IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Norfolk Division

Caron Nazario,	)	
Plaintiff,	)	
v.	)	Civil Action No. 2:21-cv-00169
	)	
Joe Gutierrez, et. al.	)	
Defendants.	)	

PLAINTIFF CARON NAZARIO'S REBUTTAL BRIEF TO DEFENDANT GUTIERREZ'S OPPOTION TO JNOV AND NEW TRIAL UNDER RULE 50 AND 59 MOTION

Comes now the plaintiff by counsel and in rebuttal to defendant Gutierrez' opposition to the motion for a judgment notwithstanding the verdict and/or a new trial pursuant to F.R.C.P. 50 and 59 motion and states as follows. Plaintiff incorporates the arguments from his rebuttal to defendant Crocker, **Doc 249,** to avoid repetition.

1. <u>The jury verdict is based upon false evidence</u>.

A**. Army had lost in the paperwork the medical profile of Nazario**.

Defendant Gutierrez' brief in opposition argues that the verdict was based upon the fact that Nazario had no permanent medical profile on record with the military and that his medical profile for a mental health condition expired in May 2022. **Doc 248 Page 3 of 13 PageID#4964.** This evidence is false. Notwithstanding significant efforts by plaintiff to obtain all the records from the military, it was only following the trial that the military provided documentation that there is and has been a permanent medical profile on record for mental health of Lt. Nazario. (Exhibit 1 – Declaration & Attachment from Nazario)(Exhibit 2 – Declaration of Jonathan Arthur, Esq.)

Defendant Gutierrez' arguments and verdict rest upon materially false evidence.

B. **Defendants and Dr. Sheorn provided materially false evidence upon which the verdict was based.**

Defendant Gutierrez argues that Dr. Sheorn's was not false because although the DSM-V is the "gold standard," she had experience and training to enable her to opine on "additional criteria relevant to such diagnosis." Doc 248 Page 7 of 13 PageId# 4968. She argues that Dr. Selman did the same thing referencing criteria from the DSM-IV. The substantive difference, however, is that Dr. Sheorn's additional criteria were not complementary to the DSM-V but contrary to it, while Dr. Selman's references to the DSM-IV would not have altered a determination based on the criteria of the DSM-V. That dog just doesn't hunt.

Dr. Sheorn had provided Appendixes A - C with her professional opinion, a copy of the DSM-V criteria, (Exhibit 3 – Sheorn Appendixes) causing it to be a surprise that under oath she would offer such medical opinions in contradiction to the DSM-V, based upon her own subjective attitudes, without any empirical testing or peer review. If physicians like Dr. Sheorn could write criteria for mental diagnosis like Lewis Carroll, claiming "When I use a [diagnosis], it means just what I choose it to mean – neither more, nor less"[1] there would be no science, and certainly none to a reasonable degree of medical certainty. It is undisputed that the Diagnostic and **Statistical** Manual of Mental Disorders – 5th Edition ("DSM-5") is the "gold standard." (emphasis added). See *Nease v. Ford Motor Co*., 848 F.3d 219, 231 (4th Cir. 2017) citing *Daubert v. Merrell Dow Pharmaceuticals, Inc*., 509 U.S. 579, 593 (1993). Consistent with the gatekeeping function of the court and to prevent a miscarriage of justice a new trial should be granted.

[1] Lewis Carroll, Through the Looking-Glass and What Alice Found There ("'When I use a word,' Humpty Dumpty said in rather a scornful tone, 'it means just what I choose it to mean-neither more, nor less.'"

Similarly, the testimony of defendant experts Brandon Tatum and Chief Wallentine that under all circumstances OC/pepper spray or for Chief Wallentine, and dogs can be used to remove a citizen from the vehicle if they do not "obey," not only bring back images from established "massive resistance" but is false based upon their personal opinions and is contrary to the law, as jury instruction No 41 instructs, that when an officer's force is unreasonable, a citizen has the right to use reasonable force to resist that unlawful and unreasonable force. It is this sort of false testimony that leads to the tragic consequences in Lt. Nazario's case and unlawfully repeated over and over by rogue officers in simple traffic stops like the most recent case of Trye Nichols in Memphis Tennessee. In the words of the Fourth Circuit Judge Henry F. Floyd, "This has to stop.' *Estate of Jones v. City of Martinsburg*, 961 F.3d 661, 673 (4th Cir. 2020).

