

COMMONWEALTH OF MASSACHUSETTS
TRIAL COURT

SUFFOLK, ss.

SUPERIOR COURT DEPARTMENT
CIVIL ACTION NO.: 01-551OE

MASSACHUSETTS OFFICE OF CHILD
CARE SERVICES,

Plaintiff,

v.

THE DESISTO SCHOOL, INC. and A.
MICHAEL DESISTO,

Defendants.

and

THE DESISTO SCHOOL, INC.,

Defendant and Plaintiff-in-
Counterclaim,

v.

MASSACHUSETTS OFFICE OF CHILD
CARE SERVICES,

Plaintiff and Defendant-in-
Counterclaim.

SECOND AFFIDAVIT OF DR.
JOHN DAIGNAULT

I, John Daignault, Psy.D., do hereby depose under oath and with personal
knowledge as follows:

1. I am a licensed psychologist in the Commonwealth of Massachusetts. My
curriculum vitae was attached to a first affidavit I provided to the Court in December of
2001. I am employed as co-Director of Psychological Services, Inc., Braintree,
Massachusetts, where I conduct my own clinical practice.

2. I have been qualified as a designated forensic psychologist by the Massachusetts Department of Mental Health. I was also appointed by the Commissioner of the Massachusetts Department of Corrections as a member of the Community Access Board at the Treatment Center for Sexually Dangerous Persons. In addition, I maintain a staff appointment at McLean Hospital, a private psychiatric hospital located in Belmont, Massachusetts, where I regularly conduct forensic psychological consultations pertaining to the issue of dangerousness to self/others, as well as other forensic questions. I also hold an appointment to Harvard Medical School as an instructor in the Department of Psychiatry. I am a member of the American Psychological Association and the Massachusetts Psychological Association, and I hold a Diplomate from the American College of Forensic Examiners.

3. As part of my professional work, I serve pursuant to an appointment by the Bristol Superior and Probate and Family Courts as the Court Monitor of a residential treatment center, which has been under court jurisdiction since 1987. This treatment center employs a comprehensive range of behavior modification techniques. As Court Monitor, I oversee the operation of this facility to ensure that it adheres to professional standards and to extant Court Orders, and I have also conducted site visits and consultations to numerous other residential treatment centers in fulfillment of my responsibilities to the Court.

4. My previous professional training and experience has included positions at three other residential treatment centers, including serving as assistant director at the May Institute. I have also consulted at a number of other residential treatment centers. In addition, I was previously employed as a forensic psychologist, unit clinical director, and

Assistant Medical Director at Bridgewater State Hospital, the State's only maximum secure psychiatric facility for the criminally insane. Part of my responsibility was to oversee the treatment for the 59 inpatients assigned to my ward and to supervise other staff on the unit.

5. For nine years, I also served as Director of the Brockton Court Clinic. In this capacity, I conducted hundreds of psychological evaluations for the District and Superior Courts generally located in southeastern Massachusetts assigned to my catchment area, whenever the mental state of individuals was in question. I also supervised other mental health professionals who were assigned to the Courts. In addition, I served on the Senior Staff of the Forensic Division of the Massachusetts Department of Mental Health.

6. I have been appointed in hundreds of cases in numerous Courts throughout the Commonwealth as an independent Guardian *ad litem* or psychological examiner in cases involving the determination of the custody, visitation, parental competency, and the best interest of children or mentally disabled adults. Many of these cases entail a review of investigations conducted by the Department of Social Services, with respect to whether a child has been abused or neglected.

7. I have been appointed, qualified, or testified as an expert witness in psychology in over 1,500 cases in numerous probate, district, and superior courts and in the U.S. District Court for the District of Massachusetts, as well as in other jurisdictions.

8. I have served as a consultant to the DeSisto School at several points since 1996 with respect to various matters, including at the present time. In that capacity, I have had the occasion to conduct a comprehensive program evaluation of the DeSisto

School, including on-site observations of the school program; interviews with the School's administrative staff, supervisory staff, and direct care personnel; interviews with the School's psychiatrist and mental health therapists; numerous interviews with students and parents; and a review of voluminous records and documents. My last site visit to the DeSisto School occurred on March 27 and 28, 2002, where I conducted an updated review of DeSisto's program.

