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**DEPOSITION OF CHRISTOPHER IAYNE, Ph.D.**

**PAGE 1 TO PAGE 128**

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**CONDENSED TRANSCRIPT AND CONCORDANCE**  
**PREPARED BY:**



## Page 1

- (1) THE STATE of OHIO, :
- (2) COUNTY of CUYAHOGA. :
- (3) -----
- (4) IN THE COURT OF COMMON PLEAS
- (5) --- -
- (6) RONALD FREEMAN, :
- (7) plaintiff, :
- (8) :
- (9) vs. : CaseNo.286701
- (10) :
- (11) ATLAS TECHNICAL FINISHES, :
- (12) INC., :
- (13) defendant. :
- (14) -----
- (15) Deposition of CHRISTOPHER LAYNE, Ph.D., a
- (16) witness herein, called by the plaintiff for
- (17) the purpose of cross-examination pursuant to
- (18) the Ohio Rules of Civil Procedure, taken
- (19) before Kelly D. Keyes, Notary Public within
- (20) and for the State of Ohio, at the offices of
- (21) Friedman, Domiano & Smith, 600 Standard
- (22) Building, Cleveland, Ohio on THURSDAY,
- (23) MARCH 20TH, 1997, commencing at 10:00 a.m.,
- (24) pursuant to agreement of counsel.
- (25) -----

## Page 2

- (1) APPEARANCES:
- (2)
- (3) ON BEHALF OF THE PLAINTIFFS:
- (4)
- (5) Joseph C. Domiano, Esq.
- (6) Michael Eisner, Esq.
- (7) Friedman, Domiano & Smith
- (8) 600 Standard Building
- (9) Cleveland, Ohio 44113
- (10) (216) 621-0070.
- (11) -----
- (12)
- (13) ON BEHALF OF THE DEFENDANTS:
- (14)
- (15) James F. Sweeney, Esq.
- (16) Gallagher, Sharp, Fulton & Norman
- (17) Seventh Floor Bulkley Building
- (18) Cleveland, Ohio 44115
- (19) (216) 241-5310.
- (20) -----
- (21)
- (22)
- (23)
- (24)
- (25)

## Page 3

- (1) CHRISTOPHER LAYNE, Ph.D.
- (2) of lawful age, a witness herein, called by
- (3) the plaintiff for the purpose of
- (4) cross-examination pursuant to the Ohio Rules
- (5) of Civil Procedure, being first duly sworn,
- (6) as hereinafter certified, was examined, and
- (7) testified as follows:
- (8) -----
- (9) CROSS-EXAMINATION
- (10) BY MR. DOMIANO:
- (11) Q Sir, would you give us your name and
- (12) business address?
- (13) **A Christopher Layne, L-a-y-n-e. I'm at**
- (14) **2800 West Central, Suite A, Toledo, Ohio.**
- (15) Q Sir, I'm going to be asking you a
- (16) series of questions about a pending lawsuit
- (17) styled Ron Freeman versus Atlas Metal.
- (18) You are familiar with the pendency
- (19) of the case?
- (20) **Ayes.**
- (21) Q If I ask you any questions that you
- (22) don't understand or if I misphrase or
- (23) mispronounce something, bring it to my
- (24) attention so I can ask you another question,
- (25) okay?

## Page 4

- (1) **A Okay.**
- (2) Q When were you first consulted to render
- (3) an opinion in this case?
- (4) **A Around the late winter, early spring**
- (5) **of 1996.**
- (6) Q It was by Mr. Sweeney?
- (7) **A Correct.**
- (8) Q You are aware that this is a proceeding
- (9) known as a deposition, are you not?
- (10) **Ayes.**
- (11) Q You have testified at depositions
- (12) before?
- (13) **Ayes.**
- (14) Q Mr. Sweeney faxed me a copy of a CV
- (15) this morning, I have a couple of questions
- (16) about it.
- (17) Is it current, is there any
- (18) additions or deletions to what he faxed me;
- (19) do you know?
- (20) **A I believe it is current, let me just**
- (21) **check the printing date real quickly.**
- (22) **Right, that is current, right.**
- (23) **Let me check one other thing.**
- (24) **There is a paper that has just been accepted**
- (25) **for presentation, let me see if that is on**

## Page 5

- (1) there.
- (2) I have a presentation that was
- (3) just accepted by the Midwestern
- (4) Psychological Association, about like
- (5) three days ago I got notification ~~of~~ it and
- (6) I don't see it in there.
- (7) Q Other than that this is current?
- (8) A Yes, sure is.
- (9) Q What is the subject matter of the
- (10) recent presentation?
- (11) A It is the same as the subject matter
- (12) for the Layne and Miller article which is in
- (13) the press and that is people who exacerbate
- (14) psychological injuries, hypochondriacal
- (15) exacerbation.
- (16) Q This is called "Hypochondriacs That
- (17) Sue"?
- (18) A Correct.
- (19) Q Sir, do you have any kind of a
- (20) subspecialty in your practice?
- (21) A Yes, I focus a little on anxiety and
- (22) depression. I say "a little" because I
- (23) certainly don't restrict my practice to
- (24) those two problems.
- (25) Q Would you regard yourself as a

## Page 6

- (1) specialist in posttraumatic stress disorder?
- (2) A No.
- (3) Q Are you familiar with Dr. John P.
- (4) Wilson?
- (5) A To the extent that I got a report by
- (6) him on Mr. Freeman; but otherwise, no.
- (7) Q Never came in contact with him before?
- (8) A No.
- (9) Q You wouldn't know if he is or isn't an
- (10) internationally known recognized expert on
- (11) posttraumatic stress disorder?
- (12) A I wouldn't know.
- (13) Q Which of the books and publications on
- (14) your CV or in part of the CV deals with –
- (15) primarily deals with posttraumatic stress
- (16) disorder, could you point those out for me?
- (17) A Let **me** look for a second.
- (18) Q I'm on books and publications on
- (19) psychological assessment.
- (20) A Right.
- (21) Q Anything on that page deal primarily
- (22) with posttraumatic stress disorder?
- (23) A I don't think so, but let me –
- (24) Q We will go to the next pages too, I
- (25) just want to take it page-by-page.

## Page 7

- (1) Nothing on that first page?
- (2) MR. SWEENEY: He is still
- (3) looking, he asked you to wait while he
- (4) looked.
- (5) A I don't see anything on page 1 that is
- (6) relevant to posttraumatic stress disorder or
- (7) rather that it focused on posttraumatic
- (8) stress disorder.
- (9) Q Do the publications deal at all with
- (10) posttraumatic stress disorder?
- (11) A Yes. The book – both books will
- (12) mention posttraumatic stress disorder
- (13) in one fashion or another.
- (14) Q But they are not focused on it?
- (15) A Correct.
- (16) Q Next page under presentations and
- (17) workshops, at least the next page I have
- (18) that is page 4, do I have it out of rule?
- (19) A Yeah, page 2 might be better.
- (20) Q Page 2 might be better?
- (21) A Yeah, 2.
- (22) Q Page 2, from the top where it says
- (23) Straight Talk By Mental Tests down to the
- (24) heading Scholarly Works On The Causes Of
- (25) Mental Illness, any of those deal with

## Page 8

- (1) posttraumatic stress disorder?
- (2) A No, no.
- (3) Q No?
- (4) A No.
- (5) Q Then Scholarly Works On Causes ~~of~~
- (6) Mental Illness, any of those deal with
- (7) posttraumatic stress disorder?
- (8) A No.
- (9) Q Page 3 at the top has Motivational
- (10) Deficit and Breast Cancer Patients and
- (11) "other publications" any of those deal with
- (12) posttraumatic stress disorder?
- (13) A No, they do not.
- (14) Q Then on "other publications," do any of
- (15) those deal with posttraumatic stress
- (16) disorder?
- (17) A No.
- (18) Q Page 4, presentations and workshops,
- (19) any materials listed under that heading that
- (20) deals with posttraumatic stress disorder?
- (21) A No.
- (22) Q Then editorial consultant, anything
- (23) under there that deals with posttraumatic
- (24) stress disorder?
- (25) A No.

## Page 9

- (1) Q Under education, I assume you had some  
 (2) education, training in posttraumatic stress  
 (3) disorder?  
 (4) A yes.  
 (5) Q Just the usual university courses?  
 (6) A University, undergraduate and graduate,  
 (7) yeah. My internship probably, I'm racking  
 (8) my brain for a specific here, but I believe  
 (9) that also dealt with posttraumatic stress  
 (10) disorder, yeah.  
 (11) Q That's part of your undergraduate and  
 (12) graduate training?  
 (13) A Wight.  
 (14) Q Do all persons who earn a Ph.D. in  
 (15) psychology undergo basically pretty much the  
 (16) same training as just described in  
 (17) posttraumatic stress disorder?  
 (18) A I think so, yes.  
 (19) Q Under past employment with Child &  
 (20) Family Psychologic Clinic, private practice,  
 (21) did you treat patients with posttraumatic  
 (22) stress disorder?  
 (23) A Probably so.  
 (24) Q No specific recollections?  
 (25) A No, because that was over in 1980 it is

## Page 10

- (1) a little difficult.  
 (2) Q And I see under past employment 1975 to  
 (3) '80 you were assistant to the associate  
 (4) professor of the psychology department, did  
 (5) you lecture or make presentations on  
 (6) posttraumatic stress disorder in connection  
 (7) with those duties?  
 (8) A Not in - none of my classes were  
 (9) focused on posttraumatic stress disorder,  
 (10) I'm certain we dealt with it as it came up  
 (11) in the courses.  
 (12) Q So other than the two references under  
 (13) books and publications you have not  
 (14) published - you have not published anything  
 (15) that is focusing on posttraumatic stress  
 (16) disorder?  
 (17) A That's correct.  
 (18) Q No presentations?  
 (19) A Correct.  
 (20) Q No lectures?  
 (21) A That's right.  
 (22) Q Are you familiar with a book entitled  
 (23) Assessing Psychological Trauma &  
 (24) Posttraumatic Stress Disorder by Dr. John P.  
 (25) Wilson and Terrance McKeen?

## Page 11

- (1) A No.  
 (2) Q Wouldn't be in your library?  
 (3) A No.  
 (4) Q Are you familiar with the International  
 (5) Handbook of Traumatic Stress Syndrome edited  
 (6) by John P. Wilson and Beverly Rapheal?  
 (7) A No.  
 (8) Q Is your practice limited to  
 (9) posttraumatic stress disorders?  
 (10) A No.  
 (11) Q Did you become aware that Dr. John  
 (12) Wilson's is?  
 (13) A Yes, that sounds familiar to me.  
 (14) Q Sir, did you receive a copy of Dr. John  
 (15) Wilson's report dated March 2nd, '97?  
 (16) A yes.  
 (17) Q Have you had a chance to read it?  
 (18) A yes.  
 (19) Q I would like to know a little bit about  
 (20) your past depositions, past consults and  
 (21) past court testimonies, okay?  
 (22) A All right.  
 (23) Q In the year 1996, only a few months  
 (24) old, had you given depositions at all?  
 (25) A yes.

## Page 12

- (1) Q How many for plaintiffs and how many  
 (2) for defendants?  
 (3) A It is always hard to estimate but I  
 (4) would say one-third plaintiffs and two-third  
 (5) defense.  
 (6) Q Have you given any for Mr. Sweeney's  
 (7) firm, Gallagher, Sharp?  
 (8) A Probably.  
 (9) Q I would like to know that, what would  
 (10) you have to consult?  
 (11) MR. SWEENEY: Talking now  
 (12) about '96?  
 (13) MR. DOMIANO: Yeah.  
 (14) MR. SWEENEY: Just '96?  
 (15) MR. DOMIANO: Yes.  
 (16) A I don't know. I would have to ask the  
 (17) person - the secretary who sort of knows  
 (18) billing if we can somehow isolate Gallagher,  
 (19) Sharp. I know we can isolate a lawyer's  
 (20) name, but maybe we can isolate firms.  
 (21) Q There is a number of lawyers in his  
 (22) firm.  
 (23) MR. DOMIANO: I would make a  
 (24) request on the record and I will send you a  
 (25) note, Mr. Sweeney, for that information.

Page 13

- (1) Q I will be asking you these similar  
 (2) questions, sir, in connection with  
 (3) depositions, consults and court testimonies  
 (4) for 1996, 1995 as well as 1997, so it is all  
 (5) in that context, okay?  
 (6) **A Okay.**  
 (7) Q I don't expect you to remember all  
 (8) these things, if you don't have that in your  
 (9) memory I will make a request for you to  
 (10) produce the documents to Mr. Sweeney, okay?  
 (11) **A Okay.**  
 (12) Q Can you tell us how many depositions  
 (13) you have given in 1997?  
 (14) **A In 1997?**  
 (15) Q Yes.  
 (16) **A That would be in the last roughly**  
 (17) **two and a half months, maybe two.**  
 (18) Q Any court testimony in '97?  
 (19) **A I don't think so.**  
 (20) Q Any consults for litigation in a  
 (21) litigation format in '97?  
 (22) **A Yes, if by consults you mean attorneys**  
 (23) **asking me to see someone to evaluate them,**  
 (24) **submit a report.**  
 (25) Q How many of those?

Page 14

- (1) **A In 1997, so far I would say**  
 (2) **seven roughly.**  
 (3) Q Can you recall of those how many for  
 (4) plaintiffs and how many for defendants?  
 (5) **A I would have to go with my old**  
 (6) **estimate, about two-thirds defense and**  
 (7) **one-third plaintiff.**  
 (8) Q Is that pretty much a pattern, do you  
 (9) think, one-third for plaintiff and  
 (10) two-thirds for defendant?  
 (11) **A Yes, that's my best guess.**  
 (12) Q For the year '97 would you please  
 (13) supply to Mr. Sweeney and he can in turn  
 (14) give it to me the names of the lawyers that  
 (15) you have either given depositions for,  
 (16) consults for or court testimony for in '97  
 (17) for plaintiffs, would you do that?  
 (18) **A Okay.**  
 (19) MR. SWEENEY: I'm not sure if  
 (20) you are entitled to that, but if you make  
 (21) the request I will address it and get it for  
 (22) you or tell you why I won't.  
 (23) MR. DOMIANO: I think it has  
 (24) to do with credibility or bias, just for the  
 (25) record.

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- (1) MR. SWEENEY: The names of the  
 (2) attorneys?  
 (3) MR. DOMIANO: Pardon?  
 (4) MR. SWEENEY: You think the  
 (5) names of the attorneys -  
 (6) MR. DOMIANO: Sure.  
 (7) MR. SWEENEY: - somehow  
 (8) reflect that?  
 (9) MR. DOMIANO: If we can agree  
 (10) - you know, if you don't want me to give  
 (11) them to me, let me know and we will go to  
 (12) the judge with it.  
 (13) MR. SWEENEY: All right.  
 (14) Q Have we discussed in terms of 1997 all  
 (15) of the consults, depositions and court  
 (16) testimonies that you have been engaged in as  
 (17) a psychologist?  
 (18) **A I believe so in the sense that you have**  
 (19) **asked me about those three and I have**  
 (20) **responded to those three.**  
 (21) Q Correct. Let's go to 1996 -  
 (22) MR. SWEENEY: I just want to  
 (23) ask whether you are also interested in  
 (24) criminal litigation which wouldn't fall into  
 (25) a plaintiff/defendant type category?