Lt. Nazario is not challenging that when there is not unreasonable force in play, an officer may lawfully order a citizen out of the car on a traffic stop in those circumstances because under the totality of circumstances unique to each case, where officers have not triggered the base fight or flight instinct by using unreasonable force, such an order would be minimally intrusive and reasonable. *Pennsylvania v. Mimms*, 434 U.S. 106, 111, 98 S. Ct. 330, 333 (1977). In this case the court already having reviewed the video tapes ruled as a matter of law that Lt. Caron Nazario was not actively resisting. **Doc 114 Page 21 of 40 PageID# 2315**.[2] Further, the jury has found unreasonable force was in play by their finding of assault by Gutierrez.

Defendants do not overcome their burden of showing that the false statements did not affect the outcome of the case, *Persinger v Norfolk Western Ry. Co.*, 920 F2d 1185, 1189 (4th

[2] "Plaintiff did refuse lawful orders to exit the vehicle, but he was not actively fleeing and did not engage in active resistance." The court ruled on cross-motions for summary judgment under the microscope and weight of the video-evidence.

Cir. 1990). With the verdict, the proverbial camel's back of justice is broken. A new trial is necessary to prevent a miscarriage of justice.

2. <u>The jury failed to follow the law and the jury instructions</u>.

Defendant Gutierrez argues that it is pure speculation on the part of Lt. Nazario that the jury failed to follow the instructions. Lt. Nazario provided a nonspeculative step-by-step analysis explaining why the record is clear that the jury did not follow the jury instructions. **Doc 249**.

Defendant Gutierrez confuses a correct statement of the abstract law with specifics applicable to this case. State law assault, battery and false imprisonment claims are distinct claims with separate elements and that in the abstract a jury can find one without the other. However, under the circumstances of this case, with the finding of the assault, the triggering of Lt. Nazario's right to use reasonable force to resist that unreasonable force, it is clear that the jury failed to follow the instructions.

Defendant argues that the plaintiff's argument "sounds in justification for civil disobedience, civil disorder and anarchy, not the rule of law." **Doc 248 Pag 6 of 13 PageID# 4967.** Just the opposite, Lt. Nazario asks that the law apply equally to law enforcement officers, something that too many citizens including those of this jury have failed to do. It is this failure by the jury and citizens to demand that the rule of law apply to all, that incites a responding civil disobedience or unrest. Lt. Nazario acted with obedience to the law and demands that the defendants and the jury do the same. Lt. Nazario asks the court, if the discretion is not used in this case to grant a new trial, in what case would that safeguard ever be exercised.

3. The verdict is against the clear weight of the evidence.

The verdict in this case is shockingly against the clear weight of the evidence. The defendants' own admissions showed that driving to the well-lit BP station was not the problem – "happens a lot" but 80% of the time it is minorities. The video tapes from the bodycams and Lt. Nazario's mobile phone shows shocking behavior by law enforcement and excessive use of force by both defendants Gutierrez and Crocker. Lt. Nazario's passive resistance of staying in the vehicle against the backdrop of conflicting commands objectively impossible to comply with at the same time is authorized by the law and as instructed by the instructions. The verdict is even more shocking, and a miscarriage of justice.

Defendants still hang on to their theory that being deployed to Washington proves Lt. Nazario was not injured by this incident which was rebutted when Lt. Col Reinhold testified unequivocally and unrebutted to the contrary. Defendants cling with a death-grip to instructions regarding the jury's duty to determine the weight of the evidence. But under that argument, there would never be a new trial granted to prevent a miscarriage of justice; instances like this are the reason that FRCP 50 and 59 exist.

