1)
16:17
neatly (1)
22:7
need (18)
8:13;11:2;33:17;34:1;38:9,23;39:5,12,18;44:17,19;52:11;58:19;59:21;60:8,9;62:5;71:13
needed (3)
32:25;39:1;69:16
needs (5)
32:19;33:14,15;35:16,17
negative (3)
35:22;75:18,22
neither (1)
79:14
New (10)
5:13,15,17;7:7;8:7;9:24;11:1;47:15;72:20;79:3
Newark (6)
7:12;10:2,11;64:1,12,22
next (1)
29:17
nice (1)
16:17
Nicoletti (1)
6:4
nonthreatening (1)
10:20
nonunion (1)
59:7
nor (2)
79:14,15
Normal (2)
56:10;75:23
normally (1)
17:12
Notary (1)
6:11
note (3)
27:6,25;29:21
noted (3)
5:1;25:12;63:17
notes (7)
25:2;38:20;40:23;43:4,5;49:4;62:20
notice (7)
8:18;15:15;21:8;22:13;43:3;49:4;51:2
noticeably (1)
22:20
noticed (2)
10:13;42:23
noting (1)
23:21
Number (10)
5:15,18;8:8,11;30:5;35:7;40:3;49:13;51:20;52:8
numbers (1)
61:25
numerous (1)
7:15
nurtured (1)
10:18

O

oath (3)
79:8,10,16
ObamaCare (1)
72:19
objection (15)
4:9;5:2;12:15,17;13:1;17:21;46:13,18,22;48:15;67:18;70:24;71:23,25;72:6
observation (2)
17:6;21:23
observations (2)
21:25;22:4
observed (1)
21:3
observing (1)
16:10
obtained (1)
55:22
obtaining (1)
68:10
Obviously (6)
4:18;11:4;30:25;52:21;60:5;68:15
occasions (2)
21:14;76:22
occurred (1)
50:1
odd (1)
44:2
off (12)
9:19;13:2;17:22;38:16;39:22,23;46:4,13,15,16;54:25;78:3
office (4)
10:2,3,5,6
often (4)
57:7;72:9,10,11
old (1)
56:23
once (1)
52:22
One (29)
5:6;11:10;14:16;15:3;17:13;20:25;30:25;31:19;38:3,3,3;39:5,6,9,17;42:2;43:8,11;45:16,24;46:6;53:5,5;54:4,6;57:25;67:1;73:25;74:25
one's (3)
37:19;68:8;69:20
one-to-one (1)
17:4
ongoing (1)
50:17
only (2)
15:8;77:22
open (3)
20:18,21,22
opened (3)
10:6,10,16
openly (2)
20:2;27:4
Operative (1)
66:4
opinion (7)
32:11,17,18;51:3;58:2;62:1;66:15
opinions (12)
13:23;14:1,6,20,23;17:12,15,18;29:8;35:12;36:4;73:23
Opportunity (1)
9:12
opposed (2)
12:24;69:22
order (10)
7:24;8:12;16:11;18:13;25:10;30:14;33:14;38:8;45:8;62:10
orientation (1)
58:16
origin (1)

64:4
original (1)
8:3
otherwise (1)
52:16
out (21)
10:15;18:12;20:4;24:21;25:15;26:15;28:12;34:19;37:4,6,6;44:12,22,25;45:4;46:9;51:10;61:7;68:13;72:9,12
outlined (1)
21:12
Outstanding (1)
8:23
over (1)
18:19
own (3)
20:1;37:19;72:4

