

Plaintiffs respectfully move the Court to strike the Supplemental Expert Report of Dr. Alan Newman. Exhibit A. Dr. Newman's report is not a supplement under Mont. R. Civ. Pro. 26. Instead, it is an improper attempt to interject substantial new opinions related to Defendants' Statute of Limitations defense that were not disclosed in Dr. Newman's initial Expert Report ("Expert Report.") Exhibit B.

I. INTRODUCTION

Pursuant to this Court's scheduling order and an agreed extension between the parties, Defendants timely served Dr. Newman's Expert report on May 21, 2018. Notably, in his Expert Report Dr. Newman did not opine on facts related to Defendants' Statute of Limitations defense. More specifically, nowhere in his Expert Report did Dr. Newman express *any* opinion as to when Holly McGowan first discovered that her psychological injuries were caused by the sexual abuse inflicted on her by Max Reyes. *See* Ex. B. Nevertheless, 14 days¹ before trial is set to begin in this case, Dr. Newman now seeks to express his new opinion that "Holly had a longstanding awareness that her experiences of childhood sexual abuse were a significant cause of her psychiatric problems." Ex. A at 3.

II. APPLICABLE LAW

If a party fails to comply with the rules regarding expert witnesses under Rule 26(a) or (e), "the party is not allowed to use that information or witness to supply evidence on a motion, at a hearing, or at a trial, unless the failure was substantially justified or harmless." Mont. R. Civ. P. 37(c)(1). The Ninth Circuit has stated the following factors should be considered when determining whether a violation of the expert discovery rules is harmless: "(1) prejudice or surprise

¹ At the August 14 pre-trial hearing, the Court granted Defendants leave to serve a supplemental expert report. However, the Court warned Defendants that the longer they waited to serve the supplemental report, the more problematic it would be for Defendants.

to the party against whom the evidence is offered; (2) the ability of that party to cure the prejudice; (3) the likelihood of disruption of the trial; and (4) bad faith or willfulness involved in not disclosing the evidence.” *Lanard Toys, Ltd. v. Novelty, Inc.*, 375 Fed.Appx. 705, 713 (9th Cir. 2010). The “duty to supplement is not an opportunity to add to information which should have been disclosed initially under Rule 26(a).” *Erickson v. Ford Motor Co.*, 2007 WL 5527512 *6 (D. Mont. Nov. 14, 2007) citing *Keener v. USA*, 181 F.R.D. 639, 640 (D. Mont. 1998) & *Baltimore Therapeutic Equip. Co. v. Loredan Biomedical, Inc.*, 1993 WL 129781, n. 18 (E.D. Cal. 1993) (plaintiff precluded from using supplementation “as a vehicle to allege new theories or contentions after the close of discovery”). In *Erickson*, the Court summed up its ruling by holding the plaintiffs “cannot, through a late-filed supplementation, avoid the expert disclosure requirements designed to provide fundamental fairness for all parties.” *Id.* at *7.

III. ARGUMENT

A. Defendants Cannot Justify Dr. Newman’s Untimely Supplemental Report

Defendants claim that “new sources” justify Dr. Newman’s Supplemental Expert Report. This is incorrect for two reasons. First, Dr. Newman’s report is not a “supplemental opinion” under Rule 26. “Supplemental opinions are required under Rule 26(e)(1) in only three situations: 1) upon court order; 2) when the party learns that the earlier information is inaccurate or incomplete; or 3) when answers to discovery requests are inaccurate or incomplete.” *Keener v. United States*, 181 F.R.D. 639, 640 (D. Mont. 1998). As explained above, the opinions expressed in Dr. Newman’s Supplemental Expert Report are in addition to, rather than in supplement to, the information contained in his Expert Report.

Second, the “new” information upon which Dr. Newman claims to base his new opinions is not new. Defendants claim that the video of Plaintiff McGowan’s interview with Plaintiffs’

expert Dr. Corwin, produced on July 26, 2018, contained allegedly new information. Ex. A at 1. However, Defendants had access to this same information during discovery period prior to Dr. Newman issuing his Expert Report. Indeed, Defendants deposed Holly McGowan and had all of her medical records that Plaintiffs have. Moreover, Dr. Newman interviewed Holly McGowan himself and could have freely explored the facts surrounding when she discovered the cause of her injuries. Further, Dr. Newman cites much of the same evidence that he considered in his Expert Report in support of his new opinions. Ex. A at 3 (citing Holly's letter to the Elders); *Id.* at 4 (citing "the records reviewed showed that Holly was aware . . ."). Dr. Newman reviewed Holly's letter and her medical records in preparing his initial Expert Report. Ex. B. at 1-2 (Sources 3, 12-16). The only thing "new" are Dr. Newman's opinions.

B. Dr. Newman's Supplemental Expert Report is Prejudicial to Plaintiffs

Dr. Newman's Supplemental Expert Report is an obvious attempt to fill a gap in his initial Expert Report. Defendants' attempt to introduce newly disclosed expert opinions for Dr. Newman is untimely and prejudicial to Plaintiffs. Plaintiffs relied on the opinions expressed in Dr. Newman's Expert Report and chose not to depose Dr. Newman before trial based on those opinions. Allowing Dr. Newman to testify on additional opinions that Plaintiffs have not had the opportunity to depose him on is extremely prejudicial to Plaintiffs. And at this late stage, Plaintiffs cannot cure this prejudice without disrupting the trial date that has been set for 2 years. As mentioned above, the rules require timely disclosure to provide fundamental fairness to the parties. For the reasons described herein, Defendants cannot meet their burden to show that a supplement is justified or harmless under the Montana Rules.

IV. CONCLUSION

The bottom line is, Dr. Newman did not provide an expert opinion in support of Defendants' statute of limitations defense in his Expert Report. The Rules of Civil Procedure and fundamental fairness prevent Defendants from trying to interject new undisclosed expert opinions on the eve of trial. For the above reasons, Plaintiffs respectfully move the Court for an order striking Dr. Newman's Supplemental Expert Report and limiting his testimony to those opinions expressed in his initial Expert Report.

A proposed Order accompanies this Motion.

DATED this 11th day of September, 2018.

Attorney for Plaintiffs:

A handwritten signature in black ink, appearing to read "Ross L. Leonoudakis". The signature is written in a cursive style with a large initial "R" and "L".

By: _____
Ross Leonoudakis

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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing instrument has been served upon all attorneys of record via Email on this the 11th day of September 2018.

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First class mail postage prepaid

A handwritten signature in black ink, appearing to read "Ross LA". The signature is written in a cursive style with a horizontal line underneath the name.

Ross Leonoudakis

EXHIBIT A

PARK DIETZ & ASSOCIATES, INC.

