



25th Annual National Educational Conference

Professionalism and Productivity

Monday 10/24/2016 Registration

Welcome to San Diego

5:00 PM - 7:00 PM	Registration Poolside	Porthole Loma Vista Terrace
5:00 PM - 7:00 PM	AALJ Welcome Reception	Porthole Loma Vista Terrace

Agenda and materials for Tuesday 10/25/16:

Morning run along the Harbor with Hon. George Evans – meet in the lobby each morning at 6:30 AM.

TIME	FUNCTION	TITLE	PRESENTER/SPEAKER	MODERATOR	ROOM
7:00 AM	Late Registration	Late Registration	Hon. James Carletti		Pacific Foyer
7:00 AM	Light Breakfast				Pacific Ballroom C
8:00 AM	Breakout	Retirement Basics and the Law	Denny Witkin Federal Benefit Specialist	Hon. Michelle Marcus	Pacific Ballroom D
	Breakout	Professional Liability Insurance – Legal Issues	Peter Noone, Esq.	Hon. Rita Eppler	Coast East Ballroom
	Breakout	Lexis-Nexis- Focused Research	Lexis-Nexis Specialists	Marie Kaddell MLS, MBA Government Solutions Consultant	Coast West Ballroom
9:00 AM	General Session	Opening Ceremony	Honor Guard/Pledge of Allegiance	Hon. James Carletti Hon. Tamia Gordon	Pacific Ballroom A & B
		Welcome	Hon. Peter J. Valentino , Conference Chair		
		Welcome	Hon. Marilyn Zahm AALJ President	Hon. Peter Valentino	
9:20 AM	General Session	Address	Donna Calvert Asst. Deputy Commissioner, ODAR	Hon. Marilyn Zahm	
9:40 AM	General Session	Traumatic Brain Injury: Diagnosis, Malingering, Recovery, and Prognosis for Occupational Functioning	Jason M. Bailie, Ph.D., Neuropsychologist, Private Practice	Hon. Michelle Marcus	
10:45 AM	AM Break				
11:00 AM	Gen Session	Traumatic Brain Injury - Cont.	Jason M. Bailie, Ph.D., Neuropsychologist, Private Practice	Hon. Michelle Marcus	
12:15 PM	Luncheon	Keynote Address	Frank Cristaudo Executive Counselor to the Commissioner		Loma Vista Terrace

1:15 PM	General Session	Autism and Autism Spectrum Disorders	Eric Courchesne, Ph.D Neurosciences UCSD School of Medicine Director, Autism Center of Excellence Paul Dores, Ph.D	Hon. Robert Iafe	Pacific Ballroom A & B
3:00 PM	Break			Facilitators	
3:15 PM to 4:30 PM	Circuit Law Breakouts	Circuits 1, 2, 3, 4, 6, 7 & 11	Gary Sultz, OGC Attorney	Hon. Peter Martinelli Hon. Michelle Marcus Hon. William Clark Hon. George Evans Hon. Michael Logan Hon. Carol Moore	Pacific Ballroom D
		Circuits 5, 8, 9 & 10	Jennifer Randall, OGC Attorney	Hon. Caroline Siderius Hon. Michael Blume Hon. Mark Brown Hon. Michael Brownfield	Coast Ballroom
7:00 PM	Celebrate! 25th Anniversary Sunset Harbor Dinner Cruise - <i>Dine, Dance, and Stargaze</i> aboard our luxury yacht. Enjoy a free glass of champagne as we float through one of the world's most beautiful Harbors for a memorable evening of dining, dancing, and impeccable service, surrounded by the sparkling backdrop of the San Diego skyline. Regularly \$69.50 Special AALJ Price: \$49.50 (+ 20% gratuity, 8% tax, & landing fees= Regularly \$89.94 Our price: \$69.00) To Reserve: Call 1-800-442-7847 Group Name: AALJ				

AALJ Conference Presents

(POWERPOINT SLIDES PROVIDED IN SEPARATE PDF FILES)

**Your
Federal Benefits
&
Retirement
FERS Handbook**



*Putting the Pieces of the Puzzle Together
For FERS and CSRS*

We are pleased to welcome our guest speaker Ms. Denny Witkin who is a Federal Benefits Specialist in San Diego. She will be presenting the FERS and CSRS retirement systems. The following subjects will be covered:

- *Eligibility for Retirement**
- *Primary Factors Affecting your Annuity**
- *Annuity Computations**
- *Military Time and Creditable Time**
- *Survivor Benefits**
- *Federal Employee Group Life**
- *TSP**

About Your Instructor



Denny Witkin, your instructor, is a Federal Benefit Specialist. She has been involved with teaching Federal Benefits and Retirement Training for over 10 years.

Her teaching style is engaging and interactive and she welcomes questions and ideas that are raised in class.

She and her staff are dedicated to providing you with answers to your questions, an in depth understanding of your current benefits and the choices you will need to make in retirement. Ms. Witkin can also assist you with Annuity Estimates and the processing of Retirement Paperwork.

Your retirement system is complex with many variables. The intention of the class and workbook is to give you information that is both insightful and easy to understand.

Ms. Witkin is located in San Diego and is available to consult at any time.

DENNY WITKIN

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Biography of Denny Witkin

2016

Denny Witkin is a specialist in CSRS and FERS retirement systems. She has been helping Federal employees for over 10 years to understand their benefits and to make sound choices that influence their financial success in retirement.

She has provided and continues to provide retirement training workshops to Federal Employees at the two Naval Hospitals in San Diego and Camp Pendleton, at Seal Beach Naval Weapons Station, Army Recruitment Headquarters, Mission Viejo and has also taught special groups in San Diego and Barstow. She also provides assistance with processing retirement forms and holds a Notary license.

Ms. Witkin graduated with a Master's degree in Architecture in 1978 and immigrated from South Africa to the US in 1979 where she developed, along with her partner, a company providing Architecture and Planning services. Her interest in people and planning drew her into the Federal benefits arena in 2005 when she began working with a local company providing retirement training in San Diego.

In May 2014, Ms. Witkin began developing her own company, Select Civil Service Benefits, Inc. and teaching materials which incorporates slides, workbooks and proprietary software to produce analysis and benefit reports. She is able to produce annuity estimates and analysis to illustrate why it can be beneficial to purchase either retired or active military time.

Ms. Witkin strives to make her teaching materials accessible, user friendly and easy to understand. She believes in empowering people to take control of their long or short term retirement plans.

Peter H. Noone, Esq.



Peter H. Noone is a Partner at Avery Dooley & Noone, LLP and focuses his practice as a trial lawyer in the areas of federal employment law, administrative law and appeals, and insurance defense. Mr. Noone is a graduate of Princeton University (B.A., 1992) and Suffolk University Law School (J.D., Cum Laude, 1995). He is admitted to practice before the United States Supreme Court, the Massachusetts Supreme Judicial Court, the U.S. Court of Appeals for the Federal Circuit, the 1st and 9th Circuit Courts of Appeals, and the United States District Court for Massachusetts.

Mr. Noone has specialized in federal personnel matters, and he has represented federal employees and law enforcement officers from virtually every federal agency. Mr. Noone has represented his clients throughout agency and criminal investigations, in MSPB appeals, EEOC hearings, and trials in the U.S. District Court. Mr. Noone has also prepared clients for interviews in front of the DOJ, OIG and OPR. He has also defended his clients during United States Attorney Investigations. Mr. Noone has assisted his clients in successfully defending disciplinary actions, ranging from letters of reprimand to removal. Additionally, Mr. Noone has assisted his clients in defending security clearance revocation and in adverse suitability determinations.

Before beginning his career at Avery Dooley & Noone, LLP, Mr. Noone worked as a claims investigator and law clerk with the Middlesex County District Attorney's Office, where he learned the nuances and unique requirements of arguing cases in the Massachusetts court system. Mr. Noone began his involvement in Federal Employment Law working with William Rudman.

Mr. Noone is a member of the American Bar Association, Massachusetts Bar Association, Defense Research Institute and the Cambridge-Arlington-Belmont Bar Association. He serves as general counsel for the Massachusetts Association of Women in Law Enforcement, Irish American Police Officer's Association and the New England Crisis Negotiators Association.

Mr. Noone is a frequent instructor and lecturer for the Federal Law Enforcement Training Center. He conducts comprehensive training seminars to the American Federation of Government Employees (AFGE) Law Enforcement Steering Committee.

Mr. Noone lives in Belmont, Massachusetts with his wife Shannon and children Ryan, Meagan and Sean.

Marie Kaddell

Marie Kaddell is a Government Solutions Consultant at LexisNexis, supporting users in federal government accounts. She also acts as the peer resource for federal government librarians across the country. She was a library director for a major law firm before coming to LexisNexis. Prior to that she was a reference librarian at the same firm where she performed extensive legal, business and economic, and general reference and research.

She authors the ***Government Info Pro Blog*** and is the founding editor of ***Best Practices for Government Libraries***. Marie is a past President of DC/SLA and past SLA Division of Government Information Chair. She is a national and local speaker on library topics including library trends, government librarianship, and social media strategies. Marie is a 2014 Women in Technology Annual Leadership Award finalist. She has an M.L.S., M.S. in Technology Management, and M.B.A. Her undergraduate degree is in economics.

HON. MICHELLE MARCUS



Judge Marcus received her undergraduate degree at SUNY Binghamton and her law degree at the Albany Law School of Union University, where she was on law review. After law school, she worked in NYC for the firm of Mudge Rose Guthrie Alexander & Ferdon. After leaving the city in 1991, she started representing claimants before the Social Security Administration. During her years in private practice she gave presentations and lectures on the disability process to the public, attorneys and medical professionals. In 2008 she joined SSA as an administrative law judge and soon thereafter joined the AALJ. She soon became the LAR in her Albany, NY hearing office. She was elected as Vice President of Region II earlier this year.

HON. RITA S. EPPLER



RITA S. EPPLER was appointed an Administrative Law Judge for the Social Security Administration in Columbus, Ohio, in June of 1997. She currently serves as the National Grievance Chair for the Association of Administrative Law Judges.

Prior to her appointment Eppler was in private practice with a focus in labor and employment law and general civil litigation. For over 12 years she served as Chief of the Federal Litigation and Employment Law Sections for the Office of the Ohio Attorney General.

Ms. Eppler has extensive appellate experience including arguing two cases before the United States Supreme Court. Ohio v. Akron Center for Reproductive Health, 497 U.S. 502 (1990) (Ohio's parental notification statute) and Wilson v. Seiter, 501 U.S. 294 (1991) (determined the standard for review of eighth amendment prison conditions actions).

Ms. Eppler has litigated complex class actions, bench and jury trials before in the United States District Courts for the Northern and Southern Districts of Ohio. Illustrative cases include civil rights actions in the areas of school desegregation, search and seizure, human drug testing, excessive use of force, general challenges to the constitutionality of state statutes, and employment discrimination actions in the areas of race, gender, national origin, age, disability, and political discrimination.

Ms. Eppler is active in numerous civic and professional organizations including: the Board of Directors for Advocacy & Protective Services, Inc. ("APSP"), the Court Appointed Special Advocates ("CASA") of Franklin County, the Neighborhood House, Inc., Government Affairs Committee of the Ohio Jewish Communities, Inc., the Regional Board for the Anti Defamation League of Central Ohio, and as a trustee at large for Congregation Beth Tikva. Eppler also serves as a member the Community Board for the Columbus Jewish Federation. She is a member of the American Inns of Court, and served as president for four years. She is also active in local bar and court committees including appointment for multiple years to the Local Rules Advisory Committee for the United States District Court for the Southern District of Ohio.

Ms. Eppler, is married to Davis Goss, a professor emeritus and former chair of the Department of Mathematics at The Ohio State University and they have two children.