P

P-1 (2)
4:1;14:11
P-1A (2)
4:1;7:5
packet (1)
44:25
page (14)
8:19;9:20;10:2;15:15;19:17;21:8;27:6,25;28:19;30:18;33:24;35:11;51:15,15
paid (2)
19:2;70:6
Painter (1)
55:9
Painting (2)
55:10,11
panel (1)
8:14
paragraph (2)
30:19;43:5
paranoia (1)
19:11
parks (1)
57:6
part (11)
19:8,12;29:9,9;30:9;50:5;58:6,9;63:9;66:14;74:3
participate (2)
21:22;36:17
particular (3)
18:20;24:15;29:6
particularly (2)
19:14;49:22
parties (2)
79:15,18
parts (1)
69:11
Pat (1)
5:21
patient (2)
44:24;45:7
patients (3)
13:15,20;68:8
PATRICIA (1)
79:6
Paula (2)
5:10;69:17
Pause (5)
5:7;43:13,16;44:10;46:7
pay (1)
68:9
PECK (21)
4:22,23;5:25;6:1,12;11:22;12:1,18,21;38:12;39:22;46:8,12,17,25;48:15;61:25;67:12;74:8;77:16;78:1
Pennsylvania (1)
48:12
people (11)
10:17;15:21;20:16,17;59:11;68:13,18;70:19;73:11,13;77:3
per (1)
34:15
performed (1)
16:20
performing (1)
37:11
perhaps (1)
67:4
person (8)
20:6,20;45:6;54:19;63:13;73:7;76:16;77:24
PhD (6)
6:10;7:21,22,24;12:12;54:8
philosophy (1)
7:20
phonetic (1)
69:17
physical (5)
24:5,8;50:24;63:6,9
physically (7)
26:7;28:7;37:3;58:4;59:25;67:7,8
Picard (1)
9:3
picture (1)
16:18
piece (1)
20:20
ping (1)
32:7
place (3)
4:8;46:17;64:12
placed (1)
29:14
placing (1)
46:22
Plaintiff (3)
4:24;6:1;42:24
plan (3)
23:16;32:7,7
plaster (1)
55:14
Plasterers (1)
66:4
play (3)
28:13;37:6;57:14
played (5)
24:5;36:25;56:14;57:4,7
playing (6)
25:6,7;28:7,8,9;29:1
please (8)
5:23;6:8;7:2;34:5;38:15,21;40:23;54:10
pm (5)
6:7;39:24;46:11;47:6;78:6
point (2)
23:21;68:12
ponging (1)
32:7
poor (2)
31:4,4
poorly-phrased (1)
53:20
population (1)
19:24
populations (1)
18:25
Portuguese (6)
10:14;11:4;20:16;64:4;70:18;74:14
Portuguese/American (1)
9:25
Portuguese-speaking (1)
11:1
position (1)
7:11
positive (3)
75:17,20;76:1
possible (1)
15:25
Possibly (1)
11:13
post (1)
64:19
post-Doctoral (1)
8:2
posted (1)
61:25
posture (1)
23:1
practical (1)
12:22
practice (7)
7:13,15;10:9,16;13:9,15,18
practicing (3)
10:6,12;12:5
precipitating (1)
36:6
pre-Doc (1)
8:1
prepared (1)
14:16
preparing (1)
8:15
prescribe (3)
33:20,21,22
present (3)
7:14;16:12;56:6
presentation (2)
26:2,22
presented (3)
16:10;23:4;52:15
presenting (3)
16:17;20:2;21:6
presents (1)
35:14
pretty (1)
60:7
previously (1)
7:4
pride (3)
24:16;29:16;37:15
prior (14)
4:11,11;7:14;24:25;26:2,9;28:2;30:12;32:8,14;36:11;52:16;57:8,8
private (3)
7:13,15;13:18
probability (3)
14:3,7;17:17
probably (2)
35:22;54:19
problems (1)
63:8
procedure (1)
72:18
procedures (1)
15:9
proceedings (1)
79:13
process (7)
8:4;16:7;20:23;21:15,19;22:16;42:4
processes (1)
38:7
professional (4)
9:21,25;10:19;27:5
profusely (1)
15:7
programs (1)
16:14
pronouncing (2)
64:8;73:17
protected (1)
59:6
proud (4)
27:20,23;28:25;37:16
provide (4)
10:17;24:2;25:10;44:17
provided (1)
21:15
providers (2)
15:22;24:16
providing (2)
19:17;37:17
psychiatric (5)
35:18;61:13,18;74:18;75:3
psychiatrist (6)
12:6;18:14;30:8;33:20;34:12;75:17
psychiatrists (5)
15:23;33:21,21;52:5;65:25
Psychological (19)
9:6,23,24;17:17;19:17;20:25;21:23;32:19;33:4;34:2;35:21;36:1;37:8;53:24;61:13,18;68:8;74:6,18
psychologically (1)
37:24
psychologist (13)
7:6,9,16;8:13;11:1;12:6,7;16:10;18:14;30:8;33:16;35:18;75:17
psychologists (7)
8:14;15:10,23;18:9;33:22;52:5;65:25
psychology (13)
6:24;9:12;10:12;11:9,19,24;12:11,12,20;14:8;16:3;71:1;73:23