Forensic Consultants in Medicine and the Behavioral Sciences

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September 7, 2018

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RE: Holly McGowan in Alexis Nunez and Holly McGowan vs. Watchtower Bible and Tract Society of New York, Inc; Watchtower Bible and Tract Society of Pennsylvania, Inc.; Christian Congregation of Jehovah's Witnesses and Thompson Falls Congregation of Jehovah's Witnesses

Dear Mr. Taylor:

Since submitting my report dated May 21, 2018, I received additional sources of information that I reviewed to determine if they modified or supplemented my previously expressed opinions.

These new sources include the following:

1. Report on Holly McGowan by defense expert David Corwin, M.D. dated May 21, 2018
2. Video of an interview of Holly McGowan by defense expert David Corwin, M.D. dated March 25, 2018

The **additional primary information** obtained from the new sources includes the following:

- At the time of my report dated May 21, 2018, I was aware of Holly's report of abuse by Maximo Nava-Reyes [hereafter referred to as Max Reyes] that included genital fondling and being forced to perform and receive oral sex. In her interview with Dr. Corwin, she also admitted that the sexual abuse by Max progressed to genital intercourse by the time she was 13 or 14 years old.

- Holly told Dr. Corwin that by the time she attempted to inform the elders of the abuse in 1997 or 1998, she had known “for a long time that it was wrong” and experienced “severe guilt and shame” about her experiences. She said that because her church did not have a separate program for children, at a “very young age I knew what fornication was and adultery was” and experienced “a lot of guilt that it was me allowing” the behaviors with Max.
- She informed Dr. Corwin that at age 15 that she would no longer allow Max to abuse her. She reported that before her baptism at age 15 she had decided that “no one was going to do this to me anymore.” In her freshman year of high school, she had “a horrible time” and experienced severe depression, anxiety, and suicidal thoughts.
- At the time of my report dated May 21, 2018, I was unaware of any reports that Holly had communicated her prior history of sexual abuse to any mental health provider before going to Woodhaven Counseling in 2015. In her interview with Dr. Corwin, Holly reported seeing a therapist once during her marriage to her first husband Mike Benavides, Jr. She told this therapist about her symptoms of depression as well as her history of sexual abuse by her stepfather. Although Holly said that the therapist “did want me to keep coming back,” she only had a single visit because Mike was not supportive of her discussing her past experiences of sexual abuse. The records of this therapy intake were not available for my review, although Dr. Corwin’s report places the event as taking place when Holly was 20 years old, which would have been in 2004 or 2005.
- Holly reported directly confronting her brother Peter around 2015 about his reported abuse of their niece Alexis Nunez and told him that he “needed help.”

Consistent with what I noted in my report, Holly described to Dr. Corwin having a significant psychological decompensation following her discovery in 2015 that Max Reyes had also abused Alexis Nunez. Holly started psychotherapy and she began to experience “horrible, horrible flashbacks” and “started to remember things about my brother and time with us together.”

Consistent with her deposition statements that she had “always known” that she had experienced abuse, she informed Dr. Corwin that while she “always remembered” being abused,

“there were parts that I didn’t [remember], like about my especially my brother, the parts about him and me being abused” by Max.

Opinion

It remains my opinion that Holly McGowan meets criteria for **Posttraumatic Stress Disorder, with Panic Attacks**. As detailed in my previous report, Holly’s diagnosis is primarily the consequence of repeated acts of childhood sexual abuse, primarily by her stepfather Max Reyes and her brother-in-law Marco Nunez, and aggravated by subsequent cumulative traumatic experiences.

It is also my opinion that although Holly described both worsening of her symptoms and new memories following her 2015 discovery that Max Reyes abused Alexis Nunez, there is consistent evidence throughout the records that Holly had a longstanding awareness that her experiences of childhood sexual abuse were a significant cause of her psychiatric problems. Evidence that Holly had a longstanding awareness of a connection between her abuse and her psychological symptoms includes the following:

- Holly considered her abuse by Max Reyes to be wrong and experienced “severe guilt and shame” about it by the time she attempted to report it to the Thompson Falls elders in 1997 or 1998.
- Holly described in her letter to the elders of the Thompson Falls congregation in March 2004 that Max Reyes tried to force intercourse on her, that she had been embarrassed to tell anyone about his actions, that she had attempted to fight off his advances, and that she waited until she had moved away from home before telling her mother about the abuse. The letter supports that by at least 2004, Holly was aware of the wrongfulness of Max’s behavior and sought her congregation’s help in addressing the situation. The letter to the Thompson Falls congregation appears to have been written not long before Holly sought mental health care and told a therapist during an intake appointment about her history of sexual abuse as well as symptoms of depression. Despite being recommended for treatment, Holly didn’t seek further counseling in part because of the lack of support

she was receiving from her husband, who according to her deposition had been aware of her sexual abuse since 2002.

- Although Holly reported new memories starting in 2015 specifically related to the nature and details of the abuse Max perpetrated on her and her brother, none of the other records I reviewed suggest that she had ever forgotten being sexually abused. Additionally, the records reviewed showed that Holly was aware since at least mid-adolescence that her experiences of abuse were a cause of significant distress and psychosocial impairment.

This opinion may be modified if additional records or other information becomes available.

Sincerely,



Digitally signed by Alan Newman
DN: cn=Alan Newman, o, ou,
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EXHIBIT B

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May 21, 2018

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RE: Alexis Nunez and Holly McGowan vs. Watchtower Bible and Tract Society of New York, Inc.; Watchtower Bible and Tract Society of Pennsylvania, Inc.; Christian Congregation of Jehovah's Witnesses and Thompson Falls Congregation of Jehovah's Witnesses

Dear Mr. Taylor:

I performed a diagnostic psychiatric evaluation of Holly McGowan concerning her current legal case. The report below includes a review of her personal history, psychiatric symptoms, and diagnoses. The report concludes with an opinion based on my interview and review of the sources of information listed below.

