

Exhibit 7

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re: WATTS COORDINATED
PRETRIAL PROCEEDINGS) Master Docket Case No. 19-CV-01717
)
) Judge Franklin U. Valderrama
)
) Magistrate Judge Sheila M. Finnegan
)

THIS DOCUMENT RELATES TO

Ben Baker and Clarissa Glenn v. City of Chicago, et al., Case No. 16-CV-8940

DECLARATION OF DR. KRISTEN KLIPFEL

I, KRISTEN M. KLIPFEL, PH.D., declare as follows:

1. I hold a Ph.D. in clinical psychology from Rosalind Franklin University of Medicine and Science. My training additionally included an internship in forensic psychology at the United States Medical Center for Federal Prisoners and a two-year postdoctoral fellowship in clinical neuropsychology at NorthShore University HealthSystem. I have been a licensed clinical psychologist for four years.

2. My professional practice has always included clinical and forensic work, mentoring graduate school students, and research. While I do not hold any formal teaching positions, I give talks on forensic neuropsychological assessment and malingering to college and graduate school students on occasion. As part of my responsibilities at the Isaac Ray Forensic Group, I work closely with our externs (i.e., advanced graduate students). As time permits, I present and/or publish research in the areas of neuropsychological assessment, malingering, and psychopathy.

3. In addition to specialty training in both forensic psychology and clinical neuropsychology, I have also trained in academic medical centers, veteran's administration medical centers, state and federal governmental agencies, and private practices during doctoral and postdoctoral

fellowship training. I have had the opportunity to assess and treat numerous posttraumatic stress disorder (PTSD) cases, both combat and noncombat-related, as well as a multitude of other psychological disorders, including depression, generalized anxiety disorders, substance use disorders, etc.

4. Since completing my fellowship training in August 2020, I have been employed as a contractor with the Isaac Ray Forensic Group, LLC and Michigan Avenue Neuropsychologists, private forensic and clinical practices located at 65 E. Wacker Place, Suite 2240, Chicago, Illinois, 60601. I am the Associate Director of Public Safety. The majority of evaluations conducted at the Isaac Ray Forensic Group concern felony criminal matters, and the vast majority of my casework is Federal. I am also retained in personal injury matters and quasi-legal cases, such as worker compensation, fitness for duty and pension disability cases. Most of the criminal defendants I see are detained, and adjustment to incarceration is a natural aspect of the clinical evaluation. Upward of 90% of the worker compensation cases we see are for PTSD claims, as are a considerable number of the fitness for duty and disability cases (we have a specialty in working with public safety personnel, and PTSD often forms the basis for work-related difficulties associated with police officers and firefighters/EMTs).

5. I strive to maintain the utmost objectivity, and I take great care to be as thorough as possible when conducting assessments. Our standard practice is for clinicians to conduct comprehensive two-day examinations, to include clinical diagnostic and background interviews, psychological and neurocognitive testing. We all perform our examinations and conduct our case analyses similarly, irrespective of retaining party status, and despite pressures to “avoid” certain procedures (e.g., not to include polygraphy in sexual behavior evaluations; not to assess for malingering in neurocognitive evaluations; not to include objective psychological testing as part of a neurocognitive evaluation; not to include neurocognitive testing in emotional distress cases; or not to assess psychopathy in risk assessments, among other things). The reputation my colleagues and I have earned

for objectivity is evident in the pattern of our expert retentions by both plaintiff and defense attorneys and routine Court appointments.

6. In the instant matter, I have been retained by the defendants as an expert in the fields of clinical psychology, clinical neuropsychology and forensic psychology in order to evaluate plaintiff's emotional distress claim. As is standard practice in forensic matters, I intend to conduct a direct examination of the plaintiff and review relevant records and other collateral data deemed pertinent to responding to the questions I will be asked to address.

7. I am asking to conduct a Rule 35 Examination based on the limited mental health record that exists. Specifically, Ms. Glenn appears to only have visited a psychotherapist on one occasion on 06/06/22; the entire visit lasted 31 minutes. She completed two subjective psychological screeners, one assessing symptoms of depression in the last two weeks, and a second assessing anxiety symptoms in the last two weeks; she received moderate elevations on both. Ms. Glenn was ultimately diagnosed with Posttraumatic Stress Disorder after this office visit, presumably based on her subjective self-report during the therapy session, which likely includes her responses on the psychological screeners. Based on the six pages of records that were reviewed from this session, no objective psychological testing was administered to assess response bias. Ms. Glenn does not appear to have returned for her follow-up session on 06/14/22, and it does not appear that she met with this therapist, or any other therapist, at any other point in time. This one mental health note is insufficient in allowing me to make any determinations as to whether or not Ms. Glenn has ever, or continues to, suffer from an alleged psychiatric disorder.

8. It is my understanding that the duration of my proposed examination is the subject of ongoing objections by plaintiff's attorneys. As has been our clinic's practice since it began in 2002, and has been my practice since I started at Isaac Ray Forensic Group in 2020 (and the practice of psychologist coworkers), I conduct examinations over two separate days. This is done to avoid fatigue,

as the examination includes three distinct parts: a comprehensive clinical diagnostic and background interview (this can last 4-6 hours, depending on the complexity of the examinee's history, speech style of the examinee, etc.); psychological testing (generally lasting 3.5-4.0 hours, though varies depending on examinee; what requires 90 minutes for one examinee to complete can require three hours for another, in our experience); and cognitive testing (typically 4 hours, up to 6 hours if academic testing is also required). We ask for a full 16 hours in order to work in lunch breaks, other breaks, and some "wiggle room" for examinees whose interview or testing style simply requires more time and so plaintiff does not feel rushed.