psychomotor (2) 63:11,13
psychopharmacological (1) 34:23
psychopharmacology (1) 33:17
psychosis (1) 23:15
psychotherapy (5) 33:15,23;34:8,15,20
psychotic (1) 52:25
psychotropic (1) 35:2
published (10) 8:3;9:14,16,17,18;15:4,5,11;72:10,20
Puerto (1) 53:10
punctually (1) 22:5
purportedly (1) 73:19
purporting (1) 46:20
purpose (1) 65:9
purposes (2) 41:6;75:8
put (5) 20:8;27:1;28:18;76:2,6

Q

qualifications (1) 7:3
qualified (1) 11:16
qualify (4) 8:13;11:23;12:19;52:12
quality (2) 35:3,20
quantify (1) 35:8
quantity (1) 35:3
quick (1) 46:9
quite (5) 23:3;24:4;27:21;28:14;74:25
quote (4) 28:18,21;29:5,6

R

raised (1) 27:12
rate (1) 42:13
rather (1) 73:2
reaching (1) 14:23
reaction (1) 38:7
read (1) 28:22
readily (2) 20:16,18
ready (2) 26:10;49:9
really (9) 26:25;32:16;35:7;37:19;39:18;59:1;69:13,23;77:3
reasonable (5) 14:2,6;17:16;32:18;35:25
reasons (1) 10:16
recall (1) 57:20
receive (1) 7:19
received (5) 7:18;8:20;10:24;41:11;61:12
receiving (2) 41:17;61:18
Recess (1) 39:24
recognize (1) 47:16
record (17) 4:8,9;5:24;13:3;38:16,18;39:22,23;40:1;46:4,13,18;47:8,14;64:23;78:4;79:12
recorded (1) 79:13
records (4) 38:20;44:1;65:18,22
RECROSS-EXAMINATION (1) 74:10
recurrent (1) 52:16
recurrently (1) 52:24
REDIRECT (2) 67:12;77:16
refer (5) 7:4;14:10,13;15:16;40:23
referral (7) 41:3,24;45:7;65:14,18,21;70:2
referrals (2) 41:11,17
referred (1) 65:19
referring (5) 15:2;21:1;48:22;60:23;73:25
regard (1) 28:19
regarding (2) 18:24;46:19
regular (1) 13:15
Reintegration (1) 66:21
relate (1) 28:15
related (1) 79:15
relationship (11) 20:9,14;27:3;53:14,24;54:2,14,20;56:8;73:3;77:19
relationships (1) 73:8
relative (1) 79:17
Relevancy (3) 13:1;46:18,23
Relevant (1) 27:7
reluctance (3) 74:14;75:4,25
reluctant (1) 75:12
rely (1) 17:12
remember (7) 25:3;36:13;68:21;70:12;73:4,19;76:22
render (1) 17:12
rendered (1) 38:10
rendering (1) 20:25
repeat (2) 54:7,9
rephrase (1) 40:20
report (38) 14:11,14,16,19;15:16,16;20:25;21:8,12;22:21;26:19;27:6;28:1,19;29:18,23;30:17;33:24;35:11;39:2,4;40:23;42:23;51:5;56:7;57:3;58:12,20,21,22;60:11;73:2;75:3,11,13,15,23;76:2
reported (3) 25:12,13;27:11
Reporter (3) 5:21;6:8;79:7
Reporting (2) 5:20,22
reports (2) 30:9;75:16
represent (3) 4:5,24;5:20
representing (1) 6:4
requirement (1) 57:23
research (5) 8:3;9:3,3,19;15:2
researcher (1) 15:6
researchers (1) 15:11
reserve (2) 4:18,25
resistant (1) 18:17
responses (1) 26:21
result (6) 4:16;36:1;40:18;57:18;62:4;76:17
retains (1) 78:5
retardations (1) 63:11
retarded (1) 63:13
revamping (1) 72:17
review (2) 4:13;14:22
reviewing (1) 43:3
rewarding (1) 28:14
Rico (1) 53:10
right (33) 4:21;5:5;12:10;17:18;31:10;38:13;39:14;40:15,22;45:12;49:6;51:3;53:7;58:12;59:13;60:9;61:5,8;62:16;64:4;67:10,23,25;69:2;71:10;74:9;75:1,8,18,21,23;76:2,4
rights (1) 4:18
role (4) 24:16;29:12;71:1;74:7
roof (2) 50:4,5
rooftop (1) 71:5
room (2) 46:11;47:6
routine (1) 26:10
ruling (1) 5:4
Russoniello (2) 5:21;79:6