4. A new trial is necessary to prevent a miscarriage of justice.

Defendant Gutierrez seems to think that this prong of the analysis rests solely upon the sleeping juror or Virginia Code § 44-97. He is mistaken. Here the court must consider the totality of the trial and justice. The jury verdict in this case would confirm the convictions of many disenfranchised citizens of this country that are convinced the judicial system does not work and that the only path to change is violence in the streets. It would operate as a license for officers to believe that they can act in violation of their oath, the laws of the states and the United States Constitution with only insignificant consequences if called to answer for their lawless

behavior. It is the message that emboldens vicious and inhuman attacks on the citizens of the United States of America by law enforcement. Lt. Nazario freely committed to serving this country to "support and defend the Constitution of the United States against all enemies, foreign and domestic…" The verdict has shocked the nation and is a miscarriage of justice in fact and as a matter of law. A new trial is necessary to prevent that miscarriage of justice.

The nation has seen enough outcry on the streets from citizens who have found little hope that the system actually works - to prevent a miscarriage of justice this verdict must be set aside, and a new trial granted.

January 30, 2023

Respectfully submitted,

By: /s/ Thomas H. Roberts, Esq.
Counsel

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that the foregoing was filed with the Court's CM/ECF system, which caused a Notice of Electronic Filing to be emailed to the following:

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Counsel for Defendant Daniel Crocker

This the 30th day of January 2023

By: /s/ Thomas H. Roberts, Esq.
Counsel

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Norfolk Division

Caron Nazario	)	
Plaintiff,	)	
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Defendants.	)	

AFFIDAVIT OF CARON NAZARIO

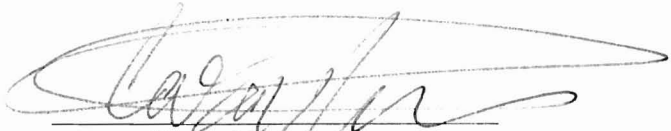
Comes now Caron Nazario and states as follows.

1. I have been in touch with my command regarding my Medical Board and my status on profile since the first profile was issued.
2. I have been relying on my command to inform me when there were changed to each.
3. On or around 12th or 13th of December, 2022 I spoke with Major Goldwire, the director of psychological health for Virginia National Guard he said that he did not have any new information regarding whether I had been placed on a permanent profile, and directed me to speak with one of his staff non-commissioned officers, Staff Sargent Howard.
4. On or around the 12th or 13th of December, 2022 I spoke with Staff Sargent Howard who stated that he still needed to get medical providers to sign off on the permanent profile so as to make it official and asked me to send him any documents that I had in my possession that would help the Virginia Army National Guard make their profile determination. But he led me to believe that the providers would not be signing the profile until the January timeframe.
5. On December 14, 2022, I forwarded the documents that I had in my possession to Staff Sargent Howard as he requested.

Exhibit 1

6. On January 18, 2023 I again spoke to Staff Sargent Howard who informed me that the providers still had not signed the permanent profile.
7. On January 22, 2023, during drill and at a medical readiness event, I spoke to a civilian case manager regarding the status of my profile and the status of my Medical Board. The civilian case manager informed me that my profile had been permanent since November, 2022. She then printed off and gave me copies of the permanent profiles that are attached to this affidavit with redactions by counsel.
8. Notwithstanding my diligent efforts, this was the first time I had notice that my permanent profiles had been entered.
9. I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge, information, and belief.

Dated 2023/01/30



Caron Nazario

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
OFFICE OF THE ADJUTANT GENERAL OF VIRGINIA
JOINT FORCE HEADQUARTERS - VIRGINIA
BUILDING 316, FORT PICKETT
BLACKSTONE, VIRGINIA 23824-6316

ATTENTION OF REPLY TO

NGVA-PEO-DSS

January 22, 2023

MEMORANDUM For Commander, **WPHMT0**

SUBJECT: Permanent Profile for: **Nazario, Caron** [redacted]

1. A medical officer has reviewed the medical documentation for **PTSD, Adjustment Disorder** and issued a permanent physical profile. See attached profile. Soldier has been recommended for Medical Evaluation Board (MEB/PEB).

