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### Forensic Psychiatric Evaluation

Name: Suleiman Abdullah Salim  
Date of Birth: September 25, 1972  
Date of Interview: March 10, 2017  
Date of Report: March 24, 2017

Qualifications of Examiner. I graduated in 1965 with an A.B. degree *cum laude* from Amherst College followed in 1969 by an M.D. degree *cum laude* from the University of Vermont College of Medicine. After completing an internship in internal medicine at Boston City Hospital, I went on to train as a resident psychiatrist at the Department of Veterans Affairs (VA) Medical Center in Boston and at the Tufts-New England Medical Center, from 1970-1973. My psychiatric training included diagnosing and treating Vietnam veteran returnees who suffered from what we now recognize as posttraumatic stress disorder (PTSD). Following my residency, I served two years' active duty in the U.S. Naval Reserve as a psychiatrist, treating Marines and sailors returning from combat in Vietnam. I then completed an additional 25 years as a psychiatrist in the VA, where I continued to treat combat veterans with PTSD. During this period, I took a sabbatical to undergo additional training in behavioral neurology at Beth Israel Hospital in Boston.

In 2000, I retired from U.S. Government Service and became employed as a psychiatrist at Massachusetts General Hospital (MGH), which is the major teaching hospital of Harvard Medical School (HMS). At MGH I have continued to specialize in the diagnosis and treatment of persons with PTSD, now mostly civilians. I am a full Professor at Harvard Medical School. I have been conducting clinical research into PTSD for 34 years and have approximately 250 publications in the peer-reviewed medical literature, most on PTSD. I am certified by the American Board of Psychiatry and Neurology in Psychiatry with Added Qualifications in Forensic Psychiatry. I am the first or second author of five book chapters and three articles on PTSD and the law. I also co-authored the chapter on PTSD in the American Psychiatry Association's current *Textbook of Psychiatry, 6th Edition*.

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attired. He appeared his stated age of 45. He did not demonstrate psychomotor retardation or agitation. His demeanor was cooperative but reluctant. He appeared to be displeased to be undergoing the evaluation, and at several points he indicated a desire that it end soon. His affect was serious and mildly despondent, but he was able to smile and even laugh at a few points. I did not sense any evidence of symptom fabrication or exaggeration. It was evident that he did not like talking about his past traumatic events. At one point, in an effort to avoid having to do so, he stated, "I'm fine now." When I did not accept that answer, and urged him to tell me more, he began to weep. Other than some trouble with dates and specifics, he was able to provide a useful history. He was fully oriented. His thought processes were well organized and without evidence of loose or bizarre associations. There was no evidence of delusions or hallucinations. His intellectual functions were grossly intact. He appeared to be of average intelligence.

#### Structured Interview Instruments

I attempted to administer *The Clinician-Administered PTSD Scale (CAPS)*, which is currently regarded as the state-of-the-art instrument for assessing the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM-5) diagnostic criteria for posttraumatic stress disorder (PTSD). However, the CAPS can be difficult to administer because it requires detailed, sometimes hair-splitting, subjective responses from the evaluatee regarding the frequency and intensity of 20 types of PTSD symptoms. If one attempts to administer the CAPS about more than one time point (e.g., when symptoms were at their worst, and again currently), 40 ratings are called for. Many evaluatees become frustrated with the CAPS, but it's uncommon that it can't be completed. Sometimes it is necessary that the administrator press the evaluatee for their best answer. However, when I attempted to do this, Mr. Salim became frustrated and angry. He complained I was doing to him what his interrogators had done, i.e., forcing him to answer questions he was unable to answer. At that point, rather than risk losing rapport, I decided to abandon the CAPS.

In place of the CAPS, I switched to the PTSD module of the *Structured Clinical Interview for DSM-5 (SCID)*. Instead of calling for rating each of the 20 PTSD symptom items on a 0-4

be healed? Q. No. What I'm trying to understand is if you go see a doctor and they prescribe medication, why is it that you think that what they're prescribing isn't going to help you? A. I just know by myself that they will not help me ... Q. Is Dr. Brock a doctor treating you? A. Yes. Q. And what is Dr. Brock treating you for? A. Just like if you are -- you have thoughts or if you're trying to think of many things, you need to do this, things like that.

Diagnostic Impressions (DSM-5)

304.30, 304.60, 304.10, 304.90, Substance Use Disorder, pre-captivity; mixed cannabis, inhalant, sedative/hypnotic, and scorpion venom; previously severe, now in sustained remission

309.81. Posttraumatic Stress Disorder (PTSD) previously extreme, currently moderate

296.26. Major Depressive Disorder (MDD), single episode, previously severe, currently in partial remission

300.82 Somatic Symptom Disorder, mild

Opinion

Mr. Salim was not a mentally healthy person prior to his arrest and detention in 2003. He had a 20-year history of multiple, severe substance use disorder. The existence of this disorder and/or the underlying factors that led to it likely placed him at a greater risk of developing PTSD from future traumatic events than he otherwise might have been.

The following are the diagnostic criteria for posttraumatic stress disorder (PTSD) from the American Psychiatric Association's current *Diagnostic and Statistical Manual for Mental Disorders*, fifth edition (DSM-5). The criteria are followed by my comments as to whether Mr. Salim met them, and how.

A) *Directly experiencing an event that involves threatened death, serious injury, or sexual violence.* Criterion met. Mr.