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- (1) MR. DOMIANO: That's fair.  
 (2) Q Are there any that do not fall in the  
 (3) plaintiff/defendant category?  
 (4) **A Yes.**  
 (5) Q What is the nature of those, criminal  
 (6) or otherwise?  
 (7) **A Yes, I have had at least one criminal**  
 (8) **case in 1997.**  
 (9) Q Was that for the defense or  
 (10) prosecution?  
 (11) **A That was for defense.**  
 (12) Q Anything else other than what you have  
 (13) already told us for '97?  
 (14) **A By anything else you mean any other**  
 (15) **work for lawyers?**  
 (16) Q Work for lawyers, depositions,  
 (17) consults, court testimony?  
 (18) **A I can't think of anything else.**  
 (19) Q Let's go to '96.  
 (20) Total depositions that you can  
 (21) recall that you have given?  
 (22) **A The rate for both - maybe I can make**  
 (23) **it a little simpler for both - '96 and '95,**  
 (24) **the rate of depositions is probably about**  
 (25) **one per month roughly.**

## Page 17

- (1) Q How about court testimony, how many per
- (2) month if you can draw a pattern for us?
- (3) A Again, it is very difficult to estimate
- (4) that. I would say that I have testified in
- (5) court roughly probably three times a year,
- (6) that's about right.
- (7) Q And consult?
- (8) A Again, where consults means doing an
- (9) evaluation at the request of a lawyer for
- (10) some kind of litigation including
- (11) criminal -
- (12) Q Well, at the moment if you can exclude
- (13) the criminal and just tell me plaintiff and
- (14) defendant?
- (15) A I would say about thirty a year, twenty
- (16) of which would be defendant and ten which
- (17) would be plaintiff.
- (18) Q According to the one-third, two-third
- (19) ratio?
- (20) A Yeah, correct.
- (21) Q A third per year?
- (22) A Again, I must say it is a little bit
- (23) like asking me how many times I went to the
- (24) grocery store last year, it is very
- (25) difficult.

## Page 18

- (1) Q I will ask that you do the best that
- (2) you can and I will make an official request
- (3) for these figures.
- (4) Would this pattern hold pretty
- (5) much to the best of your recollection for
- (6) '95 also?
- (7) Ayes.
- (8) Q I would like to know what your rates
- (9) are and what you charge for these things.
- (10) In terms of depositions, is there
- (11) a flat rate or is there an hourly or how do
- (12) you charge?
- (13) A Hourly.
- (14) Q What is the hourly rate?
- (15) A \$200 - for the face-to-face deposition
- (16) time 200 per hour and then 150 an hour for
- (17) any other expenses, for example travel.
- (18) Q I'm paying for your bill in this
- (19) particular deposition, can you tell me what
- (20) it is that you are charging in this matter
- (21) for travel time as well as your deposition
- (22) time assuming it would last two hours?
- (23) A The two hours will be \$400, the travel
- (24) I figure as five hours at 150 an hour, so
- (25) that's 750.

## Page 19

- (1) Q Incidentally, have we paid you in
- (2) advance?
- (3) A I believe so, yeah. In fact, I'm sure
- (4) of it.
- (5) Q Is that a requirement before you appear
- (6) at a deposition?
- (7) A Yes, particularly when I'm traveling.
- (8) Q Sure, understood.
- (9) For court testimony what is your
- (10) rate, what do you charge?
- (11) A 200 an hour.
- (12) Q Same for the travel time?
- (13) A Correct.
- (14) Q And for the consults, what do you
- (15) charge for that?
- (16) A 150 an hour.
- (17) Q Well, just generally, Dr. Layne, have
- (18) you made a diagnosis of the mental disorder
- (19) if any that you found Ron Freeman is
- (20) suffering from as of the time that you
- (21) examined him April 12th of 1996?
- (22) Ayes.
- (23) Q What was that diagnosis?
- (24) A I believe I had two but let me make
- (25) sure that I expressed it accurately. I

## Page 20

- (1) diagnosed two problems, one is personality
- (2) disorder not otherwise specified with
- (3) antisocial traits, and the second is a very
- (4) mild somatoform pain disorder.
- (5) Q You may refer if you wish, sir, to
- (6) Dr. Wilson's report of March 2nd, but I
- (7) would trust that you disagree with him in
- (8) his assessment?
- (9) A Yes.
- (10) Q Ron Freeman is suffering from chronic
- (11) posttraumatic stress disorder and associated
- (12) problems of dysthymia and episodes of major
- (13) depression.
- (14) Ayes.
- (15) Q You disagree with that?
- (16) A Correct.
- (17) Q It further states also in his report
- (18) that that condition is caused by the burns
- (19) he received when Mr. Freeman fell into the
- (20) vat on the date of the accident?
- (21) A Right.
- (22) Q You disagree with that?
- (23) A Would you ask that question again,
- (24) please?
- (25) Q Sure.

## Page 21

- (1) Do you disagree that Ron Freeman  
 (2) is suffering from posttraumatic stress  
 (3) disorder as a result of falling into the vat  
 (4) and suffering the burns?  
 (5) A Yes, I disagree with that.  
 (6) Q Incidentally, Dr. Layne, do you assess an  
 (7) additional charge for the reports that you  
 (8) give to the lawyers when you consult with  
 (9) them?  
 (10) A Yes.  
 (11) Q What is the report fee?  
 (12) A 150 an hour for the time I put in for  
 (13) writing it.  
 (14) Q Sure, okay.  
 (15) Do you write a report for each  
 (16) consult?  
 (17) A Yes.  
 (18) Q Do you have consults without court  
 (19) testimony?  
 (20) A Yes.  
 (21) Q Would you be able to tell us how many  
 (22) reports you write during the course of a  
 (23) year as a pattern?  
 (24) A It would be the same number as the  
 (25) number of so-called consults. It is

## Page 22

- (1) extremely rare for me to have a consult -  
 (2) that is to say an attorney asking me to  
 (3) evaluate somebody and for me to not write a  
 (4) report.  
 (5) Q Whether it develops into deposition or  
 (6) otherwise depends on the facts?  
 (7) A That's right, and most consults as we  
 (8) are calling them don't develop into  
 (9) depositions and even less develop into  
 (10) trials.  
 (11) Q Sure.  
 (12) Would you refer to Dr. Wilson's  
 (13) report, sir.  
 (14) A Yeah.  
 (15) Q We have established that you do  
 (16) disagree with his professional opinion, I'm  
 (17) trying to find out what areas.  
 (18) A Okay.  
 (19) Q And the only way I know how to do that  
 (20) is to go into the report and you can tell me  
 (21) as we go through it whether you agree,  
 (22) disagree or otherwise.  
 (23) A All right.  
 (24) Q Okay?  
 (25) A Sure.

## Page 23

- (1) MR. SWEENEY: You want him to  
 (2) wait for a question, Joe, or -  
 (3) MR. DOMIANO: Yes, I do want  
 (4) him to wait for a question.  
 (5) Q Would you read to yourself, sir, the  
 (6) part of Dr. Wilson's report on page 2 under  
 (7) the heading Brief Psychosocial and  
 (8) Educational History, and then I will ask you  
 (9) some questions about those paragraphs, there  
 (10) is one, two, three, four, five of them.  
 (11) A Okay.  
 (12) Q Let me know when you are finished.  
 (13) A All right, okay, I finished reading the  
 (14) four paragraphs.  
 (15) Q With respect to the first paragraph  
 (16) let's start with "Mr. Freeman" and  
 (17) end "1971"?  
 (18) A Okay.  
 (19) Q Is what you see there accurate or  
 (20) inaccurate?  
 (21) A I believe that it is accurate.  
 (22) Q Is there anything that is not there  
 (23) that you think is significant?  
 (24) A Yes.  
 (25) Q Would you tell me what that is?

## Page 24

- (1) A It appears that that - I'm going to  
 (2) assume that that paragraph covers his life  
 (3) from birth to 1971, it appears to be an  
 (4) inaccurate portrayal because the next  
 (5) paragraph says "after high school  
 (6) graduation" and then moves on in  
 (7) chronological order. So the - hang on just  
 (8) a second.  
 (9) Let me reverse myself, I'm  
 (10) thinking of a time after 1971, and  
 (11) therefore, I would not add anything to his  
 (12) childhood, I think that paragraph is fine.  
 (13) MR. SWEENEY: Can we agree  
 (14) that there is probably a typographical error  
 (15) with the part that says he stated that his  
 (16) father has a physical therapist, that is  
 (17) probably intended to be was a physical  
 (18) therapist.  
 (19) MR. DOMIANO: Yeah, I'm sure  
 (20) that is typographical, it sort of  
 (21) explains - I have no problem with it.  
 (22) Q Is that what you meant there is  
 (23) that - I mean, you believe that's what  
 (24) Dr. Wilson meant, his father was a physical  
 (25) therapist?



Page 25

- (1) MR. SWEENEY: Unless in fact  
 (2) his father had a physical therapist.  
 (3) Q If you don't know then that's your  
 (4) answer, you don't know.  
 (5) A I understand, yes.  
 (6) MR. SWEENEY: I'm sorry.  
 (7) A I didn't know you were asking me a  
 (8) question. I believe that it ~~is~~ a  
 (9) typographical error.  
 (10) Q I do too.  
 (11) It is of no significance?  
 (12) A Yeah, okay.  
 (13) Q The second paragraph as it is stated do  
 (14) you think it is accurate, inaccurate or  
 (15) otherwise and then we will get into whether  
 (16) or not you think anything should be added or  
 (17) deleted or whatever?  
 (18) A I do substantially disagree with that  
 (19) paragraph.  
 (20) Q You don't think it is complete enough?  
 (21) A Correct, and maybe a little bit off  
 (22) here and there.  
 (23) Q Did you spell out in more full and more  
 (24) complete detail what happened to Mr. Freeman  
 (25) after high school graduation in your report?

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- (1) A Yes, and let me make a statement that  
 (2) had stymied me before about paragraph number  
 (3) one and paragraph number two.  
 (4) My problem is that Mr. Freeman did  
 (5) not want to tell me about any felonies that  
 (6) he may have committed or been arrested for,  
 (7) he did that to some extent on the basis of  
 (8) the advice of your assistant here, but he  
 (9) clearly said to me that he would not discuss  
 (10) his felony record. Now, I don't know  
 (11) whether — therefore, I don't know whether  
 (12) he has committed felonies other than drug  
 (13) abuse, possession of cocaine and that sort  
 (14) of thing, I don't know. I further therefore  
 (15) don't know whether this act or acts occurred  
 (16) before 1971 or after, but — so that is a  
 (17) potential omission in one of those  
 (18) two paragraphs.  
 (19) Q In your view would that flaw  
 (20) Dr. Wilson's report?  
 (21) A Yes. You know, anyone can say it was a  
 (22) flaw in my report, there is nothing we can  
 (23) do about it, but we need to know whether or  
 (24) not this fellow was a convicted felon in  
 (25) order to have a complete picture of him.

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- (1) Q As a psychologist what is the  
 (2) significance of whether he does or does not  
 (3) have a felony record?  
 (4) A It increases the probability that my  
 (5) diagnosis is correct, I am saying that he  
 (6) has a personality disorder with antisocial  
 (7) traits. People with antisocial  
 (8) personalities are more likely to commit and  
 (9) be convicted of a felon, that in turn has a  
 (10) lot of implications in terms of his  
 (11) credibility and his complaints after the  
 (12) accident.  
 (13) Q The reverse side of that, if he has no  
 (14) felony convictions would that tend to change  
 (15) your opinion as to what mental disorder if  
 (16) any he has suffered from?  
 (17) A No. I did not assume a felony  
 (18) conviction in order to come up with my  
 (19) diagnosis, but I was unable to assume that  
 (20) he had not either been convicted or had  
 (21) committed felonies, I was unable to assume  
 (22) the opposite because he wouldn't tell me, he  
 (23) refused.  
 (24) Q So if I understand you correctly, if he  
 (25) does have a felony convictions record it

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- (1) would tend to support your diagnosis, if he  
 (2) has none it would have no effect on your  
 (3) diagnosis; do I understand you correctly or  
 (4) am I wrong?  
 (5) A No. You need to understand that I  
 (6) still have enough evidence that he suffers  
 (7) the problem that I diagnosed. A felony  
 (8) conviction would add to his other activities  
 (9) that lead to the diagnosis that I just  
 (10) articulated, the personality disorder  
 (11) diagnosis.  
 (12) Q Anything else with those first  
 (13) two paragraphs?  
 (14) A Yeah, paragraph number two is where it  
 (15) starts that I start parting company with  
 (16) Dr. Wilson. As my report indicates after  
 (17) high school graduation it is true that he  
 (18) joined the Army, the story that he then told  
 (19) me was one of clashing with people in the  
 (20) Army.  
 (21) Q So another way of asking that to save  
 (22) us time, to the extent that you think other  
 (23) things should be added to Mr. Wilson's  
 (24) paragraph is it set forth in your report?  
 (25) A Right, yeah, yeah.

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- (1) When he was 17 the fact that his  
 (2) mother took his car away and that that is  
 (3) what prompted him to join the Army in the  
 (4) first place.  
 (5) Q That's all set forth in your report?  
 (6) A All set forth in my report.  
 (7) Again, I just could have answered  
 (8) the question by saying when it comes to  
 (9) paragraph two my disagreements with  
 (10) paragraph two are spelled out in my report.  
 (11) Q Let's look at paragraph three and see  
 (12) if you have any opinion as to whether that  
 (13) is accurate, inaccurate, and if so does it  
 (14) fall in the same framework of paragraph two,  
 (15) i.e. your differences are set forth in your  
 (16) report?  
 (17) A Okay, it is true that he worked at a  
 (18) number of different jobs, the list of jobs  
 (19) appear to be reasonably accurate.  
 (20) Once again, the short answer is  
 (21) that my report details other things that  
 (22) were going on in his work life. Most  
 (23) importantly, he told me that he had  
 (24) significant years of unemployment, the first  
 (25) year being from 1975 to 1979.

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- (1) Q Again, that's all set forth in your  
 (2) report?  
 (3) A All set forth in the report.  
 (4) Q And so those significant periods of  
 (5) time are not in there and it is important  
 (6) that they be in there?  
 (7) A Again -  
 (8) Q The areas that you disagree with as far  
 (9) as Dr. Wilson's recitation, the  
 (10) third paragraph, this is set forth in your  
 (11) report?  
 (12) A Correct.  
 (13) Q The next paragraph which starts with  
 (14) "In terms of his marital history," any  
 (15) differences that you have there, is that set  
 (16) forth in your report?  
 (17) A Let's see.  
 (18) I have down that he got married in  
 (19) 1972 for the first time, I have a number of  
 (20) other facts that I think ought to be in that  
 (21) fourth paragraph.  
 (22) Q My question is: To the extent that you  
 (23) disagree or you feel his paragraph is  
 (24) incomplete, are those areas set forth in  
 (25) your report?

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- (1) A Yes. I believe - let me just make  
 (2) sure about that.  
 (3) I think the - again, it is set  
 (4) forth in my report but I guess I have to say  
 (5) that his wife - the quote "his wife did not  
 (6) like Germany and returned to the United  
 (7) States" may be true. He told me she  
 (8) specifically left him in Germany and came  
 (9) back to the United States not because she  
 (10) didn't like Germany but because she didn't  
 (11) like his multiple affairs while she was  
 (12) pregnant.  
 (13) Q What you are reading is from your  
 (14) report?  
 (15) A I am presently looking at Dr. Wilson's  
 (16) report, but I am telling you what he told  
 (17) me, what Freeman told me.  
 (18) Q That's in your report?  
 (19) A Correct.  
 (20) Q Let's see, let's look at industrial  
 (21) accident and posttraumatic sequela.  
 (22) Would you read the first paragraph  
 (23) starting with "On August 8th, 1993" and  
 (24) ending "August of 1994."  
 (25) A You want me to read that silently?