S

sad (1) 23:6
same (3) 39:4,6,9
saw (6) 42:24;43:22;61:8,14;64:16;65:3
saying (6) 17:17;22:12;45:21,24;54:7;70:12
scales (1) 68:17
schedule (1) 17:2
schedules (1) 13:8
school (9) 7:3,10;27:15;64:11,16,22;73:18,18,24
Sciences (1) 9:11
score (6) 29:22,24;30:1,2,3;60:13
second (1) 46:9
section (1) 21:9
Security (1) 49:12
seeing (1) 31:18
seek (7) 10:15;68:13;74:18;75:3,5,12,25
seeking (2) 18:12;25:14
seem (2) 27:23;59:11

seemed (1)
23:6
seems (1)
36:5
self (2)
24:22;29:11
sense (9)
10:9;12:22;13:10;
29:11,11,16;31:14,17;
70:16
sent (3)
41:5,8;75:7
separate (2)
21:14;42:8
separated (1)
53:10
series (1)
40:17
serious (5)
30:6,6;60:20;61:6,7
serve (1)
65:8
served (1)
11:8
service (1)
18:12
services (3)
10:22;19:17;41:25
sessions (7)
13:19;16:25;17:2,3,
3;23:10;44:20
Seton (3)
7:8,18;20:5
severe (3)
52:24;60:19,21
sexual (1)
31:3
sexually (1)
20:12
sheet (1)
72:22
short-term (1)
38:6
shoulder (2)
50:16,20
shoulders (1)
57:11
showed (1)
65:18
shows (1)
27:19
sic (1)
64:23
sign (1)
44:3
signature (1)
44:12
signed (1)
44:9
significance (4)
28:3;37:12;54:1;
69:13
significant (17)
22:4;23:20;24:11;
26:23;27:17;29:7;
30:20,23;32:16,23;
35:14;36:23;53:17;
54:14;61:19,21;69:23
signifies (1)
28:5
signing (1)
44:15
Simone (1)
9:2
simplify (1)
21:4
single (4)
30:11;52:7,13,19
sit (2)
8:13;77:4
site (2)
58:16;70:11
sitting (5)
10:1;22:22,23;
63:17;70:6
situation (2)
28:20;60:3
sleep (3)
31:2;62:24,25
slew (1)
15:10
sliding (1)
68:17
slowed (1)
38:7
soccer (7)
25:6;28:9;36:24,25;
37:1;56:16,17
soccer's (1)
36:25
Social (3)
9:11;15:23;49:12
socially (1)
20:11
Socied (1)
69:17
Sociedade (6)
5:11;6:13;12:19;
13:22;67:13;68:6
Society (3)
9:11,12,13
soft (2)
50:5,12
soft-spoken (1)
22:11
somebody (9)
26:24;27:18;54:3;
59:20;67:13;68:9;
73:6;77:17,22
some-odd (1)
8:1
someone (5)
16:1;27:4;54:20;
67:14;68:4
Sometimes (6)
24:18;31:3,5;55:6;
63:19;66:9
somewhat (1)
66:19
somewhere (1)
37:23