Sources of Information

This report is based on a three-hour interview with Holly McGowan on April 23, 2018. In addition, I reviewed the following records:

1. Plaintiff's Discovery Responses by Holly McGowan dated 8/25/2017
2. Plaintiff's Discovery Responses by Alexis Nunez dated 8/9/2017
3. Letter by Holly J Benavides to Body of Elders at Thompson Falls Congregation dated 3/19/2004
4. Plaintiff Holly McGowan's Objections and Answers / Responses to Religious Defendants' First and Second Set of Interrogatories and Requests for Production dated 8/25/2017

5. Plaintiff Holly McGowan's Objections and Answers / Responses to Religious Defendants' Third Set of Interrogatories and Requests for Production dated 3/14/2018
6. First Amended Complaint, Alexis Nunez and Holly McGowan vs. Watchtower et al. dated 11/14/2016
7. Excerpt of online chat conversation between Holly McGowan, Ivy, Dominique, and Alexis Nunez dated 4/26/2017 - 3/24/2018
8. Transcript of Deposition of Holly McGowan dated 1/9/2018
9. Transcript of Deposition of Peter McGowan dated 4/24/2018
10. Transcript of Deposition of Ivy McGowan-Castleberry dated 1/10/2018
11. Transcript of Deposition of Alexis Nunez dated 1/9/2018
12. Medical records of Holly McGowan from Dinklage Medical Clinic
13. Medical records of Holly McGowan from Methodist Health System
14. Medical records of Holly McGowan from OneWorld Community Health
15. Medical records of Holly McGowan from University of Nebraska Medicine Clinic
16. Medical records of Holly McGowan from Woodhaven Counseling Associates
17. Plaintiff Alexis Nunez's Objections and Answers / Responses to Religious Defendants' Third Set of Interrogatories and Requests for Production dated 3/14/2018
18. Plaintiff Alexis Nunez's Objections and Answers / Responses to Religious Defendants' First and Second Set of Interrogatories and Requests for Production dated 8/9/2017

Statement of Non-Confidentiality

At the beginning of my examination on 4/23/2018, I explained to Ms. McGowan the nature and purpose of the evaluation, including that I had been retained as an expert by the defendants. I informed her that no doctor-patient relationship would be established. She was aware that the interview was being video recorded and that attorneys were present from both the plaintiff and defense sides of her case. She agreed to participate in the interview.

Summary of Childhood Family Circumstances and Allegations of Sexual Abuse:

Holly McGowan was born on October 16, 1984, in Sandpoint Idaho to Peter Gordon McAllen and Joan Whitney. She had an older sister Ivy who was 8 1/2 years older and a younger brother Peter who was 18 months younger. Holly primarily grew up in Plains, Montana. Holly described her early childhood as "tumultuous" with her father's alcoholism and physical and verbal abuse

of her mother creating problems in the marriage. Holly described a quiet home when her parents were not fighting. Her family were active members of the Thompson Falls Congregation of Jehovah's Witnesses, where Holly recalled attending at an early age, eventually performing field service.

She recalled her father being occasionally physically combative. When Holly was five years old, her father once locked Joni out of the house. She described typically retreating when her parents were arguing. When Holly was six years old, her parents divorced. She recalled that there were some custody dispute issues but lived with her mother and siblings after the divorce, with every other week visitation with her father. Holly remembered feeling that her mother had abandoned her father.

Holly's father was disfellowshipped from their local congregation before the separation, but Holly's mother and siblings continued to be active in their church. Within a few years of the divorce, Joni began to date Maximo Nava-Reyes, known as Max. Max was from Mexico and spoke mostly Spanish, and Joni, who was bilingual, began to educate Max on the doctrine of Jehovah's Witnesses. Max was baptized as a Jehovah's Witness in approximately 1992 or 1993. Joni and Max married in 1994, and he moved into the home with Joni, Peter, and Holly. Holly's sister Ivy married Marco Nunez in 1993 and lived elsewhere in Plains, Montana before eventually moving to Nebraska a few years later. Holly reported that shortly after Max moved into the family home, she began to receive abuse in the form of "hitting, hair pulling, pinching, in addition to sexual and verbal." [I describe details of Holly's allegations of abuse by Max and others in a table below]. Holly also described Max as being physically abusive to her mother Joni and verbally, physically, and sexually abusive of her brother Peter.

Holly described her mother as "mentally abusive" of her, frequently accusing her of lying and "trying to attract boys." Holly was active in her church as an adolescent, becoming baptized in the year 2000 at age 13. Holly eventually moved to Nebraska to live with her sister Ivy. She returned to live with her mother in Montana at age 17.

Holly has been married and divorced twice. She married Michael Benavides at age 18 and was married to him from 2003 to 2011. She and Michael had two sons, Gideon (born in 2005) and Malachi (born in 2007).

Holly's second marriage was to Ryan Spier. Her deposition states that she married him in the spring of 2014, though her interrogatory declaration says, "common-law Spring 2015 - July 2017." The table below outlines Holly's specific allegations of sexual abuse against her:

Dates / Age	Alleged Abuser	Description
~1994 - 2000 Ages 10-16	Marco Nunez - Brother-in-law	In 1996 Marco moved to Nebraska, decreasing the frequency of the abuse, but would continue to abuse her on the occasions he would visit home. Holly reported not disclosing the abuse by Marco at the time she reported the abuse of her stepfather Max. She reported her final abuse by Marco was around 2000 or 2001 when she was 16 years old. Holly described that "he came downstairs, my niece Dominique was in bed with me, and woke up to him on top of me trying to rape. And so I fought him off at that time and went upstairs, called 911, and he pulled the phone away from me and tried to keep me in the house, and so I ran down to the fire station with my niece and told and was taken to the hospital at that time for a rape kit." Because of that act, Marco had criminal charges filed against him and went to jail.
~ 1994 - 2000 Ages 10-15	Maximo Nava-Reyes - Stepfather	Holly described sexual abuse by her stepfather Maximo Nava-Reyes (Max) starting in 1994 after Max married Holly's mother, Joni. The abuse by Max began after the abuse by Marco Nunez. Holly reported in her letter to the Thompson Hall congregation that in September 1994, "I woke up early morning and she was not in the bed and Max was fondling me." she described the abuse as initially being below the waist and without penetration. She did not tell anyone initially about the abuse. She reported that within a month, the abuse was "a very regular occurrence" and "almost daily." By 1995, Holly alleged digital penetration as well as above the waist fondling. She reported this abuse took place and multiple locations including her own home, other people's houses, vehicles, and hotels when the family was traveling. She reported that in approximately 1995 or 96, Max began to involve Holly's brother Peter in the sexual abuse activities. Holly described that Max "again, fondled both of us, forced us to do certain acts on him and each other." These acts included Max performing oral sex on her and forcing her to perform oral sex on him. She also said that Max would perform oral sex on Peter and forced Peter to perform oral sex on Max. (This statement contradicted a statement Holly made in a 2004 letter to the Thompson Falls congregation in which she said that "during this time, I was unaware that Max was fondling Peter as well, but he would me even with peter lying right next to him [sic]. In Peter McGowan's deposition, he affirmed that Max sexually abused him but denied that he and Holly were sexually abused at the same time or that he knew about Holly's abuse before they jointly reported it in 2004.)

In Holly's 2018 deposition, she suggested that she became aware that she and Peter were being abused simultaneously after receiving psychotherapy in 2015, stating that the "Funny thing about PTSD is your brain has a really good way of blocking things out, and so that's why I said yes my memory has improved, because -- and it wasn't until I started going through therapy that a lot of memories started coming back; they still are."