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- (1) Q Yes, I want you to read that to  
 (2) yourself and tell me if what is there is  
 (3) accurate or inaccurate or otherwise.  
 (4) A Okay. I have read the paragraph and I  
 (5) have a little additional information here  
 (6) and there in my report, but what is said  
 (7) here appears accurate to me.  
 (8) Q Is there any significant omission? In  
 (9) your view it might be an omission, but I'm  
 (10) trying to limit it to what is significant.  
 (11) That's a subjective question, but I'm trying  
 (12) to save time.  
 (13) Ayes, I understand.  
 (14) I think it is important that his  
 (15) first impulse was to blame a coworker for  
 (16) pushing him into the tank, I think that's  
 (17) important, I think it tells us a little  
 (18) something about him; otherwise, I don't see  
 (19) anything significant.  
 (20) Q The next paragraph that begins  
 (21) "Mr. Friedman" and ends with "and  
 (22) irritability," please read that to yourself  
 (23) and same question, accurate, inaccurate or  
 (24) otherwise and tell me if there is any  
 (25) significant omission.

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- (1) A I have read the paragraph.  
 (2) Q As it is stated is it accurate?  
 (3) A Let me check about his - about one or  
 (4) two things.  
 (5) I believe that the date that he  
 (6) stopped working is accurate, I believe that  
 (7) he stated - I mean, I may be a little picky  
 (8) here - but I'm sure he stated that he  
 (9) suffered heat intolerance and so on, and I'm  
 (10) sure that he stated that after the accident  
 (11) he became nervous and so on, I think  
 (12) probably all those are true.  
 (13) I would add that he - I recall  
 (14) that he not only returned to work but also  
 (15) took on some extra duties. I think he  
 (16) worked outside at times on Saturdays, he  
 (17) volunteered to work outside for money, but  
 (18) nevertheless worked outside in the  
 (19) elements. Beyond that, he also in the  
 (20) paragraph says that he found it too  
 (21) difficult to perform his duties and again it  
 (22) says here Mr. Freeman indicated he went back  
 (23) to work and found it too difficult to  
 (24) perform his duties, he may have indicated  
 (25) that.

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- (1) So I mean, at a technical level I  
 (2) guess I have to agree with that, but I do  
 (3) have questions about that. I mean, he  
 (4) had - it is just hard to believe that a  
 (5) physical trauma or a potentially  
 (6) psychologically traumatic problem would have  
 (7) a pattern of a person being unable to work  
 (8) and then being able to work for over a year  
 (9) and then suddenly becoming unable to work  
 (10) again. So as a matter of fact, I guess I  
 (11) would disagree with Mr. Freeman's statement  
 (12) that somehow after a year of work he became  
 (13) unable to work.  
 (14) Q The bases of your statement is that it  
 (15) is hard to believe, that's based on your  
 (16) experience and your opinion?  
 (17) A Right, based on my knowledge of  
 (18) psychological disorders in general including  
 (19) posttraumatic stress disorder. I can't  
 (20) imagine somebody from a psychological angle  
 (21) going back to work for a year and then  
 (22) taking on extra duties and then one day  
 (23) being psychologically unable to work.  
 (24) Q Your review of the literature does not  
 (25) support such a level of sequence?

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- (1) A No.  
 (2) Q In connection with - strike that.  
 (3) Anything else you thought was  
 (4) significant that is not stated there in this  
 (5) history?  
 (6) A In paragraph -  
 (7) Q The same paragraph, same thing.  
 (8) A This is - I will take this paragraph  
 (9) to be one that covers his return to work and  
 (10) then his leaving work, let me look.  
 (11) Q Anything else?  
 (12) A We have sort of skipped over the fact  
 (13) that these paragraphs kind of omit the  
 (14) notion that after the fall into the vat  
 (15) while he was in the hospital and immediately  
 (16) afterwards he told me that he was having  
 (17) nightmares of falling into the tank and he  
 (18) was having those nightmares he told me about  
 (19) twice a week, and that he saw a psychiatrist  
 (20) immediately afterwards a few times.  
 (21) He then saw a therapist named  
 (22) Murphy who diagnosed a temporary depression  
 (23) called adjustment disorder with depression,  
 (24) which is yet another diagnostic category. I  
 (25) think that is important because we have a

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- (1) lot of differing opinions about what this  
 (2) guy's problems are and were, so that would  
 (3) be another thing.  
 (4) Q Do you believe that that is a  
 (5) significant amount of omission so to speak  
 (6) which would flaw Dr. Wilson's report or  
 (7) diagnosis?  
 (8) A A little, it is important I think to  
 (9) pay attention to the diagnoses of everybody.  
 (10) Q Anything else in connection with the  
 (11) second paragraph?  
 (12) A Yes. Saying that he stopped working  
 (13) because he was unable to work is again at a  
 (14) little bit of a variance with the note by I  
 (15) think a therapist Murphy on July 20th, 1994  
 (16) which says that he was going back to work  
 (17) but that he has worries, he's paranoid they  
 (18) will make it so he will be fired because he  
 (19) has cost them money in Workers'  
 (20) Compensation. So in other words, he's going  
 (21) back to work very wary, and I think that's  
 (22) significant.  
 (23) Q Anything further, sir?  
 (24) A No. I don't think so, no.  
 (25) Q Did Mr. Freeman state to you when you

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- (1) interviewed him that he had experienced heat
- (2) intolerance?
- (3) A I believe so.
- (4) Q Pain in his legs?
- (5) A Yes.
- (6) Q And loss of penile sensitivity?
- (7) A yes.
- (8) Q And an inability to sustain an
- (9) erection?
- (10) A I don't recall that.
- (11) Q Painful in urination and acid reflux?
- (12) MR. SWEENEY: Were you
- (13) searching for something?
- (14) MR. DOMIANO: I'm sorry?
- (15) MR. SWEENEY: I believe he was
- (16) looking for something.
- (17) A Yeah, let me look.
- (18) Q I'm sorry, I thought your answer was -
- (19) A Yeah, I'm looking for something.
- (20) He had mentioned to me sex
- (21) problems, yes.
- (22) Q Painful urination and acid reflux?
- (23) A I don't recall those.
- (24) Q Do you recall if he said to you that
- (25) after the accident he became nervous

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- (1) especially at work?
- (2) A yes.
- (3) Q And experienced states of agitation and
- (4) irritability?
- (5) A Yes, I think that's a fair statement.
- (6) Q You will agree with me, will you not,
- (7) sir, that those are symptoms of
- (8) posttraumatic stress disorder?
- (9) A They can be, they can be symptoms of
- (10) other things as well.
- (11) Q Oh, sure, but they are also held as
- (12) symptoms in the DSM-IV, are they not?
- (13) A They are - excuse me?
- (14) Q They are regarded as symptoms of
- (15) posttraumatic stress disorder in the DSM-IV?
- (16) A Maybe we should just be precise. Which
- (17) symptoms would be under the posttraumatic
- (18) stress label? I mean, obviously penile
- (19) insensitivity is not a criteria, so which
- (20) ones are we talking about?
- (21) Q Nervousness and agitation and
- (22) irritability.
- (23) A Nervousness about reminders of the
- (24) trauma, yes; global nervousness about
- (25) nothing, no. Yes, if it is nervousness

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- (1) about the trauma.
- (2) Agitation is quite possible, that
- (3) is one of the subcriteria; irritability in
- (4) a person, irritability.
- (5) Q Agitation/irritability are synonymous
- (6) as far as you are concerned?
- (7) A Close enough, yeah.
- (8) Q All right, let's go to the next
- (9) paragraph.
- (10) Would you read that to yourself
- (11) and tell us if you believe what is stated is
- (12) accurate or inaccurate or otherwise, and
- (13) whether there is any significant omissions.
- (14) A Okay.
- (15) I strongly disagree with that
- (16) bottom paragraph, that is the bottom of the
- (17) third page of the report.
- (18) Q I think we are on the paragraph that
- (19) says "further" and ends with "treatment."
- (20) A I'm sorry, I was one paragraph lower,
- (21) give me a minute more now.
- (22) As far as that next to last
- (23) paragraph there was a sentence in which I
- (24) again agree with it entirely, because you'll
- (25) notice that it consists of really about as I

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- (1) read it four sentences, three of the
- (2) four sentences are proceeded with "he
- (3) stated," "he stated," "he states," I believe
- (4) that he said those things.
- (5) Q Did he say those things to you, if you
- (6) recall?
- (7) A I recall him saying certainly some of
- (8) these things, yes.
- (9) Q If it is significant let's go over each
- (10) of them.
- (11) A Okay.
- (12) Q The first, "He stated that he has sleep
- (13) disturbance." Do you recall him telling you
- (14) that?
- (15) A Let me look for a second. Again, it
- (16) is - if he told me it is most likely in my
- (17) report, let me look. Yes, he mentioned
- (18) sleep problems.
- (19) Q You will agree with me that DSM-IV
- (20) lists sleep disturbances as a symptom of
- (21) posttraumatic stress disorder, wouldn't you?
- (22) A Yes.
- (23) Q How about nightmares of the accident,
- (24) did he state that to you?
- (25) A As I recall, and I'm - he said that he

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- (1) began by having nightmares about twice a  
 (2) week. I'm taking about not when I examined  
 (3) him but rather right after the accident.  
 (4) Q Those are symptoms -  
 (5) A As I recall he indicated that his  
 (6) nightmares dropped.  
 (7) Q My question to you though, sir, is:  
 (8) Did he state to you he did have nightmares  
 (9) of the accident?  
 (10) MR. SWEENEY: At anytime?  
 (11) MR. DOMIANO: Let's pin it  
 (12) down.  
 (13) MR. SWEENEY: At any time are  
 (14) you asking?  
 (15) Q Let's start with did he state -  
 (16) MR. SWEENEY: The reason I ask  
 (17) is that the report you asked him to read  
 (18) said that he has sleep disturbances, which  
 (19) would indicate that at the time that  
 (20) Dr. Wilson is interviewing him he would have  
 (21) them. Now if you are asking Dr. Layne what  
 (22) he told him, are you asking him what he told  
 (23) him that he had had nightmares at any time  
 (24) or at the time that he was being examined or  
 (25) are you asking him if he believes that he

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- (1) told Dr. Wilson this?  
 (2) MR. DOMIANO: Let me rephrase  
 (3) the question because I don't remember what  
 (4) it was.  
 (5) Q Did Ron Freeman tell you when you  
 (6) interviewed him that at any time he had  
 (7) nightmares of the accident?  
 (8) A Yes.  
 (9) Q That's a symptom of posttraumatic  
 (10) stress disorder too, is it not?  
 (11) A Yes, and let me make sure that we do  
 (12) understand.  
 (13) He had told me that he had  
 (14) nightmares of the accident about twice a  
 (15) week immediately after the accident and that  
 (16) he was currently having nightmares of the  
 (17) accident about once a month, that's what he  
 (18) told me.  
 (19) Q Let's me just ask you this, sir: Would  
 (20) it be inconsistent for him to tell you in  
 (21) your opinion Dr. Wilson on April 12th  
 (22) that - I'm sorry.  
 (23) A March.  
 (24) Q March of '97 that he has nightmares of  
 (25) the accident although the accident was back

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- (1) in '93 is that inconsistent in your opinion  
 (2) with posttraumatic stress disorder?  
 (3) A No, it ~~is~~ not technically  
 (4) inconsistent. It is possible to have  
 (5) delayed onset posttraumatic stress disorder  
 (6) and it is possible to have it ~~last~~ a long  
 (7) time although unlikely.  
 (8) Q You have never seen that in your  
 (9) practice?  
 (10) A I have seen some people who have had  
 (11) posttraumatic stress disorder symptoms that  
 (12) last ~~although~~ not the entire period that may  
 (13) have last for a year, yes.  
 (14) Q How many patients with posttraumatic  
 (15) stress disorder do you treat clinically in  
 (16) your practice a year?  
 (17) A Let's see, probably - maybe three.  
 (18) Q Let's go on.  
 (19) The next "he stated" is awakens  
 (20) with hot flashes. Did Freeman tell you at  
 (21) any time that he had awakened with hot  
 (22) flashes?  
 (23) A I don't recall that phraseology. It  
 (24) may be - I believe he told me that in a -  
 (25) he has a variety of physical problems

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- (1) because of his burns and he may have  
 (2) described them as a feeling of heat.  
 (3) Q Would you tell what you understand hot  
 (4) flashes to mean -  
 (5) A I don't know.  
 (6) Q - when a patient tells you that?  
 (7) A Oh, Lord. Obviously if it is a  
 (8) menopausal person, especially female it  
 (9) means one thing. I'm not sure what that  
 (10) means and I don't recall him using that  
 (11) phrase with me.  
 (12) Q That's fine, let's go on with the next  
 (13) one.  
 (14) The next "he stated," depression  
 (15) symptoms, crying easily, hopelessness. Did  
 (16) Ron state to you that he had those symptoms  
 (17) at any time?  
 (18) A I believe so, yes.  
 (19) Q You agree with me that those are  
 (20) recognized symptoms of posttraumatic stress  
 (21) disorder?  
 (22) A Yes.  
 (23) Q Let's go on.  
 (24) A loss of self-confidence, did Ron  
 (25) stat that to you at any time, that he had a

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- (1) loss of self-confidence?
- (2) A Probably so, I think so.
- (3) Q That's a recognized symptom too of
- (4) posttraumatic stress disorder, true?
- (5) A ~~Loss of~~ self-confidence?
- (6) Q Um-hum.
- (7) A Give me just a second.
- (8) I don't think so. I mean we
- (9) could - there are probably symptoms of
- (10) posttraumatic stress disorder that comes
- (11) awfully close, but I don't think so. I
- (12) don't think -
- (13) Q How about concept of loss of
- (14) self-confidence, for example self-esteem, is
- (15) that a - did Ron ever complain of that to
- (16) you at any time?
- (17) A I don't think so, but even then - yes,
- (18) I don't think that loss of self-esteem, loss
- (19) of self-confidence, I don't think those are
- (20) part of the criteria.
- (21) Q Okay, we can all look later at the
- (22) DSM-IV and see if your recollection is
- (23) correct or not, can we not?
- (24) A Sure.
- (25) Q The next is that he stated loss of

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- (1) motivation and initiation?
- (2) A Okay.
- (3) Q Did Ron ever complain to you at any
- (4) time that he had those symptoms, loss of
- (5) motivation and initiation?
- (6) A He may have. He may have, let me
- (7) look.
- (8) No, I don't think that he told me
- (9) that he suffered low motivation.
- (10) Q If he had told you that there was a
- (11) loss of motivation, initiation, would you
- (12) agree that that is a symptom of
- (13) posttraumatic stress disorder?
- (14) A ~~Loss~~ of motivation that is - hang on a
- (15) second.
- (16) MR. SWEENEY: Objection to the
- (17) form of the question.
- (18) A Yes, well, sort of. There is - one of
- (19) the criteria is markedly diminished interest
- (20) or participation in significant activities,
- (21) I suppose that that could be synonymous with
- (22) low motivation.
- (23) Q All right, sir.
- (24) Had he told you that he received
- (25) treatment from Dr. Victoroff from December

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- (1) of '95 to February?
- (2) A Yes. I believe the dates are correct,
- (3) I'm almost sure that the Victoroff name is
- (4) correct.
- (5) Q Did he tell you that he was prescribed
- (6) the medication that Dr. Wilson sets forth in
- (7) this report on this paragraph second from
- (8) the bottom?
- (9) A Well, let's look.
- (10) I don't know. It is important to
- (11) keep in mind again that Wilson saw him
- (12) almost a year after I saw him, and so there
- (13) is a fair amount of time between the
- (14) two evaluations. When I saw him he listed
- (15) his medications as Buspar, Paxil and some
- (16) vitamins.
- (17) Q So Paxil and Buspar are in Wilson's
- (18) report, true?
- (19) A They are.
- (20) Q At the time you saw Ron Freeman did he
- (21) tell you that he had sought help at the
- (22) Veteran Adjustment Center and spoke to a
- (23) person named Vivian Vasser?
- (24) A I don't recall that.
- (25) Q Is that of any significance to you?