sorry (11)
5:9,16;10:7;12:15;
35:3;42:25;54:5,9;
56:12;57:1;67:3
sort (8)
10:17;17:7;20:4;
23:1;24:21;26:15;
63:16;77:7
span (2)
19:19;20:4
Spanish (3)
11:5;58:17;64:12
Spanish-speaking (1)
21:18
speak (4)
11:3,4;18:13;24:19
specialties (1)
15:22
specialty (1)
14:25
specific (1)
18:5
specifically (3)
26:6;55:4;72:14
specifiers (1)
62:8
spend (1)
17:3
spent (1)
28:6
Spinner (1)
6:4
spiral (1)
35:22
spoke (6)
22:16;24:3;25:5,9;
27:20;28:14
sport-related (1)
36:17
Sports (6)
5:13;24:5;28:10;
29:1;36:14;37:7
spot (1)
50:12
standpoint (1)
73:23
Start (2)
5:16;34:9
starting (1)
30:17
State (11)
7:7;8:7;11:1;35:25;
36:1;37:8;47:15,21;
48:12;63:17;71:14
stated (1)
28:20
States (3)
55:1,18;56:1
Statistical (4)
15:20;16:13;18:22;
30:4
status (1)
17:7
stenographic (1)
4:9
step (1)
46:8
stepped (3)
50:5,12;59:16
stereotyping (1)
74:21
still (6)
40:2;41:17;59:10;
69:4;73:13;77:19
stress (3)
30:21;32:4,11
strongly (1)
35:16
struggling (1)
32:16
stucco (2)
55:13,14
studies (1)
37:23
study (2)
8:15;37:24
subdued (6)
22:15;23:18,23;
24:9;25:22;67:24
subject (1)
4:10
submitted (1)
4:12
subsequent (1)
62:5
suicidal (1)
62:15
suicidal/homicidal (1)
23:16
summa (1)
8:25
summarizes (1)
14:19
Summary (1)
35:11
Superior (3)
5:15,16;79:3
sure (3)
12:3;18:21;66:22
surgeries (1)
50:20
surprise (4)
56:1;58:12,22;
69:25
surprised (1)
70:10
surprising (1)
58:25
swear (1)
6:8
sweating (1)
18:21
swimming (1)
25:7
swings (1)
31:5
sworn (2)
6:11;79:10
sym (1)
30:6
symptoms (8)
20:7;30:7,21,24;
32:4,11,23;34:10
syndromes (1)
19:7
system (5)
13:11;16:15,15;
70:19;73:15

T

taboo (1)
68:14
talk (20)
20:2;25:18;26:8;
27:3,7,10,14;28:21;
35:15;36:25;44:16;
59:1;62:20,23;63:1,2;
69:5;70:20,22;75:17
talked (10)
25:16,21,24;26:2;
36:10;52:7;70:2;
71:15;74:13;75:6
talking (17)
20:21,22;21:5;23:6,
19,23;24:10;26:6,18;
27:4,15;32:8,9;36:13;
55:23;61:16;64:20
tearful (1)
28:1
telling (2)
62:3;69:21
tells (1)
9:22