2. Commanders must review and make comments if necessary.

3. The soldier is nondeployable.

4. Should you have questions regarding this matter, feel free to contact Case Management at [redacted].

FOR THE STATE SURGEON:

R Mancini MD

Robert Mancini
COL MC VAARNG
State Surgeon

PHYSICAL PROFILE RECORD

For use of this form, see AR 40-502; the proponent agency for this form is the Office of the Surgeon General

SECTION 1: SOLDIER INFORMATION

1.NAME (Last, First, Middle Initial)	2.RANK	3.DoD ID NUMBER	4.COMPONENT	5.CURORG	6.UIC
Nazario, Caron	1LT	[redacted]	National Guard	A	WPHMT0

7.UNIT,ORG,STATION,ZIP CODE OR APO, MAJOR COMMAND	8.AOC/MOS/SQI/JOB/TITLE
WPHMT0 VA 112330000 51	70B00

SECTION 2: PERMANENT PROFILE

9. REASON FOR PROFILE (In Lay Terminology)	10. PULHES FACTORS						11. PROFILE CODES			12. PROFILING PROVIDER	13. APPROVING AUTHORITY	14. DATE APPROVED
	P	U	L	H	E	S						
Shaving Profile, Ingrown Facial Hair, Razor Bumps	2									**Jordan Reed**	**Duch Paul**	**02/Aug/2019**
Adjustment Disorder						3	F			**Vladu Bogdan**	**Mancini Robert**	**05/Nov/2022**
PTSD						3				**Bailey Gene**		**22/Jan/2023**
COMBINED PULHES	2	1	1	1	1	3						

SECTION 3: ACTIVE TEMPORARY PROFILE(S) AS OF:

15. REASON FOR PROFILE (In Lay Terminology)	16. SEVERITY	17. MECHANISM OF INJURY	18. DUTY STATUS	19. EXPIRATION DATE	20. DAYS ON PROFILE	21. PROFILING PROVIDER	22. DATE APPROVED

23. TOTAL DAYS ON TEMPORARY PROFILE IN THE LAST:	24. IS SOLDIER AVAILABLE TO TAKE RECORD APFT? YES [ ] NO [ ]
12 MONTHS: 185 24 MONTHS: 380 DATE: _	IF "NO", ANTICIPATED APFT AVAILABILITY DATE _____

SECTION 4: FUNCTIONAL ACTIVITIES

25. A SOLDIER MUST BE REFERRED TO THE DISABILITY EVALUATION SYSTEM (DES) IF THERE IS AT LEAST ONE PERMANENT (P) "3" IN THE PULHES AND LIMITATION(S) NOTED IN THE FUNCTIONAL ACTIVITIES. TEMPORARY (T) LIMITATIONS DO NOT CAUSE REFERRAL TO DES.

INDICATE THOSE ACTIVITIES THAT THE SOLDIER CANNOT PERFORM BY PLACING AN "N" IN THE APPROPRIATE COLUMN(S).	Permanent	Temporary
a. Physically and/or mentally able to carry and fire individual assigned weapon?		
b. Ride in a military vehicle wearing usual protective gear without worsening condition?		
c. Wear helmet, body armor, and load bearing equipment (LBE) without worsening condition?		
d. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?		
e. Move greater than 40 lbs (e.g. duffle bag) while wearing usual protective gear (helmet, weapon, body armor, LBE) up to 100 yards?		
f. Live and function, without restrictions in any geographic or climatic area without worsening condition?	N	

26. ADDITIONAL PHYSICAL RESTRICTIONS (CHECK IF APPLICABLE)		Permanent	Temporary
a.LIFTING/CARRYING MAXIMUM WEIGHT:		lbs.	lbs.
b. STANDING LIMITATION:		min	min
c. MARCHING WITH STANDARD FIELD GEAR:	TIME:	min	min
	DISTANCE:	mi	mi
27. MEDICAL/ADMINISTRATIVE BOARD STATUS:	Referred to MEB; Referred to MAR2		

SECTION 5: MEDICAL INSTRUCTIONS TO UNIT COMMANDER (*Permanent restrictions are listed in bold text*)

28.