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- (1) A Well, sure, it would be interesting to
- (2) get those records and find out what he is
- (3) complaining about. So yes, any treatment
- (4) you know, any mental health problems either
- (5) before or after the trauma are important.
- (6) Q The last paragraph on page 2 of
- (7) Dr. Wilson's report starts with
- (8) "Mr. Freeman" and ends with "loss of
- (9) patience," could you read that to yourself
- (10) and tell me when you are finished?
- (11) A Yes, and I have already recalled.
- (12) Q Dr. Wilson goes on to say that he
- (13) presents with symptoms of posttraumatic
- (14) stress disorder and he currently meets
- (15) DSM-IV diagnostic criteria?
- (16) A Right.
- (17) Q Do you agree that he does or does not
- (18) meet with diagnostic criteria A? I have the
- (19) DSM-IV here if you need to refresh your
- (20) recollection.
- (21) A Yes, I have a little something here
- (22) that will help me with that too, it is in my
- (23) report so that will be fine.
- (24) He believes that he meets criteria
- (25) A and let me look at criteria A real

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(1) quickly.  
 (2) There is no doubt that he was  
 (3) confronted with an event that threatened  
 (4) death or serious injury or the threat of his  
 (5) physical integrity and I believe that he has  
 (6) response which involved intense fear,  
 (7) helplessness horror, I believe that he meets  
 (8) criteria A. It was a significant incident  
 (9) to produce posttraumatic stress disorder in  
 (10) someone, I believe that to be true.  
 (11) Q Incidentally, the literature holds does  
 (12) it not, sir, that the finding of one or more  
 (13) of these symptoms set forth in a criteria is  
 (14) a proper basis to diagnose posttraumatic  
 (15) stress disorder, you don't have to have all  
 (16) of them, true?  
 (17) A I believe you have to have all of them.  
 (18) Q You do believe that?  
 (19) A Yes, there is no doubt that that is  
 (20) true.  
 (21) Q Let's clarify.  
 (22) A Okay. I think I can right quick.  
 (23) Q Let me ask you a question.  
 (24) DSM-IV tells us at 309.81 on  
 (25) page 424 under posttraumatic stress disorder

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(1) there is a certain diagnostic features and  
 (2) it lists the criteria, do you agree so far  
 (3) with me?  
 (4) Ayes, I do.  
 (5) Q Is it your opinion that before a proper  
 (6) diagnosis of posttraumatic stress disorder  
 (7) may be made that the patient has to meet all  
 (8) of the criteria?  
 (9) A Yes, but I need to explain that answer.  
 (10) Q Go ahead and explain.  
 (11) A There are four main criteria - I'm  
 (12) sorry, five main criteria, they are called  
 (13) A, B, C, D, E and F. I'm sorry, there are  
 (14) six.  
 (15) Q Correct.  
 (16) A You have to meet all six.  
 (17) Now to meet - for example, to  
 (18) qualify for criteria in B you have to - let  
 (19) me just read it for you. The criteria B  
 (20) starts out "The traumatic event is  
 (21) persistently reexperienced in one or more of  
 (22) the following," one or more and then it  
 (23) lists five different symptoms. So by  
 (24) definition you have to meet one of those  
 (25) five sub criteria in order to qualify for

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(1) criteria B. So what I'm trying to tell you  
 (2) is if the patient has to qualify for all  
 (3) six criteria labeled A, B, C, D, E and F,  
 (4) within some of those criteria there are sub  
 (5) criteria and you do not have to meet all of  
 (6) those.  
 (7) Just to plat along a minute more,  
 (8) criteria C, persistent avoidance of stimuli  
 (9) associated with the trauma as indicated by  
 (10) three or more of the following, and then it  
 (11) goes on to list another seven. You only  
 (12) need to qualify for three of the seven under  
 (13) C, but you have to qualify for C.  
 (14) Q Your view of it is you have to qualify  
 (15) for all six criteria in order for a proper  
 (16) diagnosis of posttraumatic stress disorder?  
 (17) A That's correct.  
 (18) Q What is the bases of that, what is the  
 (19) bases of your opinion, what literature could  
 (20) you refer me to that supports that basis?  
 (21) A I believe that it is in DSM-IV and if  
 (22) you want I will - it is an interesting  
 (23) question.  
 (24) Well, I can't find the - I can't  
 (25) find it yet. Let me just give you the

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(1) rational because I'm sure I'm right about  
 (2) this.  
 (3) Q Why don't we do this, why don't you  
 (4) tell Mr. Sweeney or if you recollect later  
 (5) and can find it later where in DSM-IV or  
 (6) other literature that supports your opinion  
 (7) that there is a requirement that all  
 (8) six criteria must be met in order for there  
 (9) to be a proper posttraumatic stress disorder  
 (10) diagnosis, okay?  
 (11) Ayes.  
 (12) Q Let's go on then.  
 (13) A Okay.  
 (14) Q We will leave the question open so it  
 (15) is not foreclosed; is that fair?  
 (16) Ayes.  
 (17) Q Is there in your opinion any other  
 (18) literature that would support your opinion?  
 (19) A Yes, although -  
 (20) Q You will supply that to Mr. Sweeney  
 (21) also?  
 (22) A Yeah. If I can find other literature  
 (23) on the subject, yeah.  
 (24) Q Let's go on then, sir.  
 (25) A Okay.

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- (1) Q He tells us, Dr. Wilson does, that he  
 (2) meets criteria A and then goes on to say  
 (3) that he meets criteria B1?  
 (4) A Wight.  
 (5) Q And criteria B1, and I'm reading from  
 (6) DSM, paragraph one, the traumatic event can  
 (7) be reexperienced in various ways, commonly  
 (8) the person has recurrent and crucial  
 (9) recollections of the event, criteria B1.  
 (10) A I think you were reading from text and  
 (11) if you page on a little further I think you  
 (12) will see a block of really what the formal  
 (13) criteria are and those are kind of bottom  
 (14) line, is it down at the bottom right-hand  
 (15) corner there.  
 (16) Q Diagnostic criteria?  
 (17) A Right, if you want - those are really  
 (18) the criteria.  
 (19) Q Let's do it that way.  
 (20) A Okay.  
 (21) Q He tells us B1 and B1 says recurrent  
 (22) and intrusive distressing recollection of  
 (23) the event including images, thoughts and  
 (24) perceptions, and goes on about young  
 (25) children which is not important here.

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- (1) A Correct.  
 (2) Q You agree or disagree that that symptom  
 (3) was present?  
 (4) A I disagree, I believe that it was not  
 (5) present.  
 (6) Q The basis for that is what?  
 (7) A It is the importance of the word  
 (8) persistently up in the top of criteria B.  
 (9) "The traumatic event is persistently  
 (10) reexperienced," and then under criteria 1,  
 (11) "recurrent and intrusive distressing  
 (12) recollection." To explain -  
 (13) Q Let me just ask you this.  
 (14) A Okay.  
 (15) Q What do you mean by persistent, how  
 (16) frequently is persistent, how frequently is  
 (17) recurring, in your view how frequently is  
 (18) that?  
 (19) A Daily I think is fair.  
 (20) Q Daily?  
 (21) A Yes.  
 (22) Q Less than that the criteria wouldn't  
 (23) apply in your opinion?  
 (24) A Right, and then -  
 (25) Q What is the bases for that opinion,

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- (1) sir, that has to be daily otherwise the  
 (2) criteria doesn't apply?  
 (3) A I don't recall where I read this but  
 (4) there is a discussion - there are  
 (5) discussions about the importance of these  
 (6) words persistent and where the cut off is.  
 (7) We can all agree that when a person thinks  
 (8) an ugly thought once a year it is not a big  
 (9) deal, on the other hand if the person is  
 (10) thinking something every minute of the day  
 (11) that's pretty important too, somewhere in  
 (12) those two extremes is the cut off, but it  
 (13) seems to me that I recall daily.  
 (14) Q Sir, could you refer to us either now  
 (15) or later to Mr. Sweeney to literature that  
 (16) supports your opinion on that?  
 (17) A I may or may not be able to do that. I  
 (18) cannot remember the reference, but I would  
 (19) be interested in Dr. Wilson's if he has  
 (20) anything along those lines to the word  
 (21) persistent.  
 (22) Q All right, sir.  
 (23) A There is one other - in answer to your  
 (24) question, there is one other word - two  
 (25) other words that are very important

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- (1) associated with criteria number one, that is  
 (2) B1, recurrent I take as being pretty much  
 (3) the same thing as persistent, then  
 (4) intrusive, that's very important.  
 (5) Intrusive means that it is not  
 (6) sufficient to simply think things a lot, the  
 (7) thoughts have to appear to the sufferer to  
 (8) come out of the blue, to not be  
 (9) self-generated. It is not that they want to  
 (10) think about the injury, it is that the  
 (11) thoughts and images of the injury slam into  
 (12) them even when they don't want to think  
 (13) about it, that's Intrusive and I don't  
 (14) believe that he qualifies for that either.  
 (15) Q Well, along those lines just to drop  
 (16) down a line or two, sir, Wilson goes on to  
 (17) say, "More specifically, he has recurring  
 (18) intrusive distressing thoughts of the  
 (19) accident."  
 (20) A Yeah, he did not.  
 (21) Q He didn't indicate any of that to you?  
 (22) A No.  
 (23) Q If he communicated that to Dr. Wilson  
 (24) ten months later would you rule out that it  
 (25) was a symptom of posttraumatic stress



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- (1) disorder?
- (2) A Yeah, I think it is highly suspect.
- (3) Q Would you say that that is any kind of
- (4) evidence that Mr. Freeman is faking or
- (5) malingering?
- (6) A That, I don't know. I just don't know,
- (7) there is not -
- (8) Q You wouldn't be able to explain then in
- (9) your professional opinion how it would come
- (10) to be that Mr. Freeman would tell him this
- (11) ten months later that he would have
- (12) misdiagnosed -
- (13) MR. SWEENEY: I just want to
- (14) show an objection for the record.
- (15) If I can make a statement: There
- (16) is a lot of questions being asked that I
- (17) think overlap as to what Dr. Wilson is
- (18) saying and what Mr. Freeman is saying; for
- (19) example, I don't believe that Mr. Freeman
- (20) used the term intrusive.
- (21) MR. DOMIANO: I agree.
- (22) MR. SWEENEY: That's
- (23) Wilson's. So I'm objecting to the form of
- (24) the question because it is asking Dr. Layne
- (25) to agree that the condition was or was not

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- (1) intrusive based on what Dr. Wilson is
- (2) saying, not what Mr. Freeman was saying. So
- (3) really we're talking about Dr. Wilson's
- (4) interpretation of what Mr. Freeman told him
- (5) and we don't know what that was, so that is
- (6) the basis for my objection as to the form of
- (7) this whole series of questions.
- (8) MR. DOMIANO: Sure.
- (9) MR. SWEENEY: Thank you.
- (10) Q Now, sir, you disagree of course with
- (11) Wilson's statement that Freeman had at the
- (12) time of Wilson's examination of him having
- (13) recurring intrusive, distressing thoughts to
- (14) the accident, do you disagree with that?
- (15) A Recurrent intrusive thoughts of the
- (16) accident, you are referring to criteria
- (17) which -
- (18) Q I'm referring to the statement in
- (19) Wilson's report.
- (20) A I'm sorry.
- (21) Q Yeah.
- (22) A Okay.
- (23) Q Wilson is making -
- (24) A I know what Mr. Freeman told me a year
- (25) before this event and he didn't use the word

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- (1) of course intrusive and recurring, but he
- (2) didn't indicate that thoughts of the
- (3) accident took on either of those
- (4) two qualities, so that's perhaps the best
- (5) way for me to proceed and it is unlikely
- (6) that they would emerge after I saw him
- (7) before Wilson.
- (8) Q That that is unlikely, that that
- (9) symptom would emerge?
- (10) A Correct.
- (11) Q DSM tells us on page 426, sir, the
- (12) following and I want to ask you a question
- (13) about it, "Posttraumatic stress disorder can
- (14) occur at any age including childhood,
- (15) symptoms usually being the first three
- (16) months after the trauma, although there may
- (17) be a delay of months or even years before
- (18) the symptoms appear." You don't take
- (19) offense to that, do you, I'm reading right
- (20) from DSM?
- (21) A Neither offense nor do I disagree with
- (22) it.
- (23) Q So the appearance of a symptom years
- (24) after the event is not unusual in
- (25) posttraumatic stress disorder?

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- (1) A I believe that the statement you just
- (2) read would suggest that it is unusual though
- (3) possible, that it - typically the symptoms
- (4) would emerge in three months.
- (5) Q The literature recognizes that there is
- (6) exceptions and may be a delay of years?
- (7) A I'm just simply saying that is not
- (8) typical.
- (9) Q Going through the list of the criteria
- (10) that Dr. Wilson spells out in the last
- (11) paragraph on page 2, B1, B2, B3, B4, B5, C1,
- (12) 2 and 3, 4, 5, 6 and 7 and D1, 2 and 3 -
- (13) let's try it this way: Are there any of the
- (14) criteria that Dr. Wilson found existed that
- (15) you agree with or do you disagree that any
- (16) of them existed?
- (17) A Okay, let me look.
- (18) Let's go back to criteria B. I
- (19) have already indicated that I don't think
- (20) that his recollection of the event were
- (21) recurrent or intrusive, I don't believe his
- (22) dreams were recurrent and by the way I
- (23) remember the word persistent kind of reigns
- (24) over all of these sub criteria. Acting or
- (25) feeling as if the traumatic event were

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- (1) recurring, that is a sense of reliving an
- (2) experience, hallucinations, illusions,
- (3) dissociative flashback episodes, I don't
- (4) think so. I disagree with criteria B3 and
- (5) do not believe that he has had such
- (6) episodes.
- (7) Q That was based on what Freeman told you
- (8) at the time that you examined him?
- (9) A Right.
- (10) Intense psychological - I'm
- (11) talking now about B4 - intense
- (12) psychological distress and exposure to
- (13) internal or external cues that symbolize or
- (14) resemble an aspect of the traumatic event, I
- (15) don't believe that. I believe that after
- (16) the traumatic event he went back to work, he
- (17) didn't work around that but he worked at the
- (18) same place, he went back to the same
- (19) location and so I think that's important.
- (20) There is also under B4 another
- (21) thing that I disagree with, that is that we
- (22) talked about the accident and he did not
- (23) show a great thrill over having gone through
- (24) this on the one hand, but on the other hand
- (25) he spoke about it freely and he wasn't

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- (1) reluctant.
- (2) Physiologic reactivity on exposure
- (3) to internal or external cues that symbolize
- (4) or resemble an aspect of the traumatizing
- (5) event, B5. I don't think that that is true,
- (6) I see no evidence of sweating, heavy
- (7) breathing or any other physiological
- (8) reactivity when he ~~is~~ exposed to essentially
- (9) remainders of this vat experience. So I
- (10) don't think that he has any under B.
- (11) Again, let me just make sure I'm
- (12) being clear about this. If I'm in a car
- (13) accident or something and I remember that I
- (14) was in a car accident and further I tell you
- (15) that I don't like being in a car accident, I
- (16) didn't like it, I have ugly memories of
- (17) that, that doesn't make me mentally ill, the
- (18) ability to remember a bad experience is not
- (19) by itself a mental illness.
- (20) Moving on to criteria C -
- (21) Q Before you do that.
- (22) Your disagreement with criteria B,
- (23) B1, 2, 3, 4 and 5, the basis for your
- (24) disagreement is Ron Freeman told you nothing
- (25) that would lead you to believe that these

