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STATE OF OHIO

IN THE COMMON PLEAS FOR THE COUNTY OF CUYAHOGA

KARLA SPEHAR, et al.,

Plaintiffs,

v.

Civil Action
No. 157883

JEFFREY ORCHEN, D.D.S, et al.,

Defendants.

_____/

The Deposition of TERESA M. HUNT, taken pursuant to Notice in the above-entitled cause, at 210 Nickels Arcade, in the City of Ann Arbor, Michigan, on Friday, November 9, 1990, commencing at or about 9:00 a.m., before Barbara J. Turner, CSR-2343, a Notary Public in and for the County of Wayne, acting in Washtenaw.

APPEARANCES:

ZIEGLER, METZGER & MILLER
(By: Mr. Timothy M. Bittel)
1900 Huntington Building
Cleveland, Ohio 44115

Appearing on behalf of the Plaintiffs.

BAKER & HOSTETLER
(By: Mr. Patrick J. Jordan)
3200 National City Center
Cleveland, Ohio 44114

Appearing on behalf of Needle Manufacturers.

WESTON, HURD, FALLON,
PAISLEY & HOWLEY
(By: Ms. Deirdre G. Henry)
2500 Terminal Tower
Cleveland, Ohio 44113

Appearing on behalf of the defendant,
Doctor Orchen.

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EXHIBITS

None Marked.

Ann Arbor, Michigan

Friday, November 2, 1990

At or about 9:00 a.m.

- - -

TERESA M. HUNT,

a witness herein, was first duly sworn by the Notary Public to tell the truth, the whole truth and nothing but the truth, testified as follows:

MR. BITTEL: Before we start the deposition, I just want to put on the record the understanding that we three lawyers have reached and the witness reached.

We've spoken with Judge Nugent or his office, and he has indicated he has no objection to an agreement that we are going to enter into concerning Doctor Hunt's trial deposition. Specifically, we are not going to take her trial deposition today but rather we will simply proceed with a discovery deposition. The court is uncertain as to whether or not we will have trial on the Friday after Thanksgiving. If we do have trial that day, we will bring Doctor Hunt in as a witness live and out of sequence if it is out of sequence at that time. If we don't have trial, we will take her video trial

deposition on the Friday after Thanksgiving. We will do that in Cleveland and either at deposition or if the judge wants to sit, rule on the objections at the time that's up to him. Is that, lady and gentleman, is that satisfactory?

MS. HENRY: Yes.

MR. JORDAN: Yes, it is.

MR. BITTEL: And obviously we are also waiving any filing requirement for the deposition -- trial deposition. Okay. Yes, folks?

MR. JORDAN: Yes.

MS. HENRY: Yes.

MR. JORDAN: We're here to take the deposition of Doctor Teresa Hunt in the case of Spehar versus Orchen. Are there any objections to the taking of this deposition?

MR. BITTEL: No.

MR. JORDAN: And, Ms. Henry, yes?

MS. HENRY: No. No.

EXAMINATION

BY MR. JORDAN:

Q. Just prior to the beginning of the deposition you let us go through your file. Do you have any other notes or any other materials that are

significant or relevant to your opinions that are not here in the file that you provided us?

A. No.

Q. I'll start off with some impertinent questions, such as could you tell us how old you are?

A. Thirty-nine.

Q. And your place of birth?

A. Brooklyn, New York.

Q. Attached to the report -- I take it you filed a report in conjunction with Doctor Camille Wortman for this case?

A. Yes.

Q. And attached to the back of that was a curriculum vitae or resume. Was that an up-to-date resume?

A. I believe so. I didn't see it but I believe it was.

Q. Maybe take just a minute to review that.

How did you become involved in this case?

A. Doctor Wortman asked me to evaluate Karla Spehar.

Q. And how long have you known Doctor Wortman?

A. Since 1986.

Q. And how did you come to meet Doctor Wortman?

A. She was a researcher at the Institute for Social Research. I'm a clinical psychologist and I

accepted a postdoctoral position in research at the Institute for Social Research for a two year period.

Q. Was Doctor Wortman your supervisor at that time or your teacher?

A. She was the principal investigator in most of the research projects.

Q. What does that mean principal investigator?

A. It means she conducts the research. They are her projects.

Q. And you assist -- you and other students assist her in those research projects?

A. That's correct. It was considered postdoctoral training and research.

Q. And I take it Doctor Wortman is not a clinical person as you are, is that correct?

A. That's correct.

Q. And how long have you been an active clinician?

A. Since 1981.

Q. And where did you start in May of 1981?

A. I began my training at St. Luke's Roosevelt Medical Center, the Child And Adolescent Psychiatry Department, which is the teaching hospital at Columbia Medical School.

Q. How did you focus your career interests on

children?

A. As I was getting my degree in clinical psychology, I became interested in developmental psychology which developmental psychology focuses on normal kids and how they develop and different areas of interest. I was a research assistant during my clinical program for a developmental psychologist, and so because of my interest in researching kids, I did research with normal kids and how they developed, I decided it seemed logical that I was interested in pursuing clinical work with children having difficulties.

Q. Have you focused most of your attention in the past several years on children who are having certain difficulties?

A. The evaluations I have done of the children are in that area, yes.

Q. Have you done analysis and evaluations of normal children as well?

A. Yes.

Q. How do you --

A. Well, I don't know exactly what you mean by that.

Q. That falls into my next question. How do you distinguish between a normal child and a child as we had talked about, a child with difficulties?

A. Well, you use a number of techniques but basically if a child is experiencing anxiety, depression and that can be evidenced in a number of ways, if they have experienced an event that could be traumatic, it is likely that they may be having difficulties and so their parents may ask them to be evaluated and treated. If they're not having any trouble then most likely they wouldn't come to the attention of a psychologist.

Q. Well, you know in this case there is a lawsuit pending and the reason that Karla Spehar was sent to you was so that you could testify in this lawsuit, is that your understanding?

A. Yes.

Q. Now, so this isn't quite the normal case where a parent takes their child to a psychiatrist or psychologist to have them clinically treated, is that correct?

A. This isn't a normal case in any respect in that sense because of the trauma that she experienced.

Q. When you say the trauma she experienced, what are you referring to?

A. The needle.

Q. Do you know of any other trauma that she has experienced in her young life?

A. Can you be more specific?
Q. Well, what do you mean when you say trauma? We just talked about the trauma from the needle, what do you mean when you use the word trauma?
A. I was told that she experienced -- I got the basic fact pattern from Doctor Wortman that she had had this accident and that I was to evaluate her.
Q. Okay. And what were you told by Doctor Wortman?
A. That Karla had been taken to a dentist by her mother, that a needle had broken when an anesthesia, local anesthesia, was being attempted, and that they had attempted oral surgery and that she had developed malignant hypothermia and that surgery could not be completed and that she almost died and that now because of the complications that the medical opinion at that point was that there was both a risk of the needle moving but also a risk of doing surgery, so they were sort of in a no-win situation.
Q. I noticed in your file that you had a copy of Doctor Indresano's deposition?
A. Right.
Q. When did you -- I take it you have read that?
A. No. I looked through it. I was -- it was given to me about -- awhile ago, maybe a week ago by

Mr. Bittel. He gave me a number of materials and I did not read the whole deposition. I glanced through it but did not read it.

Q. What do you understand Karla's medical condition to be at this point?

A. Currently? Right now?

Q. Currently.

A. My understanding is that there is a small chance of the needle moving. It is not a big percentage, I believe one percent, but that there is a slightly greater chance of problems she could have with surgery, and so because of that, either for some facial paralysis, nerve damage or hurting an artery of some kind, so that the decision at this point is to wait and not do anything.

Q. Is it your understanding that the parents have some anxiety over the present medical condition of Karla?

A. Can you be more specific?

Q. Do you think -- I take it you have met the parents?

A. Sure.

Q. In your opinion do the parents have any anxiety concerning the present medical condition?

A. They wish, sure, as well as Karla does that the

needle can be taken out.

Q. Are you familiar with malignant hypothermia?

A. Only what I've learned through this case.

Q. Is it your understanding that --

A. It is a reaction to anesthesia.

Q. And is it your understanding that that was a preexisting condition and was not a condition that was by the needle?

A. Yes. That it is a rare congenital disease.

Q. What is your hourly rate, Doctor?

A. Ninety dollars an hour for non-court time.

Q. How much is it for court time?

A. Hundred and thirty dollars.

Q. And how many hours have you put into this case prior to today?

A. I spent about six hours with Karla and her family on direct interview, mostly with Karla. I would have to give you that figure. There has been -- I have been reading materials and did a very brief phone contact, and I'm not counting the time that I talked with Mrs. Spehar when I was getting Karla referral for therapy.

Q. Did you know Doctor Paul Brinich?

A. I spoke with him once on the phone.

Q. Were you involved in the selection process in

which he was chosen as the treating clinician for the Spehars?

A. Not in the selection but in the referral and facilitating the referral.

Q. And do you know why he was selected?

A. I think he's considered a good treating child clinician.

Q. Do you have any reason to disbelieve that?

A. No.

Q. Do you recall what you told Doctor Brinich when you were referring this case to him?

A. That I thought that Karla and the family could use some therapy. Doctor Wortman had been in touch with the family, and I had told Doctor Wortman after I finished the report that ultimately at some point Karla could benefit from therapy because she seemed to benefit from coming for the initial evaluation using the indirect methods, and Doctor Wortman got the name and asked me to follow up on facilitating that referral.

Q. I'm going to go back to a couple of questions I asked earlier. Do you think there was some event in your childhood that caused you to go into the field that you're now into?

A. One single event, no.

Q. Were there several different events that happened during your childhood which pointed you in the direction in which you are now in?

A. That's a very complicated question. No, I don't think events, but I do think that personalities and preferences that people develop are influenced by relationships and things that happen. Perhaps I liked healthy people for a very complicated history that I don't think is really, really appropriate nor do I feel I would want to talk about, but everybody's interests are influenced by their life history.

Q. Would you agree the loss of a parent or the loss of a close grandparent can be or often is a traumatic event for a child?

A. Yes. It can really -- can magnify any existing insecurity that a child has, just further loss can just add to it.

Q. Now, would you say that in every instance in which a child loses a parent or a close grandparent that they have an adverse psychological consequence from that event?

A. No. Not in every case. It depends on how close they were to the parent or the grandparent, for instance, how important that person was in their

lives, and it depends on a number of factors. If they weren't close at all and really were not even seeing them, then I don't think it would be that adverse, as long as the child is in an environment that she feels or he feels is safe.

Q. If the, I will use the example of the grandparent, I assume that the incidence of children losing a close grandparent is not that infrequent, is that accurate?

A. Right.

Q. I take it the primary factor in determining the effect on the child in the loss of a grandparent is how close the relationship is between the grandparent and the child, is that it?

A. That's one factor. That's one factor. Yes. Another factor is how much experience the child has had with death already. If they've had a chance to cope with death through a loss of a pet or something, it may not be as difficult. You don't want the first loss to be a real close one. That's really -- that's difficult.

Q. Can viewing say the close grandparent at a funeral home, can that have an effect on a child?

A. How do you mean exactly?

Q. Well, say you take a young three to four-year-old

child and the child goes to the funeral home and sees their dead grandmother whom they were close to --

A. Okay.

Q. -- at the funeral home. Would that have -- could that have an adverse psychological consequence to the child?

A. I think it could if they, for instance, if they didn't want to go up and see, and they were forced to or something like that then it might. If the parent didn't follow the child's lead in how she wanted to deal with it. Sometimes kids are curious and they want to come in and see and other times they don't want anything to do with it and you need to respect that.

Q. I imagine most children really wouldn't know what's going on until they are actually at the funeral home for the first time. What, in your experience, what is a child's reaction to that type of event, seeing their grandparent say in a casket at the funeral home for the first time, a close grandparent?

A. I think you can't -- I can't generalize because it does also depend on what the child's theory is about where the grandparent is, what the child's

understanding of death is, and it could be -- it could be a shock if it is not dealt with correctly but it is --

Q. Could that type of experience affect how a child or say how often a child talks about death after that event?

A. Depends on the context of what else is going on.

Q. Well, would it be unusual for a child after they learned of the death of a close grandparent and went to the funeral home and saw their grandparent to then play with dolls and to have some of the dolls die?

A. No. That wouldn't be unusual.

Q. And it is really they're reacting to an experience they have just gone through and that experience may or may not have a lasting effect, is that accurate?

A. Does the loss of the grandparent have a lasting effect?

Q. Okay. I will ask that question.

A. I don't know what you are asking.

Q. All right. Why don't we just use that question.

A. It is different in different cases.

Q. How many children do you see say in a month, different children?

A. Maybe six or seven different times.
Q. Could you estimate, and I'm not holding you to a precise number, if you could just give us a range as to how many say five to six-year-old children you have evaluated in your professional career going back? Karla I think was five and six at the time you saw her.
A. Yes. You mean formal evaluation. In my work, okay.
Q. Right.
A. Maybe about twenty, twenty-five.
Q. Now, would you classify those children that you've seen as normal or children with difficulties or was there a range in their pattern or behavior?
A. Well, actually now that I'm thinking of it, I did evaluate for research purposes a whole, you know, fifty five year olds but that was for a different purpose, so we are talking about clinical evaluation and clinical evaluation, I mean I've seen a lot of five years olds for research purposes, my dissertation was with five, six year olds, but for clinical reasons you only see children in general that are being referred. A lot of the children I see were in my training at Children's Hospital in Boston that were referred

by their parents for different problems.

Q. The fifty or so children you saw in your research programs, just focusing on those, I think I understood something you said earlier to say there were a lot of normal children in that group as well?

A. I didn't do a clinical evaluation of those children. I was interested in how they thought, their cognitive and emotional abilities, and I was looking at a specific problem, so it is really not relevant but just to let you know, all right.

Q. I won't ask you about those fifty if they are not relevant, I will ask you about the twenty, twenty-five.

Am I correct in understanding that it is your understanding that most of those children had some difficulties otherwise they wouldn't have been seeing you?

A. That's right.

Q. How did Karla compare with those twenty to twenty-five on a relative scale? Was she -- was she -- did she have the most difficulties, average amount or towards the least end?

A. On an overt level in terms of interacting with her, Karla has a lot of strengths so she was a

very appealing child. And in terms of assessing, in terms of family support, I saw children in Boston whose brother was killed by an elevator in the inner city, and we are talking about a whole range of deprivation and difficulty. So, Karla had support of family in my opinion, and she has got a lot of strengths and so in that way those are pluses. At the same time I assessed her as having severe difficulties around fears about her physical and actually psychological safety.

Q. I'll go back. I understand that -- well, maybe I will expound on the twenty, twenty-five. You indicated that of the twenty to twenty-five other children you've examined, a lot of them had some serious deprivation, either emotional or physical. What types were you talking about? You mentioned one where a child had a brother killed by --

A. Drug abuse of the parents, cognitive problems because of lead poisoning, things like that. You know -- okay. That's it.

Q. I take it then that the psychological effects on a child are related in some manner to the degree of deprivation or traumatic event that occurs to the child?

A. The psychological effects on the child are related to the traumatic experiences they have, that's correct.

Q. And when you say that, the more severe the traumatic event the more serious the psychological consequence on the child for the most part?

A. It interacts with what the coping resources are of the child and what the coping resources are of the system.

Q. Let me just give an example to make sure we're on the same wavelength. If a five-year-old child is severely spooked by her brother, her brother jumps up and says boo, that's a sudden traumatic event but it is not very serious, correct?

A. No.

Q. Whereas if say somebody held a gun to the child's head and severely beat them that would be a rather serious traumatic event?

A. Right.

Q. And the psychological consequences from the spooking would be relatively insignificant compared to the psychological consequences of this experience with a gun and beating, is that fair to say?

A. Yeah.

Q. There is sort of a continuum of traumatic events and it varies from child to child and experience to experience, is that fair?
A. There is a continuum of traumatic events, yes.
Q. And that's related to the effect on the child as well, correct?
A. Yes.
Q. Now, when you evaluate a child clinically how often do you need to see the child?
A. It depends on what the evaluation is and for what purpose. If I were going to be treating the child, then evaluation tends to just move into treatment. For the purposes of being able to make an opinion about how this child is doing, you can do it with a fair degree of confidence, as long as you have a long enough time you can do it in one interview. It is better to have five over time of course but certainly it's possible if you spend enough time with the child and do the techniques that you have been trained to do.
Q. When you evaluate a person is it -- would you say do you feel more confident in your opinion if you have the opportunity to view the child over several different periods of time?
A. Yes.

Q. Why is that?
A. It has to do with the notion of convergent validity. That to make an opinion or to make an assessment it is always helpful to get different methods of data, and of course to see someone more than once would be helpful to get to know the person better.
Q. So, if you saw a child in one day, you can form an opinion, but for some reason the child had something bad happen to them or a restless night and had a bad day, but if you saw them a second time and third and fourth and they were fine those other occasions, the one occasion may be abnormal where as if they were always in that sort of bad mood --
A. No. I don't think honestly that, depending on what the bad day's about, if their mother got killed and they came to see you, okay, but the point is that I think you can assess how a child is doing at that point in time, the current functioning, if you have enough time to spend with them, and they might be influenced by it if they have. It is to some degree, it is not to skew, it is not going to make white black in terms of your assessment in my opinion.

Q. After our discussion a little bit if you could answer I think a question I posed earlier and that is where would you rate Karla as far as her psychological abilities to cope with stress with the other twenty to twenty-five children you've evaluated?

A. I'm not inclined to do that. I can talk about how I see Karla but each individual is so unique and has their own diagnoses, their own set of problems, that it is difficult for me to do that really. I think I mentioned she had some strengths and things that help her, I think she is also dealing with some traumas and some difficulties that other children are not.

Q. And I was just asking you to try to evaluate her as opposed to some of the other children?

A. It is like apples and oranges, Mr. Jordan.

Q. Is that true for all of us, we're all completely different than each other psychologically?

MR. BITTEL: I object. I'm not sure. I think inadvertently it may be misleading question. You went from trying to evaluate Karla against the twenty or twenty-five people and she says it is apples and oranges.

MR. JORDAN: Right. I want to see is it

your opinion that's true.

BY MR. JORDAN, CONTINUING:

Q. You could never compare anybody else psychologically with the rest of the population because we're all so different?

A. Say that again, please.

Q. You indicated that you're unwilling to compare Karla with the other twenty to twenty-five children you've evaluated because that would be comparing apples with oranges, and I'm trying to -- what I'm asking is is the reason that you feel that is that because all of us as individuals are different from one another?

A. No. I think it is because the kids that I've seen just have a whole diverse range of problems and experiences. I could compare Karla more easily with someone, for instance, who has had a trauma, whose suffered a sudden loss or something like that. That, and I've seen children that have, and I think that she's doing, you know, reasonably well, in terms of her behavioral functioning. She's similar in terms of the underlying anxieties and fears that she's experienced but there are kids that have had trauma that have very little social support that are not doing as well. We

talked about that before.

Q. What type of children -- excuse me. Not what type of children.

What sudden loss have these other children suffered or gone through that you indicated you could compare Karla to?

A. Loss of a parent in an accident, catastrophic accident.

Q. And how many such children have you evaluated?

A. I can't really say. Let me see. Maybe thirty. I don't know about thirty. No. I really don't know. I would have to really reconstruct that.

Q. Okay. Because I'm a little -- did you help Doctor Wortman in her study on the effects on children and on individuals as a result of automobile accidents?

A. No.

Q. You indicated that you had evaluated twenty to twenty-five different children and that's why I was a little puzzled when you indicated it may have been as high as thirty children whom you have seen with a loss of a parent. Out of the twenty to twenty-five how many would you say -- how many children did you see who had suffered a sudden traumatic loss such as -- just that question. A

sudden traumatic loss?