Soldier and Leaders must follow the most restrictive medical instructions describing capabilities and limitations.

Permanent Condition(s):
IAW TB MED 287 (10 DEC 2014): Soldier is allowed to use electric or manual clippers daily (NOT electric or blade razors). The beard must be uniform and neatly trimmed to a length of ~1/8 inch - 1/4 inch (not to exceed 1/4 inch total length of curled hair) so as to maintain a neat and clean appearance. No styling of the beard is authorized (e.g. no goatees, handlebar mustache, etc…). The Soldier should continue to wear the beard while using a protective mask as required for all training and tactical simulations. However, upon order by the unit commander, the Soldier must shave the beard if the unit is in, or about to enter, a situation where use of a protective mask is required and where inability to safely use the mask could endanger the Soldier and the unit. Per TB MED 287, the unit commander should exercise this authority only when there is an actual danger of exposure to a toxic environment.

To support Soldier safety, recommend the following: (PROVIDER: ADD CONTENT AS INDICATED)

The Soldier is currently in the Disability Evaluation Process. Ensure Soldier has access to all Behavioral Health appointments. Commanders/leaders notify profiling officer immediately if there are significant changes in performance or behavior. No PCS until final fitness for duty determination.

Additional duty limitations include the following. (PROFILING OFFICER IS TO INCLUDE ONLY DUTY LIMITATIONS THAT APPLY TO THIS SOLDIER):
No deployment to an austere environment. No PCS, TDY, or ETS until final fitness for duty determination. The Soldier should remain stationed near a Medical Treatment Facility where definitive behavioral healthcare is available. Soldier requires eight hours for sleep in every 24 hour period.

To support Soldier safety, recommend the following: (PROVIDER ADD CONTENT AS INDICATED)

The Soldier is currently in the Disability Evaluation Process. Ensure Soldier has access to all Behavioral Health appointments. Commanders/leaders notify profiling officer immediately if there are significant changes in performance or behavior. No PCS until final fitness for duty determination.

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SECTION 6: ARMY PHYSICAL FITNESS TEST (See FM 7-22)

	P		T			P		T	
29. APFT EVENT	YES	NO	YES	NO	30. ALTERNATE APFT	YES	NO	YES	NO
2 MILE RUN	[X]	[ ]	[ ]	[ ]	APFT WALK	[ ]	[ ]	[ ]	[ ]
SIT-UPS	[X]	[ ]	[ ]	[ ]	APFT SWIM	[ ]	[ ]	[ ]	[ ]
PUSH-UPS	[X]	[ ]	[ ]	[ ]	APFT BIKE	[ ]	[ ]	[ ]	[ ]

SECTION 7: PHYSICAL READINESS TRAINING CAPABILITIES

(See FM 7-22 AND ATP 7-22.01; Activities related to permanent conditions are in **bold** type)

31

Soldier and Leaders must follow the most restrictive PRT guidance describing capabilities and limitations.

No Physical Readiness Training Restrictions.

Training Capabilities

This section will address physical training ability and limitations. No Physical Readiness Training Restrictions. May perform all other MOS tasks.

This section will address physical training ability and limitations. No Physical Readiness Training Restrictions. May perform all other MOS tasks.

SECTION 8: UNIT COMMANDER

32. COMMANDING OFFICER:	33. DATE:

DA FORM 3349 – SG [redacted] PREVIOUS EDITIONS OBSOLETE

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Joe Gutierrez, et. al.	)	
Defendants.	)	

AFFIDAVIT OF JONATHAN M. ARTHUR, ESQ

Comes now Jonathan M. Arthur, Esq., and states as follows.

1. I am the lead counsel in this matter, both for trial and discovery matters.

2. As Lt. Nazario's status on medical profile has been evolving since the outset of this litigation, I have been relying on the Virginia Army National Guard, and to a lesser extent the client to keep me informed of changes to Lt. Nazario's profile status and his medical board process.

