

**AFFIDAVIT OF NADIA WEBB, PsyD AbPdN ABN MP**

**STATE OF NEW MEXICO**

**COUNTY OF SANTA FE**

**BEFORE ME**, the undersigned Notary Public, personally came and appeared Affiant, **NADIA WEBB, PsyD AbPdN ABN MP**, who, after being duly sworn, did depose and state:

My name is Nadia E. Webb, PsyD, MP. I am over eighteen (18) years of age. I am engaged in the private practice of psychology in the State of Louisiana, where I am licensed as a Medical ‘prescribing’ Psychologist. I completed four advanced degrees in mental health, including a doctorate in psychology and a post-doctoral Masters of Science in Psychopharmacology. I am board certified by two of the three board recognized within the State of Louisiana, and a Board Examiner for one of them (the *American Board of Professional Neuropsychology* and the *American Board of Pediatric Neuropsychology*).

My attached Curriculum Vita reviews my career as clinician and as an academic, which includes earning the rank of full Professor. It reviews my professional awards, which includes a Lifetime Achievement Award from Rutgers University, appointment to the Children’s Trust Fund by Governor Jindal, and a commendation from Governor Jane Hull for my efforts to improve interagency collaboration.

As is evident in my CV, forensic work has been a minor component of my professional life. I believe that I have testified as an expert, by deposition or in court, in no more than 20-25 cases in total (including criminal, civil, family and traffic court). I have been honored to serve as a court appointed independent examiner, as well as being hired by both plaintiff and defense attorneys to educate them about the assessment results and psychological science relevant to their cases.

It is my professional opinion that video recording of neuropsychological assessments has a place in both clinical and forensic neuropsychological evaluations, which is an opinion consistent with position of the American Psychological Association (APA) and our medical colleagues in the American Psychiatric Association. In 2000, the National Academy of Neuropsychology (NAN) endorsed a white paper opposing direct observation, although a 1999 survey found that two thirds of the NAN membership considered third party observation acceptable (Sewick, Blase and Besecker, 1999). A careful reading of that NAN position paper reveals that it is also quite circumscribed, prohibiting one type of observer (attorneys) in one setting (civil litigation), which undercuts the argument that third party observer is categorically detrimental to the integrity of the assessment process.

Although there are ethical considerations that must be addressed during the videotaping of neuropsychological evaluations, there is no absolute prohibition against it. It is a common procedure during criminal evaluations and in medical settings, including those situations in which accurate findings are critical. It was a routine aspect of neuropsychology work at the Children's Hospital of New Orleans, including for children who were candidates for neurosurgical removal of brain tissue to treat intractable epilepsy.

At Children's, we also videotaped every autism evaluation, although these include standardized psychological measures. An Autism diagnosis offers a ready access to benefits that children with other diagnoses do not receive, including: SSI, housing, medical and educational services. The cost to the community for a misdiagnosis can be considerable.

We did not put an asterisk or a qualifier next to our conclusions when the results were videotaped, nor did any of the eight psychologists in our department raise a concern about the procedure. The department specifically requisitioned funds to allow videotaping capability for this purpose.

The concerns about test security are easily addressed by releasing the videotape to another psychologist, as is already the custom when releasing raw test data. Further, it is my understanding that civil courts routinely address sensitive material, such as trade secrets or highly personal revelations. Criminal courts have been protecting the video data from psychological assessments as a matter of course. Procedures recommended by the American Psychological Association are reprinted in Otto and Krauss (2009) and in the APA's 2007 position paper on third party observers.

As psychologists, we overestimate the fidelity of our own recollection and the accuracy of our contemporaneous notes (Berliner and Leib, 2001; Ceci and Bruck, 2000). Unfortunately, what we deem as important at the time may miss information that, in retrospect, is critical. One of the reasons for videotaping children who were considered candidates for brain surgery was that we



could note a drop in performance on a neuropsychological measure, review the video, and later potentially correlated it with a burst of epileptiform activity. At the time, in the midst of juggling the test items, stopwatch, clipboard and protocols, we failed to see the subtle physical symptoms that were apparent on later review.

Individuals with TBI are also at greater risk for exertion headache, fatigue, poor motivation, seizure, limited frustration tolerance, and the like. Again, the opportunity to review the results of the assessment and a contemporaneous recording allows an examiner to better identify when and why performance may have dropped unexpectedly. Those are predictable, systematic, non-random problems in evaluating individuals with traumatic brain injury. The objectivity of a direct recording, based on my clinical and professional experience, improves the accuracy of the conclusions. It is a rare situation in which less information is more desirable.

Lastly, the argument that videotaping causes significant compromise of the results is not supported by research literature. In 1983, Bond and Titus published a meta-analysis of “the effects of the presence of others on human task performance and physiology”. They reviewed 241 studies involving nearly 24,000 subjects and concluded the presence of others accounted for 0.3% to 3% of the variance in performance. The effect size becomes even less impressive when extrapolating to neuropsychological assessments, as these studies compared the impact of observation to no observation. In our assessments there is at least one observer, the neuropsychologist. The true gist of the argument is the effect of having an *additional* observer.

We also have research indicating who is most likely to underperform during an assessment, and in which contexts. It is most common when the rapport is poor; there is a significant disparity between the socioeconomic status of the examiner and the examinee, or when the examinee perceives no personal benefit arising from the assessment (Williams et al., 1981). An evaluation that an examinee may view as “hostile,” seems more vulnerable to these threats to validity – and potentially better served by an objective review (Blaskovitch et al, 1999). In general, poor effort decreases under observation – particularly when the subject’s contribution to a task and the quality of the work is clearly identified (Williams et al., 1981). Videotaping may improve the quality of the psychologist’s work and the examinee’s.

A blanket prohibition against observation restricts our ability to minimize “systematic error,” such as an examiner bias or a problematic examination setting. As in all professions, there are individuals who are ethically expedient. However my concern extends to my conscientious colleagues as well. There is an established literature indicating that we may inadvertently telegraph our expectations, including across species. (The scientific study of this phenomenon began with the 1907 study of a horse who was considered a math prodigy, until it was revealed that “Clever Hans” was being inadvertently cued by his trainer.) I am quite willing to presume that our human examinees would be at least as perceptive. The ways in which *unconscious* examiner bias may shape the performance of the examinee (expectancy effects) has been a subject of study since the 1960s (Rosenthal, 1994). Psychologists parse social, demographic or context variables as a routine part of an evaluation, whether the assessment is for clinical or forensic purposes. We have various methods for assessing the reliability and validity of our

measures and of examinee performance. This is one more method, with the added benefit of allowing peer review of our own work.

The text of American Psychological Association's Statement on *Third Party Observers in Psychological Testing and Assessment: A Framework for Decision Making* (2007) says, "Psychologists may also want to carefully consider the issues involved in recording evaluations for observation by third parties." Consideration is not prohibition -- it is recognition that this is an ethically complex, but predictable aspect of psychological practice.

FURTHER, AFFIANT SAYETH NOT.

Nadia Elizabeth Webb

**NADIA WEBB, PsyD AbPdN ABN MP**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS 20<sup>th</sup> DAY OF NOVEMBER, 2014.**

Gary A. Weidner

**NOTARY PUBLIC**



**OFFICIAL SEAL  
GARY A. WEIDNER  
NOTARY PUBLIC STATE OF NEW MEXICO  
My Commission Expires 7/5/17**