A. Maybe half.

Q. Now, have you gone on to evaluate -- excuse me -- to treat those twenty to twenty-five children?

A. I did in two -- in one case I did but in general I haven't. No. I did the evaluation.

Q. And how long do you treat children who have psychological problems related to a sudden catastrophic loss?

A. Well, as long as it seems necessary.

Q. And how long would that typically take?

A. It varies. It really does vary. Sometimes when children have had a sudden loss, they need a place to be able to deal with their feelings about it, but then they want to get on to the business of living and forget about it, and sometimes that is necessary for them to do. It doesn't mean that the impact isn't there, it just means it is not going to be dealt with at that moment in time, so there is only so much you can do in the acute crisis and then it sort of goes underground, next developmental hurdle it may come up again.

Q. Would you agree that all children, all of us as children, went through certain psychological stresses?

A. Yes.
Q. And that all of us cope with these different stresses in different ways?
A. Yes.
Q. And some of us have more difficulties than others in coping with the same type stress?
A. Yes.
Q. And in fact most of us have gone through the loss of a parent or a grandparent some time in our lives?
A. Yes.
Q. And that doesn't necessarily mean that we have psychiatric problems, does it?
A. No.
Q. Have you ever treated or examined any patients who have had broken needles left in them?
A. No.
Q. Have you ever treated any individuals who have had bullet fragments or any foreign object left in them as a result of a car accident or an injury in a war, something like that?
A. I think I -- I think I may have -- not evaluated but treated an adult that had something like that with regard to a car accident but in general nothing stands out.

Q. Do you know if that was a source of that person's psychological symptoms?
A. I can't remember.
Q. Would you say a hundred percent of your practice is devoted to the examination of children?
A. No.
Q. What percentage of your practice is devoted to the examination of children?
A. Five to ten percent at this point. It has been changing. It is evolving. I did a lot of family work in the past with children and will still do that but now it is more family and adult individuals.
Q. And when I say children what age group are we talking about?
A. In the families it ranges.
Q. No. When I ask a question about --
A. That is also different. That is also different.
Q. Okay. Have you testified in court?
A. Twice.
Q. And when was that?
A. I think I can try to find out for you exactly but I think it was 1988.
Q. In the same case or two different cases?
A. Two different cases.

Q. And what were you testifying about just generally? I don't want to know all the specifics.
A. About children.
Q. And the psychological consequences of some act or event that had occurred to them?
A. Yes.
Q. Okay. And do you recall what the event was in those two cases?
A. Sudden loss.
Q. Sudden loss of a parent?
A. I'd have to check. It was either a parent or sibling.
Q. How many times have you testified in a deposition such as this?
A. I think four or five.
Q. And were you qualified as an expert when you testified on those two occasions?
A. I believe so, yes. Yes, I was.
Q. Have you ever been offered as an expert and not qualified?
A. No.
Q. Do you recall what your area of expertise was on those two occasions?
A. Child clinical.

Q. Psychology?
A. Child clinical psychology, yes.
Q. Do you know the difference between a plaintiff and a defendant in a lawsuit?
A. Yes.
Q. And did you testify for the plaintiff on each of those two occasions?
A. Yes.
Q. And of the twenty to twenty-five children you have evaluated did any of them appear normal to you or -- excuse me. Let me restate that question.

Were any of those children psychologically normal?
A. Of the twenty-five that I evaluated?
Q. Yes.
A. The ones that I evaluated are all children that either came to me at Children's Hospital at the Judge Baker Guidance Center with difficulties or children that I have evaluated that have had sudden traumas of some kind and so, no, each of them had some difficulties, the difficulties varied. Except for the children that I saw in research. That's different.
Q. You didn't clinically evaluate those children?
A. No.

Q. Would you agree that in general Karla is doing reasonably well?
A. Yes.
Q. Would you agree that Karla is doing well in school?
A. Well, I hear she's doing well in school now from her mother, but I also understand that she had difficulty beginning school which is not surprising to me given what my evaluation of her was.
Q. Now, can you explain -- I saw something in your notes that Karla had some anxiety over when she first started kindergarten, is that what you're referring to?
A. Yes.
Q. And she had some anxiety the first couple of days about --
A. She told me that.
Q. Does that strike you as unusual that Karla had some anxiety about starting school?
A. No.
Q. Does it strike you as unusual that any child would have some anxiety about starting school?
A. Some children do and some children don't but for kindergarten it is pretty normal to have anxiety.

It is not as normal for her to pass out in the beginning of the first day of first grade though with anxiety which is what I heard happened.

Q. Yeah. Who told you she passed out the first day at school?

A. Her parents.

Q. And did anyone ever tell you she's passed out more than once?

A. No.

Q. Anyone ever tell you that she's been unconscious and had black-outs for one to two minutes?

A. I know that they brought her to the doctor and had her checked out.

Q. And she had a CAT scan to see if she had some sort of problems?

A. That's right.

Q. Now, that has happened on four different occasions, that passing out for one to two minutes. Given that — and Karla has been taken to the hospital for treatment for that type of evaluation, maybe I'm misstating it to say treatment but for evaluation. Would you think that type of incident would have some psychological impact on Karla?

A. Going to the hospital? I think all of the visits

to the doctors given what's she's been through is just very difficult, yes, is adding to it.

Q. What about if we just drop the visits to the hospital, what about just these black-out episodes, wouldn't that create some level of anxiety or depression in a child if they were worried about what's happening to them?

A. If they didn't know what was going on?

Q. Right.

A. I don't know. It could. It definitely could. She --

Q. Wouldn't it be likely to have some adverse psychological effect on a child to have --

A. That she would worry about her physical safety?

Q. Yes.

A. I suppose so.

Q. And I take it part of a child's psychological well-being is affected by their parents' reactions to the child and interaction with the child, is that fair to say?

A. Yes.

Q. Thus, if say the parents are extremely worried over say these black-out episodes and they convey that sort of concern over these episodes either consciously or subconsciously to the child, that

will have some effect on the child?
A. I'd suppose if they did do that.
Q. I take it since I'm telling you for the first time that she had four different black-outs that you're not aware of any such problems that the parents had with dealing with that episode, those episodes?
A. I only know that she was brought to the doctor and the doctor said that the CAT scan was normal and that he attributed it to stress.
Q. And did the -- and do you know when those black-outs started?
A. No.
Q. Were you aware she had black-outs long before this needle incident occurred?
A. No.
Q. Now, it seems -- wouldn't it seem to you if she had black-outs from stress prior to this incident that there was some other causation or some other factor that was affecting her psychological makeup prior to this needle incident?
A. If there were no other physical reasons for it you might want to inquire but it is very hard to disentangle now the causation issue.
Q. Well, wouldn't you agree that if she had stress

prior to this incident that there must have been another factor contributing to her psychological state today?

A. If it was attributed to stress, yes.

Q. And in fact you were told that these black-outs were attributed to stress, correct?

A. Yeah.

Q. And agree that whenever you have multiple incidents or events such as black-outs and say this broken needle incident, it is difficult to determine what is the cause or primary cause of a child's psychological state?

A. Well, some things are a little bit -- some bricks are heavier than others, and I guess it is my opinion that Karla was, you know, very frightened about dying basically but of course it's always difficult to disentangle the exact influence of everything.

Q. Now, wouldn't you agree that's part of the reason you like to see children over time because if you see them and you see an event happen to them while you're evaluating them, it is easy -- more easy to determine the causation?

A. I don't think that's your purpose to evaluate children over time is to determine the causation.

It is to get to know them better and what they are struggling with regardless of whatever the factors are.

Q. Well, can you tell me with a reasonable degree of psychological certainty what Karla Spehar's psychological state was prior to October 7th of 1987?

A. Only through report. Prior to the incident?

Q. I'm asking you can you?

A. I cannot.

Q. Why is that?

A. Because I didn't see her.

Q. Now, did you talk to anybody who did see her prior to October of 1987?

A. Her mother and her father.

Q. Did you talk to any doctors who had seen her?

A. No.

Q. Did you talk to her pediatrician?

A. No.

Q. Do you think it would have been helpful to talk to her pediatrician?

A. My job was to assess how she was doing now.

Q. I understand that and all I'm asking you is a couple of different questions. The question is would it have been helpful to talk to Karla

Spehar's pediatrician?
A. To get what information?
Q. About her psychological state prior to this needle incident?
A. I don't know that her pediatrician would know it frankly.
Q. But the parents would know it?
A. I think the parents are considered the best source of data especially when you are evaluating young kids. That's considered a standard part of assessment is parental report data.
Q. So, is it your testimony it would not have been helpful to talk to --
A. No. It might have been helpful. It might have been helpful if she happened to have some -- if he happened to see her on a day when there was some information. I just don't know that that is a certainty that he would have.
Q. She.
A. She. Well, good.
Q. Would you agree that Karla's interaction with her family is good?
A. Yes. I think she feels supported.
Q. You agree she has no problems with her mother, father or brother?

A. Well, there is different levels. I think that she's very worried about leaving them and that means that if they are that important to her I think she is a little worried about getting anybody mad at her, so, for instance, her mother tells her to close the door and she begins to cry. She is very sensitive as to maybe her mother is angry at her, so in that way I think she may not feel as comfortable as she might if she wasn't feeling so dependent on her.

Q. What in your opinion is the cause of Karla's dependence on her -- is it on all of her parents or on each of her parents or on more particularly with her mother?

A. Well, I believe that she has this idea that staying close to the family is a safer place to be than outside the family. I don't believe she fully believes the family can protect her on an unconscious level. I think she feels it is better than out there, so I do feel she looks to her brother, her father and primarily her mother.

Q. I'll ask you more questions about that later. Would you agree that Karla has had no problem making friends?

A. No. I wouldn't agree totally with that.

Q. And why not?
A. My sense from talking with her about her peers, apparently Karla can be with trusted peers. She becomes close, warms up and they enter that safe inner circle, then it's okay, but she doesn't necessarily go out and try to make friends with new people easily. For instance, her mother said she was anxious for the first couple of weeks of first grade. Now better. So, she's sociable within this protected circle.
Q. Would you agree then -- there are two different types of people, extroverts and introverts?
A. Right.
Q. Would you say Karla is an introvert or extrovert?
A. She's engaging with people that she likes and trusts, so -- but I would say she is on the timid side.
Q. Wouldn't you agree most of us have an orientation one way or the other like that?
A. That's right.
Q. Some people have huge circles of friends whereas others are more limited in the -- in who they become close to or associate with?
A. There are differences.
Q. And there is --

A. Doesn't mean it is normal though. All I'm saying is that somebody that would stay very, very close by, you would be a little worried, you know.

Q. Would you be surprised -- well, let me rephrase it another way.

Would you expect that Karla would be the type that would have one or two close friends at school rather than eight to ten close friends at school?

A. She talked to me about three or four, some at home and some at school.

Q. And does that strike you as abnormal?

A. Not in and of itself but -- okay. Not in and of itself.

Q. Would you feel differently about Karla if she say had ten friends or spoke of ten friends?

A. I would need to know more information about is she just listing names or what are the quality of these, are these the kids in her class or what is she doing. What I'm talking about is that my understanding in terms of who she plays with and who she feels comfortable to be with is that that circle is quite limited.

Q. Would you agree that Karla has no recurring nightmares?

A. Right now, yes.
Q. Did you make any evaluation of whether Karla was properly dressed, what her attire was during your visit with her?
A. She was properly dressed as far as I can recall.
Q. And that would indicate that on a certain level both her and her parents are interacting properly?
A. Properly? That her mother can dress her, yes.
Q. Would you agree childhood stress has been linked to bed wetting?
A. Yes.
Q. Is there any evidence of bed wetting in this case?
A. Not that I know of.
Q. Would you agree childhood stress has been linked to stuttering?
A. Yes.
Q. Is there any evidence of stuttering or speech impediments in Karla?
A. Not to my knowledge.
Q. Would you agree childhood stress has been linked to eating disorders?
A. Yes.
Q. Any evidence of eating disorders in Karla?
A. No. Not that I know of.
Q. Would you agree that childhood stress has been

linked to temper tantrums?

A. Yes.

Q. Any evidence of temper tantrums in Karla?

A. Recently Mrs. Spehar is talking to me about that. She says that Karla screams very loudly when her brother takes something away from her to the point she is frightened, she is hurt and does seem she is overreacting. I don't think that would be a classic temper tantrum but she screams very loudly and they are concerned about that right now.

Q. Would you agree that a child who encounters stress that's not all that -- that's not necessarily a bad thing to happen?

A. What's not a bad thing to happen?

Q. For a child to encounter and learn to cope with stress?

A. Everybody has to deal with an optimal level of frustration. The problem is when the stress is too much, the personality gets sacrificed, and the defenses that need to be used to deal with that onslaught basically are so massive that they rob the person of energy to invest in the appropriate developmental tasks. They are so busy to keep that stress down, they can't explore, have fun, enjoy.

Q. And would you agree in trying to determine how children are affected by events, we look at behavioral symptoms to tell us what's going on in their psychological state?
A. With children?
Q. With children?
A. That's one -- only one source of data because what you see on the surface and what children may be struggling with underneath, that's exactly why you have indirect methods of assessing. Behavioral observations obviously is one line of this convergent validity, but a child can really look okay on the outside and be dealing with underlying feelings that could be a time bomb.
Q. Do you think there is a time bomb in Karla Spehar?
A. I can't say for certain what's going to happen in the future but I think she is dealing with anxiety and depression underneath.
Q. Do you agree that Karla has no overt problems?
A. No. Depends on what you mean though by problems. I think she's doing reasonably well. As I said she's got some friends. She plays. On the other hand, she is very anxious about staying close. She has no plan for the future at all. Never wants to leave her mother which is really

atypical. The first time I saw her, she wanted to be a nurse, now she doesn't want to be anything, she is just going to stay with her mother, and she's a total perfectionistic about keeping everything in place as a way I think to feel safe, so that worries me. I'm just telling you that worries me a little bit. When you talk about overt, there is different levels of observation.

Q. What is Karla's mother do?

A. What does she do?

Q. Yes.

A. My understanding is that she works part-time with her husband.

Q. And do you know her prior work history?

A. No. I didn't really evaluate Mrs. Spehar.

Q. Don't you agree that children often think about doing what their parents do?

A. Sure, they do. I mean that's pretty normal.

Q. And if Karla's mother didn't work, would it surprise you if Karla's image or thoughts of growing up would be not to have a job or not to focus on a particular job?

A. Then she would want to be married and have kids because that's the other. You are either in the house with curtains or you're a career woman. I

mean that is sort of the two. Of course there could be others but so to not want to do anything and to stay with mother, I think that is a little atypical.

Q. Would you agree that if the parents were having marital difficulties that a child would pick up on that?

A. She might. She could.

Q. And if the child is having problems with her father she might not particularly think about or desire to be married?

A. If she were having problems with her father?

Q. Yes. If she were having problems with her father?

A. That she wouldn't want a man in her life, you mean?

Q. Right. It wouldn't be unusual to expect that she wouldn't think about having a man in her life?

A. Well, it is hard to speculate how problems with her father might be manifested in future goals. I suppose, you know, that could be one way.

Q. Would you agree that Karla has no major psychiatric symptomatology?

A. No.

Q. Would you agree Karla has support of a loving family?

A. Yes.

MS. HENRY: Did you say she had no major?

THE WITNESS: I say I do not agree.

MR. JORDAN: No. Does not agree.

BY MR. JORDAN, CONTINUING:

Q. Is it your opinion, Doctor, that any child who undergoes a sudden traumatic event will have some psychiatric mark?

A. Yes.

Q. Now, that mark could be good, bad or indifferent, is that accurate?

A. No. I don't think so.

Q. Is it your opinion, Doctor, that any child that undergoes a sudden traumatic event will have a psychiatric mark that will have adverse an effect upon them?

A. Yes.

Q. So, any child who loses a parent will have an adverse psychological effect from that?

A. Well, depends on how the loss is, how it happens, how important the relationship is, and what is the context of support afterwards. It is going to be tough but I don't think it is the same kind of trauma as nearly dying yourself and being worried

that you might die every time you move. It is bad losing a parent before sixteen, for instance, is generally considered to be a high risk factor for depression in adulthood, so I'm not saying it is not bad but there are levels of trauma again.

Q. Well, I ask you the question earlier. If a child undergoes a sudden traumatic event will that leave some adverse psychological event that will be adverse and you said yes?

A. I agree.

Q. I'm asking you a child who undergoes or has a parent die will they have an adverse --

A. Yes.

Q. And will a child who has a close grandparent die on them have an adverse psychological effect?

A. I think grandparent is different than parent.

Q. Well, I think you indicated that the loss of a close grandparent was a sudden traumatic event, correct?

A. I don't remember saying that it was a sudden traumatic. It is a loss but whether it constitutes as a catastrophic trauma I don't know.

Q. Well now you indicated something new there. You said a catastrophic loss, is that the type of loss that the child has to undergo to have an adverse

psychological effect?

A. No. No.

Q. Okay. So, when I ask you this question, I'm not asking about catastrophic loss, I'm asking you --

A. About sudden loss of a close relative?

Q. Yes. Will that leave an adverse psychological effect on a child?

A. Depending on the experience with death before, how close, depends on the context that is left, the support environment. I really believe that the loss of a parent is in a different ballpark than the loss of a grandparent. That's just my belief. I don't mean it is not going to have some adverse effect if the child is close to the grandparent but it is not going to be the same as losing your mother when you don't have another mother.

Q. Wouldn't you agree that a medical trauma also depends on your prior experiences, on the degree of the trauma, as well as not just automatic if there is a medical treatment or medical problem, that you're going to have an adverse psychological effect?

A. My belief really about that is that as the stressor gets more traumatic, mitigating, the

variety factors wash out. In other words, the brick is hard enough, falls on your head, you don't talk about well this person's head is a little softer than this person or they got more support. As you go up this trauma scale in my opinion then those other sort of factors are less important in interacting with the impact.

Q. Okay. I didn't really follow that.

A. Do you understand?

Q. No. I don't. I will try to put it in terms I will understand.

A. Go ahead.

Q. All right. Most children have an appendectomy these days. Is that -- does that have a psychological effect on the child?

MR. BITTEL: Objection. You said most children have appendectomies these days? Is that what the question was?

MR. JORDAN: Yes.

MR. BITTEL: I object.

MR. JORDAN: He objected. He can make an objection for the record.

THE WITNESS: But you can still ask?

BY MR. JORDAN, CONTINUING:

Q. Right. That's our system of justice. Would an

appendectomy have a psychological effect on a child?

A. It could.

Q. And would getting your tonsils out, a tonsillectomy, have an adverse psychological effect on a child?

A. Depends on -- I don't know if that's a severe. I think that anytime a child has to go into the hospital for surgery it is a stress. How it is dealt with is going to be important, and it is all a matter of how severe the life threat is. With an appendectomy if you're talking about it bursts, then that's something completely different than a tonsillitis or tonsillectomy.

Q. Can getting braces create anxiety for a child?

A. Sure.

Q. Can getting braces cause depression in a child?

A. I would have to see the child.

Q. Is it possible for getting braces to have an adverse psychological effect?

A. If that child believed that the braces meant that none of the kids were going to like her anymore and that she attributed -- I don't think it would cause depression but I think it would be how she would explain the depression. In other words,

that it would become organized around that, that there may be some depression there and the braces causes it to be manifest.

Q. Can getting or wearing eye glasses create anxiety and/or depression for a child?

A. Again, I don't think it can create it but depending on the health and the resources of the child it could be a stress. That's what I'll say.

Q. And the stress that's created from getting and wearing glasses could that create anxiety?

A. Yes. I guess I don't see wearing glasses as such a terrible thing but I guess it could be.

Q. Can getting acne affect a child's psychological well-being?

A. In adolescence, absolutely.

Q. I saw when I looked through your files some of the school records for Karla, is that correct?

A. Yes.

Q. Did you have those school records before you wrote your report?

A. No.

Q. Why did you get the school records?

A. I was sent a packet of information and I thought it might be helpful. Mr. Bittel sent me a packet of information so I looked at it.