3. The Virginia Army National Guard was in the best position to inform me as to *when* changes were made to Lt. Nazario's profile and when the document reflecting such change was created. The Virginia Army National Guard was also in the best position to inform me as to the status of Lt. Nazario's profile.

4. Particularly, my point of contact with the Virginia Army National Guard was a Lt. Col. Kristy Gambill – also designated by the Plaintiff as a 26(a)(2)(C) expert. And I had been in contact with Lt. Col. Gambill. Pursuant to our conversations, I understood that she was the medical provider handling Lt. Nazario's case on behalf of the Virginia Army National Guard.

5. When I spoke to Lt. Col. Gambill on September 13, 2022, she informed me that due to a glitch in the Virginia Army National Guard's computer software, his medical board and permanent profile determinations had been delayed. Lt. Col. Gambill stated that she would keep

Exhibit 2

me informed of changes in Lt. Nazario's status with the Virginia Army National Guard as they occurred. Thus, Virginia Army National Guard was aware that I was relying on them to keep me informed of the actions that Virginia Army National Guard was taking with respect to Lt. Nazario.

6. When I spoke to Lt. Col. Gambill via e-mail again on September 15, 2022, to inform her of the new trial date, I again reiterated that I needed to know if anything changed regarding Lt. Nazario's status with the Virginia Army National Guard I needed to know, and asked her to make sure to keep me informed.

7. My last contact with Lt. Col Gambill, which occurred on September 21, 2022, Lt. Col. Gambill where she informed me that no determination had been made as of yet, but she confirmed a series of meetings Lt. Nazario had on the schedule with Virginia Army National Guard medical providers to make the profile and medical board retention determinations.

8. On December 8, 2022, I began to e-mail and call Lt. Col. Gambill for, *inter alia*, a status update and to arrange a time to prepare her for testimony in court. She did not respond to my e-mail nor my telephone call.

9. On December 13, 2022, I reached out to Lt. Col. Gambill again via telephone, and she did answer my call or respond in any way.

10. On December 20, 2022, I reached out to Virginia Army National Guard's civilian Counsel, Russell Woodlief, Esq. to inform him that Lt. Col. Gambill was not returning my telephone calls and to seek his assistance on the matter.

11. On December 21, 2022, in response to my e-mail, Russell Woodlief stated that he would reach out to Lt. Col. Gambill.

12. No word was forthcoming from Lt. Col. Gambill.

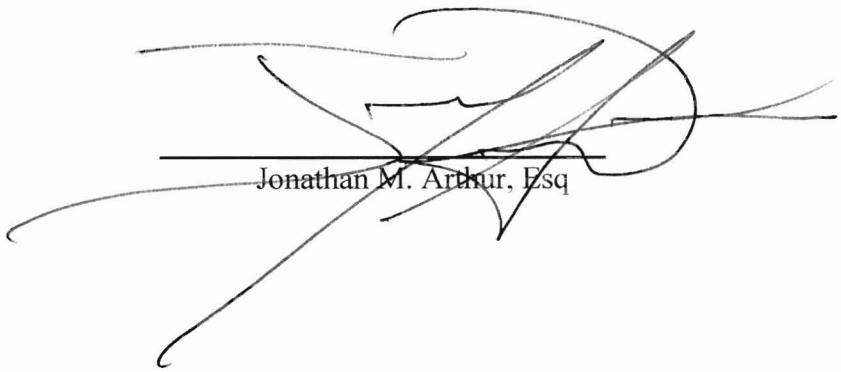
13. On December 22, I again reached out to Russell Woodlief regarding a mailing address for Lt. Col. Gambill – as since she was not responding to me, I would go ahead and subpoena her.

14. I issued subpoenae to both addresses that we found regarding Lt. Col. Gambill, and she was at neither location. .

15. Notwithstanding these diligent efforts, neither the plaintiff nor Plaintiff's counsel were made aware of the existence of the permanent profile until January 22, 2023.