Holly stated that on a trip to Calgary in 1995, "I was awakened by Max inserting his fingers into me" and "then trying to force intercourse on me." She reported that she was able to "squirm away."

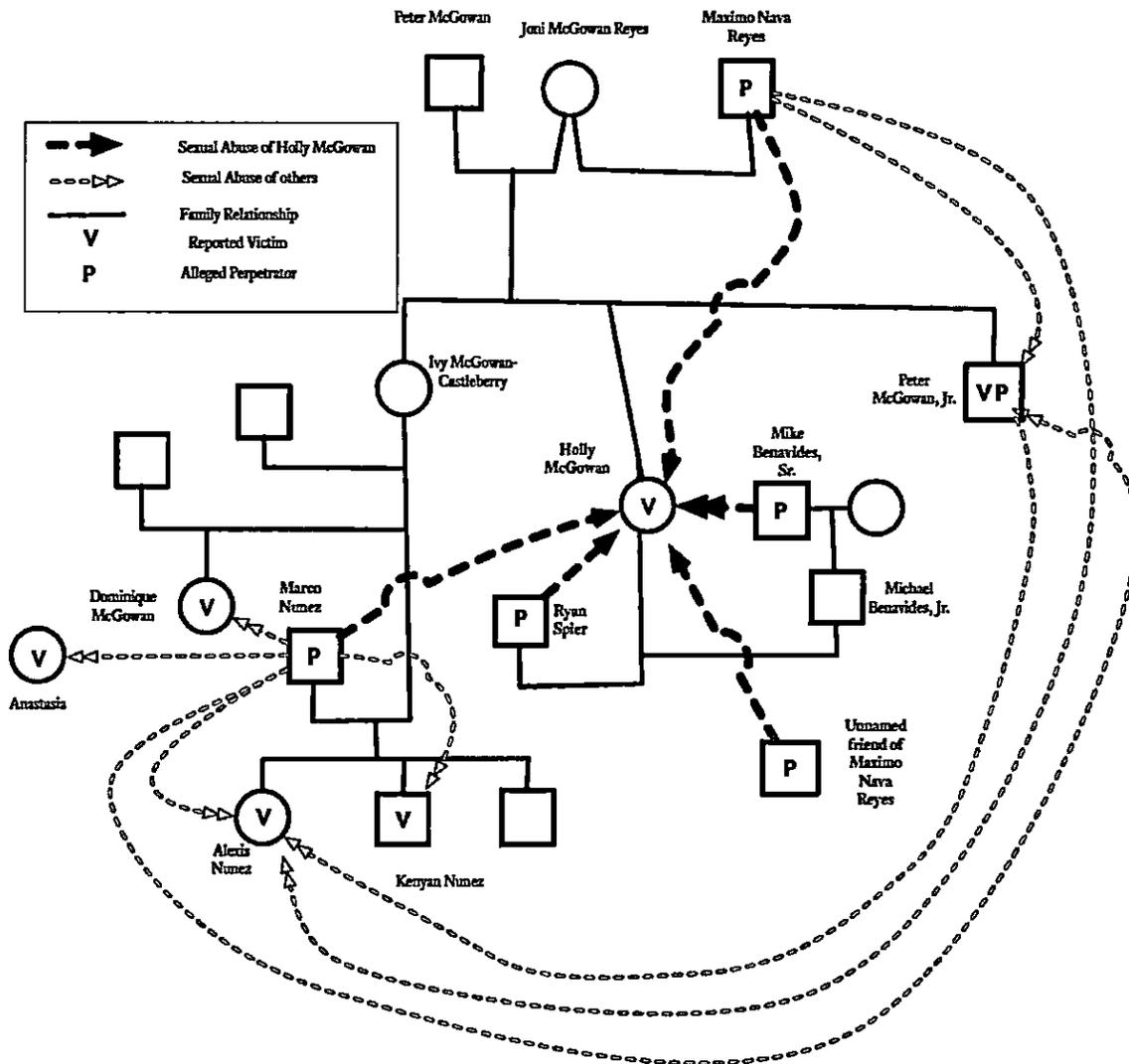
Holly testified in her 2018 deposition that in 1997 or 98 she disclosed the sexual abuse by Max to the elders of her congregation named Don Herberger, Ken Riech, and Ken Wilson. She said that her sister Ivy and brother Peter were with her when she disclosed this, but Peter did not disclose his abuse to the elders but admitted to the physical and verbal abuse. Holly stated that she reported this abuse to Don Herberger at his house, but he ended the meeting because he wanted to have another elder present. She said the second meeting was at the Kingdom Hall was with elders can and Glenn. Holly said that "I had started to tell them what was happening, and they said they understand that there are some issues going on, and I didn't even get a chance to go into details because I was immediately reprimanded with Scriptures for either being in modest in my dress, inappropriate, flirtatious, causing problems in the home, and trying to divide my mom and Max." She stated in her deposition that she wasn't given the opportunity to provide more details about the abuse. Holly alleged that the abuse by Max continued until around 2000 when she was 15.

In a letter dated 3/19/04, Holly writes "To the body of elders of the Thompson Falls congregations" that she "recently disclosed information regarding the sexual abuse received from my stepfather Max."

~ 1995 - 97 ~ Ages 11 - 13	Unnamed - Friend of Maximo Nava- Reyes	Holly reported in her 2018 deposition that a friend of Max molested her on multiple occasions between 1995 and 1997. She described the abuse as "fondling, kissing" and grabbing her both above and below the waist and under clothing and without penetration. The abuse took place at both her house and her grandmother's house, where the friend was living. Holly did not recall the name of this man, and she never reported him, first disclosing this abuse as an adult to her therapist.
~ 2002 - 2009 ~ Ages 18-25	Mike Benavides, Jr. - 1st Husband	In her 2018 deposition, Holly described physical but not sexual abuse by her first husband, Mike Benevides. She reported both verbal and physical altercations over the course of their relationship, including him striking her in the face under ten times.
2009 ~ Age 25	Mike Benavides, Sr. - 1st Father-in- law	Holly reported that she was staying at her in-laws' house around Christmas in 2009 when she woke up to her father-in-law fondling her above the waist and over her clothing. She said that she cried and then called her husband, who was working out of state at the time. She immediately left and then reported the father-in-law's behavior to the local police department. The conflict over this contributed to the end of their marriage.
2016 ~ Age 31	Ryan Spier - 2nd Husband	Holly reported that around the time of her breakup with her second husband she woke up to him trying to have sex with her while she was asleep. In a later incident, he reportedly shoved her to the floor causing her to have a concussion for which she was evaluated at the emergency room. Holly said she reported both the sexual and physical assault to the police at that time.