9. The DeSisto School admits many children and adolescents who present psychological, emotional, and behavioral difficulties such that their ability to remain in a traditional home, community, and academic setting has failed. These problems can include poor academic performance, school absenteeism, attention deficit disorder, conduct and behavioral disorders, oppositional/belligerent behavior, running away, substance abuse, anorexia, bulimia, depression, sexual abuse and sexual acting out, suicidality, violence, and psychosis.

10. As expressed, the philosophy of the School revolves around a therapeutic community model seeking to help students resolve internal emotional distress without avoiding it or acting it out. Traditional methods of avoidance and acting out are withheld and healthier coping strategies are taught. In addition, the program includes a wide range of educational, therapeutic, and extracurricular activities including performing arts and study abroad, in order to foster constructive development and eliminate past destructive tendencies. Since these children present histories of manipulating others and rendering their adult caretakers impotent, the DeSisto staff are required to make at least a two-year work commitment and to engage actively in personal growth processes and professional supervision in order to cope with the students' challenges. Honesty and openness are

emphasized over and over again in the School community as those traits often are lacking in students when they first arrive at the School. In addition, the students' families are required to participate in monthly therapeutic activities in order to modify the family system and devise more effective communication and management skills at home. In my extensive experience, although the concept of a therapeutic community is wide spread throughout the psychological field, the School's emphasis on family therapy as a part of the program is a highly unique and effective intervention.

11. It is my understanding that OCCS continues to express concern over a number of behavioral techniques and interventions at the School and has, in fact, sought further equitable relief from the Court as a result of DeSisto's alleged "punitive and dangerous practices." As a result, I was provided and have reviewed: (a) Plaintiff's Motion for Further Equitable Relief, (b) Complaint for Civil Contempt, (c) Consolidated Memorandum on Plaintiff's Motion for Further Equitable Relief and Complaint for Civil Contempt, and (d) Supporting Affidavits and Other Exhibits. As described below, OCCS could not be more wrong on many statements and conclusions that it has presented to the Court.

12. OCCS claims that staffing levels are dangerously low, which has caused injury to various students at the School. In my considered judgment, given the psychological, behavioral, and emotional issues existing among many of the students at the School, it is certainly not DeSisto's current staffing level that caused any injuries to students. During the therapeutic process, DeSisto students are bound from time to time to continue to act out their intolerable feelings, cause harm to others and to property, and injure themselves. These events are no different than what occurs at other psychiatric

facilities for similar patients. In fact, their historical impairment in being to manage and control their emotions and behavior constitutes one of the very reasons they are at DeSisto! During my most recent site visit over March 27 and 28, 2002, I devoted extensive attention to staffing levels at the School in light of OCCS's concern in this regard. I discovered that students in the relationship intensive dorms (acute care) were being attended by student:staff ratios of 2:1 (boys) and 1:1 (girls). During the day, the student:staff ratio in the New Boys Dorm is 3:2; at night, it is 3:1. During the day, the student:staff ratio in the New Girls Dorm is approximately 5:1; at night, it is 11:1. During the day, the student:staff ratio in the Alternate New Boys Dorm is 3:1; at night, it is 9:1. During the day, the student:staff ratio in the Alternate New Girls Dorm is approximately 7:1; at night, it is 13:1. During the day, the student:staff ratio in the Basketball Intensive Dorm is 2:1; at night, it is 4:1. During the day, the student:staff ratio in the Alternate Regular and Regular Dorms is 6:1; at night, it is 12:1. During the day, the student:staff ratio in the Stewards Dorm is approximately 7:1; at night, it is 15:1. It should be noted that the School has existing openings for direct care staff in a number of these dorms, for which it has been recruiting. It is also important to note that 16 additional staff members live on campus and are understood to be available for emergencies during the night as part of their responsibilities. These numbers therefore tally to an overall student:staff ratio during the day of 4:1; at night, approximately 6:1. As a result, it is my considered professional opinion that the student:staff ratio at DeSisto is adequately appropriate, although staff numbers and patterns should always be subject to ongoing monitoring in a therapeutic facility. The School has assured me that they will keep weekly logs of their staffing ratios from this point to the end of the academic year.