Hon. James S. Carletti

United States Administrative Law Judge – appointed 1990 to Social Security Administration in West Los Angeles, CA; reassigned 1991 to San Diego, CA

Trained new ALJ class, presented PUTT and HPI training nationally

Member Chief Judge's Advisory Board

Quality Assurance Reviewer

Member AALJ CLE Committee Chair and AALJ Conference Committee

BHA/OHA/ODAR

Supervisory Staff Attorney (GM 13)/ Acting Hearing Office Manager/ Attorney-Advisor

Instructor – Judge, Attorney and Analyst training

Recipient – Deputy and Associate Commissioner Awards

Private Practice-- Emphasis Social Security/ Supplemental Security Income Disability

United States Navy

Captain JAGC (Ret); – Last assignment – Staff Judge Advocate, Readiness Commander Region 19, San Diego

Highest Award – Legion of Merit

College of the Holy Cross, AB History

University of Connecticut School of Law, JD

Admitted to Practice in Colorado and California

Judge Tamia N. Gordon New Orleans Hearing Office

Judge Gordon currently serves as an Administrative Law Judge for the New Orleans Hearing Office of Disability, Adjudication and Review. Judge Gordon also successfully served as Chief Judge for both the Miami, FL and Fresno, CA Hearing Offices. She further served as Acting Chief Judge for the Fort Lauderdale and Fort Myers Hearing Offices in Florida. As Chief Judge, she was responsible for supervising various staffs, which included judges, attorneys, paralegals and clerks. Judge Gordon also continues to preside over hearings and issue timely and legally sufficient decisions on behalf of the Social Security Administration (SSA), which is one of the largest administrative judicial systems in the world. Judge Gordon was appointed to the bench in August 2010 and is the civilian equivalent of a Brigadier General.



Judge Gordon has practiced law in the public and private sectors. While on active duty in the U.S. Marine Corps, she was a Judge Advocate serving in several challenging billets, including Prosecutor/Trial Counsel, Income Tax Center Manager/Officer-In-Charge, Immigration and Naturalization Officer, Legal Assistance Attorney, and Marine Corps Liaison to the White House Commission. Judge Gordon consistently provided sound legal advice to Base Commanders and Senior Executive Staff and adeptly handled complex criminal litigation throughout her remarkable military career. She attained the rank of Major/O-4 during her tenure as a Marine Officer. Judge Gordon's most notable civilian position was as Deputy Associate General Counsel, DoD General Counsel (Legal Counsel) where she handled Habeas Corpus litigation for the detained enemy combatants at Guantanamo Bay, Cuba.

Judge Gordon is a native of Washington, DC. She attended the American University on a full academic scholarship and received a Bachelor of Science degree in Chemistry. She also pledged in the Delta Sigma Theta Public Service Sorority. Judge Gordon was awarded a Master of Science degree in Inorganic Chemistry from the University of Pennsylvania. Next, she was awarded a Juris Doctorate degree in Law from the University of San Francisco School of Law, where she served as the Managing Editor for the Maritime Law Review Journal. Judge Gordon was also awarded a degree in Arabic Studies and Linguistics from the Defense Language Institute in Monterey, CA. As a result, she is a qualified Arabic Linguist with fluency in Iraqi, Egyptian and Syrian dialects. Her military commendations include: Navy and Marine Corps Commendation Medal, Global War On Terrorism Service Medal, National Defense Service Medals, Navy Unit Commendation, Armed Forces Reserve Medal, and Military Outstanding Volunteer Service Medal.

Hon. Peter J. Valentino, 2016 AALJ Conference Chair



Judge Valentino is an Administrative Law Judge. He has over 29 years' experience in presiding over hearings and issues decisions on behalf of the Social Security Administration (SSA), the largest administrative judicial systems in the world. With the full support of the NEB, Judge Valentino, served as the first chair of this conference over 25 years ago. He is currently the conference chair and has served in that capacity for a total of 13 years. He also founded and is a strong supporter of the AALJ Scholarship Fund, which provides scholarships for worthy law students interested in going into Public Interest Law.

Judge Valentino's experience is not limited to the AALJ Educational Conference and his current position as AALJ Treasurer. He also served on the AALJ negotiating team in 2000, which negotiated our first collective bargaining agreement with the Agency, and has represented AALJ as a trainer for New Judges. In addition, he has served as AALJ Executive Vice-President, Region 9 Vice-President and is the current LAR in the San Diego Hearing Office. During the past four years, he has served as a member of the AALJ Labor-Management Committee and the Labor-Management FORUM.

Other Professional Experience

- Trial Law Practice, Chicago, Both State and Federal Courts.
- Employed 5 years as Supervising Accountant, City of Chicago, Water Utility Accounting Office. Supervised staff of 15 accounting personnel.

Education and Bar Memberships

Judge Valentino is a native of Chicago where is earned an MBA degree with an emphasis on accounting and finance and is a graduate of John Marshal University Law School. He was admitted to practice before the United States Supreme Court, the Illinois Supreme Judicial Court, the U.S. Court of Appeals for the Federal Circuit, the 9th Circuit Court of Appeals, and the United States District Court. Judge Valentino is a member of the Illinois Bar Association and California Bar Association.

Personal

Judge Valentino resides in Coronado, California, with his wife, Dr. Jan Yanda.

Hon. Marilyn Zahm

Judge Marilyn Zahm was recently elected President of the Association of Administrative Law Judges, IFPTE, AFL-CIO, which represents 1300 Social Security Judges nationwide. She has held various positions with the organization on its National Executive Board since 2002.

Appointed in 1994 as an Administrative Law Judge, Judge Zahm adjudicates cases in the Buffalo Hearing Office of SSA's Office of Disability Adjudication and Review.

She previously held an Administrative Law Judge position with the New York State Public Employment Relations Board from 1984 to 1994. At the same time, she was the Chief Regional Mediator and head of that agency's Western New York office.

Judge Zahm has also served as an attorney with the National Labor Relations Board in its Buffalo office (1978-1984). Prior to that, she was the Executive Director of Neighborhood Legal Services, Inc., in Buffalo, New York, which handles a wide variety of civil legal matters for low-income clients.

Judge Zahm is a graduate of The Catholic University of America School of Law and

St. Bonaventure University. She is a former adjunct faculty member of the Cornell University School of Industrial and Labor Relations, Buffalo office, the past president of the Women Lawyers of Western New York, and the past president of the YWCA of Western New York.

Traumatic Brain Injury: Diagnosis, Malingering, Recovery, and Prognosis for Occupational Functioning

Presenter: Jason M. Bailie, Ph.D., Neuropsychologist

Traumatic Brain Injury (TBI) is a leading cause of disability in the United States. In some instances, TBI may result in chronic lifetime injuries that cause permanent disability; however, in other instances the effects of a TBI can resolve completely within days or weeks of injury. The variability is also notable in symptomatology. TBI is associated with permanent changes to cognitive/intellectual ability, motor functioning, somatosensory ability, emotional health, and personality. Some individuals may have severe disability in one or all of these areas. This wide range of variability in recovery is related to a multitude of factors that include biological aspects of the brain injury, secondary medical physiological disorders (e.g., epilepsy), co-occurring psychological/social factors, as well as the presence of secondary gain. This presentation will review 1) the medical and diagnostic aspects of TBI, 2) the anticipated course of recovery following different types of TBI, 3) the non-medical factors that will impact recovery, 4) neuropsychological practices for identification of malingering, 5) and relationship between neuropsychological functioning and return to work after a TBI.

(SEE OTHER MATERIALS PROVIDED IN SEPARATE PDF FILES)

Relevant Listings for Evaluating Traumatic Brain Injury at Step 3 of the Sequential Evaluation

I. Neurological Disorders

Revised Medical Criteria for Evaluating Neurological Disorders went into effect September 29, 2016. This link will take you to a complete copy of the revised criteria:

<https://www.gpo.gov/fdsys/pkg/FR-2016-07-01/pdf/2016-15306.pdf>.

The revision contains a new listing for Traumatic Brain Injury (TBI) at 11.18. Section 11.00Q defines TBI and discusses how SSA evaluates it at Step 3 of the Sequential Evaluation:

1. Traumatic brain injury (TBI) is damage to the brain resulting from skull fracture, collision with an external force leading to a closed head injury, or penetration by an object that enters the skull and makes contact with brain tissue. We evaluate TBI that results in coma or persistent vegetative state (PVS) under 11.20.

2. We generally need evidence from at least 3 months after the TBI to evaluate whether you have disorganization of motor function under 11.18A or the impact that your disorder has on your physical and mental functioning under 11.18B. In some cases, evidence of your TBI is sufficient to determine disability within 3 months post-TBI. If we are unable to allow your claim within 3 months post-TBI, we will defer adjudication of the claim until we obtain evidence of your neurological disorder at least 3 months post-TBI. If a finding of disability still is not possible at that time, we will again defer adjudication of the claim until we obtain evidence at least 6 months after your TBI.

This is the new listing, as well as the applicable language from 11.00.

11.18 Traumatic brain injury, characterized by A or B:

A. Disorganization of motor function in two extremities (**see 11.00D1**), resulting in an extreme limitation (**see 11.00D2**) in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities, persisting for at least 3 consecutive months after the injury; or

B. Marked limitation (**see 11.00G2**) in physical functioning (**see 11.00G3a**), *and* in one of the following areas of mental functioning, persisting for at least 3 consecutive months after the injury:

1. Understanding, remembering, or applying information (**see 11.00G3b(i)**); or

2. Interacting with others (**see 11.00G3b(ii)**); or

3. Concentrating, persisting, or maintaining pace (**see 11.00G3b(iii)**); or

4. Adapting or managing oneself (**see 11.00G3b(iv)**).

11.00D. What do we mean by disorganization of motor function?

1. Disorganization of motor function means interference, due to your neurological disorder, with movement of two extremities; i.e., the lower extremities, or upper extremities including fingers, wrists, hands, arms, and shoulders). By two extremities we mean both lower extremities, or both upper extremities, or one upper extremity and one lower extremity. All listings in this body system, except for 11.02 (Epilepsy), 11.10 (Amyotrophic lateral sclerosis), and 11.20 (Coma and persistent vegetative state), include criteria for disorganization of motor function that results in an extreme limitation in your ability to:

- a. Stand up from a seated position; or
- b. Balance while standing or walking; or
- c. Use the upper extremities (including fingers, wrists, hands, arms, and shoulders).

2. Extreme limitation means the inability to stand up from a seated position, maintain balance in a standing position and while walking, or use your upper extremities to independently initiate, sustain, and complete work-related activities. The assessment of motor function depends on the degree of interference with standing up; balancing while standing or walking; or using the upper extremities (including fingers, hands, arms, and shoulders).

a. Inability to stand up from a seated position means that once seated you are unable to stand and maintain an upright position without the assistance of another person or the use of an assistive device, such as a walker, two crutches, or two canes.

b. Inability to maintain balance in a standing position means that you are unable to maintain an upright position while standing or walking without the assistance of another person or an assistive device, such as a walker, two crutches, or two canes.

c. Inability to use your upper extremities means that you have a loss of function of both upper extremities (including fingers, wrists, hands, arms, and shoulders) that very seriously limits your ability to independently initiate, sustain, and complete work-related activities involving fine and gross motor movements. Inability to perform fine and gross motor movements could include not being able to pinch, manipulate, and use your fingers; or not being able to use your hands, arms, and shoulders to perform gross motor movements, such as handling, gripping, grasping, holding, turning, and reaching; or not being able to engage in exertional movements such as lifting, carrying, pushing, and pulling.

11.00G. How do we evaluate physical and mental functioning under these listings?