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- (1) symptoms were present at the time that you
- (2) interviewed him, is that the basis of your
- (3) disagreement?
- (4) A Well, Ron Freeman did not indicate
- (5) persistence and intrusiveness or
- (6) reoccurrence.
- (7) Q You mean -
- (8) A In addition, there are - the pattern
- (9) of what he did after this accident doesn't
- (10) jive with somebody who suffers this set of
- (11) symptoms. For example, going back to the
- (12) same general working environment, being able
- (13) to talk freely about the accident.
- (14) Q You are saying that is inconsistent
- (15) with your opinion, that criteria?
- (16) A Correct.
- (17) Under criteria C -
- (18) Q Under C, is there any criteria under C
- (19) that you agree with or do you disagree with
- (20) all of them?
- (21) A Let me look real quickly.
- (22) MR. SWEENEY: You take your
- (23) time. You don't have to look quickly, take
- (24) whatever is necessary.
- (25) A There is an important phrase which I

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- (1) think is worth remembering on criteria C.
- (2) Q Try to answer my question.
- (3) Do you agree with any of them or
- (4) disagree with all of them or some, that's
- (5) what I'm trying to learn?
- (6) A Sorry about that.
- (7) Q Would you agree with C1?
- (8) A Okay.
- (9) Q You agree -
- (10) A I disagree that he has C1.
- (11) Q How about C2?
- (12) A I - that C2 may be accurate.
- (13) Q And C3?
- (14) A C3, that is not true.
- (15) Q You disagree with Wilson's finding that
- (16) that criteria was present?
- (17) A Let me make sure I understand.
- (18) Wilson ~~is~~ claiming under C3 that
- (19) Mr. Freeman due to an emotional experience
- (20) is unable to recall an important aspect of
- (21) the trauma. Under C3 Dr. Wilson is going to
- (22) have to show that Mr. Freeman has amnesia
- (23) for some part of this experience.
- (24) Number 4, C4 -
- (25) Q Amnesia is the same as the inability to

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- (1) recall, is that what you are telling us?
- (2) A Um-hum.
- (3) Q How about C4?
- (4) A I disagree with that, I believe that he
- (5) does not suffer from C4.
- (6) Q Again, all of these disagreements are
- (7) based on your interview with Mr. Freeman?
- (8) A My review of the literature on him,
- (9) that is the medical records and so on, my
- (10) interviews of him, my testing of him, yes,
- (11) and other people's testing of course. So
- (12) yeah, I disagree that he had C4.
- (13) Q C5?
- (14) A I completely disagree with C5,
- (15) adamantly. He got divorced and got married
- (16) and started living with a woman.
- (17) Q C6?
- (18) A I completely disagree with C6.
- (19) Q C7?
- (20) A I completely disagree with C7.
- (21) Q Dr. Wilson goes on to say that he
- (22) currently meets the DSM-IV diagnostic
- (23) criteria involving D1, 2 and 3. Do you
- (24) agree or disagree that he had D1?
- (25) A Yes, he has D1.

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- (1) Q At the time you interviewed him?
- (2) A Yes.
- (3) I do have to make a qualification
- (4) though, that while it is technically true
- (5) that he had difficulty - he reports
- (6) difficulty falling or staying asleep, at the
- (7) same time it is my recollection that he says
- (8) that the cause of that was physical, that he
- (9) felt physical pain. So while the criteria
- (10) is written that way and I guess we have to
- (11) go along with him, I don't think it is the
- (12) intention of the diagnostic manual to
- (13) qualify people for criteria D1 if for
- (14) example they work the night shift and people
- (15) wake them up all night for one reason or the
- (16) other, the assumption is that it is due to
- (17) the trauma and I don't believe that his
- (18) difficulty falling and staying asleep is due
- (19) to the emotional problem.
- (20) Q Now about D2?
- (21) A I completely disagree with D2.
- (22) Q D3?
- (23) A I disagree with D3.
- (24) Q Did you find that any of these symptoms
- (25) were present before the accident of

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- (1) August, '93?
- (2) A Yes.
- (3) Q What was the bases of that, which
- (4) symptoms and what is the bases?
- (5) A The most important one is D2,
- (6) irritability and outbursts of anger. This
- (7) is a fellow who clashed with a number of
- (8) people beginning with his mother when he was
- (9) 17 years old and the people in the Army and
- (10) I believe his first wife, and so I think
- (11) that it is fair to suspect irritability and
- (12) outbursts of anger before this trauma.
- (13) Q You characterized those activities as
- (14) clashing with the Army and clashing with his
- (15) wife?
- (16) A Right.
- (17) Q Does the term "clash" have a
- (18) psychological significance?
- (19) A No, I'm speaking in English language.
- (20) Irritability is a fair, technical term.
- (21) Q In reading the rest of the paragraph
- (22) that starts with the terms "More
- (23) specifically" and end with the terms "loss
- (24) of patience," is there anything there that
- (25) you agree with that Dr. Wilson has set

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- (1) forth?
- (2) A Ask the question again, please.
- (3) Q Sure.
- (4) Looking at Dr. Wilson's report
- (5) that starts with the words in the last
- (6) paragraph "More specifically" and ending
- (7) with the words "loss of patience."
- (8) A Okay.
- (9) Q Is there anything that is there between
- (10) those words that you agree with?
- (11) A All right.
- (12) Q I assume you are going to disagree with
- (13) most of it, but I'm trying to find out if
- (14) you agree with any of it.
- (15) A I agree that he had "nightmares of the
- (16) accident," the trouble is the frequency. I
- (17) just don't think the frequency is high
- (18) enough to warrant meeting the criteria.
- (19) Q Again, you would - your view is that
- (20) it has to be on a daily basis to meet the
- (21) criteria; is that right?
- (22) A In terms of nightmares I believe that
- (23) the tradition is several times a week, but
- (24) I'm a little fuzzy on the precise memory,
- (25) yeah.

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- (1) Q Anything else that you agree with?  
 (2) A I find it difficult to agree or  
 (3) disagree with this statement beginning with  
 (4) the word "and" nightmares of the accident  
 (5) and then it - I'm sure it is a  
 (6) typographical error - just increased  
 (7) psychological and physiological distress,  
 (8) again exposure to cues. I don't know what  
 (9) "again" means, but I'm not quite sure what  
 (10) he's -  
 (11) Q You think there is a typo there?  
 (12) A Upon, maybe he means upon exposures to  
 (13) cues which resemble. At any rate let's  
 (14) assume the work "again" really is "upon  
 (15) exposure," let's assume that, and then there  
 (16) is the incident.  
 (17) Q Assume that that is the word, you agree  
 (18) or disagree?  
 (19) A I disagree.  
 (20) The next sentence, "He has active  
 (21) avoidance behaviors." He went back to work,  
 (22) I just don't get it. He freely discusses  
 (23) the accident, I cannot imagine what active  
 (24) avoidance behaviors we are talking about.  
 (25) Q The next paragraph, "Efforts to

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- (1) minimize the impact of his injury to his  
 (2) sense of well-being." He makes efforts to  
 (3) minimize the impact of his injury to his  
 (4) sense of well being?  
 (5) A I'm not quite sure I understand that  
 (6) sentence, but I don't portray him as  
 (7) somebody who is putting forth efforts to  
 (8) minimize the impact of the injury, I don't  
 (9) think that that is true. I believe he is  
 (10) emphasizing the impact of his injury.  
 (11) Q Anything else that you agree with, that  
 (12) was the question? You told me what you  
 (13) disagree with and why, my question is  
 (14) anything that you agree with?  
 (15) A Is there anything I agree with? I  
 (16) agree that he experiences sleep disturbance  
 (17) and while I agree that he experiences a  
 (18) "loss of patience" I believe that that  
 (19) pre-existed the accident.  
 (20) Q All right, sir.  
 (21) The next paragraph on page 5,  
 (22) would you read that full paragraph to  
 (23) yourself and let me know when you are  
 (24) finished?  
 (25) A I believe that I'm about to read a

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- (1) page 4, his page 4; am I right? It begins  
 (2) with "The results of the psychological"?  
 (3) Q Yes and ends with "borderline  
 (4) features."  
 (5) A All right, okay.  
 (6) I have read the paragraph.  
 (7) Q Let's take it line-by-line.  
 (8) "The results of the psychological  
 (9) testing are consistent with his clinical  
 (10) presentation of suffering from PTSD" -  
 (11) which is obviously posttraumatic stress  
 (12) disorder?  
 (13) A Right.  
 (14) Q - "depression and anxiety." I would  
 (15) trust that you disagree with that statement?  
 (16) A Well, I really can't agree or disagree  
 (17) because I don't have his - I don't have  
 (18) Dr. Wilson's test, so I don't have the  
 (19) profile, I don't know what his test profile  
 (20) says.  
 (21) Q The next sentence is, "On the MMPI-2 he  
 (22) scores positively on both PTSD indices" and  
 (23) he gives the indices PK=28, T=83, PS=45,  
 (24) T+93.  
 (25) A flight.

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- (1) Q Do you see that?  
 (2) A Yes, I do.  
 (3) Q You administered a similar test to him,  
 (4) did you not?  
 (5) A I did, I administered the same test.  
 (6) Q Were the scores that you found the same  
 (7) or different than the scores that Dr. Wilson  
 (8) administered, namely PK=28?  
 (9) A Let me look. They were almost - let  
 (10) me look exactly. I know that he scored  
 (11) elevations for me that were similar, let's  
 (12) see how similar.  
 (13) Q What was the PK that you found?  
 (14) A The PK was for me about a 79, for him  
 (15) was an 83, that is not significantly  
 (16) different.  
 (17) Q What PK did you find, was it close  
 (18) to 28?  
 (19) A Oh, okay. Let's see what he is doing,  
 (20) mine was a 26.  
 (21) Q How about the T, yours was 79?  
 (22) A Mine was 79 his 83.  
 (23) Q PS, his was 45, what did you have?  
 (24) A I got a 42.  
 (25) Q His T was a 293?

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- (1) A AT, roughly 89 or so, yeah. Those are
- (2) **not** significantly different.
- (3) Q You will agree then that he scored
- (4) positively on both PTSD indices?
- (5) A Yes.
- (6) Q What is the significance of that?
- (7) A Both **of** those scales are called
- (8) supplementary scales, they are not on the
- (9) primary scales **of** the **MMPI-2**, they have been
- (10) roundly criticized by every MMPI expert as
- (11) needing further research, as not being very
- (12) good. Major criticism is that they are easy
- (13) to exaggerate, I mean the items are
- (14) transparent.
- (15) Q So the degree of significance is
- (16) slight, moderate or heavy?
- (17) A The significance of those two
- (18) elevations is slight, it should be attended
- (19) to and I did put it in my report, but they
- (20) were not **valid** scales.
- (21) Q He goes on to say, "He has elevations
- (22) on eight of ten clinical scales and
- (23) extremely high scores on hysteria,
- (24) depression, psychasthenia and
- (25) hypochondriasis."

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- (1) A Right.
- (2) Q Is there any part of that sentence that
- (3) you agree with?
- (4) A Well, once again, since I don't have
- (5) Wilson's test I have no idea and he doesn't
- (6) give the T scores.
- (7) I do have the test that I gave him
- (8) and these results that he has described fit
- (9) the profile I got to a T.
- (10) Q Elevations of all of the ten clinical
- (11) scales?
- (12) A Let me count those. I got elevations
- (13) on seven of the ten, yeah, seven of the ten.
- (14) Q Those are **of** significant differences?
- (15) A He and I both got extremely high scores
- (16) on hysteria.
- (17) Q So in substance you don't disagree with
- (18) that statement even not knowing what his
- (19) testing was, but you are saying there were
- (20) elevations on seven of ten that you found?
- (21) A **No**, I bet our profiles are almost
- (22) carbon copies.
- (23) Q What is the significance of those
- (24) elevations?
- (25) A Well, the most important one is that

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- (1) his peak at least on my testing - and he's
- (2) indicating on his too - the peak is on
- (3) hysteria.
- (4) Q Hysteria is a scale that measures
- (5) tendency to exaggerate physical problems?
- (6) A I believe that he and I would agree
- (7) that as the **MMPI** scales go up things **get**
- (8) worse and worse. It is most important and
- (9) universally accepted that the most important
- (10) scale is the scale that is most elevated.
- (11) Q What is the significance of the scales?
- (12) A It exaggerates his physical problem and
- (13) in addition he has real physical problems.
- (14) Q Are you telling me what the scores
- (15) mean?
- (16) A Yes, specifically what the elevations
- (17) on hysteria means.
- (18) Q What about depression, psychasthenia
- (19) and hypochondriasis?
- (20) A Again, I can talk about my profile.
- (21) His second highest elevation was
- (22) hypochondriasis, and that is a - that is a
- (23) scale that sort of means what it sounds
- (24) like, it means hypochondriasis.
- (25) Hypochondriasis is a scale that measures

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- (1) one's tendency to engage in hypochondriacal
- (2) exaggerations of physical problems.
- (3) Q Those are elevated?
- (4) A Yes, not only are they elevated both
- (5) for Wilson and for me, at least for me it is
- (6) the second highest elevation. Once again
- (7) says what is going on here, we have a guy
- (8) here that is not suffering from
- (9) posttraumatic stress disorder that is a fear
- (10) of a trauma, he is somebody that is wound up
- (11) from his physical problems.
- (12) Q That is contrary to what Wilson says
- (13) though. Wilson says this is all indicative
- (14) of posttraumatic stress disorder, does he
- (15) not, and you don't agree with that?
- (16) A I don't. If that's what he's saying I
- (17) don't agree with it.
- (18) Q You agree that that's what he is
- (19) saying?
- (20) A Yes, I will agree with that.
- (21) Q These are all indications that he had
- (22) posttraumatic stress disorder, these
- (23) elevations **of** the scale?
- (24) A Again, I hate to be too literal but I
- (25) don't believe that he is saying every

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- (1) elevation is indicative of posttraumatic
- (2) stress disorder, he simply concludes after
- (3) describing this paragraph and others that
- (4) the guy has posttraumatic stress disorder.
- (5) Q Well, just to clarify that issue.
- (6) He said right at the beginning of
- (7) the paragraph the results of the
- (8) psychological testing is he suffered from
- (9) PTSD?
- (10) A That is correct, yes, yeah.
- (11) Q I know you disagree with that, but that
- (12) is Wilson's position?
- (13) A You are exactly right.
- (14) Q These elevations which you found seven
- (15) of the ten, he says those are indications of
- (16) PTSD, you say otherwise?
- (17) A You are exactly correct. He is making
- (18) the case that extremely high scores on
- (19) hysteria, hypochondriasis and significant
- (20) elevations of the health concern, he
- (21) believes that those are evidence of
- (22) posttraumatic stress.
- (23) Q He goes on to say and I quote, which
- (24) may be repeating something that you just
- (25) said, "The content scales also show

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- (1) significant elevations on health concerns,
- (2) anxiety, depression, obsessiveness, anger,
- (3) and low self-esteem among others."
- (4) A Wight.
- (5) Q Did you find the same thing?
- (6) A Pretty much, right.
- (7) Q But you say it has no significance with
- (8) respect to him having PTSD, Wilson says it
- (9) does?
- (10) A That's correct.
- (11) Q Is that where we are on that issue?
- (12) A Yes, yes.
- (13) Q He goes on to state, "He has low ego
- (14) strength, pronounced malaise and depressive
- (15) symptoms." Did your testing indicate that
- (16) ~~or~~ do you disagree with all of it, part of
- (17) it or none of it?
- (18) A Well, again, I can **look** to my test
- (19) which I found low ego strength and I believe
- (20) that that is probably accurate.
- (21) Q Did you find propounded malaise?
- (22) A No. Again, the word pronounced malaise
- (23) means that he has this **problem** relative to
- (24) his other problems and I don't see
- (25) pronounced malaise. For example, malaise