In addition to the above, Holly reported several incidents when she was working as a bartender when patrons would inappropriately grab her buttocks.

The diagram below summarizes individuals that Holly described as having abused her sexually and additionally shows the overlap with the abuse alleged by her co-plaintiff, Alexis Nunez.



Holly described having a “nonexistent” relationship with her mother for at least a decade. She said the primary cause of their estrangement is her mother’s denial of the abuse that Holly and her brother received at the hands of Joni’s husband, Max. She said that she has not formally disassociated from her faith but has not attended any meetings since 2009. Holly also has limited communication with her brother Peter, whom she reported not speaking to since 2015. Her conflicts with her brother appeared to be related to disagreements over the current litigation. She remains close to her sister Ivy, who has been supportive of her during the ongoing lawsuit. She is also close to Ivy’s daughter Alexis, who is Holly’s co-plaintiff in this litigation. She is also close to Ivy’s oldest daughter Dominique, who is not involved in the current litigation.

Holly currently lives with her 10 and 13-year-old sons and her boyfriend Will in Bellevue, Nebraska. She described will as a long-distance truck driver. She described her current home environment as “calm, quiet, peaceful” with no violence. She reported that her sons are doing well in school without behavioral problems. She recently spent time caring for her father Peter McGowan, Sr., who has a diagnosis of a brain tumor.

Past Medical and Psychiatric History

Past Medical History

Holly has a diagnosis of fibromyalgia. She was previously diagnosed with rheumatoid arthritis due to an elevated rheumatoid factor, but this diagnosis has since been in question. She had a back injury from a fall that resulted in work-related disability. She previously received epidural medications for her back pain, which she said worked “usually pretty good.” She has a prior history of receiving steroids to treat her rheumatologic condition, which she stated caused “horrible anxiety.”

Psychiatric History

Holly’s psychiatric history is summarized in the table below:

Age	Comments
3	Holly reported her first depression at age 3. According to the Woodhaven Counseling Associates assessment in 2015, Holly said "that she always felt sad an [sic] anxious and worried that God was going to kill her," adding that "her depression has never gone away."
18	Holly was hospitalized for one day following a suicide attempt by overdosing on medications.
20	Holly described postpartum depression following the birth of her first son.
23	Holly described postpartum depression following the birth of her second son. She reported receiving the medication Ambien for sleep, which she described as initially helpful but caused her to have sleepwalking and "sleep eating."
28	Records from Methodist Health say that she "has punched walls and feels that she is acting irrationally."
30	Holly was evaluated in September 2015 by Woodhaven Counseling Associates in Omaha, Nebraska with reports of daily panic attacks and PTSD symptoms including dissociative episodes and flashbacks, worsened by discovering that her stepfather abused her niece. She underwent weekly trauma-focused psychotherapy from September 2015 to December 2015. During this period, Holly discovered that her brother Peter had also abused her niece, Alexis Nunez. At the time she ended treatment she was taking the following psychiatric medications: Seroquel (quetiapine) 25 mg per day, Prozac (fluoxetine) 40mg per day, Cymbalta (duloxetine) 30 mg per day, Xanax (alprazolam) 0.5 mg three times a day as needed for panic attacks.

Current Psychiatric Treatment and Medications

Holly reported currently taking duloxetine (Cymbalta) 60mg per day. She described this medication as "very helpful."

Alcohol and Drug History

I asked questions related to prior alcohol and substance use disorders. I asked her in the past 12 months if she had either three or more alcoholic drinks within a three-hour period or on three or more occasions. She described one event in the previous 12 months. She has a history of occasional marijuana use, with one reported use of marijuana in the last 12 months to treat issues with chronic pain, but no other use of illicit or illegal substances or inappropriately prescribed medications. Holly reported smoking a quarter pack of cigarettes per day.

Educational History

Holly graduated from Thompson Falls high school in 2002, where she described herself as an average student. She attended Metropolitan Community College and received an Associates degree in liberal arts in 2014. She has 1.5 years of college with vocational training as an Emergency Medical Technician.

Vocational History

Holly was unemployed at the time of the evaluation. She most recently worked as an Emergency Medical Technician for Methodist Hospital in Omaha, Nebraska.

Military History

Holly has no military service.

Family History of Mental Illness

Holly's records state that her father Peter McGowan had a diagnosis of schizophrenia, but she said those symptoms might have been due to a brain tumor for which he has been recently treated. She also reported that her father was a veteran of the Vietnam War and had posttraumatic stress disorder.

Family History of Alcohol or Drug Abuse

Holly described a history of alcoholism in her father. He spent time in prison for a felony DUI.

Violence History

Holly has a history of punching walls when upset. She does not have a history of violence towards others.

Legal History

Holly's juvenile legal history includes a shoplifting charge at age 12. As an adult, her only known arrest was in October 2017 for a charge of Criminal Child Endangerment and Driving Under the Influence of alcohol. According to Holly, she was intoxicated and driving a friend and that friend's child home, and she drove into a ditch trying to avoid hitting a deer.

Psychiatric Review of Symptoms

Review of symptoms of depression or mania

I asked Holly a series of questions to determine if she met the diagnostic criteria for several specific psychiatric disorders. I first asked her questions related to whether she had ever experienced a major depressive episode. She endorsed multiple prior experiences of having had a depressed mood most of the day for at least two weeks but denied experiencing those symptoms in the past two weeks. She reported having had many episodes of depression during her lifetime. I next asked a series of questions to focus on one such episode. During that episode, Holly acknowledged having had an abnormal appetite nearly every day, and trouble sleeping almost every night, slowed talking, reduced energy, feelings of worthlessness, and poor concentration. She acknowledged that these symptoms caused significant distress at the time. She described that during her worst episode she had frequent thoughts about death and attempted suicide by overdose. She considered the overdose to be a serious suicide attempt and remembered being angry when she woke up to discover that she had not died. She reported no other suicide attempts or plans to harm herself since that time.

I next explored whether she ever experienced a manic or hypomanic episode. She denied any prior episode where she was feeling "high" or "hyper." She admitted to prior incidents of being persistently irritable, but none of the bouts of persistent irritability lasted for days at a time.

Review of symptoms of anxiety disorders:

I next explored whether Holly had ever experienced symptoms of a panic disorder. She endorsed screening questions regarding whether she had had on more than one occasion a sudden spell

where she felt anxious and terrified even in situations where most people would not feel that way. She also affirmed that these spells would peak within 10 minutes of starting. She described having a panic attack followed by a month or more of persistent concern about having another attack that led to significant change in her behavior and avoiding leaving her house for shopping alone. During the worst attacks she could remember, she acknowledged episodes of heart racing, trembling, shortness of breath, nausea, tunnel vision, and feeling faint. She said that during these episodes she felt strange and feared that she was going crazy and felt as if she were dying. I asked if she had had any fears in the past month about having another attack, and she acknowledged that she had.