Q. Did it affect your opinion in any manner when you looked at the school records?
A. No. Mrs. Spehar had told me that Karla was doing reasonably well at school.
Q. Did you talk to any of Karla Spehar's teachers?
A. No.
Q. Did you talk to Doctor Indresano,
I n d r e s a n o?
A. No.
Q. And I take it you had not read his deposition at the time you wrote your report, is that correct?
A. I haven't read it.
Q. Did you ever talk to a Doctor Brinich?
A. No.
Q. Have you viewed any depositions other -- excuse me -- have you reviewed or examined or read any depositions at all in this case?
A. No.
Q. I notice several expert reports other than on Doctor Wortman and your own in your file. Did you review any of those reports prior to the time you wrote your report?
A. No.
Q. Do you think it is relevant in rendering your opinions what the other dental and medical experts

have said in this case?

A. No. You mean in terms of the dental/medical, no. No.

Q. Do you know Kathy Spehar keeps a diary detailing Karla's days?

A. I did not know that.

Q. Would that be relevant in rendering an opinion as to Karla's well-being, an examination of that record of her daily activities?

A. I think the parental report data is relevant, and I think that's what I did -- that is what I did is speak to Mrs. Spehar and get that data.

Q. I take it you know that Mrs. Spehar knows there is a lawsuit going on and that your testimony will be used in that lawsuit, is that correct?

A. That's correct.

Q. Do you think it is possible that what she reports to you or what she indicates to you is influenced in any manner by that fact?

A. I can't speculate on what Mrs. Spehar -- how she is influenced. I asked her and what I report I believe that she believes.

Q. And what is the reason you can't speculate about Kathy Spehar, is that because you have not clinically evaluated her?

A. No. Because you're asking me for her motivations, to dissemble them or something. I just don't, you know, I have no way of knowing that anyway.
Q. But you make those sort of evaluations and determinations when you look at Karla, don't you?
A. Whether she is lying or -- I don't know --
Q. Don't you try to learn what her motivation is when she says certain things to you?
MR. BITTEL: Her who? Who are you referring to?
BY MR. JORDAN, CONTINUING:
Q. Karla?
A. Okay. What I try to do is try to assess her behavioral functioning, her overt functioning, and also some of the worries and the feelings and the underlying issues that are impacting her life and her personality and her potential for development. That's what I'm doing.
Q. I understand that. Do you try to determine what Karla's motivation is when she tells you certain things?
A. Yeah. To communicate. I assume that everything she tells me is a communication to me about what she's experiencing and what she's dealing with.
Q. And do you accept everything that Karla says at

face value?
A. Absolutely not. You never do with children.
Q. But with adults do you handle adults differently?
A. Well, you do when -- when you are using parental report data, you are asking the parents to comment on what the child does, not what the parent thinks the child feels. That you do. But you're asking him to report what the child is doing, you know, behaviorally. Do I think Mrs. Spehar is lying to me, no. That's what you're asking. That's what you do when you do an evaluation.
Q. No. I don't mean lying really. I mean exaggerating, highlighting certain of the negatives because she realizes your testimony is going to affect her lawsuit and that the more negative things that are with Karla presumably the more serious the psychological --
A. I see what you're getting to.
Q. It seems when she talks to you, it would be natural to highlight the negative aspect of Karla?
A. I understand what you're saying but I don't think that's where she is at.
Q. How do you know that?
A. I think she feels pretty trampled on by this whole process, the whole experience. I think she really

feels that. I think because she does, even though I haven't evaluated her, the negative stuff is where she is living. That's really where it is.

Q. When you say this process are you referring to the legal process?

A. I'm talking about the doctors, about the change, you know, the worry about what should we do and also, yes, this too. I mean just everything surrounding the events -- everything surrounding what happened.

Q. And would you agree that all those factors also have an influence on Karla as well?

A. Yes, I do.

Q. In fact, the trips to your office probably have some sort of effect on Karla's well-being, wouldn't you agree?

A. Well, I do, yeah. What is that effect is the question.

Q. Right. How about an answer?

A. Well, Mrs. Spehar told me that after the first time Karla really seemed to be better, and, you know, I took it at face value but I wasn't sure. After I spoke with Karla the second time, I asked her if she would like to see somebody like me every week where she could play and have a place

to go where she could just do drawings and express herself and she said absolutely. She said that she would like to do that. So, that makes me think that at least it hasn't been so awful that she wants to shrink from it.

Q. Now, Karla's traveled up here, is that correct, to see you, traveled to Ann Arbor from Cleveland?

A. Yes.

Q. Are there tests which can be administered to five-year-old and six-year-old children to detect psychiatric symptoms?

A. You do a clinical evaluation. I did that with charts what I was trained to do at Judge Baker Guidance Center.

Q. Are there tests that can be administered to five or six year olds to detect their psychiatric symptoms?

A. What kind of tests?

Q. I'm asking you, are there any tests that can be administered to five or six-year-old children?

A. Yes. The indirect techniques that I used are considered a method to detect psychiatric symptomatology.

Q. Are there any other tests that can be administered to a five or six-year-old child?

A. I believe, yes, there is a child depression scale and I don't use it. I'm just not that familiar with it but I suppose there may -- there is that one.
Q. That's a standardized test?
A. Yes.
Q. What's the name of that test?
A. I am not sure of the exact name of it. It's not something that was used in my training.
Q. Are there ink blot tests that can be administered to five or six year olds?
A. You're talking about the Rorschach? Yes. That's something that I have been trained to use and could use but it is something that I don't like to use just because I don't think it gets you that much information.
Q. Are there behavioral checklists that you can examine or use with a five-year-old and six-year-old child?
A. You can use the Achenbach behavioral checklist. A c h e n b a c h, I believe. There are a whole broad spectrum. These are in my training the most consensually accepted indirect techniques with a combination of clinical observation and clinical interview, talk with the child as well as parental

report.

Q. What is the Achenbach test used for?

A. Can be used to see how a child can benefit from therapy. It is basically a parental report, and it is really about the kinds of things I did with Mrs. Spehar informally, and you can see what behaviors are going on before therapy and then do it after therapy to see if therapy has been helpful.

Q. To the best of your knowledge does Karla have any physical disabilities as a result of the broken needle? Physical disabilities?

A. I understand. Not that I know of.

Q. Is Karla aware that she has a condition called malignant hypothermia?

A. It didn't really come up. She may be and she wears the emblem but it doesn't seem to be something that, you know, not something that she talked about. It is something that she is more involved with the needle and that effect. She knows that for some reason she can't have surgery.

Q. Now, she wears this med-alert bracelet all the time, correct?

A. Yes.

Q. Don't you think she wonders why or knows why she

wears the bracelet?
A. She might. I don't know.
Q. And this bracelet that we're talking about is really a medical alert so that if she's ever treated by somebody who's not familiar with her condition they will know that she has malignant hypothermia?
A. That's my understanding.
Q. Did you ever ask her how she feels about wearing this bracelet all the time?
A. No.
Q. Do you think she feels different because she has to wear this medical alert bracelet?
A. I don't know. It didn't come up. I didn't -- I don't know if she feels different about it. I think that what she focused on is having to tell kids not to punch her in the mouth because the needle might move.
Q. Do you know that Karla is worried about malignant hypothermia?
A. I don't know.
Q. Well, you understand that she could die from malignant hypothermia, is that your understanding?
A. Yes.
Q. Did Doctor Wortman talk to Karla?

A. I don't think so, no.
Q. Was Doctor Wortman present when you talked to Karla?
A. No.
Q. Did you talk to Doctor Wortman about your observations and analysis of Karla?
A. I talked with her just regarding my concerns about wanting to at some point get treatment, that I felt that there was a lot of anxiety and that Karla could use some help or the family could use some help.
Q. Did Doctor Wortman give you any advice or express any opinions about Karla to you?
A. No. That was -- I wrote that report.
Q. Well, you submitted a written report to Doctor Wortman, correct?
A. That's correct.
Q. Now, that report that we have all received?
A. Right.
Q. Which is, I will just identify it for the record, it is a report that the front page is dated November 29th, 1989, and it is addressed to Mr. Timothy Bittel from Doctor Camille Wortman, subject the Spehar case, and it has eighteen pages in it. That's the report that we're referring to,

correct?

A. Yes.

Q. Now, you've submitted -- you didn't actually write this report, correct?

A. No -- yes, I did.

Q. Well --

A. I wrote that part of it, yeah.

Q. Okay. What you're indicating is that on page twelve there is a section that is labeled Devaluation of Karla Spehar?

A. Right.

Q. And you wrote all the way from there to page seventeen up to the section that starts conclusion?

A. That's correct.

Q. Now, we talked to Doctor Wortman, Doctor Wortman indicated that you had submitted the report to her and that she finalized the drafting of that section, is that accurate?

A. I submitted the report. Whether there were any changes made, I mean in terms of editing, she may have, but this, to my recollection, this represents my report but she normally will go through for just grammatical and she may have -- she may have edited but I wrote that portion.

Q. Are there any significant changes in that section from what you originally drafted?
A. Not that I -- no. I don't think so.
Q. Do you have a copy of what you originally gave to Doctor Wortman?
A. No.
Q. Would you agree that in the editing process Doctor Wortman may have made it a little more dramatic?
A. No. I wouldn't agree. I have gone over it before today and this is my report.
Q. And it accurately states your conclusions and observations of this case, is that correct?
A. Yes.
Q. On how many different occasions have you spent any time with Karla Spehar?
A. Two different occasions.
Q. What were the dates of those visits?
A. Okay. It was September 29th of 1989. Do you need the exact date? September 29th, 1989 and October 28, 1990.

MR. JORDAN: At this time could we take a brief break?

(Whereupon a discussion was had off the record.)

BY MR. JORDAN, CONTINUING:

Q. Where did each of the visits occur, I'm referring to the visits you had with Karla Spehar?
A. The first one occurred at Doctor Wortman's home, the second one occurred in my office here, right here.
Q. Doctor Wortman recently moved so I want to be clear.
A. Home in Ann Arbor.
Q. And when we say here, we're here in Ann Arbor, correct?
A. Right.
Q. And how long did each visit last?
A. About three hours, two and a half to three hours.
Q. Could you just sort of briefly explain what happened during each of those two visits during that time?
A. Yes. First visit September 29th, 1989, I met Karla with her parents, and Doctor Wortman went to interview Mrs. Spehar, and I explained to Karla that we were going to be talking and meeting, and I brought her into a playroom that was set aside for that purpose and began my interview of her.
Q. And did you ask questions of her and she answered you for the whole two and a half to three hours?
A. No.

Q. What else happened during that time period?
A. In addition to us talking together she also did some doll play, some drawings and she responded to some pretend questions that I gave her.
Q. What do you mean pretend questions?
A. It is an indirect technique. Basically there are two. One is if you could have anything in the whole world what would you like to have. The three wishes test. You kind of set it up by saying that this is a pretend situation. You can have whatever you want. You can make the future be different, the past be different, you can have anything you want. The other pretend test is if you had to be three animals, which three animals would you love to be and why and which three animals would you hate to be and why.
Q. Was there anything else that really occurred during your visits? You talked about your question and answer periods and doll play, drawings and pretend questions, is there anything else?
A. One last thing is that I asked Karla to tell some pretend stories to cards. It is called a Traumatic Apperception Test, a p p e r c e p t i o n. Test TAT cards.

Basically you ask her to make up the story that has a beginning, middle and an end.

Q. Was there anything else that occurred during the visit?

A. No.

Q. On the second visit just briefly describe what happened?

A. On the second visit basically the same with the exception that I had a face-to-face meeting with the parents, too.

Q. How long did you meet with Karla on the second occasion?

A. The whole interview with Karla and the family was four hours and fifteen minutes, so I was with the parents for about an hour and fifteen minutes, so about -- I would say about three hours.

Q. Were either of her parents with Karla during the three hours?

A. No. No.

Q. Is that true of the first occasion as well?

A. That is true. At one point Karla wanted to bring her father in to look at the doll house and he just made a quick visit and left.

Q. Was anyone else present during either of these two visits?

A. No.
Q. Who accompanied Karla to your offices on the second visit?
A. Her brother, her father and her mother did.
Q. Did you talk to her brother?
A. Not really. I said hello to him when we were introduced.
Q. Do you have a list of questions that you ask each child you evaluate?
A. I have a general sense of what I want to accomplish. It is more in my head though.
Q. Do you have anything written, sort of like an outline of these are areas I'm going to cover with the five-year-old child?
A. With the child themself or in general for the assessment?
Q. Well, why don't we ask it both ways. Did you have one for Karla, how about that question first?
A. For Karla I seeked to find out how she's doing at present.

MR. BITTEL: The question is do you have a written list?

THE WITNESS: No.

BY MR. JORDAN, CONTINUING:

Q. Do you have a written list that you use for any

children?

A. No.

Q. On the pretend questions you ask, there is two -- excuse me. Withdraw that question.

During the second visit did you follow roughly the same for that as you followed the first visit?

A. Yeah.

Q. Did you notice any change in Karla Spehar's psychiatric state from the time of your first examination on September 29th of 1989 and your second and last visit more recently on October 28th of 1990?

A. Yes.

Q. Could you just -- can you briefly summarize what that change was for us?

A. Yes. She was less willing to talk about negative feelings about -- about anything going wrong. She seemed to be repressing more, denying more, everything is okay, everything is fine, and yet I got the feeling sitting with her that wasn't the whole story but she even said I don't want to think about those things, it is not good, I just don't think about them.

Q. Don't you think the more we dwell on certain

negative things, the more depressed we get? I say we just in a general sense, the normal individual?

A. If we ruminate obsessively about something?

Q. Those are your words. Explain your answer.

A. I don't understand your question. Maybe you could try again. I'm trying to.

Q. Can people ruminate obsessively over negative things?

A. Yes.

Q. Would you agree it is sometimes better to put bad things behind us?

A. Yes.

Q. Would you say there is nothing really wrong in trying to avoid dealing with certain negative things that have happened to us?

A. I think that's the only thing kids can do. That's their coping mechanism. It doesn't mean they are not going to have to deal with it at some point, but yes, it is what kids do. They avoid, they escape, they deny. If the denial is too great from reality then it can be a problem.

Q. But that's a step in the normal coping mechanism for a child?

A. Is to push it out of awareness, yes, it is.

Q. And that's true for all children?

A. No. It's not true for all children. Some kids act it out and have behavioral problems. Some kids turn the symptoms inward, get depressed, other kids try repression as one mechanism.

Q. Do you have an opinion as to whether it is a better mechanism, worst mechanism or just you can't evaluate?

A. I think it is pretty usual for trauma that kids are going to try to forget it.

Q. During any of -- during your two visits when you asked her about the pretend questions -- off the record.

(Whereupon a discussion was had off the record.)

BY MR. JORDAN, CONTINUING:

Q. During the pretend questions you asked Karla during your two visits did Karla ever indicate to you when you asked her if she could have anything in the world that she wanted the needle removed?

A. She told me that when we were talking.

Q. When you asked her during the pretend questions if she could have anything in the world she wanted, she listed three different things, correct?

A. I don't think she listed it then.

Q. She didn't say that if she could have anything in

the world she wanted the needle out, did she?
A. I don't think that was one of her -- not for that particular test. She already told me that.
Q. But when you asked her specifically, when you asked her if she could have anything in the world, she didn't even mention the needle, did she?
A. She didn't. That wasn't one of her wishes.
Q. And that was true both on her first visit in September of 1989 and her more recent visit with you in October of 1990?
A. That's true.
Q. Don't you think it is natural she would want the needle out?
A. I think she knew -- that's a given.
Q. Right. That would be natural for anyone who had this incident happen to them?
A. Yes.
Q. I'm sorry. I read your notes and I'm not sure I quite understood the answers on the animal part, when you asked her what animal she liked to be or what she wouldn't be. Was there really anything significant in her response on those questions that are relevant to our discussion here today?
A. In the first time especially she spoke about wanting to be animals that could swing around and

be free, elephant swings his trunk, the monkey swings from tree to tree, and the sense that I got from that was just a longing for her to have more carefree. Of course what has been relevant in the animals she would hate to be on both times was her not wanting to be any animal that is angry or mean or could hurt her in some way. Just her discomfort with aggressive feelings and possible harm.

Q. Is it your understanding that Karla's physical activities are restricted in some manner because of this needle incident?

A. She's -- my understanding is that since the first time I interviewed with her and the second that both the family and she is trying to do more things.

Q. Okay. I will stop you here. During your first visit?

A. Okay.

Q. I will just focus then. Let me back up. At the time you wrote your report, why don't we use that as a timetable, I take it the report we referred to earlier, that's the only report you've prepared in this case, is that correct?

A. That's correct.

Q. At the time you prepared that report that was based upon your evaluation of Karla in September of 1989, correct?
A. Right.
Q. At the time you wrote your report what was your understanding of Karla's ability to go out and play? What were the restrictions on her physical activities?
A. Well, she told me that there were certain things she couldn't do. Let's see if I can find that. That there were certain kinds of things she cannot join in all the activity.
Q. Do you recall what some of those things that she mentioned were?
A. She can't play basketball and she can't play with the other kids on the monkey bars.
Q. Now, she may have mentioned some other things or no?
A. That she could do.
Q. That she could not do?
A. She told me that she just has to be very careful who she played ball with and tell them to be careful about her mouth but that was just she had to be very careful but those were things she mentioned specifically.

Q. Okay. I'm trying to think of something. Soccer, was that mentioned?
A. That was mentioned that she could, but she must not be -- she must be careful not to get hit in the mouth with the soccer ball.
Q. Okay. Now, do you think that the restrictions -- who placed restrictions on Karla's activities by the way?
A. I believe it was her parents in conjunction with talking with the doctors. That's my understanding.
Q. And do you feel -- and it is your understanding that those restrictions were placed upon her by the doctors because of the fact that she has a needle in her mouth?
A. Yes.
Q. Now, how do these restrictions on her physical activities affect her psychological well-being or at the time of your report how did they affect her behavior?
A. My opinion -- she told me she was mad about it. She said it right in the interview. My opinion through the indirect data was that she felt constricted and that she would like to do more things and just be able to mess around and sort of

be just more free in general.

Q. What psychiatric symptoms did Karla Spehar exhibit in 1989 at the time of your report?

A. She had lots of anxiety and I also felt she was depressed.

Q. Any other psychiatric problem at that time?

A. In terms of psychiatric symptoms per se, I think that covers a whole lot, the anxiety especially.

Q. What psychiatric symptoms did Karla exhibit during your last visit with her in October of 1990?

A. I think that she -- she's definitely still anxious, perhaps more depressed than the first visit. The first visit I felt she was really dealing with lots of anxiety with physical safety. That seems to be more repressed or less front burner. I felt that she was depressed and feeling stressed by all that she's been going through.

Q. And would you say the -- would you say she exhibited anxiety during her last visit in October of 1990?

A. Yes.

Q. Just a lesser degree in 1989 when you visited with her?

A. I think it is lesser. It is hard to explain but

she was exhibiting a lot of anxiety about having to go back to the doctor. She had to have a tooth pulled that week right before I saw her, so I think that she was not exhibiting as much anxiety about the life and death issue but she was still anxious about events related to that trauma going back to the dentist and depressed.

Q. Did she tell you that she had been deposed?

A. I knew that she had been deposed. We didn't talk about it.

Q. Just a few days before you saw her actually, right?

A. Yes.

Q. And would that have any effect on her state of being, the fact that she was just in a deposition and was talking to lawyers and lawyers were asking her questions about this needle and stuff?

A. How did it go?

Q. I would be interested in how it went from Karla's perspective?

A. From her parents' perspective it was a stressful event for the whole family. We didn't talk about it. I spoke with her parents afterwards so I didn't really know.

Q. How about -- did Karla mention it in any way,

shape or form?

A. Not directly. Not directly.

Q. Okay. You say not directly, does that mean that there was some indirect evidence that it was on her mind?

A. She knew that -- I got the sense that she knew there was some kind of court action going on and she just -- she said I just don't want to know about it, I don't want to know about it.