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- (1) would suggest depression as an important
- (2) variable, on my testing depression is the
- (3) fifth highest scale. There are more scales
- (4) that are more elevated or four out of ten
- (5) that are more elevate than depression. So I
- (6) don't know what Wilson's profile says, but I
- (7) just —
- (8) Q You are talking specifically to his use
- (9) of the word "pronounced"?
- (10) A Yes. Pronounced is the biggest problem
- (11) the person has.
- (12) Q Let's go on.
- (13) "The results of the Impact Of The
- (14) Events Scale indicate a positive case of
- (15) PTSD with elevations in all three symptom
- (16) clusters of intrusion, avoidance and
- (17) hyperarousal." Did you administer an Impact
- (18) Of Events Scale?
- (19) A No.
- (20) Q Do you know what it is?
- (21) A Yes.
- (22) Q Assuming for the moment that the
- (23) results indicate elevations on all
- (24) three symptoms clusters of intrusion,
- (25) avoidance and hyperarousal, would you agree

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- (1) that Freeman has had or has PTSD?
- (2) A No, same general problem. I believe
- (3) that this scale does not have a validity
- (4) scale, and that therefore it is structured
- (5) in a way to ask a question to list whatever
- (6) symptoms he think he has or doesn't have,
- (7) but I don't believe that it is controls for
- (8) **people** who are exaggerating.
- (9) Q You didn't administer the Impact of
- (10) Event Scale?
- (11) A I did not, and don't know what his
- (12) scores are on it.
- (13) Q Why didn't you administer that test?
- (14) A I administered another test which I
- (15) thought was a little better because —
- (16) Q Is that the reason you felt another one
- (17) was better?
- (18) MR. SWEENEY: I'm just going
- (19) to object now because you are cutting him
- (20) off. He is attempting to answer and you are
- (21) speaking right over him when he sometimes is
- (22) only half through.
- (23) Q Let me rephrase the question.
- (24) What is the reason you didn't
- (25) administer an Impact Of Events Scale Test?

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- (1) A Because I don't think it is as valid of  
 (2) the tests that I and for two reasons. One  
 (3) is that the Personality Assessment Inventory  
 (4) Search is for a wide range of personality  
 (5) and psychological problems as opposed to  
 (6) just restricting him to one disorder  
 (7) personality assessment inventory. Mine has  
 (8) validity scores and personality assessments  
 (9) inventory, also has a scale which  
 (10) specifically measures posttraumatic stress  
 (11) disorder and probably has a more valid  
 (12) measure; by the way, on my test he shows no  
 (13) evidence on that.  
 (14) Q Is there literature that you could  
 (15) refer me to that supports your opinion that  
 (16) one is more broader and accurate than the  
 (17) other supports for that?  
 (18) A Well, I can, certainly.  
 (19) Q Or is that just your opinion?  
 (20) A I believe I can give you literature to  
 (21) support the way that I have just described.  
 (22) Q Can you refer me to literature that  
 (23) says one test is superior to the other?  
 (24) A No, no.  
 (25) Q That is your -

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- (1) A Only indirectly, I can also do what I  
 (2) just mentioned and that is probably provide  
 (3) literature on the Impacts of Events Scales  
 (4) not having validity scales. For example, we  
 (5) all know it focuses on one and only one  
 (6) thing.  
 (7) Q Let's go on, sir.  
 (8) "The results of the SCL-90-R  
 (9) identify him as a positive clinical case  
 (10) with elevations on eight of the nine  
 (11) psychiatric sub scales." Did you administer  
 (12) that test?  
 (13) A No.  
 (14) Q What is the reason why you didn't  
 (15) administer that test?  
 (16) A Pretty much the same thing, I thought  
 (17) that the personality assessment inventory  
 (18) was a broader and a test that has good  
 (19) validity scales, this doesn't determine the  
 (20) extent to the person that exaggerating.  
 (21) Q Again, any literature you can show me  
 (22) to that supports that position, that one is  
 (23) superior to the other?  
 (24) A I'm not saying that the SCL-90 is  
 (25) superior, I'm not saying that. Although -

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- (1) well, let me just stop there I'm not making  
 (2) that point.  
 (3) Q Let's go on.  
 (4) "The results of the MCMI-III are  
 (5) also consistent with the MMPI-2, SCL-90-R  
 (6) and IES-R and shows significant elevations  
 (7) on anxiety disorder, somatoform disorder,  
 (8) dysthymia disorder, posttraumatic stress  
 (9) disorder and major depression." Did you  
 (10) administer an MCMI-III?  
 (11) A No.  
 (12) Q Any reason for that?  
 (13) A Same thing. I think that the two that  
 (14) I administered were sufficient numbers of  
 (15) tests to put him through.  
 (16) Q That is just your opinion, not based on  
 (17) any literature you can refer me to?  
 (18) A No.  
 (19) Q What is the significance of a MCMI-III  
 (20) showing elevations on anxiety disorder,  
 (21) somatoform disorder and dysthymia order,  
 (22) posttraumatic stress disorder and major  
 (23) depression, what is the significance?  
 (24) A The first significance is that he is  
 (25) scoring highly on a lot of scales. This

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- (1) fellow has anxiety, depression, somatoform,  
 (2) posttraumatic stress, various kinds of  
 (3) depression, so that is the first important  
 (4) thing, it is just a lot of mental health  
 (5) disorders being reported by a guy who works  
 (6) for over a year after the accident and then  
 (7) he wasn't fired for incompetence, he quit.  
 (8) So apparently he have somebody who is able  
 (9) to produce -  
 (10) Q My question, sir, is what is  
 (11) significant of that?  
 (12) A The first significance is that he is  
 (13) showing a wide range of mental health  
 (14) disorders.  
 (15) Q Including posttraumatic stress  
 (16) disorder?  
 (17) A Including posttraumatic stress disorder  
 (18) and lots of other stuff, yes.  
 (19) Q Let's go on.  
 (20) "On Axis II, the MCMI-III  
 (21) indicates a dependant personality disorder  
 (22) with schizoid, avoidant and borderline  
 (23) features." You agree with that, totally  
 (24) disagree?  
 (25) A Well, I'm sure that it shows a

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- (1) personality disorder. Again, I don't have
- (2) his test in front of me, but I diagnosed a
- (3) personality disorder.
- (4) Q So therefore, you agree or disagree
- (5) with the statement?
- (6) MR. SWEENEY: Objection. He's
- (7) being cut off without being permitted to -
- (8) Q Go ahead and finish your answer and I
- (9) will ask you the next question.
- (10) A I'm not quite sure where we are, but I
- (11) diagnosed a personality disorder, he's
- (12) finding a personality disorder on the
- (13) MCMI-III so I believe there is consistency.
- (14) Do I agree with the statement? I
- (15) have no idea. I don't know whether or not
- (16) Freeman really scored significantly on
- (17) personality disorders, I don't know because
- (18) I don't have the profile.
- (19) Q Okay. The next paragraph would you
- (20) read that to yourself begins with "The
- (21) results" and ends with "this examiner."
- (22) Read that and let me know when you
- (23) are finished?
- (24) A Okay.
- (25) Q Okay.

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- (1) A I have read and I agree with everything
- (2) that is written in that paragraph. I agree
- (3) with each of the statements taken
- (4) separately.
- (5) MR. DOMIANO: Off the record.
- (6) -----
- (7) (Discussion had off the record.)
- (8) -----
- (9) BY MR. DOMIANO:
- (10) Q The next area of Dr. Wilson's report is
- (11) on page 4 under the heading Multiaxial
- (12) Assessment-DSM-IV (1994). Let's see if you
- (13) agree with me, what Dr. Wilson is doing
- (14) there is restating what is part of text of
- (15) the DSM-IV 1994 manual, would you basically
- (16) agree with that?
- (17) A Yes, that appears to be true.
- (18) Q It goes on to spell out diagnostic
- (19) axes, and Axis I tells us that - Axis I,
- (20) "Clinical disorders and other conditions
- (21) that may be the focus of clinical
- (22) attention." I think he is repeating what is
- (23) in the DSM-IV, would you agree with that?
- (24) A I think so.
- (25) Q I assume you would agree with that

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- (1) because I believe it comes out of the DSM-IV
- (2) and so forth?
- (3) A Right.
- (4) Q Would you direct your attention to
- (5) page 5, the paragraph starting with the
- (6) words "The multiaxial" and ending with the
- (7) words "specified below," read that to
- (8) yourself please and then I will ask you some
- (9) questions.
- (10) A Okay, I have read the paragraph.
- (11) Q Let's take it line-by-line to maybe get
- (12) through it quickly.
- (13) Do you agree with the first
- (14) sentence?
- (15) A Yes.
- (16) Q The next sentence, "These standards"
- (17) beginning with those words and ending with
- (18) "forensic purposes," do you agree with that
- (19) statement or disagree?
- (20) A I agree with it.
- (21) Q The next statement that begins "In this
- (22) case" and ends with the word "criteria"?
- (23) A Right. It is an unclear statement
- (24) reading, "In this case, the plaintiff falls
- (25) within the standards of identifiable

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- (1) standards of psychiatric diagnostic criteria
- (2) within the standards of identifiable
- (3) standards of psychiatric diagnostic
- (4) criteria."
- (5) Q A problem with the grammar or the
- (6) concept?
- (7) A The grammar is - so I think what he's
- (8) trying to say is that the -
- (9) Q How about if we say -
- (10) A He falls within.
- (11) Q - perimeters of -
- (12) A I agree with the criteria, I agree with
- (13) that. The plaintiff does in fact fall
- (14) within the standard of certain psychiatric
- (15) diagnostic criteria.
- (16) Q Then the next to last sentence begins
- (17) with "As the diagnostic" and ends with the
- (18) terms "specified below"?
- (19) A Una-hum.
- (20) Q You agree or disagree with the
- (21) statement as stated?
- (22) A It is a little vague, but let me try to
- (23) take it apart. "The plaintiff has been
- (24) demonstrably injured," there is no doubt
- (25) about that, the physical injury is clear.



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- (1) "By the stressor dimensions  
 (2) discussed in this report," I think he means  
 (3) the fall into the vat.  
 (4) "And as a direct consequence," he  
 (5) goes on, "of the specified stressor events  
 (6) **is** suffering from the psychiatric conditions  
 (7) specified below." I don't agree with that  
 (8) since I **didn't** diagnose some **of** what he  
 (9) diagnosed.  
 (10) Q Would you agree that he suffers from  
 (11) some psychiatric condition related to the  
 (12) fall in the vat, would you agree with that?  
 (13) A I do believe that he suffers from  
 (14) psychological conditions and that some of  
 (15) those psychological conditions are at least  
 (16) related to the **fall**, yes.  
 (17) Q Well, you are familiar enough with  
 (18) depositions and court testimony to know that  
 (19) one of the burdens of proof that the  
 (20) plaintiff has is to show cause and  
 (21) relationship between the injury and the  
 (22) condition, are you not?  
 (23) **a** Wight.  
 (24) Q Do you agree with me that that is what  
 (25) Wilson is talking about, that there is a

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- (1) cause and relationship between the  
 (2) psychological or psychiatric condition and  
 (3) the fall?  
 (4) MR. SWEENEY: Objection as to  
 (5) what Wilson is talking about.  
 (6) MR. DOMIANO: I want to know  
 (7) what he understands.  
 (8) MR. SWEENEY: Well, my  
 (9) objection is that Wilson says what he says,  
 (10) and now you are asking him to try to tell  
 (11) you what Wilson means by what he is saying  
 (12) and I don't know how he can do that.  
 (13) MR. DOMIANO: That's your  
 (14) objection.  
 (15) Q Can you answer the question as asked?  
 (16) A I believe that means that the **fall** in  
 (17) the vat, I believe that Wilson means that  
 (18) the fall in the vat = hang on, yeah = the  
 (19) cause **of** the psychological conditions that  
 (20) he goes on to diagnose. He blames the fall  
 (21) for all four psychiatric conditions that he  
 (22) diagnosed.  
 (23) Q You may not agree that the psychiatric  
 (24) conditions exist, but Wilson is telling us  
 (25) in his opinion that the fall in the vat

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- (1) generated those conditions; is that a fair  
 (2) statement?  
 (3) MR. SWEENEY: Objection.  
 (4) A That appears to be true, **of** course you  
 (5) have to ask him.  
 (6) Q Going down then to the language under  
 (7) diagnostic impressions, "Based on the  
 (8) psychological examination and a review of  
 (9) the pertinent psychological testing,  
 (10) documents and other data sources, the  
 (11) diagnostic impressions, classified in DSM-IV  
 (12) format are as follows:" Do you agree,  
 (13) disagree or otherwise with what I have just  
 (14) read? I mean, it says that but -  
 (15) A I understand.  
 (16) MR. SWEENEY: Show an  
 (17) objection.  
 (18) A Again, I'm not sure what you are asking  
 (19) me.  
 (20) **Do I** agree with the words, no, in  
 (21) the sense that I didn't diagnose the things  
 (22) that come after them; yes, he wrote them I  
 (23) assume and they are -  
 (24) Q You may not agree with his diagnostic  
 (25) impressions, but this is at least what Re's

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- (1) telling us they are, do you find any fault  
 (2) with that?  
 (3) MR. SWEENEY: Objection.  
 (4) Are you asking him if that's what  
 (5) it says? I really don't know what you are  
 (6) asking, Joe.  
 (7) MR. DOMIANO: I understand  
 (8) that's your objection. If the witness tells  
 (9) me he doesn't understand I will ask another  
 (10) question.  
 (11) MR. SWEENEY: I think he's  
 (12) indicating he doesn't understand.  
 (13) Q You don't understand my question?  
 (14) A That **is** correct. I interpreted your  
 (15) question **to** mean what do I think he means,  
 (16) that's my problem.  
 (17) Q Let me rephrase the question.  
 (18) Dr. Wilson is giving us his  
 (19) opinion of multiactual assessments, could  
 (20) you agree with that?  
 (21) A yes.  
 (22) Q He lists here for us under Axis I, I  
 (23) think that's some kind of a -  
 (24) A **Looks** like an **F**.  
 (25) Q I want you to assume that he means

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- (1) Axis I a clinical disorder because what  
 (2) follows agrees with that.  
 (3) A Right, right.  
 (4) Q He gives us a diagnostic code and a  
 (5) DSM-IV classification, and this is what he  
 (6) says is his diagnostic impression and I'm  
 (7) trying to find out if you agree or disagree  
 (8) with his diagnostic impression, okay?  
 (9) A All right.  
 (10) Q First one is posttraumatic stress  
 (11) disorder, chronic. I assume you disagree  
 (12) with that?  
 (13) A I disagree with that.  
 (14) Q Have you given us all the bases for  
 (15) that disagreement or is there anything that  
 (16) you want to add?  
 (17) A I may have. I mean, there is always  
 (18) another issue that may produce more  
 (19) evidence. Yeah, I have tried during the  
 (20) course of our conversation to say why I  
 (21) disagree.  
 (22) Q I'm trying not to repeat what we have  
 (23) gone through before.  
 (24) Dysthymia, late onset. Do you  
 (25) disagree with that diagnostic impression?