13. DeSisto gives certain students, such as the "Stewards" or others that are ready, some responsibility to act as positive role models for more junior students at the School. It is my understanding that students used in these roles are not counted as direct-care staff and do not replace staff or have true direct-care staff responsibilities. Such an approach is actually part of the therapeutic process: it reinforces the progress the Stewards have made, instills them with an enhanced sense of commitment to others, and allows them to assume more mature responsibilities; and it provides the junior students with a role model of their own kind. It is a common maxim within therapeutic group treatment that participants serve as an important source of support, understanding, and respect for other participants. Many residential treatment programs commonly use this type of therapeutic model. It is my understanding that any student who does not feel he or she is ready for the extra responsibility as a Stewart, that individual simply has to say so and is relieved. Also, the Stewards are supervised by staff in the performance of these privilege levels. Those approaches and safety valves are entirely appropriate. In addition, there is nothing wrong with the practice of assigning Stewards to certain dorms to act as role models and giving them a stipend for their work. OCCS insinuations to the contrary are clinically in error.

14. OCCS claims that DeSisto restrained certain students without a clear danger to the student or others of physical harm. I have reviewed these and have concluded that OCCS is in error.

15. OCCS continues to claim that separating students from the rest of a group, whether it be labeled "cornering," "renewal," or "separation," is punitive and dangerous because there is no limitation on the amount of time a student may be separated. Again,

OCCS is wrong. "Renewal", "cornering," or "separation" is a method of behavior modification known as "timeout" which is widely recognized, utilized, and accepted in the psychological community. As a matter of fact, timeout is one of the most often used of the behavior modification procedures. It has been the subject of a plethora of research studies since its initial description in the psychological literature in the 1950s. Timeout can be defined as a period of time in a less reinforcing environment made contingent upon a behavior. That is to say, when the individual exhibits an inappropriate problem behavior, he/she is removed from what is the reinforcing surrounding and placed in a less reinforcing situation. Timeout is comprised of three elements: (a) it is contingent upon a behavior; (b) it is intended to provide a less reinforcing environment; and (c) the contingency for release from timeout has been predetermined. There are three types of timeout: (1) *isolation*, as in another room; (2) *exclusion*, wherein the individual is not isolated but is excluded from the reinforcing environment such as sitting behind a screen, and (3) *nonexclusion or contingent observation*, wherein the individual is not completely excluded from the reinforcing environment but is permitted to remain on the periphery and observe the individuals still enjoying the reinforcing environment.

16. As I am aware of and have observed its employment, "renewal," "cornering," or "separation" at DeSisto would appear to fall along a continuum between exclusionary and nonexclusionary forms of timeout. At times, the individual is excluded from the reinforcing environment, whereas at other times he/she is offered contingent observation of and even participation with the other students and staff in the nonexclusionary types. Specifically, DeSisto's use of "renewal," "cornering," or "separation" meets the three criteria for definition as timeout, namely: (a) it is applied

contingent upon a behavior—e.g., running away from the School; (b) it is intended to provide a less reinforcing environment—e.g., the student cannot enjoy pleasurable activities and relationships; and (c) the contingency for release from timeout is predetermined—i.e., a renewed commitment to the program is necessary.

17. The duration of DeSisto's use of timeout is entirely within the control of the student who has been placed in timeout by the staff or even by the student him or herself. Once the student has demonstrated the contingent release task, then he/she achieves removal from timeout. However, given the serious degree of problem behaviors and past pathological manipulation described above which the DeSisto students present, it is expectable that some students may resist compliance with the contingent release tasks for substantial periods of time. An evaluation of the appropriateness of a protracted period of timeout involves a cost-benefit analysis. That is to say, does the potential benefit of protracted timeout (e.g., a decrease in the highly worrisome problem behavior of running away with its associated potential risk of danger, substance abuse, and sexual acting out) outweigh the cost (e.g., removal from the normal reinforcing environment withholding of freedom of absolute movement, and the performance of an opposed contingent release task)? That very cost/benefit analysis is performed at many residential programs across the country every day of the year. In fact, based on that analysis, it may be better to have a student in time out for days or even weeks than allow the student to harm himself or others or run away.

18. These concepts and practices are widely recognized, utilized, and accepted in the psychological community. Obviously, they are restrictive procedures and need to be clinically justified and approved. Therefore, it is my considered professional

judgment that “renewal,” “cornering,” or “separation,” as I have evaluated it at the DeSisto School, falls within an acceptable behavior modification technology adopted by the general psychological community and does not constitute any form of abuse or neglect.