16. I declare under penalty of perjury that the foregoing is true to the best of my knowledge, information, and belief.

Dated 2023/01/30



Jonathan M. Arthur, Esq

APPENDIX A

DSM 5 CRITERIA FOR PTSD

Criterion A: Stressor

The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence:

1. Direct exposure.
2. Witnessing, in person.
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect nonprofessional exposure through electronic media, television, movies, or pictures.

Criterion B: Intrusion symptoms

Presence of one or more of the following intrusion symptoms associated with the traumatic event, beginning after the traumatic event occurred:

1. Recurrent, involuntary, and intrusive memories.
2. Recurrent distressing dreams.
3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness.
4. Intense or prolonged distress after exposure to traumatic reminders.
5. Marked physiologic reactivity after exposure to trauma-related stimuli.

Criterion C: Avoidance

Persistent effortful avoidance of distressing trauma-related stimuli after the event evidenced by one or both of the following:

1. Trauma-related thoughts or feelings.
2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criterion D: Negative Alterations in Cognitions and Mood
Negative alterations in cognitions and mood that began or worsened after the traumatic event, as evidenced by two or more of the following:

1. Inability to recall key features of the traumatic event
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
4. Persistent negative trauma-related emotions (fear, horror, anger, guilt, shame).
5. Markedly diminished interest in (pre-traumatic) significant activities.
6. Feeling alienated from others (e.g., detachment or estrangement).
7. Constricted affect: persistent inability to experience positive emotions.

Criterion E: Alterations in Arousal and Reactivity
Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event, as evidenced by two or more of the following:

1. Irritable or aggressive behavior.
2. Self-destructive or reckless behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems in concentration.
6. Sleep disturbance.

Criterion F:
Duration of the disturbance (Criteria B, C, D, and E) is more than one month.

Criterion G:
The disturbance causes significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H:
The disturbance is not attributable to the physiological effects of a substance (eg medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (eg, feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly.)

2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (eg, the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

APPENDIX B

DSM 5 CRITERIA FOR GENERALIZED ANXIETY DISORDER

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

1. Restlessness, feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive–compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

APPENDIX C

DSM 5 CRITERIA FOR PANIC DISORDER

The individual experiences recurrent unexpected panic attacks, which are abrupt feelings of intense fear or discomfort that reach great heights within minutes, during a time in which at least four of the following symptoms occur:

1. Palpitations or quickened heartbeat
2. Abnormal sweating
3. Trembling or shaking
4. Instances of shortness of breath or feeling smothered
5. Feelings of choking
6. Chest pain or discomfort
7. Nausea or abdominal pain
8. Dizziness or faintness
9. Chills or hot flashes
10. Numbness or tingling sensations
11. Derealization (feelings of unreality) or depersonalization.
12. Fear of losing control or “going crazy”.
13. Fear of death

B. One or more of the attacks were followed by a month (or longer) of one or both of the following:

1. Persistent worry about having more panic attacks and/or their consequences (e.g., having a heart attack)

2. A significant abnormal change in behavior in response to the attacks, such as ones intended to avoid unfamiliar situations.

C. The disturbance cannot be attributed to the physiological effects of a substance, such as a drug or medication, or another medical condition.

D. The disturbance cannot be better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as an obsessive compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures, as in separation anxiety disorder).

APPENDIX D

GAF SCALE

91 – 100 No symptoms. Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

81 – 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

71 – 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61 – 70 Some mild symptoms (e.g., depressed mood and mild insomnia) or some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51 – 60 Moderate symptoms (e.g., flat affect and circumlocutory speech, occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers)

41 – 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job, cannot work).

31 – 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) or major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21 – 30 Behavior is considerably influenced by delusions or hallucinations or serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

11 – 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) or occasionally fails to maintain minimal personal hygiene (e.g., smears feces) or gross impairment in communication (e.g., largely incoherent or mute).

1 – 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

0 Inadequate information