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- (1) A Yes, I disagree with that.  
 (2) Q Have you given us all the bases for  
 (3) that?  
 (4) A We have hardly talked about that.  
 (5) Q Anything that you want to add?  
 (6) A Rewinding back to posttraumatic stress  
 (7) disorder, page 8, under differential  
 (8) diagnoses really pertinent to that question,  
 (9) I spell out why I disagree with the  
 (10) diagnosis of posttraumatic stress disorder  
 (11) on page 8 my report.  
 (12) Q We will get to that.  
 (13) A In terms of dysthymia, the major thing  
 (14) that bothers me about this dysthymia is that  
 (15) he's - he's talking about dysthymia as a  
 (16) chronic depression by definition and so  
 (17) major depression is more of a brief and  
 (18) acute kind of depression.  
 (19) So perhaps I can lump the two  
 (20) together to say that I don't believe that  
 (21) there is evidence that this fellow is  
 (22) depressed. His depression scale for my  
 (23) testing was about his fifth highest  
 (24) elevations; in other words, there were four  
 (25) other scales that were higher, that is

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- (1) important.  
 (2) The same thing basically was  
 (3) through my personality assessment inventory,  
 (4) when his - as I recall, his depression  
 (5) scale was his second highest with somatoform  
 (6) disorder being his highest, somebody who is  
 (7) expressing irritability who goes back to  
 (8) work and then leaves.  
 (9) So I guess, you know, the tedious  
 (10) way to do it would be to go through the  
 (11) different criteria and determine if he fits  
 (12) them, but I don't think there is enough  
 (13) evidence for it based on testing and his  
 (14) complaints and history.  
 (15) Q You are giving us your reasons why you  
 (16) disagree with his impression for dysthymia?  
 (17) A Really post dysthymia and major  
 (18) depression, he seems more angry than  
 (19) depressed.  
 (20) Q You have given us the bases for it now?  
 (21) A As best I can, right.  
 (22) Q The literature which you can refer me  
 (23) to to support that opinion is what, sir?  
 (24) A The diagnostic and statistical manual I  
 (25) would be looking under dysthymia and under

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- (1) major depression to see if those two fits  
 (2) the criteria for those two.  
 (3) Q Let's go to Axis II, personality  
 (4) disorder.  
 (5) A All right.  
 (6) Q He finds as a diagnostic impression  
 (7) that he has a personality disorder with  
 (8) dependant, schizoid and borderline  
 (9) features. Do you agree with that,  
 (10) borderline features?  
 (11) A Very close. I diagnosed a personality  
 (12) disorder, also my test is a little different  
 (13) than his in that we are both diagnosing a  
 (14) personality - I believe a personality  
 (15) disorder not otherwise specified, that would  
 (16) be the formal terminology. He said with  
 (17) dependant schizoid and borderline features.  
 (18) Onset antisocial features, it is a relative  
 (19) trivial difference, but a difference  
 (20) nonetheless, but both of us seem to agree on  
 (21) that diagnosis.  
 (22) Q And Axis III, general medical  
 (23) conditions, medical conditions relevant to a  
 (24) diagnoses of multiple semantic complaints  
 (25) associated with post burn sequela. Do you

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- (1) agree or disagree with that diagnostic
- (2) diagnosis?
- (3) A Yeah, I agree with that as long as
- (4) semantic complaints are regarded as a
- (5) complaint, which in my report I say are
- (6) overly emphasized.
- (7) Q What is the significance of overly
- (8) emphasized in this case?
- (9) A Well, recall that my diagnosis was a
- (10) very mild somatoform disorder which is
- (11) another way of saying that he's more wrapped
- (12) up in his very real physical injuries, but
- (13) he's very wrapped up in them and preoccupied
- (14) with them so they hurt him more than they
- (15) should, though they ought to hurt, there is
- (16) no doubt about that.
- (17) Q Is that consistent or not consistent
- (18) with someone that has suffered from injuries
- (19) such as he has in your opinion to overly
- (20) exaggerate?
- (21) A No. Most people who are physically
- (22) injured do not exaggerate their injuries.
- (23) Q How about those with any of these
- (24) disorders, mental disorders, you say no?
- (25) A With any of these mental disorders, the

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- (1) ones that you mean that -
- (2) Q The ones that you found he had.
- (3) A The ones that I found he had, okay.
- (4) By definition the mental disorder
- (5) - somatoform pain disorder is by
- (6) definition a disorder of exaggeration, where
- (7) you take a real physical injury but then the
- (8) patient blows it up and makes it twice as
- (9) bad as it is.
- (10) Q That is a known, recognized mental
- (11) disorder?
- (12) A Oh, yes.
- (13) Q In this case that known recognized
- (14) mental disorder would have been caused by
- (15) him falling in the vat, getting burned,
- (16) wouldn't you agree?
- (17) A Yes.
- (18) Q Axis IV, psychosocial and environmental
- (19) problems/psychosocial stressors. History of
- (20) the chemical burns and posttraumatic
- (21) sequela, history of substance abuse, history
- (22) of unemployment is that an accurate
- (23) diagnostic impression that he's setting
- (24) forth here in your view, in your opinion?
- (25) A Yeah, I believe that is accurate. Now,

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- (1) let me think for just a second here.
- (2) If by posttraumatic sequela he
- (3) means posttraumatic stress disorder. Of
- (4) course I disagree with that. Clearly he has
- (5) a history of chemical burns, clearly has a
- (6) history of problems with unemployment and
- (7) still does. History of substance abuse, I
- (8) completely agree with that, that he has a
- (9) history of substance abuse. I'm curious
- (10) about-
- (11) Q Is that - I'm sorry, go ahead.
- (12) A I'm intrigued by the fact that I don't
- (13) recall him mentioning the substance abuse.
- (14) Him meaning Wilson, discussing the substance
- (15) abuse in the report, he just kind of throws
- (16) it in under stressors. So any way, that's
- (17) just curious, I may be wrong about that, but
- (18) it is just very confusing.
- (19) Q I'm sorry, finish.
- (20) A It is very confusing under the
- (21) diagnosis to come forth with history of
- (22) substance abuse whereas he doesn't mention
- (23) it in the report.
- (24) Q Did you find a history of substance
- (25) abuse?

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- (1) A Oh, yes.
- (2) Q He read your report?
- (3) A Right. Well, if he relied on my report
- (4) I'm flattered.
- (5) Q Well, good, that gives him some
- (6) credence.
- (7) The underlying question though
- (8) here, sir, is that you agree or disagree
- (9) with the diagnostic impression that he's
- (10) setting forth under Axis IV?
- (11) A I agree with chemical burns, problems
- (12) with unemployment that are chronic and
- (13) history of substance abuse, I agree with
- (14) those three.
- (15) Q What is the significance of an Axis IV
- (16) finding like this, what does it mean to us,
- (17) what does it mean to the jury, what does it
- (18) mean to us as lawyers, non-psychologists?
- (19) A Some of the things I just want to add
- (20) in is that he got a divorce after the
- (21) chemical burns and then started living with
- (22) a woman and eventually remarried her after I
- (23) saw him, and those are also significant
- (24) stressors.
- (25) Q Excuse me, even after a 20-year

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- (1) separation?
- (2) A Yeah, he – sure, divorcing somebody is
- (3) in itself stressful.
- (4) The essence of it is that this
- (5) Axis IV is just a fancy way of saying the
- (6) obvious, which is if you got these mental
- (7) illnesses and you live in Shaker Heights and
- (8) you have two parents running around catering
- (9) to all your needs and no money problems,
- (10) nothing is terribly wrong, you have no
- (11) stress and yet you are mentally ill. On the
- (12) other hand, you have a very mild mental
- (13) illness and you are in a concentration camp,
- (14) you know, we need to then interpret you in a
- (15) very different way. I mean, here is
- (16) somebody that ~~is~~ enduring pretty well a
- (17) pretty horrible set of stressors.
- (18) So is this saying here – he is
- (19) listing these, I believe Wilson is – let me
- (20) phrase this differently.
- (21) Axis IV is meant to ask the
- (22) question is there anything else contributing
- (23) to this guy's problems, is there anything
- (24) that is driving his mental illness along
- (25) even as we speak. I would agree that the

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- (1) chemical burns is one, that chronic
- (2) unemployment is another and the history of
- (3) substance abuse is clearly the third.
- (4) Q Wouldn't you agree also, sir, that with
- (5) that history, falling into the vat would
- (6) enhance his vulnerability to a mental
- (7) disorder?
- (8) A Yes, it would enhance his
- (9) vulnerability.
- (10) Q The next Axis V, global assessment of
- (11) functioning, he states GAF code 50-Serious
- (12) Symptoms, what does that mean to you?
- (13) A In my report under page 8 I explained
- (14) the scale pretty much. It is a scale that
- (15) goes from 100 to 0, and essentially 100
- (16) means that you are functioning at a superior
- (17) level and anything down to about 85 or so is
- (18) normal, and then you start getting as you go
- (19) down the scale to zero increasingly more
- (20) mentally ill, so it is – in other words,
- (21) Axis V ~~is~~ a way of Wilson and me summarizing
- (22) that, look, given all these four diagnoses
- (23) how well is the guy doing and Wilson is
- (24) saying he's seriously mentally ill.
- (25) Q So you agree?

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- (1) A No.
- (2) Q Moderately mentally ill or can you
- (3) quantify to a degree of his mental illness?
- (4) A My report on page 8 gives him a 71 as
- (5) opposed to a 50, so my – the words
- (6) associated with mine is very mild. So I see
- (7) him as much less severe mentally.
- (8) Q Now, the language under answers to
- (9) assessment questions, number one, "As a
- (10) result of suffering chemical burns on August
- (11) 18th, 1993 Mr. Freeman suffers from chronic
- (12) posttraumatic stress disorder, dysthymia and
- (13) episodes of major depression."
- (14) We understand you disagree that he
- (15) ~~is~~ suffering from posttraumatic stress
- (16) disorder. Again, do you agree or disagree
- (17) that he's suffering from dysthymia?
- (18) A I disagree.
- (19) Q Episodes of major depression?
- (20) A I disagree.
- (21) Q Have you told us all the bases in
- (22) substance?
- (23) A I think that I have, there is always
- (24) another way to explain a fact however.
- (25) MR. SWEENEY: And of course,

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- (1) the doctor on several occasions has referred
- (2) to his report, you are asking whether it is
- (3) either in his report or what he has told you
- (4) today?
- (5) MR. DOMIANO: Yes, we are
- (6) going to get into his report in a minute.
- (7) MR. SWEENEY: I just didn't
- (8) want it to be a question to indicate that –
- (9) Q Two, "At present, Mr. Freeman requires
- (10) regular, outpatient psychotherapy on a
- (11) weekly basis until this condition stabilizes
- (12) and resolves by integration into his
- (13) self-structure." Do you believe that he
- (14) needs any regular outpatient psychotherapy
- (15) on a weekly basis?
- (16) A Yes, I think that would be helpful.
- (17) Q Sir, are you familiar with the American
- (18) Journal of Psychiatry On Burn Victims?
- (19) A I don't think so, no.
- (20) Q Would you know whether or not
- (21) posttraumatic stress disorder is one of the
- (22) most common results that a burn victim
- (23) suffers, do you know that or not?
- (24) A I don't know.
- (25) Q You don't know, okay.

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- (1) Have you ever treated a burn
- (2) victim for posttraumatic stress disorder in
- (3) your practice?
- (4) A I can't recall one now, but I will have
- (5) to do some thinking about that.
- (6) Q You would agree that Mr. Freeman is a
- (7) burn victim, would you not?
- (8) A Yes.
- (9) Q You would agree that his burn injuries
- (10) were serious, would you not?
- (11) A Yes.
- (12) Q You will agree that Mr. Freeman's burn
- (13) injuries had impact on his mental health or
- (14) had impact on whether or not he developed
- (15) any mental disorders?
- (16) A They are relevant to his mental
- (17) disorders, yes.
- (18) Q On page 4 of your report, sir, under
- (19) Mental Ills After His Accident.
- (20) A Yes.
- (21) Q You tell us that Mr. Freeman told you
- (22) that he began to feel mental distress
- (23) immediately after his burns, okay?
- (24) A Yeah.
- (25) Q And that the distress included anger,

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- (1) depression, memory problems, poor
- (2) concentration, sexual problems, restlessness
- (3) and sleep problems, true?
- (4) A Yes.
- (5) Q Those are all symptoms of posttraumatic
- (6) stress disorder, correct?
- (7) A Well, some are. I guess if we were
- (8) going to quibble, some would not be.
- (9) Q Which ones would not be?
- (10) A Depression I don't think is directly
- (11) listed, I will have to check. Memory
- (12) problems may be relevant in the sense that
- (13) we talked about this earlier, that one
- (14) criteria is the inability to remember
- (15) certain aspects of the trauma itself, but I
- (16) don't think that he is saying that his
- (17) memory problems simply consist of that.
- (18) Poor concentration, yes; sex problems, I
- (19) don't recall that being a criteria by
- (20) itself; restlessness, not exactly; sleep
- (21) problems, yes.
- (22) Q He was hired at Atlas in September,
- (23) '89, I think your report shows that
- (24) somewhere, assume that is true for the time
- (25) being, okay?

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- (1) A Okay.
- (2) Q He worked from September, '89 to
- (3) August 18th of '93 before he had the
- (4) injury.
- (5) A All right.
- (6) Q Is there anything that you could point
- (7) us to that would show us if he had any
- (8) mental disorders during that period of time
- (9) prior to the accident?
- (10) A Specifically mental disorders from 1989
- (11) to 1993?
- (12) Q Any symptoms or manifestations of a
- (13) mental disorder.
- (14) A Hang on.
- (15) Okay, yes. His trouble was that
- (16) he was abusing drugs - and drug abuse is a
- (17) mental health disorder - beyond 1989. He
- (18) was still apparently in '89 and early '90 -
- (19) at least up until '90 he was drinking and
- (20) injecting heroin and cocaine twice a week
- (21) and then he entered a VA detox program in
- (22) April of '91. So this would be - according
- (23) to my calculations he started working at
- (24) Atlas in September, '89.
- (25) Q Right.

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- (1) A I believe that he entered the VA detox
- (2) program - you know, he was actively using
- (3) these drugs in April of '91, so this would
- (4) imply that for a year and a half after he
- (5) worked for Atlas he was an active drinker
- (6) and abuser of illegal drugs. It was almost
- (7) two years after he started to work for Atlas
- (8) that he joined Narcotics Anonymous. So the
- (9) answer is yes, there is evidence of serious
- (10) problems while he worked at Atlas.
- (11) Q Are you saying that all drug abusers
- (12) are suffering from a mental disorder?
- (13) A By definition, yeah, if you are a drug
- (14) abuser. What needs to be sorted out is
- (15) whether or not injecting heroin or cocaine
- (16) twice a week and drinking large amounts of
- (17) beer and wine and so on every day, the
- (18) question is whether or not that qualifies as
- (19) drug abuse.
- (20) Q Is there any evidence that he suffered
- (21) from anger, depression, memory problems,
- (22) poor concentration, restlessness and sleep
- (23) problems during that period of time?
- (24) A It is hard to say. He did not tell me
- (25) that he was suffering from any of those

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- (1) things, all he admitted to was the repeated  
 (2) use of alcohol, cocaine and heroin during  
 (3) that period of time.  
 (4) Q History is important, isn't it, to make  
 (5) a diagnosis?  
 (6) A Absolutely, oh, yes.  
 (7) Q Did you see any medical records or  
 (8) employment records or anything else that  
 (9) indicated to you that he had these symptoms  
 (10) that you are telling us about that he  
 (11) related to after his fall into the vat, i.e.  
 (12) anger, depression, mental problems?  
 (13) A Sure. He reported those after his  
 (14) fall, yes.  
 (15) Q He reported them after his fall, but is  
 (16) there anything that you saw that he  
 (17) complained of prior to his fall about those  
 (18) symptoms?  
 (19) A No, I have no evidence of those  
 (20) problems.  
 (21) Q With the few exceptions that you have  
 (22) given us, those problems are symptomatic of  
 (23) posttraumatic stress disorder, are they not?  
 (24) A I believe some are, yes, of the ones  
 (25) that you listed, yes.