1. Neurological disorders may manifest in a combination of limitations in physical and mental functioning. We consider all relevant information in your case record to determine the effects of your neurological disorder on your physical and mental functioning. To satisfy the requirement described under 11.00G, your neurological disorder must result in a marked limitation in physical functioning and a marked limitation in at least one of four areas of mental functioning: Understanding, remembering, or applying information; interacting with others; concentrating, persisting, or maintaining pace; or adapting or managing oneself. If your neurological disorder results in an extreme limitation in at least one of the four areas of mental

functioning, or results in marked limitation in at least two of the four areas of mental functioning, but you do not have at least a marked limitation in your physical functioning, we will consider whether your condition meets or medically equals one of the mental disorders body system listings, 12.00.

2. *Marked Limitation.* To satisfy the requirements of the functional criteria, your neurological disorder must result in a marked limitation in physical functioning and a marked limitation in one of the four areas of mental functioning (see 11.00G3). Although we do not require the use of such a scale, “marked” would be the fourth point on a five-point scale consisting of no limitation, mild limitation, moderate limitation, marked limitation, and extreme limitation. We consider the nature and overall degree of interference with your functioning. The term “marked” does not require that you must be confined to bed, hospitalized, or in a nursing home.

a. *Marked limitation and physical functioning.* For this criterion, a marked limitation means that, due to the signs and symptoms of your neurological disorder, you are seriously limited in the ability to independently initiate, sustain, and complete work-related physical activities (see 11.00G3). You may have a marked limitation in your physical functioning when your neurological disease process causes persistent or intermittent symptoms that affect your abilities to independently initiate, sustain, and complete work-related activities, such as standing, balancing, walking, using both upper extremities for fine and gross movements, or results in limitations in using one upper and one lower extremity. The persistent and intermittent symptoms must result in a serious limitation in your ability to do a task or activity on a sustained basis. We do not define “marked” by a specific number of different physical activities or tasks that demonstrate your ability, but by the overall effects of your neurological symptoms on your ability to perform such physical activities on a consistent and sustained basis. You need not be totally precluded from performing a function or activity to have a marked limitation, as long as the degree of limitation seriously limits your ability to independently initiate, sustain, and complete work-related physical activities.

b. *Marked limitation and mental functioning.* For this criterion, a marked limitation means that, due to the signs and symptoms of your neurological disorder, you are seriously limited in the ability to function independently, appropriately, effectively, and on a sustained basis in work settings (see 11.03G3). We do not define “marked” by a specific number of mental activities, such as: The number of activities that demonstrate your ability to understand, remember, and apply information; the number of tasks that demonstrate your ability to interact with others; a specific number of tasks that demonstrate you are able to concentrate, persist or maintain pace; or a specific number of tasks that demonstrate you are able to manage yourself. You may have a marked limitation in your mental functioning when several activities or functions are impaired, or even when only one is impaired. You need not be totally precluded from performing an activity to have a marked limitation, as long as the degree of limitation seriously limits your ability to function independently, appropriately, and effectively on a sustained basis, and complete work-related mental activities.

3. *Areas of physical and mental functioning.*

a. *Physical functioning.* Examples of this criterion include specific motor abilities, such as independently initiating, sustaining, and completing the following activities: Standing up from a seated position, balancing while standing or walking, or using both your upper extremities for fine Page

and gross movements (see 11.00D). Physical functioning may also include functions of the body that support motor abilities, such as the abilities to see, breathe, and swallow (see 11.00E and 11.00F). Examples of when your limitation in seeing, breathing, or swallowing may, on Its own, rise to a “marked” limitation include: Prolonged and uncorrectable double vision causing difficulty with balance; prolonged difficulty breathing requiring the use of a prescribed assistive breathing device, such as a portable continuous positive airway pressure machine; or repeated instances, occurring at least weekly, of aspiration without causing aspiration pneumonia. Alternatively, you may have a combination of limitations due to your neurological disorder that together rise to a “marked” limitation in physical functioning. We may also find that you have a “marked” limitation in this area if, for example, your symptoms, such as pain or fatigue (see 11.00T), as documented in your medical record, and caused by your neurological disorder or its treatment, seriously limit your ability to independently initiate, sustain, and complete these work related motor functions, or the other physical functions or physiological processes that support those motor functions. We may also find you seriously limited in an area if, while you retain some ability to perform the function, you are unable to do so consistently and on a sustained basis. The limitation in your physical functioning must last or be expected to last at least 12 months. These examples illustrate the nature of physical functioning. We do not require documentation of all of the examples.

b. Mental functioning.

(i) ***Understanding, remembering, or applying information.*** This area of mental functioning refers to the abilities to learn, recall, and use information to perform work activities. Examples include: Understanding and learning terms, instructions, procedures; following one- or two-step oral instructions to carry out a task; describing work activity to someone else; asking and answering questions and providing explanations; recognizing a mistake and correcting it; identifying and solving problems; sequencing multi-step activities; and using reason and judgment to make work-related decisions. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

(ii) ***Interacting with others.*** This area of mental functioning refers to the abilities to relate to and work with supervisors, coworkers, and the public. Examples include: Cooperating with others; asking for help when needed; handling conflicts with others; stating your own point of view; initiating or sustaining conversation; understanding and responding to social cues (physical, verbal, emotional); responding to requests, suggestions, criticism, correction, and challenges; and keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

(iii) ***Concentrating, persisting, or maintaining pace.*** This area of mental functioning refers to the abilities to focus attention on work activities and to stay on task at a sustained rate. Examples include: Initiating and performing a task that you understand and know how to do; working at an appropriate and consistent pace; completing tasks in a timely manner; ignoring or avoiding distractions while working; changing activities or work settings without being disruptive; working close to or with others without interrupting or distracting them; sustaining an ordinary routine and regular attendance at work; and working a full day without needing more than the allotted number or length of rest periods during the day. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

(iv) ***Adapting or managing oneself***. This area of mental functioning refers to the abilities to regulate emotions, control behavior, and maintain well-being in a work setting. Examples include: Responding to demands; adapting to changes; managing your psychologically based symptoms; distinguishing between acceptable and unacceptable work performance; setting realistic goals; making plans for yourself independently of others; maintaining personal hygiene and attire appropriate to a work setting; and being aware of normal hazards and taking appropriate precautions. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

4. *Signs and symptoms of your disorder and the effects of treatment.*

a. We will consider your signs and symptoms and how they affect your ability to function in the work place. When we evaluate your functioning, we will consider whether your signs and symptoms are persistent or intermittent, how frequently they occur and how long they last, their intensity, and whether you have periods of exacerbation and remission.

b. We will consider the effectiveness of treatment in improving the signs, symptoms, and laboratory findings related to your neurological disorder, as well as any aspects of treatment that may interfere with your ability to function. We will consider, for example: The effects of medications you take (including side effects); the time-limited efficacy of some medications; the intrusiveness, complexity, and duration of your treatment (for example, the dosing schedule or need for injections); the effects of treatment, including medications, therapy, and surgery, on your functioning; the variability of your response to treatment; and any drug interactions.

II. Mental Disorders

Revised listings for evaluating mental impairments are set to go into effect on January 17, 2017. The revisions are set out in the Federal Register at:

<https://www.gpo.gov/fdsys/pkg/FR-2016-09-26/pdf/2016-22908.pdf>.

The first 24 pages are a discussion of changes to the listings and a discussion of the comments made to the proposed listings. The revised mental disorder listings start on page 25.

There are many impairments contained in these newly revised mental listings that would be relevant to evaluating a TBI, especially if the claimant does not meet or equal Listing 11.08. This section will only reprint revised Listing 12.02, newly named “Neurocognitive Disorders.”¹

¹ Aside from 12.02, other listings to consider are 12.04 Depressive, bipolar and related disorders, 12.06 Anxiety and obsessive-compulsive disorders, 12.08 Personality and impulse-control disorders, and other disorders discussed at pages 30 – 32 in the above link.

One thing to note about the revised listings is that they have changed the “B criteria.” “Activities of daily living” has been changed to “Understand, remember or apply information” and “Episodes of decompensation or deterioration” has been changed to “Adapting or managing oneself.”

Another change is that to meet a mental listing that contains the B criteria, you need to have a marked limitation of two **or an extreme limitation of one** of the listed criteria. They have also reworked the “C criteria” to address “serious and persistent” mental disorders.

Listing 12.02. Neurocognitive disorders (see 12.00B1), satisfied by A & B, **or** A & C:

A. Medical documentation of a significant cognitive decline from a prior level of functioning in one or more of the cognitive areas:

1. Complex attention;
2. Executive function;
3. Learning and memory;
4. Language;
5. Perceptual-motor; or
6. Social cognition.

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).

Below please find relevant language from revised preface section 12.00 that will explain the above requirements (effective 1/17/16):

12.00(A)(2)

a. Paragraph A of each listing (except 12.05) includes the medical criteria that must be present in your medical evidence.

b. Paragraph B of each listing (except 12.05) provides the functional criteria we assess, in conjunction with a rating scale (see 12.00E and 12.00F), to evaluate how your mental disorder limits your functioning. These criteria represent the areas of mental functioning a person uses in a work setting. They are: Understand, remember, or apply information; interact with others; concentrate, persist, or maintain pace; and adapt or manage oneself. We will determine the degree to which your medically determinable mental impairment affects the four areas of mental functioning and your ability to function independently, appropriately, effectively, and on a sustained basis (see §§ 404.1520a(c)(2) and 416.920a(c)(2) of this chapter). To satisfy the paragraph B criteria, your mental disorder must result in “extreme” limitation of one, or “marked” limitation of two, of the four areas of mental functioning. (When we refer to “paragraph B criteria”

or “area[s] of mental functioning” in the introductory text of this body system, we mean the criteria in paragraph B of every listing except 12.05.)

c. Paragraph C of listings 12.02, 12.03, 12.04, 12.06, and 12.15 provides the criteria we use to evaluate “serious and persistent mental disorders.” To satisfy the paragraph C criteria, your mental disorder must be “serious and persistent”; that is, there must be a medically documented history of the existence of the disorder over a period of at least 2 years, and evidence that satisfies the criteria in both C1 and C2 (see 12.00G). (When we refer to “paragraph C” or “the paragraph C criteria” in the introductory text of this body system, we mean the criteria in paragraph C of listings 12.02, 12.03, 12.04, 12.06, and 12.15.)

12.00 B. Which mental disorders do we evaluate under each listing category?

1. Neurocognitive disorders (12.02).

a. These disorders are characterized by a clinically significant decline in cognitive functioning. Symptoms and signs may include, but are not limited to, disturbances in memory, executive functioning (that is, higher-level cognitive processes; for example, regulating attention, planning, inhibiting responses, decision-making), visual-spatial functioning, language and speech, perception, insight, judgment, and insensitivity to social standards.

b. Examples of disorders that we evaluate in this category include major neurocognitive disorder; dementia of the Alzheimer type; vascular dementia; dementia due to a medical condition such as a metabolic disease (for example, late-onset Tay-Sachs disease), human immunodeficiency virus infection, vascular malformation, progressive brain tumor, neurological disease (for example, multiple sclerosis, Parkinsonian syndrome, Huntington disease), or traumatic brain injury; or substance-induced cognitive disorder associated with drugs of abuse, medications, or toxins. (We evaluate neurological disorders under that body system (see 11.00). We evaluate cognitive impairments that result from neurological disorders under 12.02 if they do not satisfy the requirements in 11.00 (see 11.00G).)

c. This category does not include the mental disorders that we evaluate under intellectual disorder (12.05), autism spectrum disorder (12.10), and neurodevelopmental disorders (12.11).

12.00E. What are the paragraph B criteria?