ten (2)
38:23;39:21
tend (1)
37:16
tends (2)
30:6;31:1
tennis (5)
28:9;56:14,17;
57:14,14
term (7)
16:2;52:1;53:23;
55:5;69:9;72:21;
74:16
terms (1)
21:6
test (1)
74:11
testified (5)
37:9;40:9;64:11,15;
73:2
testifies (1)
6:11
testify (3)
6:18,23;39:1
testifying (1)
12:24
testimony (14)
4:7,10,11;6:17;
13:24;49:11;55:21;
58:15,18;59:14;
68:21;70:7;79:9,12
theory (1)
19:19
therapeutic (6)
18:4;20:8,9,13;
27:2,2
therapist (1)
18:4
therapists (1)
15:3
therapy (2)
50:23,24
thesis (2)
9:3,16
thinking (2)
64:18,21
third (2)
8:19;10:25
though (2)
22:20;37:4
thought (1)
52:18
three (11)
9:5;17:2,2,2,3;
21:13;41:21;42:3,24;
43:8,22
throughout (4)
7:16;15:16;19:2;
27:16
times (6)
13:7;22:24;23:19;
42:24;43:23;76:23
today (16)
4:20;5:3,9;6:16,19;
10:2;12:23;13:23;
39:1;40:7;42:6,11,15;
43:4;59:4;70:7
today's (3)
4:25;42:8;49:9
told (6)
21:20;46:21;56:14;
64:18;66:3;68:24
tongue (1)
21:17
took (1)
37:4
tool (2)
15:24;50:7
top (1)
33:25
touched (2)
17:25;36:8
towards (1)
21:9
tractor (1)
48:13
trailer (1)
48:13
trained (1)
16:14
training (3)
8:1,2;68:7
transcribed (1)
79:11
transcription (2)
43:14,19
Transition (1)
31:24
translator (1)
58:17
traumatic (1)
32:2
traveled (1)
76:21
treat (4)
44:16;60:7;65:10;
74:5
treating (1)
25:14
treatment (31)
13:13;15:1,8;32:20,
25;33:7,9,13,25;
34:23;35:17;38:9;
41:8;44:20;50:17,18;
59:21;61:12,13,18;
62:6;68:8,9,10;74:6,
19;75:4,5,6,12,25
treatments (1)
15:5
trial (5)
4:12,12,17,19;
40:10
trick (1)
10:13
trilingual (1)
11:6
truck (3)
67:2,4;68:3
true (1)
79:12
truncate (1)
69:20
trust (3)
19:14;20:19,20
truth (3)
45:9,12;59:21
try (2)
21:4;40:20
trying (1)
33:6
twice (1)
53:3
twisted (1)
50:6
two (8)
11:13;19:21;43:8;
50:19;53:6,10,12,22
type (5)
15:12;17:11;18:12;
20:18;32:24
types (2)
52:13,22
typewritten (1)
43:5
typical (1)
36:20
typically (1)
13:19

U

unable (2)
24:23;59:24
uncommon (5)
29:12;45:19;69:19;
70:5;73:13
under (3)
79:8,10,16
undergraduate (1)
9:8
understood (1)
50:12
underwent (3)
50:19,23;58:15
unfortunately (1)
35:20
union (6)
49:18;59:2,6;66:1,
9;68:21
United (3)
55:1,17;56:1
universal (1)
15:21
universally (1)
72:17
University (1)
7:18
unless (2)
43:11;60:7
unlikely (1)
33:5
unpredictable (1)
13:9
up (4)
8:16;26:9;31:16;
77:7
uplifting (1)
26:12
upon (6)
14:23;17:12,25;
34:18;36:8;66:15
use (6)
30:15;51:3;55:5;
63:14;69:13;74:16
used (8)
15:1,21,24;44:9;
45:3;51:5;52:4;70:15
useless (1)
29:2
uses (1)
16:4
using (3)
16:14;61:3;69:9
usual (1)
5:6
usually (4)
17:5;22:25;31:24;
52:11

V

value (1)
29:14
varies (1)
35:2
various (2)
10:22;14:24
varying (1)
10:16
verbally (1)
21:16
versus (2)
5:13;35:4
video (2)
5:3;46:13
VIDEOGRAPHER (15)
5:5,8,19;6:6;13:2,5;
17:22,24;38:16;
39:25;46:4,15;47:1,7;
78:3
videotape (2)
5:10;12:24
viewed (1)
19:11
viewpoint (1)
76:7
visit (3)
34:15;42:2;77:9
visits (1)
34:12
vitality (1)
26:16
voir (2)
11:25;12:2
volleyball (6)
25:7;28:9;56:18,20,
21;57:5