Q. Did she ever indicate to you that her parents talked about the lawsuit when they did not think she was listening and she actually heard what they were saying?

A. Yes. Actually she said that she's heard some things but she really doesn't know, she doesn't want to know, it was very confusing what she was trying to tell me, but it is consistent with the fact that she doesn't want to deal with it, she doesn't want to know.

Q. Does Karla know you're a doctor?

A. Yes. We talked about that, especially the first time.

Q. And does she know what type of doctor you are?

A. Yes.

Q. Does she know why you were asking her all these

questions?

A. We talked about it the first time.

Q. And what did you talk to her about? Why did you tell her you were asking her these different questions?

A. Because she had been so afraid of doctors before that I -- she was confused. I asked her what was she feeling about coming up to see me, and she said she was -- she didn't know for sure exactly what was going to happen. I think her parents had told her a little bit. Then I explained to her that I was a talking doctor and not a medical doctor and that I talk with children about how they are doing in their lives and how things are going for them, things that are on their mind, things that they like, the things they don't like and the things they worry about, and that it was my job today to get to know her a little bit and that we wouldn't do anything she didn't want to do but that we would play together and get to know each other a little bit.

Q. Do you think she would naturally exhibit some anxiety with just talking to you because you were a stranger and a doctor and in a strange place?

A. Yes. In fact, it was really clear she began to

warm up as time went on. In the beginning she wanted to know where her mother was in the other room, admitted to being nervous and didn't know what to think because of going to doctors. She really opened up as time went on. It was pretty amazing.

Q. Is that normal in children?

A. To be anxious for a session?

Q. Right.

A. Absolutely.

Q. Did she know that her visit to you had something to do with the needle?

A. I don't know for sure.

Q. What's your opinion?

A. I think I believe that she -- I don't know if I can speculate on what she thought but I think that she knew --

MR. BITTEL: You can't speculate. Do you know?

THE WITNESS: No.

BY MR. JORDAN, CONTINUING:

Q. We are asking a reasonable degree of medical probability, not if you know for certain, but if it is more probable than not. If you can't say you can't say?

A. I can't say.
Q. I'm going to ask you a few questions about the report you have in front of you now. If you want to follow along I'm going to base the next series of questions on that report. I'm going to start with page twelve of the report which is the beginning of the page that -- that's the start of where the section you wrote, that's correct, right?
A. Right.
Q. I take it you played no role in the writing or drafting of any of the earlier pages that are in that report?
A. No involvement.
Q. Okay. Now, in the first paragraph you indicate that doctors told the Spehar parents that if the needle moves or is jarred, the result could be fatal, is that correct?
A. Yes.
Q. What -- is that significant in this case that fact?
A. Yes.
Q. And why is it significant?
A. Because it means she is living with the threat of death.

Q. Now, actually that statement is that the parents were told that if the needle moves or is jarred the result could be fatal. Isn't it more relevant what she was told in determining her psychological well-being?
A. Yes.
Q. Because if she didn't even know about this, it could hardly affect her psychological well-being, correct?
A. I don't know. I don't know if I can agree with that because kids can pick up. Let's say the parents knew and she wasn't told, kids have a way of picking up anxiety in unconscious ways, so it is hard to be able to answer that definitively.
Q. And kids pick up the anxieties of their parents?
A. Yes.
Q. And based upon the way that parents treat the children that has an effect on the child, correct?
A. That's right.
Q. An overprotective parent will cause certain psychological effects in their child, correct?
A. Overprotective, how do you define overprotective? In what case? Who decides when that is successive?
Q. That's a very good question. I assume maybe

psychiatrists and psychologists would define what overprotective is.

A. If parents were acting in excess of real danger, you could consider them overprotective.

Q. Just normally when there is some parents that are more protective of their children than others, is that fair to say?

A. Yes.

Q. And the children pick up -- withdrawn.

Sometimes that is for a variety of reasons, correct?

A. Okay.

Q. Sometimes it is the parents' own insecurities that result in this overprotectiveness?

A. Could be. It is hard to say.

Q. Now, do you know if Karla has been told that if the needle moves or is jarred she could die?

A. I know that she believes it because she told me the first session.

Q. Do you know what -- who told you that the doctors told the Spehar parents that if the needle moves or is jarred the result could be fatal?

A. I believe I got that information from Doctor Wortman.

Q. And to the best of your knowledge that statement

is accurate, if the needle moves or is jarred the result could be fatal?

A. At that time, yes.

Q. When you say at that time you're referring to the time you wrote your report?

A. Right.

Q. Is your opinion any different today about this particular issue?

A. What I know from just what I have read in the file, not even what I read in the file but from what the parents told me the second time is that there is less of a percentage chance that it could move. What would happen if it did move I don't know.

MR. BITTEL: Excuse me, Doctor.

(Whereupon a discussion was had off the record.)

BY MR. JORDAN, CONTINUING:

Q. Has anyone told you that the needle has not moved since October 7th?

A. Yes.

Q. Are you aware that Doctor Indresano -- do you know who Doctor Indresano is?

A. Yes.

Q. And he's Karla's doctor, correct?

A. Yes.
Q. Are you aware that Doctor Indresano has said he would leave the needle in and there is less than one percent chance that anything could go wrong?
A. I wasn't aware that he said it that way, but I did hear the number one percent chance of moving.
Q. Well, did you hear the phrase it was less than a one percent chance that anything could go wrong?
A. No. I didn't hear exactly in those words.
Q. Are you aware that the needle could be removed now and in the future?
A. I understood that there still exists danger to remove the needle.
Q. What were you told about the danger of removing the needle?
A. With regard to where it is, with regard to the position.
Q. What were you told?
A. That there is a slight risk of facial disfigurement, facial cranial nerve damage or artery or some kind of blood vessel being hurt.
Q. And that risk could be increased once her face grew and at that time it would be better to remove the needle, did you hear that?
A. I heard that -- I read in this I believe it was

the letter from Doctor Indresano that the, original letter in '89, I'm not hundred percent sure, that it could be re-evaluated as she got older.

Q. You indicate in the early part of your report that in part you base your opinion on responses to projective tests?

A. Right.

Q. What projective tests were you referring to?

A. Those are the pretend tests and the TAT card stories.

Q. You indicate -- off the record.

(Whereupon a discussion was had off the record.)

BY MR. JORDAN, CONTINUING:

Q. You indicate that verbally Karla tended to minimize the extent of her distress and her fears, correct?

A. Yes.

Q. Is it fair to say that she did not indicate to you verbally any distress or fears?

A. No, that's not fair. That wasn't what happened.

Q. So, when you say she tended to minimize -- how do you know she is minimizing her fears if she is not articulating them?

A. She may talk about it a little bit and then seek to change the subject or get off the topic or there is just a feeling that you get sitting with her that she is anxious about it and wants to downplay it basically and move on to something else.

Q. You know the problem I have with that, Doctor, if she sat there and talked to you for about an hour or two about these fears, I get the feeling that you'd say all she talked about was her fears and distress, obviously she has fears and distress, wouldn't that be accurate?

A. Do you mean that I would reach a similar conclusion?

Q. Right. If she had talked about her fears and distress for an hour or two?

A. It depends on how she talked about it. If she were comfortable talking about a topic that she was asked to talk about, then no, I wouldn't say that.

Q. So, if she felt comfortable talking about her fears for an hour or two, you wouldn't think that --

A. If I kept asking her those questions but I don't know that I would do that under what

circumstances.

Q. You bring up a good point. Really her responses and her thoughts are triggered by your questions, aren't they?

A. In part.

Q. And so the more -- do you know if you hadn't mentioned anything about doctors or the needle whether she would have mentioned it at all?

A. I don't know.

Q. You make a statement in your report just a little bit later that you believe Karla has lost all trust in doctors?

A. Where is that?

Q. On page thirteen, the second full paragraph, the fourth line.

A. The second full paragraph, the fourth line.

Q. She clearly had lost all trust in the doctors.

A. I don't have that in mine.

Q. Maybe we are not on the same page.

A. Oh, okay. Thank you.

Q. Do you agree that is a rather strong statement?

A. It is. I felt that at the time I saw her that she really had had a basic break in trust of other people to keep her safe.

Q. You know that sounds like a slightly different

thing that she lost all trust in the doctors. Would you agree that perhaps that statement is a little strong?

A. I think at the time the incident that I was talking about was when she was in the hospital and I believe that she really was terrorized at that moment. Whether or not it meant that she was going to continue to have no trust ever in any doctor, I don't know, but the way she described it and my understanding of it was that she was very frightened. She thought she had died and she was going to die, so I think it was pretty intense at that moment.

Q. Okay. The trouble I have is here the way it is phrased seems to me that if she has lost all trust in doctors that that implies that's an ongoing thing?

A. I don't know why it implies that.

Q. So, when you make that statement it is not necessarily true that she has lost her faith in doctors at this point in time?

A. I don't know how she feels about different particular doctors. What I know, what we are talking about, is the traumatic event in the hospital which I think was incredibly -- she was

absolutely terrorized.

Q. And so she had some fears about the doctors at that point, right?

A. She didn't think anybody could keep her safe. She felt like she was dying.

Q. How -- I'm sorry to interrupt you.

A. That's okay. Go ahead.

Q. She didn't even know whether it was successful or not at that point, the attempt to remove her needle, did she?

A. This wasn't a cognitive -- she wasn't cognitively assessing her -- her situation. She was very frightened.

Q. She was in the hospital and this is a terrible experience to go through, she was in intensive care for a day or two?

A. Exactly.

Q. Do you know how she interacts with doctors today or do you have an opinion as to how she would react to doctors today?

MR. BITTEL: Which question are you asking?

BY MR. JORDAN, CONTINUING:

Q. I'll actually restate it.

You understand that this incident

happened with a dentist?
A. Right.
Q. Do you have an opinion as to how Karla would in the future interact or relate to dentists?
A. I think that in general she's going to be very anxious with unfamiliar dentists, especially unfamiliar dentists, and in dentists in general. It is possible with a very special dentist that -- I believe she is anxious about visits to the dentist. In fact her mother corroborated that.
Q. When you say her mother corroborated that, you mean her mother told you -- I will rephrase that.
Did Karla's mother tell you that Karla was anxious about her visits to the dentist?
A. She told me that Karla screamed when she got her tooth pulled.
Q. Have you ever had your tooth pulled?
A. Yeah.
Q. How old were you? I'm sorry. I don't mean to pry.
A. I had anesthesia so it really --
Q. Does it strike you as unusual anyone much less a child would scream when they have their tooth pulled?
A. It doesn't strike me as unusual that Karla would

scream when she had her tooth pulled given what she dealt with.

Q. I'm trying to compare Karla's reaction with some of my own or some people I see that are perfectly normal.

A. Some people don't like dentists, let's face it.

Q. And whether you like dentists or not, the fact you have a tooth pulled might cause you some pain and might cause you to scream, right?

A. Could be.

Q. And is that all Mrs. Spehar told you about Karla's reactions or interactions with dentists since the time of this incident?

A. She mentioned that, I'm not clear about exactly what the procedure was, but that Karla had to go to -- go back to the same dentist or another dentist for some impression in her mouth and that was also very difficult for her.

Q. Now, are you aware that Karla said she likes going to her new dentist, did you ever hear that?

A. I had some sense of it. I don't know where I heard it but that. I don't know if it was Mrs. Spehar or what.

Q. Did Mr. Bittel perhaps tell you that's what she said during her deposition?

A. No. No.
Q. There is nothing wrong with that?
A. No. I'm not saying that he didn't but I don't remember him saying that.
Q. Does it strike you as odd that she likes going to her new dentist?
A. I think it is great if this person could have calmed her, reassured her and dealt with her in such a way that could help her overcome her anxiety about dentists, that's a terrific thing.
Q. Could it also indicate that her anxiety over dentists aren't as great perhaps as people that are looking at this incident might think they are?
A. I don't know what the interaction is with this particular dentist. I don't know exactly what's going on there.
Q. Well, do you know if she had refused to go to the dentist and hated to go to the dentist, wouldn't that be significant in rendering your opinion as to what her anxiety level is with regard to dentists?
A. That would be very -- that would be an additional piece of information, absolutely.
Q. It would indicate to you that she had a high degree of anxiety over dentists, correct?

A. Yes.
Q. Now, isn't it also significant if she doesn't have any anxiety over dentists?
A. It corroborates my feeling that Karla can be made to feel comfortable with certain people but that she has anxiety about medical procedures in general and dental procedures in general.
Q. Later on you mention that Karla has been difficult to manage in subsequent medical visits. What information do you have that indicates that she's been difficult to manage in subsequent medical visits?
A. This is referring to -- I have in mind subsequent medical reports became sources of retraumatization.
Q. And it goes on to say and she would become panicked in these situations and difficult to manage. I'm sorry. I'm paraphrasing. If I do it inaccurately stop me.
A. Okay. That's her mother's report about the difficulty when she had to go get x-rayed after the incident.
Q. The next day after the incident?
A. No. No. I think some time later.
Q. And what did she say about Karla's reaction to

these x-rays?

A. I'm not a hundred percent sure it was the x-ray but she talked about having to go to the dentist again for some reason which I'm not exactly sure who it was, whether it was the oral surgeon, the regular dentist or what, but she talked about Karla just being very -- having a very difficult time and not wanting to go.

Q. Do you still agree with the statement that subsequent medical visits are sources of retraumatization for Karla?

A. It sounds like some are and some aren't still, because you have just told me that the dentist, regular dental visits, aren't so bad. I also have been told by both Karla and her mother that it was very difficult when she got her tooth pulled and that was -- she screamed and really had a hard time. We talked about that already. So, I think that was a retrauma because it is just so connected to the event of when she got hurt.

Q. Would you agree with this statement that Karla is in a combat zone of high stress?

A. That was my opinion.

Q. Is it your opinion today that Karla is in a combat zone of high stress?

A. I don't think that she is terrorized about her physical survival today like she was when I first saw her.
Q. Would you agree that Karla is in a combat zone of high stress today?
A. No, not to the degree that I believed then.
Q. Is it your opinion that to this day Karla has never had a period of carefree safety since this incident?
A. Yes.
Q. Would you agree that any child who goes through a sudden traumatic loss or traumatic event will never have a carefree moment?
A. No.
Q. Do you think Karla will ever have a carefree moment in her life again?
A. I hope she will.
Q. And when will that be?
A. I think when the -- when she -- when this issue about her ongoing physical safety can be balanced out so that she can subjectively feel that she is going to be okay on some level.
Q. How does she pick up the fact that her physical safety is in jeopardy?
A. She's aware that she's got a needle in her jaw.

Q. Do you know if she knows where the needle is?
A. I think she knows what side it is.
Q. And why do you say that?
A. What do you mean exactly?
Q. How do you know she knows which side of her mouth the needle is on?
A. She tells me that she tells children not to punch her in the mouth. I think she has an opinion of where it is.
Q. Is that significant?
A. In what way is that significant?
Q. The fact that she knows where the needle is in her mouth?
A. Significant in the sense of what?
Q. Well, I originated these questions by saying how does Karla know her physical safety is in jeopardy and you indicate well she knows the needle is in her mouth?
A. The sense I have is that her feeling is that if she -- what she knows most if she gets hurt or hit that something bad could happen, that the needle could move and she could get hurt. That's something she has been living with for a couple of years.
Q. Could it be better for her psychological

well-being if she didn't know say which side of the mouth the needle was on, say if she had forgotten that, would that indicate that may be she is not as stressed out if that had been the case?

A. I don't think that would tell us anything. She may not want to know about a lot of things. Are you saying would it tell us if she is less anxious knowing?

Q. The fact that she does know where it is doesn't tell us anything either, does it?

A. I think the fact that she knows she has a condition that could in her mind be potentially life-threatening is the main point.

Q. How does she know this is life-threatening? This isn't life-threatening, is it?

A. Well, statistical probability and subjective is a little bit different.

Q. Okay. That's fair enough. Don't children know that they could get hit by a car if they cross the street?

A. Yeah. But she almost died, Mr. Jordan. She almost died. She remembers that. She talked about that part. I think that that has an effect on her ongoing perception of her health.

Q. Why did she almost die?
A. Because of the surgery and the reaction.
Q. And the malignant hypothermia?
A. Yes. But this needle is kind of a marker for her, how she perceives it. This needle is there.
Q. If she was in a mere car accident would she have the same sort of stress, anxiety and depression, if she almost died in a car accident but had no physical injuries?
A. I don't think it would be quite the same. I think it would be very bad. I meant I think she would have a lot of stress, a near-death experience, but the difference is that this is ongoing in her mind.
Q. Has anyone told her that she's perfectly healthy?
A. I think the family is trying to reach a balance of caution as well as being able to live with this issue, and I think they are working with her. I think she would benefit from that very much.
Q. Would Karla be better off without any physical -- without any constraints on her physical activities, better off psychologically?
A. If she had no constraints? And you're telling me that there would be no danger of her getting hurt?
Q. I'm not asking about whether she would be better

off physically. I'm just asking -- we will leave that to the medical doctor what would happen to her. I'm just asking you psychologically --

A. Yes.

Q. -- speaking, would she be better off without any physical constraints on her activities?

A. Yes. If she felt she could do whatever she wanted and would not have to worry being hurt that could -- that would be beneficial.

Q. Did you ever tell her parents that?

A. When I first met them I did tell them that I think they needed to know what they were really up against so that they could try to balance their need to protect their daughter with her need to have a zone of carefree or some modicum of relief from the combat zone of stress that I really felt she was in.

Q. Did Karla ever mention a man by the name of Ricky?

A. No.

Q. Why do you say Karla's future life has all been organized around this event?

A. The reason I said that is because of her emphasis on wanting to stay with the family and not having any kind of idea of having a life apart from the family. Even her career choice was I believe a

desire to help, to be a nurse, to help people like her, that it just had influenced her thinking.

Q. Do you think that is true of most nurses?

A. What's that?

Q. They had some event that made them desire to help people so that's why they became nurses?

A. Could be.

Q. Do you think Karla's situation is similar to a combat environment?

A. I think honestly that she perceives that she has to be vigilant and she doesn't feel she can just throw it -- throw caution to the wind and be safe. That's what I meant by combat zone. Kind of hypervigilant. I really believe that's how she feels.

Q. Would you agree that that hypervigilance, that's not just in Karla, you see that in other children who have not had traumatic events happen to them as well?

A. Well, I need to know about these other cases. I don't know. Nothing comes to mind right now.

Q. Well, don't you think many children live a very ord -- live in a very ordered, protective environment because of the conditions their parents or the environment their parents create

for them?
A. A very protected life, yes.
Q. Would you agree that a fair description of the Spehar household is that it is a pressure cooker?
A. I was referring more to her psychological state.
Q. So, her psychological state --
A. What page are you on?
Q. Page sixteen, the second to last paragraph.
A. Page sixteen, second to last paragraph?
Q. Yes.
A. Yeah. That was more reference to her emotional world, her own feelings underneath.
Q. Do you feel this incident with the needle isolates Karla from other people?
A. Somewhat I do.
Q. Are you aware -- what evidence suggests that Karla may unconsciously blame her mother for this incident?
A. I suggested that possibility based on her answers to some projective tests and -- let's see. What page are we on here?
Q. I'll break it down and ask you. I'll just note I interrupted your answer there to keep it moving here a little bit.
A. Okay.

Q. I take it you agree then that Karla unconsciously -- let me strike that.

Can you state with a reasonable degree of psychiatric certainty that Karla unconsciously blames her mother for this incident with the needle?

A. I don't know if I -- I wouldn't say definitely. I think that she either blames herself or somebody --

Q. I got to interrupt so you know the context. When we say psychiatric certainty it is probability, you can give your opinion on a probability, and so given that would you agree that Karla unconsciously blames her mother for this event?

A. I would prefer to say it another way.

Q. Okay. But unfortunately I get to ask the questions here, so I'm going to ask you can you state with a reasonable degree of scientific certainty, meaning that it is more probable than not, that Karla unconsciously blames her mother for this incident?