1. *Understand, remember, or apply information* (paragraph B1). This area of mental functioning refers to the abilities to learn, recall, and use information to perform work activities. Examples include: Understanding and learning terms, instructions, procedures; following one- or two-step oral instructions to carry out a task; describing work activity to someone else; asking and answering questions and providing explanations; recognizing a mistake and correcting it; identifying and solving problems; sequencing multi-step activities; and using reason and judgment to make work-related decisions. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

2. *Interact with others* (paragraph B2). This area of mental functioning refers to the abilities to relate to and work with supervisors, co-workers, and the public. Examples include: cooperating with others; asking for help when needed; handling conflicts with others; stating own point of view; initiating or sustaining conversation; understanding and responding to social cues (physical, verbal, emotional); responding to requests, suggestions, criticism, correction, and

challenges; and keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

3. *Concentrate, persist, or maintain pace* (paragraph B3). This area of mental functioning refers to the abilities to focus attention on work activities and stay on task at a sustained rate. Examples include: Initiating and performing a task that you understand and know how to do; working at an appropriate and consistent pace; completing tasks in a timely manner; ignoring or avoiding distractions while working; changing activities or work settings without being disruptive; working close to or with others without interrupting or distracting them; sustaining an ordinary routine and regular attendance at work; and working a full day without needing more than the allotted number or length of rest periods during the day. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

4. *Adapt or manage oneself* (paragraph B4). This area of mental functioning refers to the abilities to regulate emotions, control behavior, and maintain well-being in a work setting. Examples include: Responding to demands; adapting to changes; managing your psychologically based symptoms; distinguishing between acceptable and unacceptable work performance; setting realistic goals; making plans for yourself independently of others; maintaining personal hygiene and attire appropriate to a work setting; and being aware of normal hazards and taking appropriate precautions. These examples illustrate the nature of this area of mental functioning. We do not require documentation of all of the examples.

12.00F. How do we use the paragraph B criteria to evaluate your mental disorder?

1. General. We use the paragraph B criteria, in conjunction with a rating scale (see 12.00F2), to rate the degree of your limitations. We consider only the limitations that result from your mental disorder(s). We will determine whether you are able to use each of the paragraph B areas of mental functioning in a work setting. We will consider, for example, the kind, degree, and frequency of difficulty you would have; whether you could function without extra help, structure, or supervision; and whether you would require special conditions with regard to activities or other people (see 12.00D).

2. The five-point rating scale. We evaluate the effects of your mental disorder on each of the four areas of mental functioning based on a five-point rating scale consisting of none, mild, moderate, marked, and extreme limitation. To satisfy the paragraph B criteria, your mental disorder must result in extreme limitation of one, or marked limitation of two, paragraph B areas of mental functioning. Under these listings, the five rating points are defined as follows:

- a. No limitation (or none). You are able to function in this area independently, appropriately, effectively, and on a sustained basis.
- b. Mild limitation. Your functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
- c. Moderate limitation. Your functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
- d. Marked limitation. Your functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
- e. Extreme limitation. You are not able to function in this area independently, appropriately, effectively, and on a sustained basis.

3. Rating the limitations of your areas of mental functioning.

a. General. We use all of the relevant medical and non-medical evidence in your case record to evaluate your mental disorder: The symptoms and signs of your disorder, the reported limitations in your activities, and any help and support you receive that is necessary for you to function. The medical evidence may include descriptors regarding the diagnostic stage or level of your disorder, such as “mild” or “moderate.” Clinicians may use these terms to characterize your medical condition. However, these terms will not always be the same as the degree of your limitation in a paragraph B area of mental functioning.

b. Areas of mental functioning in daily activities. You use the same four areas of mental functioning in daily activities at home and in the community that you would use to function at work. With respect to a particular task or activity, you may have trouble using one or more of the areas. For example, you may have difficulty understanding and remembering what to do; or concentrating and staying on task long enough to do it; or engaging in the task or activity with other people; or trying to do the task without becoming frustrated and losing self-control. Information about your daily functioning can help us understand whether your mental disorder limits one or more of these areas; and, if so, whether it also affects your ability to function in a work setting.

c. Areas of mental functioning in work settings. If you have difficulty using an area of mental functioning from day-to-day at home or in your community, you may also have difficulty using that area to function in a work setting. On the other hand, if you are able to use an area of mental functioning at home or in your community, we will not necessarily assume that you would also be able to use that area to function in a work setting where the demands and stressors differ from those at home. We will consider all evidence about your mental disorder and daily functioning before we reach a conclusion about your ability to work.

d. Overall effect of limitations. Limitation of an area of mental functioning reflects the overall degree to which your mental disorder interferes with that area. The degree of limitation is how we document our assessment of your limitation when using the area of mental functioning independently, appropriately, effectively, and on a sustained basis. It does not necessarily reflect a specific type or number of activities, including activities of daily living, that you have difficulty doing. In addition, no single piece of information (including test results) can establish the degree of limitation of an area of mental functioning.

e. Effects of support, supervision, structure on functioning. The degree of limitation of an area of mental functioning also reflects the kind and extent of supports or supervision you receive and the characteristics of any structured setting where you spend your time, which enable you to function. The more extensive the support you need from others or the more structured the setting you need in order to function, the more limited we will find you to be (see 12.00D).

f. Specific instructions for paragraphs B1, B3, and B4. For paragraphs B1, B3, and B4, the greatest degree of limitation of any part of the area of mental functioning directs the rating of limitation of that whole area of mental functioning.

(i) To do a work-related task, you must be able to understand and remember and apply information required by the task. Similarly, you must be able to concentrate and persist and maintain pace in order to complete the task, and adapt

and manage yourself in the workplace. Limitation in any one of these parts (understand or remember or apply; concentrate or persist or maintain pace; adapt or manage oneself) may prevent you from completing a work-related task.

(ii) We will document the rating of limitation of the whole area of mental functioning, not each individual part. We will not add ratings of the parts together. For example, with respect to paragraph B3, if you have marked limitation in maintaining pace, and mild or moderate limitations in concentrating and persisting, we will find that you have marked limitation in the whole paragraph B3 area of mental functioning.

(iii) Marked limitation in more than one part of the same paragraph B area of mental functioning does not satisfy the requirement to have marked limitation in two paragraph B areas of mental functioning.

4. How we evaluate mental disorders involving exacerbations and remissions.

a. When we evaluate the effects of your mental disorder, we will consider how often you have exacerbations and remissions, how long they last, what causes your mental disorder to worsen or improve, and any other relevant information. We will assess any limitation of the affected paragraph B area(s) of mental functioning using the rating scale for the paragraph B criteria. We will consider whether you can use the area of mental functioning on a regular and continuing basis (8 hours a day, 5 days a week, or an equivalent work schedule). We will not find that you are able to work solely because you have a period(s) of improvement (remission), or that you are disabled solely because you have a period of worsening (exacerbation), of your mental disorder.

b. If you have a mental disorder involving exacerbations and remissions, you may be able to use the four areas of mental functioning to work for a few weeks or months. Recurrence or worsening of symptoms and signs, however, can interfere enough to render you unable to sustain the work.

12.00G. What are the paragraph C criteria, and how do we use them to evaluate your mental disorder?

1. General. The paragraph C criteria are an alternative to the paragraph B criteria under listings 12.02, 12.03, 12.04, 12.06, and 12.15. We use the paragraph C criteria to evaluate mental disorders that are “serious and persistent.” In the paragraph C criteria, we recognize that mental health interventions may control the more obvious symptoms and signs of your mental disorder.

2. Paragraph C criteria.

a. We find a mental disorder to be “serious and persistent” when there is a medically documented history of the existence of the mental disorder in the listing category over a period of at least 2 years, and evidence shows that your disorder satisfies both C1 and C2.

b. The criterion in C1 is satisfied when the evidence shows that you rely, on an ongoing basis, upon medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s), to diminish the symptoms and signs of your mental disorder (see 12.00D). We consider that you receive ongoing medical treatment when the medical evidence establishes that you obtain medical treatment with a frequency consistent with

accepted medical practice for the type of treatment or evaluation required for your medical condition. We will consider periods of inconsistent treatment or lack of compliance with treatment that may result from your mental disorder. If the evidence indicates that the inconsistent treatment or lack of compliance is a feature of your mental disorder, and it has led to an exacerbation of your symptoms and signs, we will not use it as evidence to support a finding that you have not received ongoing medical treatment as required by this paragraph.

c. The criterion in C2 is satisfied when the evidence shows that, despite your diminished symptoms and signs, you have achieved only marginal adjustment. "Marginal adjustment" means that your adaptation to the requirements of daily life is fragile; that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life. We will consider that you have achieved only marginal adjustment when the evidence shows that changes or increased demands have led to exacerbation of your symptoms and signs and to deterioration in your functioning; for example, you have become unable to function outside of your home or a more restrictive setting, without substantial psychosocial supports (see 12.00D). Such deterioration may have necessitated a significant change in medication or other treatment. Similarly, because of the nature of your mental disorder, evidence may document episodes of deterioration that have required you to be hospitalized or absent from work, making it difficult for you to sustain work activity over time.

Prepared by Michelle S. Marcus

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Education

- 2009-2011 **Neuropsychology Post-Doctoral Fellowship**, Patton State Hospital, Patton, CA
- 2008-2009 **APA Predoctoral Internship**, West Los Angeles VA Healthcare Center, Los Angeles, CA
- 2003-2009 **Ph.D. Clinical Psychology, Neuropsychology Emphasis**, University of Cincinnati, Cincinnati, OH
- 2003-2006 **M.A. Clinical Psychology**, University of Cincinnati, Cincinnati, OH
- 2000-2003 **B.A. Psychology**, San Diego State University, San Diego, CA

Licenses, Certifications, and Security Clearance

- 2011-Present Licensed Clinical Psychologist, CA PSY 24126
- 2011-Present Secret Security Clearance
- 2013-Present HIMS Provider

Experience

Defense and Veterans Brain Injury Center (DVBIC)

2015-Present

Naval Hospital Camp Pendleton, Camp Pendleton, CA

SENIOR CLINICAL RESEARCH DIRECTOR

Duties:

- Research
 - Clinical research program development, experimental design, human-subject recruitment, experimental procedural implementation, data acquisition, and statistical analysis for local and multi-site research studies.
 - Supervision of research staff.
 - Oversight of research compliance with Institutional Review Board, Department of Navy, and Department of Defense clinical research and human subject research policies.
 - Facilitate grant acquisitions and management.
- Clinical
 - Supervise clinical staff of social workers and psychologists.
 - Complete comprehensive clinical neuropsychological assessments to provide clinical care in collaboration with specialty physicians
 - Neuropsychological evaluations to assist in fitness for duty and Medical Evaluation Boards.
- Education
 - Supervise educational outreach staff.
 - Provide educational presentations and grand rounds to providers and service members in collaboration with DVBIC Regional Education Coordinator

Private Practice, San Diego, CA

2012-Present

NEUROPSYCHOLOGIST

Duties:

- Complete comprehensive neuropsychological assessments for a variety of psychiatric and medical conditions including developmental disorders, dementia, cerebrovascular insults, traumatic brain injury, and other neurological disorders.
- Specializing in the neuropsychological assessment of aviators in compliance with FAA specifications for general and commercial aviators to include the HIMS program.

Defense and Veterans Brain Injury Center (DVBIC)

2011-2015

Naval Medical Center San Diego, San Diego, CA

RESEARCH NEUROPSYCHOLOGIST

Duties:

- Research
 - Research program development, experimental design, funding/budget management, human-subject recruitment, experimental procedural implementation, data acquisition, and statistical analysis for local and multi-site research studies.
 - Preparation of research protocols, scientific manuscripts, and professional presentations at national scientific meetings.