W

waited (1)
58:1
Washington (10)
5:13;6:2,19;44:11,
12;45:5,15,25;47:19,
21
way (8)
10:20;16:17;17:1;
18:17;35:22;76:13;
77:5,22
weak (1)
24:20
weakness (1)
24:19
Weekends (1)
57:9
weekly (1)
34:9
weight (1)
62:18
welcome (4)
38:14;41:1;67:11;
77:15
welcomed (2)
10:18;19:25
well-adjusted (1)
32:15
well-being (1)
35:21
weren't (1)
70:10
What's (1)
30:1
whole (3)
42:4;45:12;69:18

whose (1)
79:9
who've (2)
15:11,11
wife (1)
53:9
William (2)
4:22;5:25
withdraw (1)
53:19
withdrawn (4)
53:3;63:25;65:16;
75:15
within (6)
14:2,6;17:16;32:18;
57:25;73:15
without (4)
33:7,8;35:19;37:8
witness (20)
6:9;11:23;12:19;
38:14,22;39:2,6,8,11,
13,16,19;46:10;47:5;
67:11;77:15;79:8,9,
11,12
woman (1)
53:15
women (1)
9:6
word (3)
45:16,24;63:14
words (4)
7:2;14:5;16:24;
31:18
work (20)
9:19;20:5;24:3,25;
26:10,13,14;28:16;
29:3,12;32:12;37:10;
48:3;54:23;55:14;
57:9;58:3,7;68:2;
70:11
worked (4)
7:15;24:6;37:3,4
worker (1)
55:14
workers (1)
15:23
working (6)
7:10;18:2;25:9;
27:21;58:2;66:16
work-related (1)
36:2
works (1)
9:15
worried (1)
31:17
worse (2)
61:22,23
wringing (2)
22:23;31:20
write (2)
32:17;75:16
writes (1)
15:7
written (2)
8:15,15
wrong (2)
17:19;60:25
wrote (1)
49:7

X

XI00517 (1)
79:25

Y

years (6)
7:16;19:2;34:14,19;
41:21;62:6
young (1)
28:13

1

1 (3)
40:3;47:12;52:8
11/11/69 (1)
49:2
11th (1)
14:17
120 (1)
7:25
13th (2)
5:9;61:10
157-96-7885 (1)
49:16
16 (2)
56:7;64:17
1982 (1)
15:6
1984 (1)
9:8
1985 (1)
9:4
1987 (3)
7:10;9:2,18
1988 (2)
8:25;9:4
1990 (2)
8:23;9:17
1993 (1)
9:16
1995 (2)
7:8,19
1996 (5)
7:13;10:4,5,7;15:9
1998 (1)
7:7

2

2 (1)
15:15
2:05 (1)
6:7
2:46 (2)
38:17;39:24
2011 (1)
48:11
2013 (2)
32:13;62:4
2016 (14)
14:17;41:24;42:24,
25,25;43:1,6,9;44:6;
53:14;55:21;61:8;
64:15;65:3
2017 (2)
5:10;61:10
21st (4)
42:24,25;43:2,9
23rd (3)
43:1,2,11
25th (1)
32:12
29 (1)
66:4

3

3 (2)
19:17;21:8
3:02 (1)
40:1
3:09 (2)
46:5,11
3:11 (2)
47:6,8
3:46 (2)
78:4,6
34 (3)
34:14,18;62:6
3664 (2)
8:8,11

4

4 (1)
26:9
43 (1)
57:2
45 (1)
13:21
45-minute (1)
17:3
46 (2)
57:1,2

5

5 (2)
27:6,25
51 (2)
30:5;60:17
57 (2)
30:3;60:15

6

6 (7)
28:19;30:18;42:25;
43:2,5;44:6;51:15
60 (2)
30:5;60:17

7

7 (2)
33:24;35:11

8

80 (2)
9:2,4