A. I believe that she feels that her mother couldn't protect her. Whether she thinks her mother wanted to hurt her is something else, but I think she feels that her mother could not keep her safe.

Q. The question was does she unconsciously blame her mother?
A. I don't know for sure.
Q. Now, there is another statement in there that Karla devalues women as unable to be strong and competent. That strikes me as an extremely strong statement. I'm going to ask you the same question within the same parameters. Can you state with a reasonable degree of psychiatric certainty, meaning more probable than not, that as a result of this needle incident Karla devalues women as unable to be strong and competent?
A. I believe that she has doubts about the ability of some adults to keep her safe. Whether it is women or men, that's not clear. In her stories there was some indication that the mother figure couldn't help the child because the mother figure was in trouble herself and so the father was looked to for help. Whether or not this really means that, this is something that is -- is -- I'm not able to say with a hundred percent certainty.
Q. Again, and I'm not asking you for a hundred percent certainty.
A. Okay. That's why I use may.

Q. And that's why I'm asking you about a reasonable degree of medical certainty which is more probable than not.
A. Reasonably I believe that she feels that people didn't keep her safe and she has feelings about that.
Q. Now, let me back up a bit.
A. Okay.
Q. This statement here says Karla devalues women as being unable to be strong and competent. It is not she feels bad about people couldn't protect her, right?
A. Okay. I answered already, I think.
Q. I'm sorry I missed the answer.
A. Okay.
Q. Can you state with a reasonable degree of medical certainty whether Karla devalues women as unable to be strong and competent?
A. I think -- I'm trying to respond honestly -- I think there was some indirect evidence in the first interview that she somehow saw her mother as not being able to protect her and was looking to somebody else to be strong and omnipotent to protect her.
Q. Can you state with a reasonable degree of medical

certainty whether Karla devalues women as unable to be strong and competent?

A. Women in general, no.

Q. How about men in general?

A. I don't have an opinion on that.

MR. BITTEL: What did you say, no?

MS. HENRY: She has no opinion.

MR. JORDAN: No opinion as to men.

BY MR. JORDAN, CONTINUING:

Q. Would you agree or is it your opinion and can you state with a reasonable degree of medical certainty that Karla devalues her mother as unable to be strong and competent?

A. I think she does in some ways.

Q. I'm a little uncertain when you say she does in some ways. Are you stating it is more probable than not that Karla devalues her mother as unable to be strong and competent?

A. I think it is complicated because I think that she is very close to her mother and she feels supported by her mother and safer with her mother than outside in the world, but in this particular incident I do think she's affected by the fact that her mother did not keep her safe, and I think that that is a piece of it.

Q. Did her father --
A. I'm sorry.
Q. Did her father keep her safe in this incident?
A. No.
Q. Does she feel the same way about her father?
A. I really don't know.
Q. Would you make the same assessment if any medical emergency had come up with Karla? Would she feel, geez, my mother didn't protect me from this appendectomy and maybe not subconsciously, I was articulating that, but would she feel that subconsciously?
A. Kids tend to try to explain why something happens to them and it is not rationale, but at a very young age they expect their parents to protect them from all harm even though it is unrealistic.
Q. So, it is fair to say we are all -- when we are children, we view our parents as somewhat omnipotent, and when something unusual or negative happens that irritates our psyche a little bit in that regard, is that fair to say?
A. Yes.
Q. Would you say that is not at all unhealthy to happen to learn to say that your parents are not omnipotent?

A. That's a very good point. It is very important when it happens, you know, in development. If it happens it has to happen optimally at a certain point when the child has enough skills when they can feel and stand on their own. The problem happens when it happens much too soon, too early, that they felt like I got to take care of myself but I don't feel able to take care of myself but they are not helping, that's the problem.

Q. And would you agree that different children are able to cope with that at different ages depending on their own cognitive skills and abilities, correct?

A. Well, there is some variation.

Q. Could you give a range of variation meaning what ages did children typically learn say that their parents are not omnipotent?

A. I think when they are getting into elementary school years.

Q. Elementary, six or five?

A. Seven, eight and nine, ten. That's the age of developing their own skills and focusing on what they can do.

Q. Is that associated with going to school once they are starting to go out on their own away from home

and starting to learn to handle things by their own?

A. They still idealize adults.

Q. But not to the same extent when they are at home and that's their whole world?

A. Yes.

Q. Once they are beginning to deal with kids on their own, it is a little different than when they are at home always relying on adults?

A. Yes.

Q. In your opinion can you state, and can you state to a reasonable degree of medical certainty, whether or not Karla Spehar feels that she did something to deserve having this incident with the needle?

A. I believe with a reasonable degree of certainty that she may have feelings like that in trying to explain it to herself.

Q. And that's part of what I guess the answer we just went through, that that's how children cope with these different events?

A. I'm sorry.

Q. Go ahead. You are better able to explain than I am. Is that an abnormal reaction for a child?

A. They come up with theories. The theories tend not

to be true to reality but yes, they come up with theories, and that's one of the things that therapy can help with is help clarify some of that later on in life.

Q. Did you review Doctor Brinich's report? I noticed it in your file.

A. Yes. I saw it.

Q. I take it that since it is dated October 17, 1990 that it did not play a role in your report or in your opinions or conclusions in this case?

A. No.

Q. Just so the record is clear, you did see Karla after October 17 of 1990?

A. Yes.

Q. Did anything Doctor Brinich wrote in his opinion affect or was it significant in your opinion as you sit here today as to Karla Spehar's psychiatric state?

A. No.

Q. Do you know why you have it?

A. It was one of the things I was given and I wanted -- I read it.

Q. More curiosity then?

A. Yeah. Well, I don't know why I have it exactly but I was interested in what he had to say. I

didn't know he had moved because he was taking -- he was seeing the family.

Q. Is it relevant what another psychologist -- is it relevant what another psychologist -- what another psychologist concludes or opinions are on a particular child?

A. Relevant for them, sure.

Q. How about relevant for you?

A. I know what I know based on what I saw and what I evaluated. I don't know what he -- you know, how he experienced her, what he found. I read this.

Q. Do you have any reason to disagree or -- well, excuse me.

Different psychologists have different philosophical orientations, is that accurate?

A. That's true.

Q. Those orientations are based in part on their training?

A. Yes.

Q. They are also based in part on their own upbringing and their own personal experiences?

A. Yes.

Q. Now, are you aware that Doctor Brinich's deposition was taken last Saturday in North

Carolina?
A. Yes.
Q. And did anyone summarize for you or tell you some of the things Doctor Brinich said during his deposition?
A. Mr. Bittel did.
Q. And what did -- do you recall just briefly?
A. Very little.
Q. What was that?
A. That she was not psychotic, doing fairly well under the circumstances and that she would -- that she was experiencing anxiety. I'm not sure about that one. Very little actually.
Q. Okay. Would you agree that Karla is not psychotic?
A. Yes.
Q. Would you agree that Karla is doing fairly well?
A. Yes. Behaviorally.
Q. Well, Doctor Brinich didn't limit his opinion to behaviorally, he said she was just doing fairly well both emotionally and physically, would you agree with that statement?
A. I think she is doing reasonably well.
Q. Both emotionally and physically?
A. No. I wouldn't agree with that.

Q. Because Doctor Brinich, I wasn't asking medical questions of either, we're asking about the emotional state, and Doctor Brinich said that she was emotionally doing fairly well?
A. I don't agree with that. I don't agree.
Q. How do you account for the fact that, you know, you and Doctor Brinich both examined this child over a period of time and reached different conclusions just say on that basic point of whether she is doing fairly well or not?
A. I can't. I mean he did what he did and he came to his conclusions. I did the best I could do with what I know and how I have been trained, and I understand that he also focused his intervention efforts on the parents which is not necessarily, you know, wrong. People intervene at different points but I saw Karla, that's what I did, and I did projective tests and doll play, and I evaluated her, and I came to the conclusions that I came to and that's all really I can say about her.
Q. Do you understand that Doctor Brinich was actually offered as to Karla psychiatric state and not on the parent's psychiatric state?
A. He saw her, I know that.

Q. And he saw her --
A. Doctor Wortman wanted to refer Karla to him and that's where we started.
Q. Let me ask you this, is it typical in your experience that different psychologists examine a child and reach different conclusions?
A. Yes. It can be. Not typical but it can happen.
Q. Have you ever been in a lawsuit where different psychologists did not reach different conclusions?
A. They did not?
Q. Yes.
A. Yes. Well, maybe you could tell me more what you mean. Give me an example.
Q. It seems to me based on my experience every case I've ever been there is one psychologist that says one thing and another psychologist that says another thing. Has that been your experience in lawsuits?
A. No. I don't have that experience to comment on that.
Q. Do you think that Karla will have a hard time in enjoying some of the normal physical activities of normal childhood?
A. Yes.
Q. In fact, it is difficulty enjoying some of these

normal activities because she is not allowed to do them?

A. No. Because she doesn't -- she doesn't -- well, I think she is allowed more now but because she stays so close to home she doesn't even go riding around the block, for instance.

Q. Are there any other physical activities that she does not do?

A. She stays away from a whole class, anyone that is rambunctious she just stays away from.

Q. Do you think Karla Spehar will have any special difficulties -- let me put this in perspective again.

Can you state with a reasonable degree of medical certainty that Karla Spehar will have special difficulties in making decisions on whom to marry because of this needle incident which occurred at age three and a half?

A. I think she's going to have trouble in -- I think that's a strong possibility that she could have trouble in being able to make a marriage commitment.

Q. You know my practice by now, if I don't get what I perceive to be an answer to the question, I reask it.

A. Go again. Okay. Let's try. I'm not trying to -- I just --

Q. Understand that anything is possible and so experts are allowed to testify under the law if they have an opinion that something is more probable than not. There could be a range of possibilities as to what could happen to Karla, correct?

A. Yes.

Q. You indicated a number in your report, all I'm trying to focus on now are what things are more probable than not, and we have identified that in the law as psychological certainty. When I ask that question that's all I'm trying to get at?

A. Okay.

Q. Not whether it is a possibility.

A. I think --

Q. I will restate it so the record is clear.

Can you state that it is more probable than not that Karla Spehar will have special difficulties in making decisions on whom to marry because of this needle incident which occurred at age three and a half?

A. Yes.

Q. Can you state with a reasonable degree of medical

certainty that Karla will have special difficulties in making decisions on whether to have children because of this needle incident which occurred at age three and a half?

A. Yes.

Q. Are you aware of any medical procedures which Karla cannot undergo?

A. No.

Q. Would you agree that Karla has no unpleasant conscious memories of the needle -- excuse me -- of the needle incident?

A. No, I would not agree. She has conscious memories of the unpleasantness. Was that your question?

Q. Yes.

A. Yes. Not of the exact time that the needle broke but of the incident, I'm clarifying, of the incident in the hospital.

Q. Of having the incident?

A. Right. She remembered half the incident and of the actual time in the dentist office and then she clearly remembered waking up in the hospital.

Q. Has Karla told you what will happen if the needle moves?

A. Yes. Her first time I met her.

Q. Did you ask her?

A. No.
Q. Did you say -- she volunteered?
A. Yes.
Q. What did she say?
A. She talked about having to be careful with her mouth. I said why. She said because I don't want to die.
Q. What licenses do you have by the way?
A. I have a license to practice in Michigan as a clinical psychologist.
Q. As a --
A. As a clinical psychologist. I'm a fully licensed clinical psychologist.
Q. In Michigan?
A. Yes.
Q. Have you ever used any needles?
A. No.
Q. Would you agree that Karla would be better off psychologically speaking if she did not remember anything about this whole incident?
A. I think it is too late for that. I don't think it matters at this point.
Q. All right. I'll ask the question again. I'm just saying hypothetically if she didn't remember anything about this incident would she be better

off psychologically?

MR. BITTEL: You mean if there is some way to brainwash her?

BY MR. JORDAN, CONTINUING:

Q. No. I meant what I said. I've asked Karla and she said I don't remember anything about that incident.

A. No. I don't think she would be better off. I really don't. Because it is already there and it is going -- in fact, the main thing about therapy is to help you remember some things that you don't remember but that are having an impact on you.

Q. So, on the one hand there are certain things that you're saying she is better off not remembering and there is other things she is better off remembering?

A. When did I say there are --

Q. Didn't you indicate that she is downplaying certain things?

A. I'm saying that's her coping mechanism.

Q. And is there anything wrong with that coping mechanism?

A. It is kind -- it is natural and necessary but it is not without its costs. That's my only point.

Q. Does Karla Spehar exhibit any symptoms of phobic anxiety?
A. I think she does.
Q. How come you didn't list that in your report?
A. I talked about it in a descriptive way.
Q. Does Karla Spehar exhibit any symptoms of paranoid ideation?
A. No.
Q. Does Karla Spehar exhibit any symptoms of psychosis?
A. No.
Q. Does Karla Spehar exhibit any symptoms of somatization?
A. Not that I'm aware of. Although, the blacking-out may be able to be categorized in that way.
Q. Would you agree that most people in our society have some degree of psychiatric symptoms?
A. Yes, I would.
Q. Is that true for most children as well above the age of three?
A. As you get older it is more true but I'll agree on that.
Q. It is not abnormal?
A. Older kids.
Q. It is not abnormal for individuals to exhibit

psychiatric symptoms?
A. To be anxious and depressed at times, no.
Q. Most of us are anxious and depressed at times?
A. That's correct. Not at this level.
Q. When you say this level, are you referring to Karla's age or to the degree of anxiety?
A. The degree of her anxiety. The degree of her anxiety and fear.

MR. BITTEL: Can I interrupt? Off the record.

(Whereupon a discussion was had off the record.)

BY MR. JORDAN, CONTINUING:
Q. Is it your opinion that Karla has some reluctance and anxiety about playing team sports?
A. I don't know particularly about that.
Q. Well, in light of her psychiatric state would you expect her to have some anxiety about playing team sports?
A. Yes, I would.
Q. Are you familiar with the term infantile amnesia?
A. Yes.
Q. What is that?
A. It is amnesia for events that happen when you were very young.

Q. What age does that typically set in?
A. I'm not exactly sure. It can be different but usually some people -- most people don't have memories before two, some before three.
Q. Would you expect Karla to eventually forget what happened in regards to the incident in the hospital in the dentist office?
A. She could, yes. In fact, she is sort of saying she forgot about it already.
Q. How do you determine what the cause of a psychiatric symptom is?
A. You make an assessment based on varying lines of evidence, and you can't say with a hundred percent certainty about what causes what because causality is too complicated. It is like any other field, and it is not ever linear with psychological conditions, it's multi-determined and influenced by lots of factors, however, basically the stronger the stressor the more that you can expect that that will be a greater percentage of the cause.
Q. Well, how do you determine what the greater degree of stressor is?
A. If something is out of the range of normal human experience considered to be a trauma that then

would be considered more causal and determining than other factors.

Q. It troubles me a little bit the use of the phrase out of the range of normal human experiences because I would assume from your testimony that the loss of a parent has an adverse psychological effect on people but that's also not out of the normal range of human experience?

A. It is for a child to lose a parent before age sixteen. That is untimely. That's considered not what they are supposed to do.

Q. All right. I guess the same is true for -- well, are black-outs out of the range of normal experience, the type of black-out --

A. I see that more as a manifestation of some condition. It is not that it is of an event that is happening although it can of course have an effect.

Q. Well, wouldn't you expect Karla's parents to have certain anxiety over their child if they saw Karla pass out for one to two minutes unconscious with her body being very stiff and her eyes closed, don't you think?

A. Yes.

Q. Wouldn't that contribute to Karla's parents being

perhaps a little overprotective of their child?
A. It might. It might. I would agree they would be anxious about that.
Q. Certainly if it happened to your kid or mine, we might look or more carefully scrutinize the activities the child was involved in if we had seen this happen on several occasions?
A. Yes.
Q. And as a result of the parents' concerns for the child over just these black-out episodes now, don't you think the child will pick up some of the parents' feelings and overprotectiveness?
A. The child is going to pick up whatever. If the parents are anxious about the child's safety whether it is about dying or living or medical problems such as black-outs, the child will be responsive to that.
Q. You'd indicated earlier that the black-out -- you had understood that the black-outs were a reaction to some stress that Karla had, is that correct?
A. Yes.
Q. Do you know -- did anyone tell you what sort of stress Karla was under or what the stressor was that caused these black-outs?
A. No. What -- well, yes. What I heard about was

the time she blacked out the first day of school first grade.

Q. Were you aware she had blacked out prior to this needle incident?

A. Yes. You just told me.

Q. But prior to today had you ever heard that?

A. No. No.

Q. Now, you had attributed black-outs the first day of school to what?

A. Stress.

Q. From being the first day of school?

A. Yeah. Karla has stress about changes and doing new things.

Q. And would you agree that if she had blacked out prior to this incident that that would indicate that Karla had some degree of stress prior to this incident?

A. It might. You don't know. I can't speculate on what happened but, yes, if in fact there is no physical basis which I don't know.

Q. Well, why don't we assume for the moment there is no physical basis, doctors have examined her and there is no indication that there is any physical problems, so we'll operate with that assumption that there is no physical reason for these

black-outs.

Does her black-out episodes indicate to you that she has some degree of stress?

A. It indicates that that's how she expresses that stress. I don't -- I'm not -- I'm just not in a position to know what stress she was under before October.

Q. Right. Fair enough. If there are multiple stressors in her say within a year period of time, within the age of two and a half to three and a half for a child, how can you determine what the cause of psychiatric symptoms that you would see evidenced in a child at age five, how do you go about determining them?

A. You use your best clinical judgment and it is difficult to disentangle if the stressors are of equal magnitude. If they are not of equal magnitude then it is not as difficult. Besides that in the indirect play the issues may come out about what the worries are related to.

Q. Well, in this case you're asking Karla a lot of questions during your interviews about the needle and doctors and dentists, correct?

A. Yes.

Q. And you really weren't aware of the black-outs at the time you interviewed her?
A. No, I wasn't. Right, I wasn't.
Q. You are not asking her about the type of stress or stressors that would have occurred in around those times, correct?
A. About the black-out, right. That's correct.
Q. Now, did you ask her, Karla, any questions about whether she had any close friends or family friends or relatives who had died?
A. We didn't talk about that, no.
Q. So, you never asked her any questions about how she felt when her grandparents died?
A. No.
Q. Were you aware that a month before this needle incident happened that the grandmother she was very close to had passed away?
A. I'm aware now that there was some relatives that died. I did not know it then.
Q. Were you aware that the relative who died was a very close grandmother to Karla, very close to Karla?
A. No, I was not aware of that.
Q. Were you aware that Karla went to the funeral home and saw her grandmother at the wake just a month

before this incident?
A. No. I wasn't aware of that at the time.
Q. Would you agree that that -- the death of a grandmother whom she was very close to would have an adverse psychological impact on Karla?
A. Yes.
Q. Now, in comparing the stressors and if we use the death of the -- her grandmother who was close to her as one stressor and this incident with the doctor as a second stressor, how do you compare and weigh and evaluate which of these is more significant in their effect on Karla's psychiatric well-being?
A. I would refer back to my answer earlier on in the deposition that it has to do with how close the danger is to the self. For instance, I say though that a grandparent loss, even a close grandparent, is not quite as bad as a mother loss, then the loss or threat of loss to self is the closest. So, just in terms of psychic and physical survival issues, the closer to theirself and the threat to the self then that would weight that stressor more.
Q. So, if there was a near-car accident that Karla was involved in, since, that would be a threat to

herself would you say that the psychological impact of that incident would be more serious than the loss of -- the stress caused by the loss of a grandparent who is very close to her?

A. If the accident happened, you mean near-miss meaning nothing happened, or there was a crash and she was hurt but not killed?