9. The proposed duration for the examination is entirely standard practice. According to the 2021 professional practice survey of neuropsychologists¹, a survey conducted every five years detailing the professional practices of neuropsychologists throughout the United States, clinicians spend an average of 14.7 hours conducting examinations that are forensic in nature. The standard deviation of 5.6 hours means the average range is 9.1 to 20.3 hours (14.7 ± 5.6 hours). The 2015 practice survey² reflected similar average examination hours (average 13.5 ± 5.8 hours; range 7.8 to 19.3 hours), reflecting consistency in practice over the years. In both 2015 and 2020, the top range of examination hours among psychologists surveyed was ≥ 25 hours. My request for 8 hours falls solidly within the below-average range. We are respectful of all who visit our practice and aim to maintain the integrity of examination procedures and the information gleaned from them at all times.

10. With respect to psychological and cognitive testing, the decision as to which tests are ultimately administered is a dynamic process, not decided prior to an examination. While an

¹ Sweet J.J., Klipfel K.M., Nelson N.W., & Moberg P.J. (2021). Professional practices, beliefs, and incomes of U.S. neuropsychologists: The AACN, NAN, SCN 2020 practice and "salary survey". *The Clinical Neuropsychologist*, 35(1), 7-80.

² Sweet J.J., Benson L.M., Nelson N.W., & Moberg P.J. (2015). The American Academy of Clinical Neuropsychology, National Academy of Neuropsychology, and Society for Clinical Neuropsychology (APA Division 40) 2015 TCN Professional Practice and 'Salary Survey': Professional practices, beliefs, and incomes of U.S. neuropsychologists. *The Clinical Neuropsychologist*, 29(8), 1069-1162.

examinee's particular history and prior testing may be helpful in considering relevant tests to administer, ultimate decisions regarding the administration of any one test are based upon the clinical presentation of the examinee and their performances on initial tests *once the examination has begun.*

11. Any and all tests I employ as part of an examination of Ms. Glenn are standardized, widely used instruments that have undergone empirical investigation, have acceptable reliability and validity, are peer-reviewed and accepted by the fields of clinical psychology and neuropsychology, and have histories of being employed repeatedly in the forensic setting. The psychological tests address personality characteristics, emotional functioning and substance use, whereas the cognitive tests address attention/concentration, task engagement, learning and memory, general intellectual functioning and scholastic achievement, language, visuospatial, executive and motor functioning.

12. The psychological and neurocognitive tests that I may choose to administer during the course of the proposed examination are:

a. Psychological Tests:

Minnesota Multiphasic Personality Inventory, 2nd edition (MMPI-2)
Minnesota Multiphasic Personality Inventory, 3rd edition (MMPI-3)
Millon Clinical Multiaxial Inventory, 3rd edition (MCMII-III)
Personality Assessment Inventory (PAI)
Beck Depression Inventory, 2nd edition (BDI-II)
State Trait Anxiety Inventory (STAI)
Beck Anxiety Inventory (BAI)
State-Trait Anger Expression Inventory-2 (STAXI-2)
Alcohol Use Disorder Identification Test (AUDIT)
Adult ADHD Self-Report Scale (ASRS-v1.1)
Clinician-Administered PTSD Scale (CAPS)
Trauma Symptom Inventory, 2nd edition (TSI-2)
Posttraumatic Diagnostic Scale (PDS)
Impact of Events Scale (IES)

b. Cognitive Tests:

Woodcock Johnson, 4th edition (WJ-IV)
Wide Range Achievement Test, 5th edition (WRAT-5)
Test of Premorbid Functioning (TOPF)
Wechsler Adult Intelligence Scale, 4th edition (WAIS-IV)
Rey 15-item Test (FIT)

Test of Memory Malingering (TOMM)
Word Memory Test (WMT)
Victoria Symptom Validity Test (VSVT)
Word Choice Test (WCT)
Validity Indicator Profile (VIP)
Structured Inventory of Malingered Symptoms (SIMS)
Trailmaking Test, Parts A and B
Connors' Continuous Performance Test, 2nd edition (CPT-II)
Stroop Color-Word Test
Brief Test of Attention (BTA)
Wechsler Memory Scale, 3rd edition (WMS-III): various subtests
Wechsler Memory Scale 4th edition (WMS-IV): various subtests
California Verbal Learning Test, 2nd edition (CVLT-II)
Hopkins Verbal Learning Test, Revised (HVLT-R)
Rey Ostierrith Complex Figure Test (RCF)
Brief Visuospatial Memory Test, Revised (BVMT-R)
Controlled Oral Word Association Test (COWAT)
Category Fluency
Boston Naming Test (BNT)
Benton Judgment of Line Orientation (JLO)
Wisconsin Card Sorting Test (WCST)
Booklet Category Test (BCT)
Delis-Kaplan Executive Function System (DKEFS)
Finger Oscillation Test (FOT)
Grooved Pegboard

I declare under penalty of perjury pursuant to 28 U.S.C. 1746 that the foregoing is true and correct to the best of my knowledge and belief.

Dated May 7, 2024, at Chicago, Illinois



Kristen M. Klipfel, Ph.D.
Licensed Clinical Psychologist
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