19. OCCS claims that “lobbying” is inappropriate because it constitutes separation from group. Simply put, OCCS claims are erroneous. As DeSisto refers to it, “lobbying” occurs when a dormitory has a crisis and staff and/or the students in the dorm gather in the lobby of the dorm to resolve the crisis. Because a therapeutic community is based on group and individual responsibilities, the dormitory does not leave the lobby until the crisis is resolved. It is important to note that neither staff nor students leave the lobby until there is a consensus that the crisis is over. This approach establishes the very foundation of the community. Of course, students and staff are allowed to eat while lobbied. There can be no separation from group because the group, e.g., the entire dorm staff and students are “lobbied” together. This concept and practice is widely recognized, utilized, and accepted in the psychological community. Therefore, it is my considered professional judgment that “lobbying,” as I have evaluated it at the DeSisto School, falls within an acceptable behavior modification technology adopted by the general psychological community and does not constitute any form of abuse or neglect.

20. OCCS claims that “relationship intensive dormitories,” a.k.a., the “farm” or “acute care,” are inappropriate because they constitute separation from group. Again, OCCS’s claims are erroneous. DeSisto students are grouped in various dormitories by emotional or behavioral status. One of these dorms, formerly referred to as the “farm” and now referred to as “relationship intensive,” is a dormitory for those students who are

having acute emotional or behavior problems that the rest of the community cannot tolerate. The concept of the "farm" is best understood by analogy. As a psychologist, I "farm" out some of my responsibilities to subordinates or colleagues because I am not able to handle all of them. The same can be said for attorneys in a law firm who "farm" out certain responsibilities to other attorneys or paralegals when they cannot handle all of them. The same is true for the "farm" at DeSisto. Essentially, a student on the "farm" has told staff, either by words or conduct, that they cannot handle the responsibilities for their own behaviors and, as a result, they "farm" that responsibility to staff. That is why DeSisto has a high staff-child ratio in the "farm" or "relationship intensive" dormitories. In addition, any student, even a Steward, who realizes he/she cannot handle their own responsibilities may request to go to the farm to regroup and get additional assistance from staff and other students having similar problems. The "farm" or "relationship intensive" does not constitute separation from group because it is in itself a group. It is a separate, acute care dorm at the School, plain and simple. This concept and practice is widely recognized, utilized, and accepted in the psychological community. During my most recent visit, I deliberately observed the students in the Boys' Relationship Intensive Dorm for an extended period of time, in light of OCCS's concern. I ended up visiting during a group therapy meeting. I was struck by the disturbed histories of these boys, who told me they had been expelled from numerous previous settings and had engaged in all types of serious acting-out behavior. One 15-year-old boy, who presents a history of substance abuse, family alienation, and escalating gang involvement, had been expelled from four programs before coming to the DeSisto School. Although he admittedly didn't want to be at DeSisto and wanted to return to his drugs and gang life, he candidly and

disarmingly acknowledged that he will probably end up "dead" if he does so. It is my considered professional judgment that the "farm" or "relationship intensive," as I have evaluated it at the DeSisto School, falls within an acceptable behavior modification technology adopted by the general psychological community and does not constitute any form of abuse or neglect.

21. OCCS also insinuates that requiring students in "relationship intensive dormitories" to wear so-called "dickie" jumpsuits constitutes abuse or neglect. Again, OCCS is wrong. The jumpsuits are used for the therapeutic purpose of signifying to the community that the student is having more problems than others and needs further support from staff and other students. Therefore, it is my considered professional judgment that using "dickie" jumpsuits, as I have evaluated the practice at the DeSisto School, falls within an acceptable behavior modification technology adopted by the general psychological community and does not constitute any form of abuse or neglect.

22. OCCS claims that it is abuse and neglectful to require some staff, at times, to monitor a student in the bathroom. I am familiar with this practice, as many students at DeSisto would engage in bulimic, dangerous, or self-mutilating behavior if left alone. In such cases, it is entirely appropriate for a staff member to be in the bathroom or any other location that would leave the student unattended. Failure by staff to monitor such students could result in injury to the student. That type of monitoring, under the circumstances, is not only appropriate, but also required by sound clinical practice. It does not constitute any form of abuse or neglect.

23. From my past and most recent observations:

(a). I have found students are well cared for and not in danger of psychological or physical abuse;

(b). I have not found that the school has used discipline that is overly punitive and dangerous;

(c). I did not find that students were denied their basic human rights;

(d). I did not find that staff were untrained in how to safely care for and supervise the students;

(e). I did not find that staff were untrained to administer restraint properly; and

(f). I did not find that staffing levels failed to meet minimally acceptable standards of safety and protection.