- Oversight of research compliance with Institutional Review Board, Department of Navy, and Department of Defense clinical research and human subject research policies.
- Management of day-to-day activities of research staff. This includes hiring, training, monitoring of productivity, and completion of performance evaluations.
- Clinical
 - Completed comprehensive clinical neuropsychological assessments for clinical care.
 - Specialized in evaluations to assist in fitness for duty and Medical Evaluation Boards.
 - Provided neurobehavioral and psychoeducational interventions to patients.
 - Worked as part of an interdisciplinary treatment team along-side Neurology, Physical Medicine and Rehabilitation, Speech Pathology, Audiology, Vestibular Therapy, Occupational Therapy, and Physical Therapy.
- Education
 - Created standardized clinical procedures Education
 - Provide educational presentations and grand rounds to providers and service members in collaboration with DVBIC Regional Education Coordinator

Patton State Hospital, Patton, CA

2009 - 2011

NEUROPSYCHOLOGY POST-DOCTORAL FELLOW

Facility Description: Patton State Hospital is a JCAHO accredited forensic mental health center that serves judicially committed patients.

Supervisors: Steve Nitch, Ph.D., ABPP-CN; Dominique Kinney, Ph.D.; William Britt, III, Ph.D. ABN.

Duties:

- Two-year fellowship compliant with Houston Conference guidelines for neuropsychology training programs.
- Conduct comprehensive neuropsychological assessments including competency evaluations.
- Assisted with rehabilitation treatment team planning.
- Provide umbrella supervision of clinical psychology interns.
- Co-lead a cognitive rehabilitation group for patients who have severe cognitive impairments to improve cognitive and social skills.
- Initiated retrospective clinical research investigation into the neuropsychological functioning of psychiatric inpatients.
- Completed formal didactics including an Advanced Neuropsychological Seminar, Neuropsychology Theory and Research Seminar, Clinical Case Conference, and Landmark Mental Health Case Law.

Loma Linda University Medical Center, Rehabilitation Center, Loma Linda, CA

2010 - 2011

NEUROPSYCHOLOGY POST-DOCTORAL FELLOW

Facility Description: LLUMC Rehabilitation Institute is a JCAHO accredited program with both inpatient and outpatient services.

Supervisor: Travis Fogel, Ph.D., ABPP-CN.

Duties:

- Worked on rehabilitation units completing inpatient cognitive and psychosocial assessments to aid in treatment planning and behavior management following acquired central nervous system insult.
- Completed outpatient neuropsychological assessments for a wide range of neurological disorders such as multiple sclerosis, anoxia, traumatic brain injury, and cerebral vascular disease.
- Consulted with a day-treatment program for dementia to assist with screening and monitoring of neurobehavioral disorders.

San Bernardino Valley College, San Bernardino, CA

2009 - 2011

ADJUNCT FACULTY, Department of Psychology

- Instructor for Introduction to Psychology

West Los Angeles VA Healthcare Center, Los Angeles, CA

2008 - 2009

GEROPSYCHOLOGY INTERN (APA Accredited Predoctoral Internship)

Facility Description: The West Los Angeles VA is a complex integrated healthcare facility that provides a full spectrum of services including acute, sub-acute, rehabilitation, extended care, mental health services, and home healthcare.

Supervisors: Chares Hinkin, Ph.D., ABPP-CN; Mona Lam, Ph.D.; Sheryl Osato, Ph.D.; Fred Kornfeind, Psy.D.; Michelle Zeller, Ph.D., ABPP-CN; Stacy Wilkins, Ph.D., ABPP-CN.

Duties:

- Provided long-term individual psychotherapy and group therapy.
- *Neuropsychology Rotation (August-November 2008):* Conducted neuropsychological assessment of outpatient and inpatient veterans. Conducted assessments of personality and malingering.
- *Domiciliary Rotation (November 2008-February 2009):* Served as part of an interdisciplinary substance abuse treatment team at a residential program. Provided psychological assessment, individual psychotherapy, and case management. Led evidence-based treatment groups (e.g., Seeking Safety) and completed a formal substance abuse training program (Matrix).
- *Geropsychology (February-May 2009):* Worked as part of interdisciplinary team for older adults as part of an outpatient psychiatric clinic and a nursing home.
- *GEM/GRECC (May 2009-August 2009):* Provided psychological services (assessment and treatment) to older adults receiving treatment on an inpatient geriatric medical unit as well as an outpatient primary care clinic.

Compusniff LLC, Cincinnati, OH

2003 – 2008

RESEARCHER

Facility Description: Organization focused on the development of new technology to aid in the assessment of chemosensory functioning and the early diagnosis of neurodegenerative disease.

Supervisor: Robert A. Frank, Ph.D.

Duties:

- Coordinated multiple basic science and clinical investigations to establish the safety and validity of novel measures of chemosensory functioning.
- Designed, conducted, managed, and published findings.
- Assisted in the collaboration with external organizations conducting independent studies with our technology.
- Recruited, trained, and supervised assistants in the administration of chemosensory and neuropsychological testing.

Drake Rehabilitation Center, Cincinnati, OH

2006 - 2008

PSYCHOLOGY ASSISTANT

Facility Description: The Drake Center is a CARF certified, 151 bed, short-term acute and long-term care rehabilitation hospital.

Supervisor: Paul D. Newman, Ph.D., ABPP-CN

Duties:

- Conducted individual (short and long-term) psychotherapy, behavioral management, and cognitive assessment for inpatients and outpatients as part of an interdisciplinary treatment team.
- Administered neuropsychological and psychological evaluations. This included medical decision-making capacity evaluations.
- Developed and led a stroke education, support and prevention group.
- Organized the development of an objective and quantifiable psychological assessment that was part of a program evaluation initiative.

University of Cincinnati Behavioral Neuropsychology Clinic, Cincinnati, OH

2005 - 2006

PSYCHOLOGY ASSISTANT

Facility Description: The clinic provides assessment services for clients referred from the Ohio Bureau for Vocational Rehabilitation and the disability service office for local colleges and universities.

Supervisor: Robert Stutz, Ph.D.

Duties:

- Provided psychological, neuropsychological, and vocational assessments to help determine eligibility for vocational rehabilitation and social services.
- Conducted learning disability assessments and advised the development of Individualized Education Plans (IEPs).

Cincinnati Children's Hospital Medical Center, Cincinnati, OH

2004 - 2005

PSYCHOLOGY ASSISTANT

Facility Description: This facility provides psychological services for infants, children, and adolescents in the greater Cincinnati area.

Supervisor: Dean W. Beebe, Ph.D., ABPP-CN

Duties:

- Observed and assisted in neuropsychological assessment of children and adolescents. Interpreted assessment results, wrote comprehensive reports, and helped provide feedback to clients and their families.
- Conducted abbreviated neuropsychological assessments as part of a NIH funded project examining the neuropsychological and behavioral consequences of sleep disorders in children and adolescences.

University of Cincinnati Psychological Service Center, Cincinnati, OH

2003 - 2004

PSYCHOLOGY ASSISTANT

Facility Description: This facility provides psychological services to students enrolled in the university.

Supervisor: Virginia Reid, Ph.D.

Duties:

- Provided short and long-term psychotherapy to students with various adjustment issues and mood disorders.

Honors and Awards

2008	National Institute of Aging/IS Olfaction Taste Young Investigator Travel Fellowship Award
2006	Association for Chemoreception Sciences Travel Award Recipient
2005	Association for Chemoreception Sciences Travel Award Recipient
2004	Association for Chemoreception Sciences Travel Award Recipient
2003	Phi Beta Kappa
2003	Psi Chi, National Honor Society in Psychology
2003	Phi Beta Kappa, Nu Chapter of California
2003	Recognition of Honor's Thesis, SDSU Department of Psychology
2002	SDSU Annual Research Symposium, 3rd Place Oral Presentation
2001	McNair Scholars Program

Professional Memberships

- National Academy of Neuropsychology, Early Career Member, 2012-Present
- International Neuropsychological Society, Member, 2003-Present
- American Academy of Neurology, Research Scientist, 2012-Present

Professional Service

- Poster Chair, Scientific Program Committee, National Academy of Neuropsychology, 2014-2016

- Poster Session Reviewer and Judge, National Academy of Neuropsychology, 2012-2013
- Ad Hoc Reviewer, *Archives of Clinical Neuropsychology*, 2012-Present
- Ad Hoc Reviewer, *Brain Injury*, 2014-Present
- Ad Hoc Reviewer, *Aggressive Behavior*, 2014-Present

Peer-Reviewed Publications/Chapters

- Rhea, C. K., Kuznetsov, N. A., **Bailie, J. M.**, Yanagi, M. A., Long, B., Haran, J., Ross, S. E. Wright, W.G., Robins, R.K., Jakiela, J.T., Sargent, P.D., Duckworth, J.L. (submitted). Development of a portable tool for screening neuromotor sequelae from repetitive low-level blast exposure. *Journal of Military Medicine*.
- Belanger, H.G., Lange, R.T., **Bailie, J.M.**, Iverson, G.L., Arrieux, J.P., Ivins, B., & Cole, W.R. (In Press). Interpreting Change on the Neurobehavioral Symptom Inventory and the PTSD Checklist in Military Personnel. *The Clinical Neuropsychologist*.
- Brickell, T.A., Lange, R.T., Kennedy, J.E., **Bailie, J.M.** & French, L. (In Press). Female Service Members and Symptom Reporting following Combat and Non-combat related Mild Traumatic Brain Injury. *Journal of Neurotrauma*.
- Lippa, S.M., Lange, R.T., **Bailie, J.M.**, Kennedy, J. E., Brickell, T.A., French, L.M. (In Press). The Utility of the Validity-10 scale Across the Recovery Trajectory following Traumatic Brain Injury. *Journal of Rehabilitation Research and Development*.
- Bailie, J.M.**, Kennedy, J.E., French, L.M., Marshall, K., Brickell, T.A., Qashu, F., Prokhorenko, O., Asmussen, S.B., & Lange, R.T. (2016). Profile Analysis of the Neurobehavioral and Psychiatric Symptoms Following Combat-Related Mild Traumatic Brain Injury: Identification of Subtypes. *Journal of Head Trauma Rehabilitation*, 31(1), 2-12.
- Lange, R.T., Brickell, T.A., **Bailie, J. M.**, Tulskey, D.S., French, L.M. (2016). Clinical Utility and Psychometric Properties of the Traumatic Brain Injury Quality of Life (TBI-QOL) Scale in U.S. Military Service Members. *Journal of Head Trauma Rehabilitation*, 31(1), 62-78.
- Cole, W.R. & **Bailie, J.M.** (2015). Neurocognitive and Psychiatric Symptoms following Mild Traumatic Brain Injury. In D. Laskowitz and G. Grant (Eds.), *Translational Research in Traumatic Brain Injury*. Boca Raton, FL: CRC Press
- Bailie, J.M.**, Cole, W.R., Ivins, B., Boyd, C., Neff, J., Lewis, S.C., & Schwab, K. (2015). The Experience, Expression, and Control of Anger following Traumatic Brain Injury in a Military Sample. *Journal of Head Trauma Rehabilitation*, 30(1), 12-20.
- Reid, M.W., Miller, K.J., Cooper, D.B., Tate, D. F., Lange, R.T., **Bailie, J. M.**, Asmussen, S.B., Brickell, T.A., French, L.M., Kennedy, J. E. (2014). A Multisite Study of the Relation between Blast Exposures and Symptom Reporting in a Post-Deployment Active Duty Military Population with Mild Traumatic Brain Injury, 31 (23), 1899-1906.
- French, L.M., Lange, R.T., Marshall, K., Prokhorenko, O., Brickell, T.A., **Bailie, J.M.**, Asmussen, S.B., Ivins, B., Cooper, D., & Kennedy, J.E. (2014). Influence of the Severity and Location of Bodily Injuries on Postconcussive and Combat Stress Symptom Reporting Following Military-related Concurrent Mild TBI and Poly-trauma. *Journal of Neurotrauma*, 31(19), 1607-1616.