Q. No physical injury to her.

A. I would think the accident would be if it were a bad accident and there was some physical -- no physical at all?

Q. No physical at all.

A. Well, it is hard for me to speculate because -- but I think if she experienced she could have died and almost did and perhaps somebody else was hurt in the other car or something like that, then I think that would be a real stressor. I'm not wanting to say which would be greater, but I think I would lean that the closer to the self the more that stressor is affecting her if she is worried about her own physical survival.

Q. Would the loss of a close family friend be a stressor for Karla at age three and a half?

A. It depends on the relationship.

Q. I'll just -- it is hard to quantify these things?

A. Yes.
Q. But if we just assume it is a close family friend, somebody that she felt close to and was close to her parent who had died also in and around this time, could that have --
A. Yes. It could be stress if it were somebody that she saw a lot and liked and spent time with and looked up to, if all those things were true.
Q. If all those things were true would you expect that the death of that person would have an adverse psychological impact on Karla?
A. Yes.
Q. Would you agree that the temperament of a child affects how that child will cope with traumatic events?
A. Yes, I would.
Q. Would you agree that a child's prior experiences affects how that child will cope with the traumatic event?
A. Can you be more specific about what kind of prior experiences?
Q. Well, could say the death of a close family friend and death of a close grandparent affect how a child will react to this broken needle incident?
A. I think, yes, I think it would be able to -- it

would influence the child's available coping resources.

Q. Would you agree that a child's age and cognitive skills affects how a child will cope with a traumatic event?

A. Yes.

Q. And I take it the older the child is the better able they are --

A. Yes.

Q. They are able to handle?

A. In general terms. There are so many different factors but in general the more coping mechanisms and cognitive abilities to understand the event, yes.

Q. Do you agree that support of parent and family structure will affect how the child handle --

A. Yes.

Q. Will you agree that Karla is in a situation where she has a hovering supportive family?

A. Yes.

Q. Can terminating the psychoanalytical treatment of a child prematurely adversely affect a child?

A. What might happen? How would that termination happen? You mean if the child decides she didn't want to come any more?

Q. The child, the parent?
A. No. It does matter.
Q. And if say the parents decided that the child should no longer receive psychiatric treatment, couldn't that have an adverse effect on the child?
A. Yes. If there is some unresolved issues and if the child is experiencing some impairment in functioning, it could.
Q. Did you understand that Doctor Brinich terminated the psychiatric treatment of Karla?
A. My understanding was that he chose to focus on the family unit as the point of intervention.
Q. Well, are you aware that he examined and visited with Karla on at least five different occasions?
A. No, I wasn't aware of how many times.
Q. Are you aware that he saw Karla much more than he ever saw Mrs. Spehar or Mr. Spehar?
A. I don't know that that's true but if you tell me it is my understanding was that's not true but that he saw the parents.
Q. Do you think that Doctor Brinich terminated the psychiatric treatment of Karla Spehar prematurely?
A. I think he did what he felt was right under the circumstances. It's not my opinion though. It is -- I'm not going to speculate on what he should

have done or not should have done based on what he saw.

Q. At the time you evaluated Karla did you recommend any continued treatment for Karla Spehar? Let me rephrase that because you saw her twice.

After your first visit with Karla Spehar did you recommend any continued treatment for Karla?

A. I thought at some point in the future that she would benefit from some therapy around these underlying fears that she was experiencing and I wrote that in my report.

Q. Did you recommend any medication for Karla?

A. No.

Q. Have you ever recommended medication for a child that you've been treating or evaluating?

A. No.

Q. Is there a reason for that?

A. No. I think it is just the cases I have come across. I have, for instance, there may be times when a child might be evaluated to use Ritalin for hyperactivity but in general medication for children I'm conservative with regard to that.

Q. Has the passage of time helped Karla Spehar handle this broken needle incident?

A. Yes.
Q. And I take it the passage of time in the future will continue to help her cope with this?
A. I'm not -- I don't know exactly what's going to happen in the future.
Q. Well, none of us do, right?
A. Right.
Q. We're just asking your opinion. Would you expect --
A. I would hope over time she and the family would be able to -- able to put it in its place.
Q. And you would expect that to happen?
A. Yes.
Q. Did you ever interview Mr. or Mrs. Spehar with the purpose of evaluating them?
A. No.
Q. Have you formed any conclusions or opinions as to Mr. or Mrs. Spehar's psychological state?
A. No.
Q. Ever talked to Doctor Wortman about her conclusions with regard to Mr. and Mrs. Spehar?
A. No.
Q. Have you had -- I think you indicated there was a phone conversation. Way back early on when I was asking you what information you had and visits

you had, you mentioned a phone conversation, who was that with?

A. I had a phone conversation around the time I was writing the report to just clarify some things with Mrs. Spehar. Those, I don't know if I wrote it down. It went right in the word processor so I think it is what's in the report. Then I had a phone conversation very briefly with Mrs. Spehar after the second interview just to follow-up on my notes and that was very brief.

Q. Do you recall what you or Mrs. Spehar said during either of those phone conversations?

A. The first time it was to collect parental report data for a report I've spoken about. The second time I spoke with her on the phone was just to clarify some behavioral things with Karla and --

Q. What type of behavioral things?

A. Manifestations of anxiety. I was curious if, in addition to some of the things that Mrs. Spehar had already told me, if -- I wanted to know a little bit more around school, if there were any anxieties she was having.

Q. What did she tell you?

A. She told me that overtime it's gotten better, that she cried during her first three weeks of first

grade, which was a problem, and that she's an overanxious kid in the sense of being preoccupied with having her lunch ready for tomorrow and having her clothes just so and that's an additional thing that's influencing her functioning at school.

Q. Do you think that is a result of the broken needle incident or the training Karla's had at home?

A. I think it's Karla's coping with lots of things including her worry about her anxiety about the needle.

Q. Do you think Karla would be any different in regards to her say neatness, I take it she is a neat child, she likes to keep everything --

A. Just so, right.

Q. Do you think Karla would be any different in that particular aspect of her personality if this broken needle incident hadn't happened?

A. I don't know.

Q. What other aspect -- how would you describe Karla's personality?

A. I think she's a warm appealing kid, she's got a lot of friends, she is bright, she's interpersonally engaging, but I think that she has an underlying sense of burden of heaviness about

what she -- which I attribute to all she is struggling with and fears about being on her own.

Q. And can you state with a reasonable degree of medical certainty whether she would be any different with these fears and stress if just this broken needle incident had not happened to her?

A. I think -- I attribute it to this event as a -- not totality but as a major stressor, I do. Even with the neatness I want to add going back to the other question, I really see that as her attempt to control an uncontrollable world.

Q. Well, you didn't know anything about her grandmother dying, right?

A. No.

Q. And you didn't know anything about her close family friend who had died at the time you wrote the report?

A. No, I didn't.

Q. You didn't know anything about the black-out that occurred prior to this needle incident, correct?

A. That's correct.

Q. And --

A. I knew about the black-out recently.

Q. Right. Now, since you didn't know about those incidents, is it fair to say you didn't probe or

ask questions of Karla about those incidents?
A. That's fair.
Q. And you also didn't ask Mrs. Spehar about Karla's behavioral behavior before and after those events, correct?
A. No, I didn't.
Q. And I take it in light of the absence of the knowledge you would have gleaned from that information, it is hard to determine what effect those instances had on Karla's psychiatric state, right?
A. That's correct.
Q. And it is hard to determine how those instances would have interplayed with this broken needle incident, correct?
A. I think I can say that they will -- they would have interplayed but they are not -- in my opinion from hearing about them again as we talked about I don't put them at the same level as the threat to her life.
Q. Well, don't you think the black-outs were a threat to her life?
A. Not to the same degree. I don't see it.
Q. Wouldn't she have perceived it if she had to go to the hospital and the parents were concerned and

she had to have a CAT scan similar to the CAT scan she had here, from her perception what would the difference have been?

A. I think that the needle incident for her just looms bigger. I think I would have heard about it if it was a worry because I did talk in general about her life, about the black-out.

Q. Is it possible that the needle is just the tip of the iceberg?

A. What do you mean, Mr. Jordan?

Q. With her fears and distress that you saw, couldn't there be a variety of incidents which have caused the fears and distress that you saw evident in her?

A. There could be other factors, definitely, influencing these.

Q. Since there is this lawsuit and since you're asking her questions about the needle, that her answers and her anxiety could seem to be focused on this needle when in fact they are related to a lot of other factors?

A. I asked a lot of open-ended questions too so I think if it would have been really important it would have come out. Other things did. You know, I think it would have come out.

Q. Did you -- were you involved in the tabulation of any of the results, any of the psychiatric tests that Camille Wortman performed?
A. No.
MR. JORDAN: That's all.
MS. HENRY: Doctor, my name is Deirdre Henry and I represent Doctor Orchen in this case.
EXAMINATION
BY MS. HENRY:
Q. You've been involved in two other legal cases where you have given testimony and those have been where there have been death of a spouse or a parent, correct?
A. Yes.
Q. And were those referrals through Doctor Wortman?
A. Yes.
Q. Were there psychologists or psychiatrists testifying on the other side at trial or don't you know?
A. I don't remember.
Q. Okay. How do you get most of your referrals for patients?
A. In general?
Q. Yes.

A. Through physicians here in Ann Arbor, through EAP representatives.
Q. EAP is what?
A. Employee Assistant Plan, representatives, through colleagues.
Q. Okay.
A. Professors at the University of Michigan. There is one professor who refers to me who knows me and through a general pool of referrals that is connected with a clinic that I also am affiliated with.
Q. What clinic is that?
A. Huron Valley Consultation Center.
Q. What do you do for them?
A. Staff psychologist.
Q. You're a staff psychologist there and you have your own private practice?
A. That's correct.
Q. What percentage of your time is spent in your own private practice?
A. I would say about fifty to sixty. It varies.
Q. Okay. And what kind of patients do you see associated with that Huron Clinic?
A. Families, couples and individuals.
Q. You do not confine it to child psychology?

A. No.
Q. And you don't currently, and it is not your intention to confine your practice to child psychology?
A. That's -- no.
Q. Okay. Are you still involved at all with Doctor Wortman in the research program that she is involved with associated at the university?
A. Not with the research part, no.
Q. This research group -- center?
A. You mean the Institute for Social Research?
Q. Right.
A. I'm no longer post-doctoral.
Q. How are you still involved with Doctor Wortman?
A. From time-to-time she may ask me to do an evaluation as she did for this case.
Q. Since this case have you done other evaluations for her?
A. Since this one?
Q. Yes. Since you did this one?
A. Since '89?
Q. Yes.
A. Yes.
Q. How many?
A. I don't know. It is a very small part of my

general practice.
Q. Well, one, two, five, ten?
A. I don't keep records. Maybe five.
Q. Okay.
A. Three. I'm not sure.
Q. Doctor, what's the -- is the DSM-IIIr a diagnostic manual that is recognized by psychiatrists and psychologists as a tool for classifying patient's psychological disorders?
A. It is used in some settings, yes. It is used primarily in medical settings.
Q. Isn't it true that psychologists and psychiatrists use the DSM --
A. Yes.
Q. -- IIIr?
A. Yes. Most insurance companies require a DSM-III diagnosis, it is considered the standard to classify patients for those purposes.
Q. It is a manual used by psychotherapists in making diagnoses of patients, correct?
A. Yes.
Q. And it lists criteria symptoms that must be exhibited before the person fits into that diagnostic category, correct?
A. That's right.

Q. And if they don't fit into the symptomatology outlined there, then it is not appropriate under the DSM-IIIr to make that kind of a diagnosis of the patient, is that correct?
A. That's right.
Q. Okay. If there are six symptoms and they say you must have all six, if they have two, then they don't have that particular DSM-III category?
A. It's not a matter of -- it is not like you have it or you don't. There are -- it is clinically important and useful in talking about a patient to say they have paranoid features without saying they are paranoid personality.
Q. Okay.
A. So, I think -- okay.
Q. If you say someone has paranoid ideation, is that a DSM-IIIr category?
A. No.
Q. Is somatization a DSM-IIIr category?
A. Not to my knowledge.
Q. Okay. Is obsessive compulsiveness?
A. Yes.
Q. Okay. And if I looked up the obsessive compulsiveness, they would list criteria symptoms that the patient should exhibit in order to fit

into that category, correct?
A. That's correct.
Q. And you would be expected to make that diagnosis, to have evaluated a patient and determined they exhibited those criteria symptoms?
A. Yes.
Q. Once they did you would say they have obsessive compulsiveness?
A. Yes.
Q. Now, you have said today that various psychologists have different views depending on their training, you have agreed to that, correct, different psychological approaches depending on their training?
A. Different treatment approaches, yes.
Q. Okay. How would you classify yourself?
A. My training has been primarily a combination of psychodynamic training and family systems.
Q. And someone who has that kind of training may view what they see in a patient differently than someone who, you have to hold on here, I have all these different notes here, than someone whose trained largely in behavioristic orientation or in cognitive orientation?
A. Behavior, you mean behaviorism?

Q. Yes. They may have a different equation or approach to evaluating a patient than you do?
A. They would have a different approach to treating, and yes, perhaps evaluating as well. I can't really speak to exactly what they would do in terms of evaluation but certainly treating them.
Q. Okay. Is it not true that the various tests that we discussed earlier as listed by Mr. Jordan that you could give for a child other than your dream, ask about your dreams and your TAT tests, more the lists when they answer questions specifically, that those have built-in checks to tell whether someone is actually telling you the truth or not?
A. Not to my knowledge.
Q. Have you ever talked to Karla on the telephone?
A. Yes.
Q. Okay. When did you talk to Karla on the telephone?
A. Following up the second interview, actually it was last night.
Q. What was the purpose for talking to Karla last night?
A. I wanted to clarify some of the things that I was thinking about in trying to prepare for today.
Q. What did you ask Karla last night?

A. I remember that when I went over my report, one of the things I was expected to ask was some of the differences between that time and now, and I recognized in going over my second interview that I thought I hadn't asked Karla about whether or not she is still concerned about something happening to her, so I asked her basically if she feels safe more or less in the family. When she first saw me she said she thought about dying a lot, that she worried about it, and also with peers. I followed up on that.

Q. Is that in your notes?

A. Yes. You have a copy of it. I included that in my file.

Q. Okay. That's something that we have today when we came here, is that correct, it says Karla phone?

A. Yes.

Q. Okay. Which of these notes Karla phone -- is that it here?

A. Yes. Karla.

Q. What does it say peers, question mark, don't feel different but still have to tell them about the needle and then what else does it say there?

A. Ask them not to punch her. I have to ask them not to punch me in the mouth.

Q. How did that come up? What did you -- specifically what did you ask her to determine how she feels about the needle?
A. Excuse me?
Q. Specifically what question did you ask her last night to determine what she feels about the needle?
A. She told me previously that she tells children when she plays with them that, I wondered -- I was just basically saying are you still doing that. Do you still do that or not talk to them about anything.
Q. You mentioned to me before you did that, is that still going on, because there had been some changes?
A. I was basically just checking to see if what had been true before was true now.
Q. Okay. So, you asked her a direct question about that?
A. Yes.
Q. Okay. In the course of your evaluation of her she did not tell you about that spontaneously while she was discussing the other things with you, did she?
A. She talked about peers and said that she's playing

better with them and it didn't --

Q. She didn't bring up to you in your second meeting the fact that she still tells them not to punch her?

A. No. She was not bringing up very much at all in terms of those kinds of issues.

Q. Okay. She also feels safe in her family, you asked her about that?

A. That I knew. I think it was even in the second interview.

Q. You asked her again last night?

A. Yes.

Q. Your next one, confirm at times that she does talk about dead relatives, was reticent about it and seems preoccupied with death, is that correct?

A. That's correct.

Q. How did that come up in your conversation last night?

A. Mrs. Spehar talked to me about it.

Q. What did she say?

A. Basically she said that -- let's see where it came up. Oh, I asked her if she felt that the anxiety about dying was something that Karla talked about at home still, and she said yes, last week, I'm just reading from the notes, she brought home a

book from the school library called It Is Okay To Cry About Death and About Somebody Dying, and then she offered that Karla talks to the ground sometimes around times when she is anxious, like when she was getting her tooth pulled she started talking to the ground. She said she was talking to dead relatives, but Karla -- I just asked Karla to confirm that and she did and I didn't pursue it. She didn't want to.

Q. You said do you sometimes talk with dead relatives?

A. I didn't quite say it that way.

Q. How did you ask her that?

A. I said that her mom said that sometimes you talk to some of your relatives that are no longer here and, you know, she said yes, she did, but she didn't want -- she didn't talk anymore about it so I didn't pursue it.

Q. You didn't ask her why?

A. She said she wanted to.

Q. Okay. Remember events, question mark, with the needle. Did you ask her that last night when you talked to her?

A. I asked her if she remembered consciously anything about them. In 1989 she told me she did remember

about half of it. I asked her, I said thinking back on it do you remember still the time when it all happened and she said not really. I don't even remember what month it happened.

Q. Okay. That did not come up at all in your conversation when she was up here meeting with you at the end of October whether she remembered or didn't remember?

A. We didn't talk about it again. I was doing -- I was doing other things with her and I didn't -- you know, my evaluation wasn't perfect and there were things that I wanted to check up on that I didn't.

Q. Let me ask you this, why is it that you saw her a second time in October, end of October of 1990? How did that come about?

A. For the purposes of doing an update for evaluation for this matter. I wanted to be able to testify intelligently and be as honest as I could.

Q. Okay. How did that become arranged? Did you get called by Mrs. Spehar or Doctor Wortman or how did that happen?

A. Yes. Doctor Wortman and then actually I was talking -- I also talked to Mr. Bittel directly.

Q. Now, also in your phone notes you have denies

feeling mad, cheated, I can't read the rest. Can you read me the rest?

A. Yeah. Unfair, blame anyone, just an accident.

Q. Okay. Tell me what that -- how that came about?

A. I wanted to know, and sometimes you ask kids if they will be able to tell you if they blame anyone for what happened to them, or if they are feeling mad or cheated or upset, angry, she doesn't have any angry feelings. She denies them.

Q. You felt that she could tell you truthfully whether or not she --

A. No. I wanted to see how -- I feel fairly confident she does have feelings.

Q. You have just an accident here, she said it is just an accident?

A. Yeah.

Q. Okay. What did Mr. and Mrs. Spehar tell you about the procedures that occurred after the tooth was pulled by Doctor Indresano several weeks ago?

A. What do you mean?

Q. What other procedures were performed?

A. Oh, yeah. Right. There was one other one that I was told about that just happened very recently, and I don't know really what -- I wasn't clear what it was about but she had to have an

impression, and it didn't go right, and Karla was upset, her mother was upset and she was -- just one more bad experience.

Q. Did they talk to you about the fact that she had teeth filled, tooth filled after that being pulled, and that that experience went fine?

A. No.

Q. When you talked about -- in the first interview with Karla you have that she feels she recalls half of the incident or half of it?

A. Yes.

Q. And if you look at your notes on page two?

A. Is this in the report?

Q. No. It is on your handwritten notes.

A. Yeah.

Q. Okay. You have event and underlined it. Remember half of it, what did she tell you?

A. These are, I was writing things as she was talking to me and what she basically said was that she remembered before and after waking up to the other doctor, there was another doctor, but she doesn't remember the actual event.

Q. She does not have any memories associated with any kind of pain or problem having to do with getting the injection or getting the tooth restored while

in Doctor Orchen's office, is that correct?
A. Yes.
Q. What is your understanding of how that part of the day went, actually in Doctor Orchen's office, the pedodontist?
A. I understand the events as were told to me.
Q. But as to that part and Karla's reaction what do you understand to be her reaction?
A. She blocked it all out. She doesn't remember it. Obviously the needle was broken and she is saying I don't remember that part.
Q. No. I'm talking about in the beginning when you first evaluated her, what did her parents or Karla tell you about what actually happened in Doctor Orchen's office as to how Karla reacted?
A. Oh, she was very upset from what I gathered.
Q. When you say she was upset, what was she doing in Doctor Orchen's office?
MR. BITTEL: I'm not sure she knows who --
BY MS. HENRY, CONTINUING:
Q. Doctor Orchen is the pedodontist.
A. I do know and I don't know how to respond to that exactly.
Q. Was she crying, was she screaming, what was she

doing from your understanding in Doctor Orchen's office?