24. I have recommended to the School that a licensed clinical psychologist should be employed as Clinical Director. Ideally, such a psychologist should be familiar with therapeutic communities or residential treatment centers as well as humanistic, gestalt, psychoanalytic, and behavior modalities of therapy for moderate to severely disturbed youths. This Clinical Director would prescribe and oversee all components of the milieu treatment program; formulate individual treatment plans; establish clinical protocols for and oversee implementation of behavior modification interventions such as renewal, restraint, and the "farm"; interface with OCCS in addressing any conflicts between regulations and clinical procedures; and collaborate with the Executive Director and the Headmaster in establishing the School's policies and procedures. The Clinical Director should report directly to the Executive Director. I have discussed this recommendation with Executive Director McNear and Headmaster Wingrove, and they

are in complete agreement with it and are intending to pursue it forthwith. I have also expressed to them my willingness to remain available as a consultant as the Clinical Director position is being established.

25. Generally, I am not in the position to give any opinions as to the propriety of the additional equitable relief requested by OCCS. From my experience, however, any precipitous closing of the School would have drastic adverse effects on the students. Specifically, it is my considered professional opinion that given the psychological, behavioral and emotional issues extant among many of the students, the precipitous closing of the school would cause severe and irreparable emotional and psychological harm to students. I have had many, many years of experience with students such as those at DeSisto. Many are brilliant, yet fragile, and all have come to DeSisto as a last resort. DeSisto literally has saved many students' lives over the years. Chaos would be created for these students if DeSisto were to close immediately or in the near future. In fact, it would be reasonable to believe that, given any precipitous closing of the School, many of the students would be at risk for self-destructive and suicidal behavior, violence, runaway and its attendant dangers, substance abuse, and severe psychiatric deterioration. I am very concerned about an atmosphere continuing that suggests to the students and staff that the School is being closed. This belief precipitates extraordinary anxiety and prompts serious acting-out of problem behaviors. During a community meeting I attended on March 28, 2002, a female student burst into tears and sobbed over her fears that the School might be closed and over her concern that so much attention has to be devoted to OCCS instead of the students' issues. Students and staff need to be reassured that the School is not closing and that it is entering into a period of good-faith work with

OCCS to accomplish the licensure of the facility. They need to feel that the process is being carried out in a systematic and reasonable and orderly process.

26. It is my observation that the DeSisto School is embarking upon a period of transition as it seeks licensure from OCCS. As it proceeds to modify certain traditions and past practices, there will inevitably be incidents involving confusion, misunderstanding, and resistance. Change is a human endeavor and therefore not perfect. However, I have engaged in extensive discussions with the new administrative staff at the School, including the executive Director and Headmaster. I am convinced that they are completely committed to the good-faith process of and implementation of OCCS licensure. Headmaster Wingrove has considerable experience with the operation of clinical facilities with disturbed populations, in accordance with state licensure regulations and sound clinical practice. Executive Director McNear impresses me with his sincere intention to fully cooperate with reasonable state regulators in the licensing of the DeSisto School.

27. Finally, I used the opportunity of my most recent visit to the School to conduct a follow-up study of certain students whom I evaluated over three years ago.

Student A was admitted as a 17-year-old male student in 1997 with a history of childhood physical abuse, extensive marijuana use, academic deterioration, family alienation, depression, anorexia, running away, and sitting in the closet for extended periods of time planning ways to kill himself. Student A told me that he felt DeSisto was a caring environment and he felt "safe" to express himself. Student A progressed through the DeSisto School and graduated in 1999. He is currently enrolled as a junior at Colorado State University, majoring in nutritional science. He reports that

he has remained abstinent from substances and is planning to return to DeSisto this summer for a visit.

Student B was admitted as a 17-year-old male student in 1998. He presented a history of expulsion from numerous schools, primarily for substance abuse including marijuana, Ecstasy, hallucinogens, PCP, amphetamines, heroin, cocaine, and Special K. He had been diagnosed with Attention Deficit Disorder and had been tried on Ritalin for several years. He was alienated from his family, and his life admittedly revolved around being a "junkie." He admittedly "hated" the School when he arrived because he wanted to get "high" so much. He ran away once but began to participate after his return. He progressed through the DeSisto program and graduated in 2001. He is now working and hopes to attend college in the future.