I next addressed whether she has had significant symptoms of social anxiety. She denied having any persistent fear or concern related to being watched, being the focus of attention, or being humiliated. I next explored whether she had experienced symptoms of obsessive-compulsive disorder. She denied experiencing in the past month any recurrent thoughts, impulses, or images that were unwanted, distasteful, or distressing. There was no evidence in her records describing problems with obsessional thinking or compulsions in response to obsessive thoughts.

Review of symptoms of psychosis:

I next explored whether she experienced any symptoms of psychosis. She denied ever believing that anyone was spying on her or plotting against her. She denied ever thinking that someone was reading her mind or could hear her thoughts. She denied believing that anyone could put ideas in her mind that were not her own or force her to act in a way that was not her usual self. She denied ever hearing things that other people could not hear. There was no evidence in the interview or records suggesting that Holly had ever experienced symptoms of psychosis.

Review of trauma-related symptoms:

I next explored psychiatric symptoms Holly has experienced related to her history of childhood sexual abuse. As I had previously reviewed her medical records and deposition, I informed Holly that I would be focusing primarily on the impact of the abuse rather than ask her to re-describe the acts of abuse and individual alleged perpetrators with the specificity that she described in her deposition.

Holly stated that she was first diagnosed with posttraumatic stress disorder in the fall of 2015 by Dr. Joy Sasse. She reported that the doctor made a referral to a clinic, where Holly received therapy that focused on recognizing her triggers and grounding her. Because Holly reported multiple types of physical and sexual abuse by at least five individuals, I asked her to describe what she perceived as the worst abuse. She said it was the abuse by her stepfather Maximo Nava-Reyes. She said the abuse by Max Nava-Reyes began when she was approximately ten years old and became most extensive when she was around 14 to 15 years old. As described above, Holly alleged the abuse by Max involved years of unwanted molestation involving genital fondling and penetration and being pressured to give and receive oral sex.

She also described sexual abuse at the hands of her brother-in-law, Marco Nunez. She said that her sexual abuse by Marco started shortly before her abuse began with Max. She said that Marco and Max did not orchestrate their abuse and that they were personal enemies to each other. Based on her past reports, the sex abuse by her brother-in-law Marco included an attempted rape for which she called law enforcement.

I explored with Holly symptoms associated with her past abuse, focusing on both the past as well as those experienced in the last month. I asked Holly in the past month she has had unwanted memories of her abuse while she was awake and not counting dreams. She acknowledged that she had had many unwanted memories of abuse and there was "there's not a day" when she does not have some unwanted memories. She said that she has unwanted memories anytime she thinks about her mother. She reported that the unwanted memories also caused her to have a difficult time with intimacy. She described these memories as bothering her "a lot." I asked her what the frequency of these memories was in the past month, and she reported that she had unwanted memories greater than 30 times. Although she reported that these memories were less distressing than they had been in the past, they continue to be distressing. I asked her if the memories included all the different sources of trauma she, and she said the memories were "primarily Max" but also included mental and emotional abuse by her mother.

I next asked Holly about unpleasant dreams related to her past trauma. She reported that this has been a problem for her and that she started the medication Prazosin two weeks ago because of these nightmares. She said her dreams were often about "struggling to get someone to listen," and frequently involved themes of being told that she is lying. She said the dreams were not

always directly about the abuse. She described waking up from these bad dreams, often in a cold sweat, and having difficulty returning to sleep. She described having more than four of these episodes in the past month, approximately one per week.

I next explored whether she had had dissociative reactions or flashbacks related to her past trauma. She described past experiences of feeling as if her abuse were happening again, which she described as "it's much more like watching from outside." She reported this happens most often when she is intimate with her current boyfriend. She said that in the past month this had happened twice.

I next asked her about whether she got emotionally upset when things reminded her of the event. She affirmed that multiple things upset her when they remind her of the abuse. Common triggers included thinking about her mother, thinking about her brother, thinking about her childhood religion, and driving past places she associated with the abuse. When asked how long it takes for her to calm herself down when this happens, she said that it "depends" on whether she is alone or with others. She described that it happens every few days.

I next asked her questions about whether she has had any physical reactions to things that remind her of the abuse. She affirmed many physical symptoms in the past and the last month, including clenching her jaw and not breathing deeply. I asked her what sort of things would trigger a physical reaction, and she said: "any memory" of the abuse. I asked her how long it would take her to recover from these physical reactions, and she described it taking around 10 to 15 minutes. She said that sometimes she needs to stop what she's doing when this happens, while at other times she can keep on going.

I next explored whether Holly tries to avoid things that reminded her of the sexual abuse. She described daily experiences of thoughts that she tries to avoid. She said that the feelings she most tries to avoid are related to feeling betrayed by her mother. I asked her how she avoids these thoughts and she described staying busy, reading, and trying to keep her mind engaged.

I next explored whether Holly tries to avoid things that reminded her of the sexual abuse. She stated that she had done that by staying out of Montana. She described wanting to return to Montana for a long time to see the familiar landscapes but avoided it because of memories of

trauma. She said she has not tried to avoid her sister Ivy but has avoided other family members. I asked her how often she avoids things associated with the trauma, and she said: "for sure weekly."

I next explored whether she had difficulty remembering aspects of the sexual abuse. She described having difficulty remembering "a lot of stuff from childhood" including entire "phases" and "school years." She did not attribute any of the difficulty remembering to head injury, substance use, or other factors.

I next explored whether she had persistent and exaggerated negative beliefs about herself, others, or the world. She reported that in the past she had significant problems with this, but "not as much these days." I asked her what had changed, and she indicated these beliefs had improved thanks to "treatment" and "self-education." I asked her what she was like as a person before she experienced the trauma, and she described herself as a "pretty normal kid," "ordinary" and "goofy." Over the past month, she described having strong negative beliefs about herself less than 25% of the time.

I next explored whether in the past month she had blamed herself for her abuse. When asked whom she blamed for what happened to her, she did not blame herself. She placed most of the blame on Maximo Nava-Reyes, but also expressed blame toward her mother for enabling the abuse. I asked her whether she blamed herself for any of the abuse and she said "logically, no" but did describe an emotional sense of guilt and "a sense of failure."