A. My understanding is that she increasingly became upset as time went on.

Q. Okay. Now, you've indicated that in your report at least that she has become unmanageable I think was the word as it relates to any kind of visits to health care providers, and you elaborated on that earlier as to the loss of trust in doctors, and you said that was in the hospital incident?

A. I believe I said that she felt that was in the hospital and also her mother talked about a subsequent visit which I can't be specific as to which one she was referring to. It may have been the x-ray, that Karla felt upset about, and I do know that she was upset about the tooth pulling.

Q. What's difficult to manage? I mean what did her mother tell you?

A. She became difficult to deal with. Mother, being upset with her, yelling at her, just upset.

Q. Can you define what you mean by depression? You've used that term frequently, what do you mean by that?

A. Sad, empty, feelings of aloneness, not too valued.

Q. Do you believe that Karla feels she is not too

valued?
A. I think Karla does feel alone. It is not --
Q. My question was do you think Karla feels not too valued?
A. Well, I don't know about that specific aspect of it. Depression can encompass a number of these things. It doesn't have to have all of them.
Q. Find. Can you define anxiety for me?
A. Yes.
Q. Okay.
A. It is fearful feelings, unsafe feelings, nervous feelings, basically insecurity about certain aspects of life.
Q. Now, you know that Karla has this malignant hypothermia and wears a medical alert bracelet all the time or necklace all the time as a result of that, correct?
A. Yes.
Q. That's kind of unusual for a child of her age to have to wear something like that, is it not?
A. Yes.
Q. Did you in the course of your inquiring about her various hospitalizations and trips to the dentist ever ask her how she feels about malignant hypothermia which is what she wears the medical

alert bracelet for?
A. It came up, not directly, only in the discussion that she understood that she had a condition that she couldn't have surgery and so the needle can't come out but --
Q. It was your understanding that Karla felt because -- told you because of the malignant hypothermia she couldn't have surgery?
A. She didn't use those words.
Q. That it was a condition she had that she couldn't have surgery?
A. I'm not exactly sure. I cannot say with certainty honestly. I'm sorry.
Q. Okay. What do most children in the five, six and seven-year-old age group want to be when they grow up? If you ask most kids that question what do you think they say?
A. It is different. Some want to be what their mother does, some want to be what their father does, some want to be what they see on TV. Very different.
Q. It is not unusual for kids in that younger age group to be things like policemen and firemen and doctors and nurses and teachers and those kinds of people that they look up to in society, is it?

A. I don't think so.
Q. It is not unusual to want to be those things, is that right?
A. It may have some meaning for that child but it is not unusual.
Q. Where in the school reports did you find any indication that Karla had a problem getting started or doing well in school?
A. My understanding was that the teacher spoke with Mrs. Spehar and I got that information.
Q. Which teacher was this, what grade?
A. Are you talking about the first grade --
Q. Well, you said she had problems?
A. What I know of first grade is Mrs. Marooney, that's the only thing I'm referring to. The only thing that I know about kindergarten is what Karla told me.
Q. You knew she went to preschool and she did all right, you knew she went to kindergarten and she did all right, you know that from looking at the school records, correct?
A. Yes.
Q. It's a big jump going from kindergarten to first grade for most children, isn't it?
A. Sometimes it is a big jump from home to first.

Different for different kids.

Q. Most kindergartens have half days, they are still at home with their mothers a lot, when they go to first grade it is entirely different, it is a whole day of school and they have a little more structure than they did in kindergarten, most kids have some fears about that, don't they?

A. I can't -- I don't know that most kids have lots of fears about it. Some kids love school.

Q. Is there an indication that Karla doesn't love school?

A. Well, there is an indication from the evidence that I have that it hasn't been easy in the beginning part. My understanding now is that she does like school and she's having a good time with it and she's adjusted which is good.

Q. Things like going to first grade or going to a new school or moving to a new neighborhood all have an effect on children because it is a change in their environment that they are not used to, correct?

A. Right.

Q. And if you take a child and move them to a new neighborhood, a new house, and you put them into the first grade which is at a new school where they don't have their same friends, they are not

necessarily going to jump right in with both feet and be right at ease in that new situation, are they?

A. What do you want me to do, agree or not agree?

Q. Yes. Agree or not agree?

A. I think it can be helpful. I asked them about that.

Q. You know that Karla did move to a new house?

A. Yes.

Q. Did go to a new school and did go to first grade all within the last couple of months here?

A. Yes.

Q. That can have an effect on how she is going to react when she goes to her first grade class, couldn't it?

A. It could.

Q. And in Karla's case there is no reason to indicate that did not affect her, those factors?

A. The parents said they built the house and they were bringing Karla to that neighborhood over time and the transition was a lot more gradual than when you get uprooted.

Q. It is different wandering in a new house that is being built than actually living in a new house with a new room and new friends, that's much

different than going over for a visit while it is being built, isn't it?

A. Whatever. My belief is that --

Q. It is?

A. It is my understanding that she knew some people in the neighborhood before she moved in.

Q. Okay. Have the parents talked to you about the fact that if they were told that this could be safely removed that they would do it, the needle, have they told you that?

A. Karla said she wishes it could be taken out.

Q. My question is in talking to Mrs. Spehar I think you said they understand -- they wish as Karla does that the needle could be taken out, and that if it could be safely done they would do it, am I mischaracterizing your testimony?

A. No. If I said that then I said that. I'm trying to -- I'm trying --

Q. Do you recall that to be generally true about what they told you?

A. My recollection is that they are deferring to the doctors as to what to do. That's what they told me this last time, this last visit.

Q. Can you tell me what you found out in the course of your evaluations that Karla actually knew about

whether or not she was dying or got close to dying in the hospital?

A. What do I know how she --

Q. I want to strike that question.

I want to know in the course of your evaluation of Karla what did you come to find out from Karla as to whether she actually knew she died or was close to -- I mean was close to dying and how she came to know that?

A. She said she felt that. I have that in my notes.

Q. She felt --

A. She thought she had died. It all seemed too strange to her but in general I was not going to probe her too directly. I did not want to do that for her sake.

Q. I was interested by something you said earlier on, and it was talking about the whole question of interaction with her parents, and you said something like she's worried about leaving them, and you think or she thinks -- you think she is a little worried that they may get mad at her about, for example, you said if her mother tells her to shut the door she cries?

A. That was just one example.

Q. Something that happened?

A. She's sensitive.
Q. Oh, she is a sensitive little girl, is that what you're saying by that whole incident, that she is sensitive?
A. I think she feels like she needs to stay close to her parents.
Q. Do you know how much time Karla spent with her mother prior to this incident?
A. You mean how many hours?
Q. Yeah.
A. I know that she spent time with her mother, yeah.
Q. Okay. And what do you know about what the parents did with Karla before she went to school when her mother had to go to work?
A. My understanding was that she had a babysitter.
Q. You don't understand that her mother took her with her?
A. That was -- she did that sometimes also, but she mentioned a babysitter named Loraine as well.
Q. And there was no problems leaving Karla with Loraine, the babysitter?
A. I don't know.
Q. Mother didn't say that Karla reacted adversely to that?
A. No, not that I'm aware.

Q. All right. You also said that you have the sense that Karla doesn't make friends easily but that she has a few trusted peers that she likes to play with?
A. I don't know if those were my exact words that she doesn't make friends easily, but my sense is that she doesn't go out to strangers easily. She is warm and appealing when there is a trusted adult around.
Q. It is not unusual for any child not to go out to strangers and be warm and appealing when they are around people they know, is it? That's not unusual?
A. You mean in class?
Q. Anywhere?
A. No. That's not what I meant though. I'm talking about within the context of her class, for instance. Some kids are more outgoing than others, that's all.
Q. She does make friends?
A. Yes.
Q. They are just limited in number?
A. Yes.
Q. She likes to play more with them than she does with a whole group of people?

A. Okay.
Q. Is that correct?
A. Yes.
Q. That is not an unusual characteristic for a little girl of Karla's age or is it?
A. Well, what seems unusual really from my opinion from my evaluation of her, she seems to have a very strong boundary around the larger peer world and her family and a few close friends.
Q. Would you say that it would be unusual if, for example, I told you that I'm very close to my family and I have maybe five friends that I've been very close to and that I don't generally reach out and gather in a lot of friends, would you find that to be an unusual characteristic for someone like me?
A. It depends on how you feel about it.
Q. Okay. And if I am happiest with a limited number of friends and a close circle of family that I like to spend time with, that does not mean that I have psychological problems, does it?
A. Only if it limits your ability to transverse the world, the social and material world.
Q. You can't tell at this point in Karla's development whether it has limited her ability to

transverse to the social world, can you?
A. I can't predict the future but I am concerned that that's my opinion, that going out and being more independent socially as well as other ways is going to be one of the things she is going to struggle with.
Q. She may have problems doing that or she may not have problems doing that, you can't tell at this point?
A. I can't say anything for hundred percent sure.
Q. I'm not asking you that. Listen to my question. She may have a problem or she may not have a problem is what I want to know?
MR. BITTEL: I'm not sure -- I object. I'm not sure if the doctor was finished with her answer.
MS. HENRY: Fine. Go ahead.
THE WITNESS: I don't know where we are right now.
MS. HENRY: Read that back.
(Whereupon a discussion was had off the record.)
(Whereupon the last question is read back.)
THE WITNESS: That I believe she is

going to have problems in independent functioning.

BY MS. HENRY, CONTINUING:

Q. Would it be fair to say that sometimes we have dreams that are influenced by what we have been exposed to during the day, whether it be TV or something that the kids have been talking about at school?

A. Yes.

Q. Or a movie or something like that?

A. Yes.

Q. Now, you have said to us that, well, that you feel that Karla's desire to have things perfect and very neat is a way of her coping with concerns of safety in organizing the world, is that pretty much what you said?

A. That can be one interpretation and that's my belief.

Q. Okay.

A. That is a way of keeping things organized and safe and calm.

Q. From the very first meeting she was very careful to tidy up the playroom when she was done talking to you, is that correct?

A. Yes.

Q. I'd like you to look at your notes that you have there that are on the back of one of the drawings that was done. Here it is. On the back of the picture with the rainbow on it?
A. Okay.
Q. Page ten, I think. Before I ask you about that, let me ask you this, not only was Karla dressed appropriately but she was very meticulously dressed when she came to see you, was she not?
A. I don't remember exactly.
Q. I mean everything was coordinated, she had earrings on, her hair done nicely, very neat, meticulous and very clean, is that you're recollection of her?
A. Yes. Generally.
Q. And that would indicate to you that her mother was very meticulous, tidy, clean about them?
A. Yes.
Q. Now, Eddie who came, was he also very meticulous, tidy?
A. I didn't really make a note of it. He wasn't noticeably unkept.
Q. On the back of this picture you have names, Karla, Eddie, daddy?
A. Yeah.

Q. Okay. What did you do to get these answers? Did you say, Karla, what do you think of when you're happy or what makes you happy?
A. Yeah.
Q. She says when I see a rainbow?
A. What makes Karla happy.
Q. And you got these answers from her?
A. Yes.
Q. What makes you excited is your birthday, what makes her sad is when mommy yells at her, what makes her scared, thundering, down in the basement, and then you have mad, question mark, what does that mean?
A. What makes you mad.
Q. Okay. When I want to leave my --
A. Bed.
Q. -- a mess and mommy cleans it up?
A. Yes.
Q. Okay. And there is another indication under Eddie what makes him sad, I think, or third one down?
A. Yeah.
Q. When mommy cleans it up?
A. Yeah.
Q. That's referring to when he messes up the basement?

A. Yes.
Q. Okay. And under that, under Eddie is what, mad?
A. Yep.
Q. When he is not allowed to use your kitchen stuff?
A. I don't remember what that's about. Sorry.
Q. All right. Do you get the impression from all of this that part of Karla's desire to keep everything need and tidy has to do with the orientation of her mother in her approach to the household?
A. I think it has to do with her seeing what mechanisms are used to keep things under control. I mean I'm sure she wants to mess at times but overall I didn't ask her to clean up the playroom. I was really struck by that. Nobody asked her and she did it all on her own but --
Q. I mean if her mother has a house where nothing is out of line and her bed is cleaned up and the basement is cleaned up and the house is very meticulous, it is not unusual for a girl particularly to parrot what the mother does and approach life in the same way?
A. No, it is not.
Q. That is not. So, it could equally be arguable that the fact that Karla keeps everything tidy,

neat and clean has to do with the influence her mother has had on her?

A. Yes. In part.

Q. Okay. Now, you said that one of the things that Karla -- on your first visit that you observed was that Karla told you she was anxious about being here, that is when she was being evaluated at Doctor Wortman's, is that correct?

A. Yes.

Q. And where does that show up? I think that shows up in your notes on page six. Last night I was shaking, don't know what to expect. Did she tell you what her parents told her about why they were putting her in a car and driving her three and a half hours up to Ann Arbor, Michigan to see somebody?

A. No. I don't think she knew exactly what was happening.

Q. That's an unusual circumstance for a child to be put in a car driven someplace three and a half hours away and left with someone who's going to spend a lot of time asking them questions, that's a very unusual situation?

A. They didn't leave her. They were with her.

Q. They were not in the room with her but that's an

unusual situation for any child, wouldn't you say?
A. I think yes, it would be. I think they did tell her some things but I think she thought I was a medical doctor.
Q. Also, on the second interview on 10-28-90 if you look at page five above that squiggly line you made there?
A. Where are you?
Q. Page five.
A. Second interview. Yeah.
Q. I don't want to know nothing dash why are they going dash don't want to know. Can you explain to me what that is?
A. Yeah. She was very conflictive about -- I didn't know what they had told her about the suit and she indicated that she hears some things but she really doesn't know what's going on and doesn't want to know.
Q. What's this why are they going, what does that mean? What does she say?
A. I don't know at this point. I've told you what I think of her first two.
Q. She says they think you're not listening but you are, that she hears them talking about the lawsuit?

A. Then she blocks it out.
Q. She hears them talking about the needle too, is that fair to say?
A. I can't tell you if she does.
Q. Specifically talking about the court case, she does know that they talk about the court case specifically because that's noted here, isn't it?
A. I wrote that.
Q. Yes, but you didn't write that of your own accord, why did you write talking about the court case?
A. I can't remember exactly how it came up. I'm sorry. I'm trying to be honest.
Q. Did you ask her about the court case?
A. No.
Q. Now, there is some information here about police, does she have friends in the family who are police, do you remember her telling you that?
A. Yes. I think so.
Q. Okay.
A. Friend's father.
Q. Is a policeman?
A. Yes.
Q. Okay. She has a lot of things that refer to police in some of her stories and that sort of thing?

A. Yes.
Q. I believe that comes from having a friend whose father is a cop?
A. Policemen are seen in general by kids as a symbol of law and order and safety and that's a general symbol that gets used in children's play.
Q. But also if a child has exposure through friends with someone whose dad is a policeman, they are more inclined to talk about police officers and that sort of thing?
A. I guess so. I wouldn't be able to say that with certainty.
Q. Some indication here that she worries about her mom?
A. Yeah.
Q. What does she -- what did she tell you this visit about her mom and whether she worries about her or not?
A. That she still worries just in general that mommy is safe. Nothing specific.
Q. She had an incident occur that she told you about the first time you saw her which would make any child worry about their mother and their safety?
A. Sure.
Q. When she ran over her toe with a weed wacker?

A. Right.
Q. And it was bleeding and her mother was crying?
A. Yes.
Q. Okay. It is not unusual for parents to want their children to be safe and mom to be safe?
A. No, it is not.
Q. And certainly not unusual for them to talk about it?
A. It depends.
Q. Well, in this case you said you worry about mom?
A. Yes, I worry.
Q. Something about something happening and recount this weed wacker tale, that doesn't strike you as unusual?
A. No. I considered her to be concerned.
Q. When she talks about the three wishes she has?
A. What page are you on?
Q. On the first visit, page four, both on the first visit and on the second visit to you, she did not talk about wishing the needle was out on any of those, is that correct?
A. I said that.
Q. Okay. Would you look at page 4A down, it says Ricky, Rena, friends of ours?
A. Yes.

Q. Riding something or another for dad, what does that say?
A. Ricky works for dad.
Q. Okay. How did that come up in the conversation?
A. I don't remember. In fact, I don't even remember Ricky because I testified earlier that I didn't remember Ricky.
Q. Okay.
A. Wasn't important. It didn't seem important.
Q. Okay. Did she ever tell you there had ever been a robbery or burglary or something at her father's plant or business?
A. Well, she talked about a dream about that.
Q. I see.
A. Whether or not it happened or not that wasn't my understanding, it was a dream.
Q. I was just curious how that came up. If you looked at that picture that she drew?

MR. BITTEL: Which one, the rainbow?

MS. HENRY: You didn't let me finish. Of the rainbow

MR. JORDAN: I object to his interruption.

BY MS. HENRY, CONTINUING:

Q. Both on the first visit when you were at Doctor

Wortman's house and on this visit, the second visit when Karla was here, do you have a box of markers that you let them color with?

A. Yes.

Q. And they have -- do you have orange, red, pink, yellow, blue, light green, purple, pink, black markers in there?

A. Yeah.

Q. Okay. And when I had the opportunity to look at this picture in color, the picture in your records, it looks like she used practically every one of the colors you had in the box to make her rainbow?

A. That's what a rainbow is.

Q. Nothing unusual about this rainbow?

A. Look in the middle of the rainbow. What's the heart of the rainbow?

Q. Orange? Pink?

A. I guess different people have different ideas about it but --

Q. If you look at the number above it and below it, if you are getting to the fact that there is a black line in there?

A. She says that it was sunny and then rainy which is, you know, the thunder in the middle and then

the sun comes out and the rainbow appears and then the rain will not come back, but the heart of this rainbow is black and that's I think unusual for a rainbow to be black in the middle. Also --

Q. That's your interpretation?

A. What was your question?

Q. That's your interpretation of the picture, the fact one of the colors of the rainbow is black means that the heart of this rainbow is black?

A. Also that she picked up the black marker spontaneously when we started talking about the events.

Q. Was she in the process of drawing this picture when you talked about the event?

A. She started drawing her family.

Q. Okay. Could I see, just because I don't know what they are, what the TAT cards are?

A. I'm not sure I have them. I said I did and I will look. Mr. Bittel, do you have any objection to me showing them the TAT cards?

MR. BITTEL: No. Not at all. So long as we could have -- off the record.

(Whereupon a discussion was had off the record.)

THE WITNESS: These are just some of

them.

BY MS. HENRY, CONTINUING:

Q. Are these drawings specifically for these TAT cards or are these drawings to your knowledge from your training that are like pictures of paintings or things like that?

A. No. This is a standardized test. Traumatic Apperception Test.

Q. And they are numbered?

A. Right.

Q. And if I look through the stuff you have to say about Karla, the number on this will coordinate with what she saw in the particular — in her mind that you recorded, right?

A. Yes.

Q. Will you look at page thirteen of —

A. Which one?

Q. The first interview, September of '89?

A. Yes.

Q. Can you read that to me, this guy — is this from one of the TAT tests?

A. Yeah.

Q. Is it one that we have here?

A. No. I don't even know if I have it. I can.

Q. Do you know what that one looks like?

A. Yes.
Q. What does it look like?
A. It is an operation. Well, it is ambiguous and that's the whole idea of these TAT cards. I better see if I can get it.
Q. I would like to see that so we can focus on one and get a better idea.
(Whereupon a discussion was had off the record.)
BY MS. HENRY, CONTINUING:
Q. Okay. The TAT that you have showed us that goes with the one on page thirteen is a picture of somebody lying somewhere with two people leaning over them, one looks like they are about to apply a knife to their stomach, is that fair? Do you consider that to be a knife or what?
A. That's the whole idea.
MR. BITTEL: I seriously, very seriously, strenuously object to your interpretation of the picture.
MS. HENRY: I would like you to bring this with you.
MR. JORDAN: I would ask if you could bring all of your original drawings and files and these TAT cards to trial? Would that be

acceptable?