Student C was admitted as a 15-year-old male student in 1997. His father and brother had died in a tragic plane accident when he was 7-years-old. He suffered from depression and very low self-esteem to the point he wouldn't shower adequately or have any friends. He reportedly became "scared" and very withdrawn after the death of his father and brother. His mother reportedly experienced a "nervous breakdown" after the deaths and was psychiatrically hospitalized. Student C began cutting himself in self-mutilation and entertaining suicide. When he first arrived at DeSisto, he found it hard to adjust because he was in "denial" about the degree of his impairment. Gradually, however, he reportedly began to learn about himself and deal with his feelings. He told me it was a "slow" learning process, but he had come to like himself. He described the School as "a very intense therapeutic place" with the "most caring and supportive" people he had ever met. Student C graduated from DeSisto as the valedictorian in 2001.

He worked last summer but had difficulty adjusting to college life and maintaining his abstinence. He reports that he continues to keep in touch with Michael DeSisto and other DeSisto graduates.

Student D was admitted as a 16-year-old male student in 1997. He presented a history of Attention Deficit Disorder, social isolation, rebelliousness, substance abuse, and bizarre sexual behavior. He told me that he began to care about himself at DeSisto. Student D graduated in 2000 and worked for the next summer and in 2001 as a dorm parent.

Student E was admitted as a 16-year-old female student in 1998. She presented a history of substance abuse, social isolation and poor peer relations, promiscuous sex, rebelliousness, and bulimia. She was reportedly gang-raped by three males while she was intoxicated, after which she became suicidal and ended up being psychiatrically hospitalized and sent to other residential programs from which she would be expelled. In her last previous program, she cut herself severely and smeared her blood all about, after which she overdosed. She told me that DeSisto was very "hard" when she arrived and that she constantly lied about "everything." However, after an extended period of timeout in the "farm," which she describes as the turning point in her treatment, she started to become honest and to care about herself and her future. Student E is now the Head Steward at the School and will graduate in June. She has applied to several colleges including NYU and is awaiting notification of their decision.

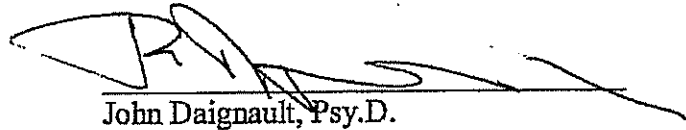
28. In my considered judgment, based on my overall training and professional experience as well as my consultations at this program, the DeSisto School should be regarded as an intensive therapeutic community that admits seriously disturbed and at-

risk youngsters who could not be maintained in their families, communities, schools, or less intense programs. Not only has the School literally saved lives, but it has provided very impaired youth with a profound sense of sincerity, meaning, commitment, self-efficacy, empathy, respect, and integrity. In this day and age, as society is surrounded by obfuscation and dissimulation, it is a credit to the DeSisto School that the cornerstone of their community is honesty, genuineness, and dedication to the better understanding of themselves and others. The School is not perfect. Mistakes are made. But it is a living, breathing, dynamic, holistic, ethical, caring, and hopeful environment, intent upon the goal of providing the students with a correctional emotional experience designed to improve the course of their lives. The students and their families overcome their pathology because they learn the power of self-disclosure and self-awareness to modify their problem behaviors. The DeSisto School attends to a very needy and impaired population, treats them with dignity and respect, and offers a pathway to recovery, psychological stability, and a meaningful and constructive life. The School is ready to enter into a new chapter of its life, hand in hand with OCCS, and I beg the Court to permit the School to serve this extremely at-risk population with the understanding that it will implement my recommendation for the addition of a clinical psychologist as Clinical Director.

29. Any relief requested by OCCS that would precipitously close the School should not be granted, considering that fact that most of the claims made by OCCS, as described above, are either wrong or inconsistent with sound clinical practice for this population and considering the fact that DeSisto's practices are widely recognized, utilized, and accepted in the psychological community. I beg the Court not to be swayed

by OCCS's conclusory and unfounded claims of abuse and neglect and dangerous and punitive practices at DeSisto. They simply are not true.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS 28th
DAY OF MARCH, 2002.**

A handwritten signature in black ink, appearing to read 'John Daignault', written over a horizontal line.

John Daignault, Psy.D.