- Lange, R.T., Brickell, T.A., Kennedy, J.E., **Bailie, J.M.**, Sills, C., Asmussen, S., Amador, R., Dilay, A., Ivins, B., & French, L.M. (2014). Factors Influencing Postconcussion and Post-traumatic Stress Symptom Reporting Following Military-related Concurrent Polytrauma and Traumatic Brain Injury. *Archives of Clinical Neuropsychology*, 29(4), 329-347.
- King, L., **Bailie, J.M.**, Kinney, D., & Nitch, S. (2012). Exploratory and Higher Order Factor Analysis of the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Utilizing a Sample of Psychiatric Inpatients. *Archives of Clinical Neuropsychology*, 27, 756-765.
- Bailie, J.M.**, King, L., Kinney, D., & Nitch, S. (2012). The relationship between self-reported neuropsychological risk factors and neuropsychological test performance in forensically committed psychiatric patients. *Applied Neuropsychology*, 19(4), 279-286 .
- Bailie, J.M.**, Rybalsky, K. A., Griffith, N., Horning, S. M., Gesteland, R. C., & Frank, R.A. (2008). The susceptibility of measures of olfaction to malingering. *Chemosensory Perception*, 1(3), 168-173.
- Frank, R. A., Gesteland, R. C., **Bailie, J. M.**, Rybalsky, K. A., Seiden, A., & Dulay, M. F. (2006). Characterization of the Sniff Magnitude Test. *Archives of Otolaryngology-Head & Neck Surgery*, 132, 532-536.

Presentations at Professional Conferences/Published Abstracts

- Babakhanyan, I. Cole, W.R., Sargent, P., Ivins, B.J., Schwab, K., **Bailie, J.M.** (February 2016). Construct Validity and Factor Structures of the Automated Neuropsychological Assessment Metrics (ANAM). Presented at the annual meeting of the International Neuropsychological Society in Boston, MA.
- Hussain, M.A., **Bailie, J.M.**, Taylor, A., Ivins, B., Boyd, C., & Schwab, K. (November 2015). Effect of Multiple Mild Traumatic Brain Injury on the Experience and Expression of Anger in Military Personnel. Presented at the annual meeting of the National Academy of Neuropsychology in Austin, TX.
- Bailie, J.M.**, Kennedy, J.E., French, L., Graves, W., Powell, B., Lange, R.T. & Brickell, T.A. (November 2015). Interaction Between Gender and PTSD on the Outcome From Military Related TBI in the Military. Presented at the annual meeting of the National Academy of Neuropsychology in Austin, TX.
- Bailie J.M.**, Yanagi, M., Ekanayake, V., Dilay, A., Graves, W., Campbell, J., Sargent, P., & Duckworth, J. (August 2015). Assessment of Subtle Cognitive Changes Following Low Level Blast Exposure. Presented at the Annual Meeting Military Health System Research Symposium in Ft Lauderdale, FL.
- Bailie J.M.**, Ma, A., Gomez, R., Jolly, M., Monasterio, C., Wiri, S., Ostertag, M., Powell, B., Sargent, P., & Duckworth, J. (August 2015). Blast Exposure from Shoulder Mounted Rocket Launchers. Presented at the Annual Meeting Military Health System Research Symposium in Ft Lauderdale, FL.
- Bailie J.M.**, Ekanayake, V., Cole, W.R., Boyd, C., Ivins, B., & Schwab, K. (Accepted, August 2015) The Influence of Demographic Factors on the Assessment of Anger in Military Personnel. Presented at the Annual Meeting Military Health System Research Symposium in Ft Lauderdale, FL
- Rhea, C.K., Haran, F.J., Ross, S.E., Yanagi, M.A., **Bailie, J.M.**, Sargent, P.D., & Duckworth, J.L. (Accepted, August 2015) Evaluation of neuromotor function following blast exposure. Presented at the Annual Meeting Military Health System Research Symposium in Ft Lauderdale, FL

- Bailie, J.M.,** Cole, W.R., Ivins, B., Cottingham, M., Asmussen, S., & Schwab, K. (2015). Factor Analysis of the Automated Neuropsychological Assessment Metrics V4.0 in a Military Sample. Presented at the annual meeting of the International Neuropsychological Society, Denver, CO.
- Seibert, L., Lange, R.T., Kennedy, J.E., Duckworth, J., Brickell, T.A., French, L.M., & **Bailie, J.M.** (2015) Effect of Body Orientation to Blast on Risk of Post Concussive Symptoms among Active Duty Service Members. Presented at the annual meeting of the International Neuropsychological Society, Denver, CO.
- Lange, R.T., Brickell, T.A., **Bailie, J. M.,** Tulsy, D.S., French, L.M. (2015). Clinical Utility and Psychometric Properties of the Traumatic Brain Injury Quality of Life (TBI-QOL) Scale in U.S. Military Service Members. Presented at the annual meeting of the International Neuropsychological Society, Denver, CO..
- Bailie, J.M.,** Lange, R.T., Brickell, T.A., Asmussen, S., French, L.M., Qashu, F., Reid, M.W., Marshall, K., Dilay, A., & Kennedy, J.E. (2014). Taxonomy of combat-related mild TBI: NSI and PCL-C symptom profiles following combat-related mild traumatic brain injury. Presented at the annual meeting of the International Brain Injury Association and Tenth World Congress on Brain Injury, San Francisco, CA. *Brain Injury*, 28(5-6), 630.
- Brickell, T.A., Lange, R.T., Kennedy, J.E., **Bailie, J.M.,** Asmussen, S., & French, L.M. (2014). Female service members and postconcussion symptom reporting following military-related mild traumatic brain injury. Presented at the annual meeting of the International Brain Injury Association and Tenth World Congress on Brain Injury, San Francisco, CA. *Brain Injury*, 28(5-6), 541.
- Lange, R.T., Brickell, T.A., Kennedy, J.E., Bailie, J.M., Sills, C., Asmussen, S., Amador, R., Dilay, A., Ivins, B., & French, L.M. (2014). Factors influencing postconcussion and post-traumatic stress symptom reporting following military-related concurrent polytrauma and traumatic brain injury. Presented at the annual meeting of the International Brain Injury Association and Tenth World Congress on Brain Injury, San Francisco, CA. *Brain Injury*, 28(5-6), 542.
- French, L.M., Lange, R.T., Marshall, K., Prokhorenko, O., Brickell, T.A., **Bailie, J.M.,** Asmussen, S., Ivins, B., Cooper, D.B., & Kennedy, J.E. (2014). Influence of the severity and location of bodily injuries on symptom reporting following military-related concurrent mild TBI and poly-trauma. Presented at the annual meeting of the International Brain Injury Association and Tenth World Congress on Brain Injury, San Francisco, CA. *Brain Injury*, 28(5-6), 541.
- Kennedy, J.E., Reid, M.W., Cooper, D.B., Tate, D.F., French, L.M., **Bailie, J.M.,** Asmussen, S., Brickell, T.A., Marshall, K., Amador, R.R., Sills, C.L., & Lange, R.T. (2014). The role of brain injury and PTSD on postconcussive symptom reporting in a military population. Presented at the annual meeting of the International Brain Injury Association and Tenth World Congress on Brain Injury, San Francisco, CA. *Brain Injury*. *Brain Injury*, 28(5-6), 628.
- Kennedy, J.E., Tate, D.F., Reid, M.W., Miller, K.J., Cooper, D.B., Lange, R.T., **Bailie, J.M.,** Asmussen, S., Brickell, T.A., Amador, R.R., Sills, C.L., & French, L.M. (2014). Cumulative effects of blast exposure on symptom reporting after MTBI in a military sample. Presented at the annual meeting of the International Brain Injury Association and Tenth World Congress on Brain Injury, San Francisco, CA. *Brain Injury*, 28(5-6), 762.
- Bailie, J.M.,** Cole, W.R., Ivins, B., Boyd, C., Neff, J., Lewis, S.C., & Schwab, K.(2013). Neurobehavioral and Cognitive Impact of Mild Traumatic Brain Injury: Potential Recruitment Bias. Presented at the Annual meeting of the National Academy of Neuropsychology, San Diego, CA. *Archives of Clinical Neuropsychology*, 28, 571-572.
- Bailie, J.M.,** Cole, W.R., Ivins, B., Boyd, C., Neff, J., Lewis, S.C., & Schwab, K.(2013). Anger as a Neurobehavioral Consequence of Mild Traumatic Brain Injury: The impact of time from injury.

Presented at the Annual meeting of the National Academy of Neuropsychology, San Diego, CA.
Archives of Clinical Neuropsychology, 28, 572.

Dilay, A.N., **Bailie, J.M.**, Vanwormer, C.V., Boyd, C., Asmussen, S.B., Neff, J.T., Llewellyn, D.M. (2013). Measuring the Influence of Symptom Validity Test Performance on DSM-IV-TR Criteria for Postconcussional Disorder in a Military Sample. Poster presented at the American Academy of Neurology 65th Annual Meeting, San Diego, CA.

Bailie, J.M., Dilay, A.N., Cottingham, M. E. Boyd, C., Asmussen, S. B. Neff, J. (2012) Symptom Validity Testing (SVT) in a Military Sample with Mild Traumatic Brain Injury: The effect of multiple SVT failure on neuropsychological testing. Poster presented at the Annual meeting of the National Academy of Neuropsychology, Nashville, TN. *Archives of Clinical Neuropsychology*, 27(6), 575.

Bailie, J.M. (2009). The influence of odorant intensity on odor identification in older adults. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 70(11-B), 7245.

Carlisle, B., **Bailie, J.M.**, Pointer, K., VanDeGrift, K., Mannea, E., Hastings, L., & Frank, R.A.

(2009). *Influence of Cognitive Status on Olfactory Threshold Variability*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.

Bailie, J. M., Brearton, M., Pointer, K., Carlisle, B., VanDeGrift, K., Mannea, E. J., Rybalsky, K. A., Hastings, L., & Frank, R. A. (2009). *The utility of the Montreal Cognitive Assessment (MoCA) in Detecting Confounding Cognitive Impairments in Studies of Abnormal Aging and Olfaction*. Annual meeting of the International Neuropsychological Society, Atlanta, GA.

Bailie, J. M., Hastings, L. Pointer, K., Carlisle, B., VanDeGrift, K., Mannea, E. J., Rybalsky, K. A., & Frank, R. A. (2008). *The Multiple Intensity Odor Identification Test (MIOID)*. Annual meeting International Symposium on Olfaction and Taste, San Francisco, CA.

Brearton, M. S., Balasubramaniam, N., Wallace, B., Mannea, E. J., Rybalsky, K. A., **Bailie, J. M.**, Hastings, L., Knauf, B., & Frank, R. A. (2008). *The effect of response alternatives on odor naming and recall*. Annual meeting International Symposium on Olfaction and Taste, San Francisco, CA.

Rybalsky, K. A., Brearton, M. S., Mannea, E. J., Knauf, B., Gesteland, R. C., **Bailie, J. M.**, & Frank, R. A. (2008). *Influence of encoding and retrieval support on odor recognition memory*. Annual meeting International Symposium on Olfaction and Taste, San Francisco, CA.

Mannea, E. J., **Bailie, J. M.**, Rybalsky, K. A., Hastings, L., Brearton, M. S., Knauf, B. Gesteland, R. C., & Frank, R. A. (2008). *Decline in odor memory and odor identification performance across the adult lifespan*. Annual meeting International Symposium on Olfaction and Taste.

Bailie, J. M., Rybalsky, K. A., Hastings, L., Knauf, B., Shollenbarger, S., Mannea. E., Brearton, M.S., Gesteland, R. C, & Frank, R. A. (2007). *Odor memory: The effect of verbal labeling*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.