MR. BITTEL: Yes.

MR. JORDAN: Either during the video deposition or trial.

THE WITNESS: It is ambiguous. That's the whole point of this.

BY MS. HENRY, CONTINUING:

Q. You consider this to be ambiguous?

A. There are some things that we can all agree that we see but a fine line.

Q. What did she tell you about this picture which is 8BM so there is no confusion, it is on page thirteen, you have the number next to it?

A. Yes. Okay. She says this guy is getting cut up. This guy looks like this one. That I don't know what that refers to. How come I don't know. You want me to just read this?

Q. What's this over the side?

A. Yawning.

Q. Okay.

A. She's --

Q. Karla is yawning?

A. I felt she really wanted to distance herself with what was coming up.

Q. You said to her why are they there?

A. Right.
Q. And she said?
A. She said she was going to die, the hand on the table. Robbers are trying to kill him because they want to. I said why, because they want a silly person bridge. She went into nonsense at that point.
Q. If you look on page fifteen, does that refer to any one of these TAT's?
A. Page fifteen?
Q. Yeah. It starts out climbing up rope.
A. That is a TAT card.
Q. Does this whole page have to do with that one TAT card?
A. Yes.
Q. Which card is that?
A. It is -- is right there. I should just bring all these inside.
Q. So, how many of these TAT cards are there?
A. There are many but I usually just give five or six. I don't give all. No one ever does.
Q. How do you decide which ones to give?
A. You give the ones that are most normally given. The general ones that are usually given.
Q. Okay. If you can look at page three, actually it

is the last page, maybe it is 3DP?

A. No. It is three doll play.

Q. What do you do for doll play? How did you elicit whatever this is, this response?

A. You sit down with the child and you have this stimuli there, the doll house and all different dolls and different furniture, and you ask if they want to play dolls and make a story about whatever they want to make a story about and --

Q. So she spontaneously came up with this story?

A. Yes.

Q. And it says can or cup?

A. Cup.

Q. I fell off my --

A. Motorbike.

Q. Boom. She holds onto wheel. I found --

A. Some things.

Q. Take back to -- what does that say? Can you read that for me?

A. I found something to take back to the house, get in the back, little girl, and then do I have to, and basically what was happening the cops were going to go back, and now the family was going to be under arrest for something.

Q. It says you're under arrest?

A. Mommy, we're under arrest. Mommy. It was very -- she was -- the play was pretty spontaneous and moving around.
Q. You have no idea what that relates to or do you?
A. This is her doll play.
Q. You interpreted it to mean what?
A. It may be influenced by a number of things. I didn't make a specific interpretation on each specific piece. It was the totality of the evidence.
Q. Okay. I see. So, if you look at page three your notes for the first visit?
A. Yes. I'm getting tired.
Q. I think it says three at the top?
A. Okay.
Q. Okay.
A. I stay home close to mom.
Q. Yeah. Drop down and it says grow up, question mark?
A. What do you want to be when you grow up.
Q. Read me what she said because I sometimes have a hard time reading your writing?
A. No kidding. I'm sorry. I was writing these while I was sitting there with her and it is not everything I know that is in my head.

Q. Okay.
A. What would you like me to do?
Q. Grow up, question mark. You asked her what she wanted to be when she grows up and what does it say?
A. Nurse.
Q. No. It says they won't let us get married. Maybe we are on the wrong page.

MR. BITTEL: You said page three?

MR. JORDAN: There are several page three's.

THE WITNESS: There are? How come? Oh, yeah. I see. She said that her parents want to keep her, they won't let us get married, they said so even when we are grown.

BY MS. HENRY, CONTINUING:
Q. Is that -- who's us?
A. She and Eddie.
Q. Okay. Next page she says favorite thing to do is cartoons with poky -- Porky Pig. I recognize that. Hate to do, she's doesn't like to go down to the basement, and does she say why?
A. Because of fears of monsters.
Q. Freddie Kuger. I don't know Freddie Kuger.
A. He's a monster.

Q. Did she tell you who Freddie Kuger is?
A. No.
Q. Do you know who Freddie Kuger is?
A. No.
MR. JORDAN: Kruger.
BY MS. HENRY, CONTINUING:
Q. He may claw you up, that's what he says here?
A. Yes.
Q. Did that have any significance to you, that little scenario about what she hates to do, you have written down in there in red fear of danger?
A. Yes.
Q. You interpret that sequence of events to mean she has a fear of danger?
A. Afraid of -- a lot of kids are afraid of going down into the basement or going up into the attic or someplace that's not within the safe conscious part of the house. The basement is very symbolic for sort of the unconscious.
Q. Okay. That statement by her you didn't find to be unusual at all compared to most kids, is that fair to say?
A. I'm not comparing her to most kids but I --
Q. Was that of any significance that statement, she hates to go down because of Freddie Kruger, he's a

monster?
A. I take it to mean she was afraid of the basement. It is not where she wants to hang out.
Q. That's not unusual for kids?
A. No.
Q. Okay.
A. Little kids.
Q. What age group are you talking about?
A. Four, five.
Q. Okay. She told you that she's not allowed to, on the first visit, not allowed to go on the monkey bars, climb trees, own a car, I think that's what she says.
A. Where are you, please?
Q. 4A.
A. Okay.
Q. Not allowed to do monkey bars, climb trees?
A. Own car and basket hoop.
Q. Can't do basketball hoop and sometimes that makes her feel mad, is that right?
A. Yes.
Q. Do you know why it is that she wasn't allowed to climb monkey bars or climb trees?
A. I was told it had to do with her condition.
Q. Who told you that it was because of her condition?

A. I think her mother told me that.
Q. Okay. If you look at the 10-28-90 interview?
A. Yeah.
Q. She told you she can do whatever she wants to do now, is that correct?
A. Yes.
Q. In fact, she jumps rope, flips?
A. Where are you?
Q. Next page over, at recess she does skipping, flipping, where it says recess?
A. I don't know. I'm sorry. I don't know where you are.
Q. Left. I'm sorry. I don't have a page on this. Take your first page for 10-28 and you turn it over?
A. Yes.
Q. It says recess?
A. Yeah.
Q. Jump rope and flipping?
A. Uh-huh.
Q. Okay. Is it your understanding that at the present time she has no restrictions as to what she's allowed to do?
A. Yes.
Q. If you look at the next page over on two, she's

telling you she sometimes gets in trouble, example, scream real loud for nothing?

A. That's what she said.

Q. Then what happens?

A. That she gets a paddle.

Q. Is that from her parents or from her teacher?

A. Her parents.

Q. On this time she said she wanted to be a cow, a dog, nothing else?

A. Yeah. She really -- she didn't want to use her fantasy this time, she was more closed down I felt.

Q. She doesn't want to be a lion or a tiger or a bulldog?

A. Those things stayed the same.

Q. Yeah. It may be she just wasn't inclined on this particular day to be as open with you or as talkative with you, isn't that true?

A. I perceived it a little differently.

Q. Okay. How do you perceive it?

A. That she is more repressed right now and that's part of what kids do to deal with stuff. She is moving on, trying not to think about all this negative stuff.

Q. Okay. Page three?

A. Yeah.
Q. Mom goes out with Mrs. Luck and then after that you see Monday, Tuesday, Wednesday, Thursday, Friday, did you ask her what happens on each day of the week?
A. No. I was writing that down. I was going to and then we didn't.
Q. You did talk about --
A. I did the first day of the week because I wanted to know what a typical day was like basically.
Q. Okay. And she can recount to you pretty much what she does?
A. Yes.
Q. And who comes, who goes, what her favorite day in school is, whether her moms goes bowling or to a bar sometimes, those are -- you have here appears to be preoccupied with memories, comings and goings?
A. With mom's.
Q. Comings and goings.
A. I got the sense she missed her when mom went out. That's all.
Q. No big significance to a child missing her mom when she is out?
A. No big significance. Just a fact.

Q. At the present time on the visit of 10-28-90 she talked about an aunt and an uncle, is that correct, Aunt Denise and Uncle --

A. You're going to have to tell me where. That's doll play again.

Q. You have Aunt Denise as a family member, is that in reality?

A. That's her doll figures on the right on page six. I think Aunt Denise is a family member, yes. I wrote that down. She is a family member and there is an Uncle Don and she included him in her drawing of the family.

Q. Okay. You believe those are in reality people who exist in the family situation?

A. Yes.

Q. Her real family, not fantasy?

A. Uncle Don I know for sure. I don't know about her Aunt Denise but I know about Uncle Don for sure.

Q. Okay. In your second report on page six this is also doll play, I believe, you have baby napping circled, I believe on your notes, is that correct?

A. Yes.

Q. That's something you went back and circled more recently like yesterday or because it wasn't circled in our first set of notes?

A. Right. Probably in preparation for this, just things that --

Q. Why is baby napping significant?

A. Because I think that that is -- it is something that kids do sometimes, they put everybody to sleep in doll play when they don't want to think too much as we talked about before. I saw it as another piece of evidence that could suggest that she's wanting to not think about things. Well, that's what ten years of school does, you kind of have to --

Q. All right. Farther down it says big sister goes upstairs, washes her face, goes to the bathroom, how did that come out that whole -- lays down with dad, he's sleeping too?

A. She had everybody moving around sleeping, too. I was writing it down as it happened.

Q. Some people are awake, mother is awake staying with the baby, father is awake watching the baby, I mean those two people aren't asleep in this?

MR. BITTEL: I'm going to object because if you are going to read it, you got to read the whole thing.

BY MS. HENRY, CONTINUING:

Q. Her comment was that sometimes they put the whole

family asleep, that's why she has this baby napping asleep but all the people in this doll play are not asleep, are they?

A. No.

Q. Okay.

A. But, so.

Q. Various members of the family are checking on the baby who is sleeping?

A. The story is progressing.

Q. Okay. Any significance to this big sister goes upstairs, washes her face, lays down, she is sleeping too?

A. Not every piece of information is significant.

Q. You write this all down and take -- take out things that are significant?

A. I look at the totality of the evidence and come up to my impression what the emotional themes are to the best of my opinion.

Q. I see. I was interested by it says post-interview notes. I think it says number one at the top, do you see these notes, two pages?

A. Maybe -- could I see yours for a minute? Maybe it is the same thing I have on mine.

Q. I think it is on the back of what you just turned over.

MR. BITTEL: It is on the Judge Baker Guidance Center.

THE WITNESS: I think I wrote on it for you guys.

BY MS. HENRY, CONTINUING:

Q. You wrote on it for our benefit. Okay. If you look on the back of that first page there, you have last fifteen slash sixteen, what is that? I can't read that. Last fifteen -- sickle cell anemia, birth control pills?

A. I'm very sorry. I don't know if this is in the right file.

Q. It would be kind of unusual, sickle cell anemia is generally not found in people of the caucasian background?

A. I really apologize. I think it doesn't belong in this file. Can we just please take it out? I don't know how that got in there. I don't even know what this is about or what it refers to but it doesn't ring a bell for the Spehars.

Q. Is the front of that then relevant to Karla or no?

A. Yes.

Q. The front of that page?

A. Yes.

Q. Okay. As far as you could tell the second time

that you saw her which was the end of October she wasn't having any problems with dreams?

A. That's correct.

Q. Do you know as it relates to family business what kind of work the mother does?

A. Yes. I know what kind of work she does. My understanding is that she works in the office with her husband's business.

Q. If a child goes into the hospital and is in the hospital for more than one day even in the absence of surgery, can that have a stress affect on that child?

A. What would she be going into the hospital for? Stay overnight?

Q. For anything where it might be more than one day?

A. If she is separated from her parent and if it is overnight, yes, it could.

Q. Regardless of whether surgery is involved or not involved?

A. Surgery would make it worse for sure.

Q. Have you had much experience with trying to evaluate people's potential bias as to how they may relate things to you? Do you have someone tell you something?

A. As part of your clinical training you try to

understand people's defense mechanisms and their coping strategies.

Q. Do you believe that some people may be influenced or somewhat biased whether intentionally or not in what they relate to you simply by the fact that they have a lawsuit pending?

A. I believe they could be.

Q. And that they may report to you things that maybe fit in with their lawsuit and may not tell you other things whether intentionally or not simply because they don't fit with the theory of the lawsuit?

A. I suppose. Sure.

Q. When you made the initial draft or sent the report to Doctor Wortman, was it on letterhead, your particular portion of it?

A. It is on a word processor. I just do it on a disk and send it to her.

Q. Do you still have the disk for that?

A. No.

Q. What would it have said at the top of the report?

A. Evaluation of Karla Spehar.

Q. Okay. Is it your experience in the few cases you had with Doctor Wortman she would keep that original report in the files she has here in Ann

Arbor?
A. I don't know.
Q. Are there standard texts or books that you rely on when you analyze which of the animals a child says they would like to be or not be?
A. Well, interpreting symbolically is part of my clinical training, it's what I did at Children's Hospital, and there are some books, I can't remember them after all these years, but it is generally something that it gets taught over the course of experience sitting with children and just the general techniques of interpretation.
Q. If I wanted to look at a psychology book somewhere, that would tell me on these pretend questions about the wishes and about the animals what various things might mean?
A. No.
Q. There are books like that?
A. There are books like that for, for instance, for the ink blots which aren't relevant here but there is no cookbook kind of thing for this particular test.
Q. Would I see a textbook that would say generally if they talk about monkeys and elephants that they think about freedom, is that, or being free, would

I find that in a book somewhere?
A. It is in books indirectly but it is not in the way you're asking, Ms. Henry.
Q. When Karla was up here on 10-28-90, she came with her parents and her brother, correct?
A. Yes.
Q. Now, where in your offices which has the inner room that we're sitting in and has the couch and chairs and that sort of thing and then there is another room, do you do any evaluations in the other room which is the room we entered into?
A. The children I do because the doll play is out there. Her parents left and left me with Karla.
Q. Okay. So, her parents at her brother left and left you alone with Karla?
A. Right.
Q. And how long were you alone with Karla here in the office?
A. I guess about three hours. They came back to check on her and called, whatnot.
Q. Did her parents, the first visit, leave you alone for that amount of time with her three hours?
A. I don't know if it was. Yeah. More or less that amount of time they were in another part of Doctor Wortman's house.

Q. During the hour and fifteen minutes that you think you were talking to Karla's parents where was Karla and her brother?
A. They were playing out in the other room.
Q. Is there any difference in answers to the animal questions based on the child's sex? Do you find girls tend to say they would rather be bunny rabbits?
A. Yeah. There can be. There can be.
Q. That sort of thing. You don't generally find boys saying I want to be a bunny rabbit?
A. There is a sex-typed animal preference test that is actually used to look at some gender issues, that's not what this is, but your point is correct along those lines.
Q. But in the answer to just the straight question what three animals would you like to be and what three animals would you not like to be, do you tend to find there is a difference on the sex of the child as to how they answer that?
A. Not necessarily.
Q. Had Karla already gone to the dentist by the time you saw her on 10-28-90?
A. The second time she had her tooth pulled.
Q. Did you ask her about that specifically?

A. We spoke very briefly about it, yeah. She said that she screamed and her mother brought a picture that she had drawn on that day.
Q. Do you have that picture here?
A. You have it, too.
Q. It didn't Xerox very well but it is all in blue, is that correct?
A. That's correct.
Q. And neither her parents nor Karla told you anything about having the fillings done on that day?
A. No. I wasn't aware of that.
Q. Okay. Who told you that there is a slight risk of facial disfigurement if this needle is removed?
A. I don't know.
Q. Someone told you that?
A. I can't remember if I read it or where I gathered that. I'm sorry.
Q. But you came into possession somehow with an understanding that one of the risks of removal is there is a slight risk of facial disfigurement?
A. Paralysis of the nerves.
Q. You said facial disfigurement?
A. I meant paralysis of the facial nerves like she couldn't move part of her face.

Q. That would result in outward physical difference?
A. I don't know. Maybe.
Q. It meant the nerve might be damaged?
A. The facial nerve may be damaged.
Q. And it would interfere with ability to move the jaw area?
A. I think that's what I think. That's what I thought about.
Q. All right. Do you know is there a difference in how Karla reacts when she's going to, for example, her pediatrician, her medical doctor, versus the dentist?
A. My impression from Mrs. Spehar is that Karla is getting tired of going to doctors in general, although I don't know that's true across the board, but just that the whole going to doctors is not her favorite thing to do.
Q. Do you know how long it was between this incident and the next time she got actual dental care?
A. My impression was that it was awhile.
Q. Did you receive copies of Doctor Brinich's notes he made during Karla's evaluation?
A. No.
Q. Those were not provided to you?
A. No.

Q. In your package of material?
A. No.
Q. We talked about this infantile amnesia. Is there a certain age that that takes over and wipes out past memories?
A. I don't have a clear idea of exactly when. I know it varies in patients in terms of their ability to remember back but generally people can't remember the first couple of years of life.
Q. Doctor, if you look at page thirteen of your report?
A. Yeah.
Q. The typed one?
A. Typed report. Okay.
Q. It says after the incident Karla began, third paragraph, after the incident Karla began to have trouble falling asleep and staying asleep. She noted the stars in the sky sometimes would take on an ominous appearance and look like bats to her which made her nervous. Who told you that she was having trouble falling asleep and staying asleep?
A. Her mother. She told me that she got scared at night. Let me see if I can just double-check that.
Q. What you recall is that Karla's mother told you

she had trouble falling asleep and staying asleep?
A. That's what Karla said too. Karla said I can't fall asleep, the stars at night look like bats.
Q. Okay. Have you received any information that Karla has been unable to get along and socialize in the school setting?
A. No.
Q. That's the kind of place, well with others, that report cards usually have?
A. The only information was indirectly through Mrs. Spehar that Karla was slow to start with first grade which we talked about before.
Q. Okay. Had no problem getting along with her peers in kindergarten?
A. I don't know for sure about that.
Q. No one told you that she had any problem?
A. No.
Q. Her mother didn't tell you she had a problem?
A. No.
Q. Her mother didn't tell you she had a problem in preschool, did she?
A. No.
Q. Okay. That's it. Oh, wait a minute. I have one question.

There was a drawing provided to you

by Karla's mother. Did you ask Karla's mother to provide any drawings?

A. No, I didn't.

Q. And when did she give you that drawing?

A. At my office October 28th, second interview.

Q. That was a couple weeks ago?

A. Yes.

Q. Did she provide you any other drawings or photographs?

A. No.

MR. JORDAN: I have nothing further.

MS. HENRY: Nothing further.

STATE OF MICHIGAN)
) SS.
COUNTY OF WAYNE)

CERTIFICATE OF NOTARY PUBLIC

I, Barbara J. Turner, of the firm of HURON REPORTING SERVICE, a Notary Public within and for the County of Wayne, State of Michigan, duly commissioned and qualified, do hereby certify that the witness whose attached deposition was taken before me in the before-entitled cause on November 9, 1990, was first duly sworn to testify the to truth, the whole truth, and nothing but the truth in the cause aforesaid; that the testimony contained in said deposition was by me reduced to writing in the presence of said witness by means of Stenography; afterwards transcribed upon a computer under my personal supervision; and that the said deposition is a true and correct transcript of the whole of the testimony then given by the witness to the best of my ability.

I do further certify that I am not connected by blood or marriage with any of the parties, or their attorneys or agents; that I am not an employee of either of them, nor interested, directly or indirectly, in the matter in controversy, either as counsel, agent, attorney, or

otherwise.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal in City of Ann Arbor, County of Washtenaw, State of Michigan, this 15th day of November, 1990, A.D.

Barbara J. Turner, CSR-2343
Notary Public, Wayne County
State of Michigan
Commission Expires November 10, 1992