I next explored whether she has had persistent negative thinking. She indicated she had many negative thoughts in the past due to her experiences. She described remembering feeling "frozen" at church meetings as a kid. She said that when they would discuss topics like fornication and adultery in her church "I knew I was going to die." She said that she often felt "guilty about what happened with her niece" Alexis. Holly felt that if she had not "shut down" she could have stopped Alexis' abuse. Concerning her abuse, Holly indicated that she "often felt I allowed it to happen." She began to cry as she described these feelings, which she attributed to her past trauma. I asked her if in the last month she has experienced this every day, and she said: "not every day."

I next explored whether she had any markedly diminished interest or participation in significant activities. She indicated that she had experienced this in the past, but “not really in the last month.” I next explored with her whether she had feelings of detachment or estrangement from others, both recently and in the past. She indicated that she felt cut off from other people. While initially stating that she had not felt detachment or estrangement from others in the past month, she acknowledged that she was “still cut off” from her mother and her brother because of these events.

I asked about her ability to experience positive emotion. She said that “I’ve had to learn it,” “to be positive.” I asked in the last month if she had difficulty experiencing positive feelings, and she indicated that she did, “perhaps with strangers” but had very positive emotions with her children, describing herself as “very affectionate.”

I next explored whether she had episodes of irritable behavior or angry outbursts directed at others without provocation. She indicated that she used to have problems raising her voice and throwing things, but this had gotten much better over time. She said that these outbursts would happen when she was under stress and “extremely overwhelmed.”

I next asked her about reckless or self-destructive behavior. Her most recent reckless behavior involved driving her car into a ditch to avoid a deer while intoxicated with a friend and a child in her car. She admitted to that behavior but reported no reckless behavior since that event.

I asked her in the past month if she had episodes where she felt especially alert or watchful even when there was no specific threat or danger. She stated that she felt this way “all the time” and has a feeling that “something bad could happen” at any time. Holly reported that she did not enjoy being in crowds and did not like people being very close to her. She said she did not want to be touched. She reported that yoga has helped with this symptom. She reported feeling particularly vigilant about her sons and felt it was important to teach them about potential abuse.

She endorsed having a strong startle reaction. She described experiencing at least 2 to 3 events per month where she has an extreme startle reaction to things like noise and objects moving in her peripheral field. She said that it takes her a few minutes to recover when she has these experiences.

I asked her questions about problems with concentration. She said that her concentration is “sometimes good, sometimes nonexistent.” I asked her what allows her to concentrate better, and she said that when she is “relaxed and comfortable” she can focus well.

I next asked her questions about sleep disturbance. She described her sleep as “okay,” but said that she has difficulty falling asleep. She reported getting six hours of sleep each night, which she felt was the right amount of sleep. She indicated that she has sleep problems several times per week.

I asked her about the onset of these symptoms, and she said that she first experienced these symptoms when she was 11 to 12 years old. She described being very shy in school and eventually began to have panic attacks in school that she now attributes to her past trauma.

I asked her how much distress she has from her symptoms. She indicated that her symptoms are “now pretty manageable.”

I explored the impact her past trauma on her occupational functioning. She described “getting overwhelmed” because of her symptoms, which has contributed to her not currently working.

I explored whether Holly currently or previously experienced dissociative symptom by asking her if she had experienced feeling like she was separated from herself or watching herself from the outside. She said that she has only experienced that when waking from a bad dream or having a panic attack. She said the most recent experience was during a panic attack in the last month, which she described as “a good one.” She did not describe episodes of dissociation of depersonalization outside of the experience of a panic attack.

Mental Status Exam

Holly was dressed in appropriate personal clothing during our interview. The interview conditions were acceptable given the presence of two attorneys and a videographer, and we had no difficulty understanding each other. Her level of consciousness appeared alert. Her attitude was cooperative. She made good eye contact throughout the examination. Her emotions were all

expressed within a reasonable range and were appropriate to the items we discussed. Her mood was normal. She showed no abnormal motor activities.

Her rate of speech was normal. Her volume of speech was normal, with no articulation difficulties. Her thought processes were logical and goal-directed without any digressions in areas unrelated to the interview.

Her thought content revealed no significant preoccupations, including no thought broadcasting, insertion, or withdrawal. There was no evidence of delusional thinking. She denied in the past month thinking that she would be better off dead or wishing she were dead, and she also denied in the past month thinking about harming or hurting herself. She denied in the last month hearing any voices telling her to harm herself. She denied having any suicide method or means in mind, nor any place to harm herself or timeframe in which she would hurt herself. She denied the presence of hallucinations and did not appear to be responding to internal stimuli.

She showed good insight. She acknowledged her psychiatric symptoms and understood their impact on her functioning.

I tested her cognitive functioning using the **Montreal Cognitive Assessment (MOCA)**. This examination included questions on executive functioning, immediate and delayed recall, word fluency, orientation, calculation, abstraction, visuoception, naming, and attention. On a test of executive functioning, she performed well without errors. She was able to copy a cube with one error. She was able to correctly draw a clock with the time and numbers correctly placed. She was able to name three animals from pictures. I tested her memory by asking her to remember five words, which she was able to do on the first try. After five minutes, she was able to remember all five words without any cues. I tested her attention span by asking her to read a list of digits forward and backward. She was able to do this task without errors. I asked her to subtract the number seven from 100 backward, and she was able to do that correctly with no errors. I tested her language functions by first asking her to repeat two sentences, which she did correctly with no errors. I then tested for language fluency by asking her to name the maximum number of words in a short period beginning with the same letter, which she was able to do correctly with no errors. She was oriented correctly to date, month, year, day, place, and city. Her total score on this measure was **29 out of 30**.

Psychiatric Diagnoses:

It is my opinion with reasonable medical certainty that at the time of my evaluation on 4/28/2018, Holly McGowan met the criteria for the following psychiatric diagnosis:

Posttraumatic Stress Disorder (F43.0), with Panic Attacks

Posttraumatic Stress Disorder describes a disorder in which an individual develops clinically significant symptoms as a consequence of exposure to threatened death, serious injury, or sexual violence. The evidence that Holly met the criteria for **Posttraumatic Stress Disorder** is listed in the table below:

DSM-5 Criteria for Posttraumatic Stress Disorder	Prior Symptoms
<p>A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:</p> <ol style="list-style-type: none">1. Directly experiencing the traumatic event(s).2. Witnessing, in person, the event(s) as it occurred to others.3. Learning that the traumatic event(s) occurred to a close family member or close friend.4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)	<p>Holly directly experienced extensive sexual abuse by multiple individuals, including her stepfather, brother-in-law, ex-husband, ex-father-in-law, and an acquaintance of her stepfather. The sexual abuse by her stepfather was prolonged (repeated incidents between ages 10 -15) and involved genital fondling and digital penetration and being pressured to give and receive oral sex. Her abuse by her brother-in-law involved fondling above and below the waist starting around age 10 and progressing to oral sex around age 11 and attempted rape at age 16.</p>
<p>B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:</p> <ol style="list-style-type: none">1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).	<p>Holly reported current and past experiences of all five of the intrusion symptoms described in Criteria B.</p> <p>She described a history of unwanted memories related to her childhood abuse, unpleasant dreams related to her abuse, dissociative reactions to the abuse, distress about reminders of the abuse, and physiological reactions to memories of the abuse.</p>