Bailie, J. M., Rybalsky, K. A., Frank, R .A., & Hastings, L. (2007). *Quantification of stimuli and perceived changes in odor stimulus intensity*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.

Rybalsky, K. A., Horning, S. M., Knauf, B. E., Klein, F. E., **Bailie, J. M.**, & Frank, R. A. (2007). *The influence of flavor labeling on memory*. Annual meeting of the International Neuropsychological Society, Portland, OR.

- Beebe D. W., Kalra G., **Bailie J. M.**, Ris, M. D., Daniels S., & Amin R. (2006). *Performance on a computerized vigilance task correlates with actigraphy-defined sleep disruption but not PSG indexes of sleep disruption in obese adolescents*. Annual meeting of the Associated Professional Sleep Societies, Salt Lake City, UT.
- Bailie, J. M.**, Rybalsky, K. A., Hastings, L., Revilla, F. J., Gesteland, R. C., & Frank, R. A. (2006). *Clarifying the nature of the olfactory impairment found in Parkinson's Disease*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Hastings L. & **Bailie J. M.** (2006) *Development of the OLFAC-T-RL*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Horning S. M., **Bailie J. M.**, Rybalsky K. A., Frank R. A. (2006) *Odor Memory and labeling in Adults and Children*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Beebe, D. W., Ris, M. D., Loyden, J., **Bailie, J. M.**, Daniels, S., & Amin, R. (2006). *Children's sleep is associated with aspects of attention, executive and scholastic functioning*. Annual meeting of the International Neuropsychological Society, Boston, MA.
- Bailie J. M.**, Rybalsky K., Revilla, F., Gesteland R. C., & Frank R. A. (2005). *Comparison of odor identification and sniff suppression in patients with Parkinson's Disease*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Horning, S. M., Rybalsky K. A., Hoffman, J. J., **Bailie, J. M.**, Gesteland R. C., Frank R. A. (2005). *The effects of task demands on sniffing behavior*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Bailie J. M.**, Rybalsky K., Horning S. A., Hoffman J. J., Gesteland, R. C., & Frank, R. A. (2004). *The impact of malingering on three measures of olfaction*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Rybalsky, K. A., **Bailie, J. M.**, Frank, R. A., & Gesteland, R. C. (2004). *The influence of odor pleasantness and irritation on the Sniff Magnitude*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Frank R. A., Seiden A., **Bailie J. M.**, Rybalsky K., & Gesteland R. C. (2004). *Clinical evaluation of the Sniff Magnitude Test*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Calhoun-Haney, R. M., **Bailie, J. M.**, Zizak, V., Ramage, E., Dulay, M., & Murphy, C. (2003). *Apolipoprotein E4 positive individuals exhibit greater decline in odor identification than in odor threshold or DRS scores*. Annual meeting of the Association of Chemoreception Sciences, Sarasota, FL.
- Bailie, J. M.**, Gilbert, P., & Murphy, C. (2003). *Odor identification deficits in Lewy body variant of Alzheimer's disease*. Annual meeting of the International Neuropsychological Society, Honolulu, HI.
- Bailie, J. M.**, Calhoun-Haney, R. M., Zizak, V., Ramage, E., Espinelli, K., Jaffe, T., Converse, C., & Murphy, C. (2002). *Gender impact on tests of odor identification and cognitive decline*. Annual meeting of the Western Psychology Association, Irvine, CA.
- Tara, J., Calhoun-Haney, R. M., Donohue, J., Zizak, V., **Bailie, J. M.**, Dulay, M., & Murphy, C. (2002). *Measures of odor recall memory tests*. Annual meeting of the Western Psychology Association, Irvine, CA.

Calhoun-Haney, R. M., Zizak, V., **Bailie, J. M.**, Dulay, M., Jaffe, T., Dintino, J., Morgan, C., & Murphy, C. (2001). *Decline in odor recall over time for elderly adults at risk for Alzheimer's disease*. Annual meeting of the Society for Neuroscience, San Diego, CA.

Invited Guest Lectures and Community Presentations

- Bailie, J.M.** (2016) Gender and Traumatic Brain Injury. *Palo Alto Veterans Affairs 6th Annual TBI Research Forum*. Palo Alto, CA.
- Bailie, J.M.** (2016) Traumatic Brain Injury: What the Caregiver Needs To Know. *Operation Family Caregiver Conference, Escondido, CA*
- Bailie, J.M.** (2016) Identification of Patient Subtypes following Combat-Related Mild Traumatic Brain Injury: Empirical Evidence and Treatment Implications. *Brain Injury Association of America (BIAA) Mitchell Rosenthal Memorial Lecture*.
- Bailie, J.M. & Aune, E.** (2015) Introduction to Military TBI/TBI and Substance Use Disorders. *SARP/OASIS Mental Health Services Grand Rounds*. San Diego, CA
- Bailie, J.M.** (2012). *Traumatic Brain Injury*. Grand Rounds at Weed Army Community Hospital, Fort Irwin, CA.
- Bailie, J.M. & Yee, A.** (2010). *Neuropsychological Assessment*. Nine-hour training seminar presented to psychology pre-doctoral interns. Patton State Hospital, Patton, CA.
- Bailie, J. M.** (2008). *Executive Functioning: Beyond the frontal lobe*. Graduate course in Bio-Psychology, University of Cincinnati, Course Instructor: Robert A. Frank, Ph.D.
- Bailie, J. M.** (2006). *Olfactory, Sleeping, and Driving Impairments in Patients with PD*. Franklin Parkinson's Disease Support Group, Franklin, OH.
- Bailie, J. M.** (2005). *Assessment of Non-Motor symptoms in Parkinson's Disease: Can it Help?* Dearborn County Parkinson's Disease Support Group, Lawrenceburg, OH.
- Bailie, J. M.** (2005). *Explaining Olfactory Dysfunction in Parkinson's Disease*. Movement Disorder Center, Department of Neurology, University of Cincinnati, Cincinnati, OH.
- Bailie, J. M., Rybalsky, K. A., & Horning, S. A.** (2005). *Exploring How People Sniff*. Association for Chemoreception Sciences Educational Outreach Program, Sarasota, FL.
- Bailie, J. M.** (2005). *Clarifying the Nature of Olfactory Dysfunction in Patients with Parkinson's Disease*. Cognition, Action, Perception, & Performance Seminar, University of Cincinnati, Cincinnati, OH.
- Bailie, J. M., Rybalsky, K. A., & Horning, S. A.** (2004). *The Sniff Magnitude Test*. Association for Chemoreception Sciences Educational Outreach Program. Sarasota, FL.



Frank A. Cristaudo

Cristaudo serves as the Executive Counselor to the Commissioner of Social Security. With 65,000 Federal employees serving in more than a thousand offices across the country, the Social Security Administration issues almost a trillion dollars in payments each year to 65,000,000 beneficiaries. Previously, Cristaudo held a number of positions with the agency including Chief Administrative Law Judge. There he led a workforce of 9,000 including more than 1,400 Federal Administrative Law Judges (ALJs), one of the largest judicial systems in the world. He also served as the agency's Chief Counsel for the Boston Region. Cristaudo is a frequent lecturer on leadership, ethics, professionalism, and disability adjudication, and is the author of internal SSA publications "***27 Practices for Effective Leadership in Public Service***" and "***The Vocational Expert Manual: The Use, Questioning, and Testimony of Vocational Experts.***" He is a graduate of Columbia University's *Persuasion: Influencing Without Authority*, Harvard University Kennedy School's *Driving Government Performance: Leadership Strategies that Produce Results*, the Federal Executive Institute's *Leadership for a Democratic Society*, and the Center for Creative Leadership's *Developing the Strategic Leader* programs. Prior to his appointment as an ALJ, Cristaudo practiced law and successfully argued a number of Social Security cases before the Court of Appeals for the Third Circuit including ***Wallace v. Sec. HHS***, 722 F.2d 1150 (3rd Cir. 1983), and ***Woody v. Sec. HHS***, 859 F.2d 1156 (3rd Cir. 1988). He also served as the Chief Counsel for a municipality, as a Municipal Court Judge, and as an instructor at LaSalle University and Rowan University. He has a B.A. from McDaniel College and a J.D. (*cum laude*) from Widener University School of Law.

(Materials for Autism Presentation not included in these materials)



Eric Courchesne, PhD

Professor

Contact Information

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Profile

Research

Publications

Awards

Dr. Courchesne's research focuses on the neurobiology of autism. His efforts have produced new information about the structural, functional, and genetic bases of this disorder. His work has been recognized through publication in such journals as *Science* and the *Journal of Neuroscience*. He is also the source of new insights on the functional role of the cerebellum.

Infantile autism stands as one of the most common neurobiological disorders of infancy and early childhood, occurring in 1 out of 1,000 individuals. The Courchesne Laboratory has played a significant role in understanding the biological basis of autism. This includes identifying the sites of neuroanatomical abnormality, obtaining evidence regarding the timing of biological onset, identifying neural substrates correlated with specific functional deficits, and obtaining evidence of candidate genetic loci.

The Courchesne Lab has a reputation for using state-of-the-art procedures and adhering to exacting standards in patient diagnosis and selection procedures. Characterizations of autism anatomy involve the use of highly sophisticated structural and functional MRI technology to detect important anatomical and functional effects. In the first controlled prospective study of anatomic development in autism, the laboratory used a research design that provided key insights into two problems not previously addressed in any published study: identification of the neural abnormalities that are present at the earliest age (2-3 years) and identification of the neural abnormalities that distinguish autism from non-autism pervasive development disorders.

During the course of this work, Dr. Courchesne found that the size of the cerebellar vermis was inversely correlated with frontal lobe grey matter volume, the characteristic finding being vermal hypoplasia accompanied by some degree of frontal hyperplasia. In recent studies, Dr. Courchesne has demonstrated that autistic children have difficulty processing auditory stimuli and difficulty orienting attention in space. These observations suggest that multiple modalities are abnormal in autism, likely as a result of anatomic lesions in multiple brain regions.

In August 2007, Dr. Courchesne was awarded a new P50 Autism Center of Excellence (ACE) grant funded by the National Institute of Mental Health, in cooperative agreement with the National Institute of Child Health & Human Development, the National Institute of Deafness and other Communication Disorders, the National Institute of Environmental Health Sciences, and the National Institute of Neurological Disorders and Stroke. The Department of Neurosciences proudly welcomes this latest addition to the translational research enterprise at the UCSD School of Medicine.

As Principal Investigator, Dr. Courchesne oversees a new and exciting period of growth in the interdisciplinary collaborations and research agenda of his UCSD Center for Autism Research. In accord with the ACE mandate, the Center will bring together and provide core resources to biomedical, behavioral, and clinical science investigators in an effort to find the causes of and to develop new preventive interventions and improved treatments for autism. Research activities at the UCSD ACE will be directed toward achievement of three primary aims: characterization of the early developmental clinical phenotype of autism from 12 to 36 months of age, identification of early developmental biomarkers of autism from age 12 months, and identification of candidate overgrowth susceptibility genes in autism.

To implement the 3 scientific cores and 4 projects that comprise the UCSD ACE agenda, Dr. Courchesne's team includes 24 senior and junior faculty at UCSD, the Scripps Research Institute, Salk Institute for Biological Studies, Rady Children's Hospital and Health Center, and SUNY Upstate Medical University. Karen Pierce, PhD, will lead the Clinical Phenotype: Recruitment and Assessment Core, in consultation with Richard H. Haas, MD; Laura Schreiberman, PhD, and Aubyn Stahmer, PhD will co-lead the Clinical Phenotype: Treatment Response Core; and Nicholas Schork, PhD, will lead the Integrated Biostatistics and Bioinformatics Analysis Core.