<p>C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:</p> <ol style="list-style-type: none"> 1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s). 2. Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s). 	<p>Holly has evidence of both avoidance criteria described in Criteria C.</p> <p>She described avoiding both distressing memories of the abuse and people and places that remind her of the abuse.</p>
<p>D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p> <ol style="list-style-type: none"> 1. Inability to remember an important aspect of the traumatic event(s) 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others. 4. Persistent negative emotional state 5. Markedly diminished interest or participation in significant activities. 6. Feelings of detachment or estrangement from others. 7. Persistent inability to experience positive emotions 	<p>Holly has at least two of the required symptoms to fulfill Criteria D related to having adverse alterations of cognition and mood associated with her past trauma.</p> <p>She reported difficulty remembering entire phases of her childhood. She reported negative thoughts related to the abuse, including thinking that she would die as a result of her actions. She described guilt related to the abuse of her niece. She described estrangement from others, particularly family members.</p>
<p>E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p> <ol style="list-style-type: none"> 1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects. 2. Reckless or self-destructive behavior. 3. Hypervigilance. 4. Exaggerated startle response. 5. Problems with concentration. 6. Sleep disturbance. 	<p>Holly has a history since her abuse of experiencing six of the six symptoms described in Criteria E. She has a history of angry outbursts in the past when overwhelmed, including yelling and throwing things. Her medical records from Methodist Health say that she "has punched walls and feels that she is acting irrationally." During her adolescence, she had a significant history of reckless and self-destructive behavior, with continued recent reckless behavior involving a criminal charge related to drinking and child endangerment. She has a history of hypervigilance, feeling that "something bad could happen" at any time. She described problems with her startle response, poor concentration, and sleep disturbance.</p>
<p>F. Duration of the disturbance (Criteria B, C, D, and E) is more than one month.</p>	<p>Holly has experienced symptoms from Criteria B, C, D, and E since adolescence.</p>
<p>G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>Holly described episodes of clinically significant distress and impairment impacting her relationships and functioning.</p>

H. The disturbance is not attributable to the physiological effects of a substance or another medical condition.

Holly showed no evidence of a medical or physiological explanation that would explain her symptoms.

The specifier “with panic attacks” refers to the fact that Holly has a history of sudden episodes of extreme anxiety peaking within 10 minutes of starting and associated with multiple physiological symptoms including pounding heart, shaking, shortness of breath, and numbness. Although she reported some concern about additional panic attacks, I found no evidence of a significant maladaptive change in her behavior related to the attacks.

Opinion:

It is my opinion with reasonable medical certainty that Holly McGowan meets the criteria for Posttraumatic Stress Disorder, with Panic Attacks. She presented her psychiatric symptoms in a manner consistent with this disorder, and I found no evidence that Holly was malingering or consciously exaggerating her symptoms.

Given the nature of the allegations and the secretive way in which childhood sexual abuse is typically perpetrated, I do not have factual corroboration that the abuse was committed precisely as Holly remembered, particularly concerning Holly and her brother Peter McGowan’s molestation by Max Reyes. Holly reported that Max Reyes simultaneously abused her and Peter including forcing them to perform acts on each other, contradicting Peter’s testimony that Max did not abuse them at the same time and that he was unaware that Maximo was abusing Holly until 2004. Further, Holly’s letter to the Thompson Falls Congregation in 2004 stated that she was “unaware that Max was fondling Peter as well.” The fact that Holly admitted that some her memories about being jointly abused with Peter emerged during her 2015 psychotherapy sessions suggests that Holly’s recollection of this aspect of her reported abuse may reflect a memory distortion or false memory that developed years after the initial abuse. I also considered the possibility that Peter McGowan’s deposition testimony did not fully disclose the extent of his past experiences given the allegations against him for sexual misconduct by his niece, Alexis. Despite this inconsistency, I had no factual evidence to doubt Holly’s overall allegations that she

was sexually abused by the individuals she named. Her symptoms and behaviors were consistent with someone who has experienced multiple victimization experiences.

Although Holly had exposure to significant family discord and had evidence of depression at an early age, it is my opinion with reasonable medical certainty that Holly McGowan's diagnosis of Posttraumatic Stress Disorder is primarily the consequence of repeated acts of childhood sexual abuse. Due to the number of abusers and cumulative traumatic experiences going back to her childhood, I am unable to precisely determine when Holly would have first met criteria for this disorder. The revictimization that Holly experienced as an adult, including the sexual abuse by her father-in-law and both husbands, likely exacerbated her pre-existing symptoms but were not alone the source of her Posttraumatic Stress Disorder given her prior exposure to prolonged childhood abuse.

I carefully considered whether any individual or combination of abusers was most responsible for the development of Holly's symptoms. It is my opinion that no single event or alleged perpetrator was solely responsible for her posttraumatic stress symptoms. Marco Nunez, Max Reyes, and the unnamed friend of Max Reyes all engaged in prolonged sexual abuse of Holly. Both the abuse by Nunez and Reyes involved multiple acts over multiple years, including the initial penetration and forced oral sex. Both the abuse by Nunez and Reyes included an attempt at forced intercourse. It is my opinion that even in the absence of the abuse by Max Reyes, the childhood sexual abuse Holly experienced by Marco Nunez was sufficient to cause her to have a significant risk of developing Posttraumatic Stress Disorder.

Holly's perception that Max's abuse of her impacted her more than the abuse by Marco Nunez and the others is likely due to several factors, including the ongoing presence of Max in the life of Holly's mother Joni, Joni's continued belief that Holly is lying about Max, and the central place of Max in the present litigation. Unlike Holly's other past abusers, who are no longer part of her life, Max Reyes continues to play a key role in the ongoing estrangement between Joni Reyes and Joni's daughters. Many of Holly's PTSD symptoms center on thoughts about her mother and attempts by Holly to be believed by her mother and others.

This opinion is based on the evidence available to me as listed at the beginning of this report. This opinion may be modified as additional information becomes available from depositions or other records. I am happy to address other questions as needed in this case.

Sincerely,

 Digitally signed by Alan
Newman
Date: 2018.05.21
14:34:30 -07'00'

Alan W. Newman, M.D., F.A.P.A.
Board Certified in Psychiatry and Forensic Psychiatry