These core resources will support four projects:

- MRI Studies of Early Brain Development in Autism
- Imaging the Autistic Brain before It Knows It Has Autism: Functional MRI Response to Social, Emotion, and Language Stimuli in 1- and 2-Year-Olds At-Risk for Autism
- Autism Biomarkers and Risk Genes: Comparative Gene Expression in Brain and Blood
- Targeting Genetic Pathways for Brain Overgrowth in Autism Spectrum Disorders

Project Primary Investigators, in addition to Drs. Courchesne and Pierce, are Tony Wynshaw-Boris, MD, PhD, and Stephen J. Glatt, PhD. Primary Co-Investigators are Anders Dale, PhD; Fred Gage, PhD, and Ming Tsuang, MD, PhD, DSc.

The UCSD ACE projects encompass the first-ever high-impact use of neural stem cell models to study the biology of autism. These models hold great promise in setting the pace for a new era of discovery of genetically and neurodevelopmentally targeted biotherapeutics for autism.

Equally innovative is Dr. Pierce's extraordinary plan – 1-Year Well-Baby Check-Up Approach – for working with pediatricians throughout San Diego County to detect infants and toddlers at-risk for autism at the earliest age possible. The physicians will make their referrals on the basis of a checklist of behaviors that are similar to those of older children with autism spectrum disorders. The primary goal of this center is to identify brain or other physical differences that might predispose a child to autism. The UCSD Center will collect some of the first comprehensive data sets ever obtained on how the brains of very young children with autism process and respond to information.

As part of a national network of Autism Centers of Excellence, the UCSD ACE will contribute to the National Database for Autism Research (NDAR), a collaborative biomedical informatics system currently being created by the National Institutes of Health to support and accelerate autism research and to inform and enhance clinical practice. As a national resource encompassing genomic, imaging, laboratory, clinical, and behavioral data sources, NDAR will provide the core technology for a data warehouse, a data-entry system, and a centralized repository for common measures and their documentation.

Dr. Courchesne's research efforts are complemented by teaching activities. The laboratory consistently includes a number of outstanding graduate and undergraduate students. Basic Neuroscience 200 is the core course for all first-year neuroscience graduate students. Together with Dr. Steven A. Hillyard, Dr. Courchesne developed Basic Neuroscience 200C, which is the third quarter of the course.

In addition, he continues to participate actively in the Graduate Program, serving as Chair or Co-Chair of dissertation committees. He regularly lectures in Basic Medical Neurology and in the School of Medicine course Introduction and Orientation to Research.

Dr. Courchesne is frequently invited to lecture at major conferences and symposia and has also made numerous media appearances, including as a featured guest on public television. He is a member of numerous advisory boards, including Autism-France and the Autism Society of America. He has served as a reviewer for many journals, including Science and Journal of Neuroscience.

ERIC COURCHESNE

Professor of Neuroscience

Director, Autism Center of Excellence

Department of Neuroscience

School of Medicine

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EDUCATION

University of California, Berkeley	BA	1970	Zoology
University of California, San Diego	PhD	1975	Neurosciences
University of California, San Diego	Postdoctoral	1975-76	Neurosciences
Stanford University, Stanford, CA	Postdoctoral	1976-77	Psychiatry
Stanford University	Postdoctoral	1977-78	Psychology

PERSONAL STATEMENT

Eric Courchesne is Professor of Neurosciences in the School of Medicine at the University of California San Diego (UCSD) and Director of the UCSD Autism Center of Excellence. He is a leading expert on brain structural and functional abnormalities associated with autism. His research aims to identify biobehavioral markers of autism that will allow for earlier diagnosis and treatment leading to better clinical outcomes by integrating behavioral, developmental, genetic, neuroanatomical and neurofunctional findings. Research includes MRI studies, which have identified structures that are abnormal at infancy in autism and elucidated patterns of abnormal growth from infancy through adulthood. His MRI study of longitudinal development in ASD during the first years of life was named one of the Top Ten Autism Research Studies of 2010 by the IACC and his fMRI study of ASD toddlers was named one of the Top 10 of 2011 by the IACC. Current functional brain imaging techniques have established links between autistic symptoms in infants and toddlers and the brain sites responsible for them. Dr. Courchesne's studies of brain tissue have discovered in children with ASD 67% excess numbers of prefrontal neurons, dysregulation of genetic mechanisms that control neuron numbers and patterning, and novel cellular and laminar defects in the frontal cortex. His studies have resulted in nearly 200 publications with an overall impact factor that is among of the highest in the autism field as determined by the ISI Web of Knowledge. His research has been published in JAMA, Science, Lancet and the New England Journal of Medicine and is supported through grants from NIMH, NINDS, NICHD, Autism Speaks, and the Simons Foundation.

NON-ACADEMIC HONORS

Nissin Nomination for the best collegiate gymnast in the United States (one of five runners-up to the Nissin Award which is analogous to the Heisman Trophy in collegiate football)

Jake Gimble Award for Scholastic and Athletic Achievement (given to the best athlete/scholar at UC Berkeley in the 1970 Winter and Spring Quarters), University of California at Berkeley

National Collegiate Athletic Association (NCAA) Scholarship in the Neurosciences

Member (still rings and pommel horse) of the UC Berkeley gymnastics team that won the NCAA National Gymnastics Championship

PUBLIC RECOGNITION

News coverage of our research has appeared worldwide across the past two decades, and in every web, news print, weekly magazine, and radio news source in the US including, CNN, BBC, Time magazine, USA Today, Wall Street Journal, the New York Times, the Washington Post, front page of Los Angeles Times, Newsweek, Life Magazine, front page of San Diego Union, front page of San Diego Tribune, Nightline, The Today Show (NBC), National Public Radio, Physicians' Radio Network, GEO, International Synopses of Medicine, International Medical News Group, Psychology Today, Physician, NIH Decade of the Brain: Answers through Scientific Research, International Medicine Digest, Clinical Physician's Weekly, Psychiatry News, Pediatric News, UCSD Perspectives, New Horizons in Brain Research (Produced by the American Psychiatric Association Office of Research and Government Relations), Byte Magazine, Computer Graphics World Magazine, Discovery Magazine, Public Television (Closer to Truth) and countless others. British Broadcasting Company produced the Oliver Sachs Series: The Mind Traveler and coverage appeared in the third segment. Station WNET in New York produced a nine-hour TV program on the brain sciences ("In Search of Mind"). Our research on normal developmental neurophysiology and on the neurobiology of autism appeared in the first and second hours of this nine-hour program. Station KOCE 50 in Los Angeles produced an introductory psychology educational television series. Our research findings on autism appeared in this series. The Japanese National Broadcasting Company produced a six-hour TV program on the brain sciences. Our research appeared in the program on the mind and emotional disorders. The Arte program (similar to NOVA) in France did a 2-hour documentary on autism. Our laboratory was featured in one segment that focused on imaging studies and what has been learned through MRI/fMRI research.

In 2011 news coverage of Dr. Courchesn's research publications accounted for nearly one fifth of the total news coverage for all of UC San Diego for the entire year. In 2014 and again in 2015, Dr. Courchesn's

publications such as in the New England Journal of Medicine (NEJM) and Neuron received huge world-wide media coverage.

PUBLICATIONS: JOURNAL ARTICLES

For Lists of Published Work See:

<https://scholar.google.com/citations?user=8pYZH6sAAAAJ&hl=en>
<https://scholar.google.com/citations?user=8pYZH6sAAAAJ&hl=en>

http://www.ncbi.nlm.nih.gov/pubmed/?term=Courchesne%20E%255BAuthor%255D&cauthor=true&cauthor_uid=23727317
http://www.ncbi.nlm.nih.gov/pubmed/?term=Courchesne%20E%255BAuthor%255D&cauthor=true&cauthor_uid=23727317

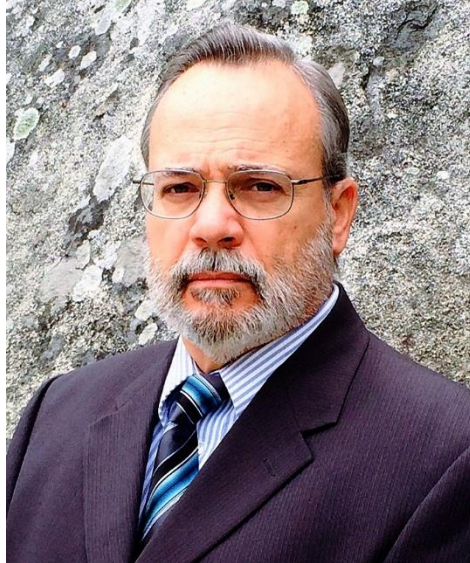
I have published >200 research articles, most on autism. Depending on search engine, my research has been cited between 18,670 and 31,973 times (ca 2000/yr), and has an h-index impact between 77 and 98.

Paul Dores, Ph.D

I have worked in the ASD field for over 40 years, primarily as a practitioner, working with children, adolescents and adults with ASD and significant behavioral challenges, their families, their schools, and the other clinicians/organizations with whom they come in contact over the course of their lifetimes. I have been involved in many hearings and mediations through a variety of school districts with regard to the issues of diagnosis, appropriate placement, quality of service and behavioral barriers to instruction. I have also worked in my clinical practice as a forensic psychologist and expert witness in cases involving individuals with ASD who have been the victims of traumatic events, evaluating the impact of those events on their long term functioning. Finally, I worked for a period of time consulting to one of the first diversion programs here in San Diego which attempted to intervene when individuals with ASD and behavioral challenges entered the legal system as a result of those behaviors, to find alternatives to incarceration.

In my clinical practice, I also continue to evaluate neurotypical individuals with regard to the presence of psychological/mental disorders and the extent of disability arising therefrom.

HON. ROBERT D. IAFE



Judge Robert D. Iafe was appointed an Administrative Law Judge for the Social Security Administration in 2009. He first served in the Los Angeles West Hearing Office and was reassigned in 2011 to the San Diego Hearing Office. In 2013, he was appointed as the Chief Judge of the San Diego Hearing Office.

Judge Iafe was appointed an Administrative Law Judge for the Office of Administrative Hearings for the State of California in 2005. He served as both judge and mediator throughout the state for the Special Education Division originally based in Irvine, California.

Before serving as an Administrative Law Judge under the state and federal appointments, Judge Iafe was in private law practice in San Diego since joining the California State Bar in 1983. He is a graduate of New York University (BA, 1979) and Thomas Jefferson School of Law (JD, 1982).

Gary Sultz

Attorney, OGC Office of Program Law



Gary has worked for 29 years as an attorney for the Department of Health and Human Services and SSA. He currently serves as SSA's national appellate coordinator. He was a supervisory attorney for about nine years and has served as Acting Regional Chief Counsel on three occasions. Gary is a highly experienced litigator, particularly in the Social Security disability area, including handling dozens of cases before the Courts of Appeals for the Sixth, Seventh, and Eighth Circuits. Gary also has extensive training experience. He has developed and presented training for OGC staff, made presentations to outside organizations, and led substantive training sessions at Hearing Offices throughout Region V. He has received many awards, including two Commissioner's citations. Gary received his undergraduate degree from Washington University in St. Louis and his law degree from the University of Illinois, where he was a member of law review.

Jennifer Randall

Assistant Regional Counsel, OGC Region VIII



Jennifer is a graduate of the Colorado College and University of Pennsylvania Law School. After law school, she clerked for a federal district court judge in the Middle District of Pennsylvania. Since joining SSA in 2008, Jennifer has primarily worked to defend the agency's disability determinations in federal district court and federal circuit court. In addition to handling a large number of appeals, she has helped to oversee the Denver office's appellate workload. Jennifer has also presented training to ALJs and their staff within Region VIII and in Arizona.