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- (1) Q So he exhibited in essence no symptoms  
 (2) of posttraumatic stress disorder prior to  
 (3) the fall, true?  
 (4) A No, I believe that is false. I believe  
 (5) that we could go through and find some  
 (6) symptoms of posttraumatic stress disorder  
 (7) that he suffered before the fall. For  
 (8) example irritability, we talked about that,  
 (9) that would be a sub symptom as it were.  
 (10) Q But do all folks who have irritability  
 (11) suffer from posttraumatic stress disorder?  
 (12) A No, and that's a very good point. Just  
 (13) because you have some of the symptoms of a  
 (14) disorder doesn't mean that you suffer the  
 (15) disorder.  
 (16) Q So you say it would be fair or unfair  
 (17) to say that he exhibited - I'm sorry -  
 (18) he did not have posttraumatic stress  
 (19) disorder prior to the fall?  
 (20) A I believe that he did not have  
 (21) posttraumatic stress disorder prior to the  
 (22) fall.  
 (23) Q But he had other disorders according to  
 (24) you?  
 (25) A About that, there is a little doubt.

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- (1) Q And the fall exacerbated or enhanced  
 (2) other mental disorders, true?  
 (3) A In my opinion, the fall became as it  
 (4) were became a kind of an occasion for him to  
 (5) play out the exaggeration. I mean, it  
 (6) became the opportunity to exaggerate a  
 (7) physical problem.  
 (8) Q You agree that it made his existing  
 (9) condition worse?  
 (10) MR. SWEENEY: Objection as to  
 (11) what existing condition you are speaking  
 (12) of.  
 (13) MR. DOMIANO: The ones that  
 (14) he's describing existed prior to the fall.  
 (15) A I believe that the fall was an  
 (16) opportunity to exhibit the pain disorder, I  
 (17) believe that the fall had no impact on his  
 (18) personality disorder. Personality disorder  
 (19) - which both me and Wilson diagnosed - is  
 (20) by definition something that emerges by  
 (21) early adulthood, so there is no doubt that  
 (22) for Wilson and for I, we are both agreeing  
 (23) that he had a mental disorder before this  
 (24) accident.  
 (25) Q Did he have any mental disorder in your

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- (1) opinion that was made worse by the fall?  
 (2) A Let me rephrase it a little bit, that  
 (3) is a qualified yes.  
 (4) The somatoform pain disorder is an  
 (5) odd thing when it comes to causality. The  
 (6) accidents don't make people exaggerate pain,  
 (7) that is something that is in them, but for  
 (8) some people they have to have a stimulus,  
 (9) they have to have something in order to play  
 (10) out the exaggeration. In his case I believe  
 (11) that his personality disorder is a kind of  
 (12) exaggeration waiting to happen and that  
 (13) after this accident which clearly hurt him  
 (14) physically, it gave him the sense and  
 (15) opportunity to emphasize it.  
 (16) Q Is it something that he has control of  
 (17) or is this an involuntary exaggeration?  
 (18) A That is a hotly debated topic, the  
 (19) extent to which intentions rule this  
 (20) disorder and we are just not sure, no one  
 (21) knows.  
 (22) Q In your opinion, sir, do people that do  
 (23) suffer from posttraumatic stress disorder go  
 (24) into remission where they don't have the  
 (25) symptoms and the symptoms come back after a

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- (1) passage of time?
- (2) A It is very unusual, it can happen.
- (3) Q It happens?
- (4) A It can happen.
- (5) Q It happened in this case, did it not,
- (6) that he had symptoms of posttraumatic stress
- (7) disorder then none and then it came back,
- (8) didn't that happen?
- (9) A I don't think so, no. I do go along
- (10) with half of that in my report and I'm now
- (11) saying I believe that he had some symptoms
- (12) of posttraumatic stress disorder after the
- (13) fall, whether he ever rose to the level of
- (14) the entire mental illness I'm not sure, but
- (15) I believe he got over it.
- (16) Q You mentioned in your report a
- (17) January 18th, 1996 reference to a
- (18) psychiatrist that of course is Dr. Victoroff
- (19) and on page 5 of your report here we are two
- (20) and a half years after accident where Ron
- (21) Freeman is complaining of weeping, loss of
- (22) appetite, severe insomnia, obsessive
- (23) preoccupation with his disabilities, you saw
- (24) that in your report?
- (25) A Which line, do you see which line I

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- (1) have marked on the left.
- (2) Q Sure, you got line 9.
- (3) A Okay.
- (4) Q 8, 9, 10.
- (5) A Complains of evidence of weeping -
- (6) Q Those are symptomatic of posttraumatic
- (7) stress disorder, are they not?
- (8) A Weeping, I don't think so; loss of
- (9) appetite, I don't think so; severe insomnia,
- (10) yes; obsessive preoccupation with the
- (11) history of his injury and his disabilities,
- (12) obsessive preoccupation, that may be, it
- (13) sort of depends, it could be that he's
- (14) referring there more to Mr. Freeman's sort
- (15) of anger at his place of work and so on, I'm
- (16) not sure.
- (17) Q How about at line 15, became irritable,
- (18) suspicious, uneasy, sensing that he had been
- (19) left out within the job scene, do you see
- (20) that line?
- (21) A Yes.
- (22) Q Are those not symptomatic of
- (23) posttraumatic stress disorder?
- (24) A Irritability, suspiciousness, I don't
- (25) think so. Uneasy is a broad, general term

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- (1) which may or may not apply.
- (2) Sensing that he has been left out
- (3) within the job scene, I would regard - and
- (4) I'm not trying to be cute here - that is an
- (5) almost opposite of posttraumatic stress
- (6) disorder. This guy went back to work, he
- (7) went back to roughly the job scene that is
- (8) the place where he got hurt.
- (9) Q When he did that he felt left out of
- (10) the job scene, they gave him a job he didn't
- (11) like, they made fun of him and so on.
- (12) A Right, his coworkers tended to be
- (13) suspicious of him.
- (14) Q That's disassociation of people,
- (15) wouldn't that be symptomatic of that?
- (16) A I don't think so. I mean, sort of
- (17) depends on what they were really doing.
- (18) Goes on, he feels beleaguered and
- (19) harassed. Again, maybe I'm over answering
- (20) here, but this sounds like a guy that wants
- (21) to be accepted at work and is not being
- (22) accepted at work, his coworkers are kind of
- (23) rejecting him. Almost the opposite of the
- (24) posttraumatic stress disorder detachment.
- (25) Q All right, sir.

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- (1) Page 7 of your report, line 8, you
- (2) tell us that he had abnormal focus on his
- (3) physical problems.
- (4) A Right.
- (5) Q Your opinion is that the abnormal focus
- (6) on his physical problems is in any way
- (7) resulting or caused by his fall in the vat?
- (8) A I believe that it is - it is the
- (9) target of his abnormal focus, yes, it is
- (10) the -
- (11) Q Is that a result of a mental disorder
- (12) or a manifestation of a mental disorder?
- (13) A Ask that again, please?
- (14) Q Sure.
- (15) Is the abnormal focus on his
- (16) physical problems a manifestation or a
- (17) symptom of his mental disorder?
- (18) A Yes.
- (19) Q What is the mental disorder in your
- (20) opinion?
- (21) A It is called pain disorder, the one
- (22) that I diagnosed.
- (23) Q So even though he may not have suffered
- (24) posttraumatic stress disorder he may have
- (25) suffered other disorders as a result of his

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- (1) fall?
- (2) A That's as I have tried to mention
- (3) earlier an ambiguous issue. I do say next
- (4) sentence one reason for this is his burns,
- (5) they have caused so many physical problems,
- (6) I'm quoting myself now, that they
- (7) artificially raised his scales measuring
- (8) exaggeration.
- (9) Q But the fall -
- (10) A The point is - let me see if I can
- (11) attack this in another way.
- (12) When a thief steals a car it is
- (13) fair at one level to say that the person who
- (14) left the keys in the car provided an
- (15) opportunity for the theft, but for the keys
- (16) being in the car the thief would not have
- (17) stolen the car. So again in this situation
- (18) like that, if you were to ask me well did
- (19) the person leaving the keys in the car
- (20) caused the thief to steal the car, my answer
- (21) at one level would be right, that's the
- (22) cause, no keys in the car, no theft. But at
- (23) another level you have to ask the question,
- (24) you know, do we therefore assign legal
- (25) causality to that event, do we for example

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- (1) imprison or fine the person that left the
- (2) keys in the car or do we find the criminal
- (3) guilty because the criminal has taken
- (4) advantage of that situation. Something like
- (5) that is going on here, that's where it
- (6) becomes a little more ambiguous about
- (7) whether or not we can blame the fall for
- (8) someone exaggerating its results.
- (9) MR. DOMIANO: I will object to
- (10) the answer as being unresponsive to the
- (11) question and move that it be stricken.
- (12) Q Let me ask you this question, sir: If
- (13) he hadn't had the fall and gotten burned
- (14) there would be nothing to exaggerate, true?
- (15) A True.
- (16) Q If he hadn't had the fall and suffered
- (17) the burns he wouldn't have reached any
- (18) hypochondriacal peak, would he, in
- (19) connection with those burns?
- (20) A That is probably true.
- (21) Q You tell us that on page 8, line 15
- (22) quote - do you have that, sir?
- (23) A Yes.
- (24) Q You are talking about the evidence that
- (25) he didn't have anything other than a very

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- (1) mild posttraumatic stress disorder in the
- (2) year after his accident, but he recovered;
- (3) is that a fair characterization of what you
- (4) were telling us?
- (5) A I'm sorry, say that again.
- (6) Q Withdraw the question.
- (7) You tell us Mr. Freeman suffered a
- (8) very mild posttraumatic stress disorder in
- (9) the year after his accident but he
- (10) recovered?
- (11) A Wight.
- (12) Q Here is the evidence?
- (13) A Right.
- (14) Q So on line 15 you say it was diagnosed
- (15) too light, usually emerges within the first
- (16) three month after the trauma and you quote
- (17) DSM-IV page 26, right?
- (18) A Right.
- (19) Q You would agree with me that page
- (20) DSM-IV, line 26 as we have described earlier
- (21) also goes on to say there may be a delay of
- (22) months and even years before symptoms
- (23) appear?
- (24) A Yes.
- (25) Q It does say that, doesn't it?

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- (1) A Yes, it does.
- (2) Q So the fact that the posttraumatic
- (3) stress disorder diagnosis usually merges
- (4) within the first three months doesn't rule
- (5) out that it would emerge maybe even some
- (6) years after the accident, true?
- (7) A That's correct. It does not rule it
- (8) out, that's right.
- (9) Q You go on to say at line 20, "If he did
- (10) show symptoms he probably recovered." Do
- (11) you see that?
- (12) A Yes.
- (13) Q You are saying if he did show
- (14) symptoms - can't we agree that he did show
- (15) symptoms?
- (16) A Yeah, I think that that is probably
- (17) true, yeah.
- (18) Q Then you go on to say that he probably
- (19) recovered, are you saying that with
- (20) reasonable psychiatric certainty?
- (21) A Yes, by the time of my exam that was
- (22) true.
- (23) Q But you chose not to use the term
- (24) reasonable psychiatric certainty, you used
- (25) probably.



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- (1) You testified before and know that
- (2) the term reasonable certainty, whether it is
- (3) medical or psychiatric, is what is required
- (4) in a forensic setting, do you not?
- (5) A Right. I do believe that the word
- (6) probably really encapsulates the reasonable
- (7) psychological certainty. Probably means
- (8) 51 percent accurate or true.
- (9) One more point, I don't say
- (10) possibly.
- (11) Q We know what you don't say.
- (12) A Right.
- (13) Q You tell us at line 21 on page 8,
- (14) "Posttraumatic stress disorder typically
- (15) subsides without treatment and it subsides
- (16) more quickly with treatment, psychotherapy
- (17) medication, behavior modification,
- (18) hypnosis." Do you see that?
- (19) A Wight.
- (20) Q DSM-IV goes on to tell us the duration
- (21) of the symptoms varies with complete
- (22) recovery occurring within three months in
- (23) approximately half the cases with many
- (24) others having persisting symptoms for longer
- (25) than twelve months after the trauma.

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- (1) A Not only that, that quote is in
- (2) footnote 42 in my report.
- (3) Q Right.
- (4) So your statement typically
- (5) subsides without treatment is really not
- (6) accurate, is it, if the other half of the
- (7) cases have persisted and had symptoms for
- (8) longer than twelve month after the trauma?
- (9) A The way I read this -
- (10) Q Can you answer yes or no and then
- (11) explain?
- (12) A Yes, go ahead and ask me the question.
- (13) Q Let me ask another question.
- (14) Sir, you state at line 20 that
- (15) posttraumatic stress typically subsides
- (16) without treatment and subsides more quickly
- (17) with treatment and you go on to say what the
- (18) treatment is, okay?
- (19) A Okay.
- (20) Q DSM-IV, 426 says however duration of
- (21) the symptoms varies with complete recovery
- (22) occurring within three months in
- (23) approximately half of the cases?
- (24) A All right.
- (25) Q Many others having persisting symptoms

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- (1) for longer than twelve months after the
- (2) trauma.
- (3) A All right.
- (4) Q You agree that I have read that
- (5) correctly?
- (6) A You have.
- (7) Q Your statement that says posttraumatic
- (8) stress disorder typically subsides without
- (9) treatment isn't accurate, is it? Answer yes
- (10) or no and then explain.
- (11) A Yes, it is completely accurate.
- (12) Q Despite that language in page 426?
- (13) A Not just despite it, but because of it.
- (14) Q This case with Ron Freeman, he did have
- (15) symptoms for longer than twelve months after
- (16) trauma, did he not?
- (17) A I believe that he did not, no, he did
- (18) not have symptoms.
- (19) Q Despite what Victoroff tells us on
- (20) January 18th of '96 with what Freeman was
- (21) complaining about?
- (22) A Yes, despite that.
- (23) Q And the bases for your answer is what,
- (24) sir?
- (25) A Well, a couple of things: One is that

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- (1) again it is typical for people to get over
- (2) posttraumatic stress without treatment, that
- (3) is the norm or the mode. For example,
- (4) according to DSM half of them are completely
- (5) recovered within three months, that leaves
- (6) two other groups, people who recover within
- (7) three months and the end of the year and
- (8) then the many others who have persisting
- (9) symptoms for longer than twelve months. I
- (10) would agree that, therefore, the mode is to
- (11) recover without treatment within a year
- (12) let's say.
- (13) Point two - let me just briefly
- (14) look at Freeman's comments again - I
- (15) believe his are - I'm sorry, at Victoroff's
- (16) comments. I think the bases of my problem
- (17) here is that you and I went through whether
- (18) or not these were symptoms of posttraumatic
- (19) stress disorder and I said that some could
- (20) be, others were not. So I have no doubt
- (21) that he had a variety of problems at work,
- (22) for example, his coworkers seemed to be sort
- (23) of ridiculing him for not - for his
- (24) complaints, and I just don't believe that
- (25) that scenario fits at all with posttraumatic

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- (1) stress disorder. I do believe it fits  
(2) fairly well with the notion that he's  
(3) exaggerating.  
(4) Q Sir, are you familiar with the National  
(5) Posttraumatic Stress Disorder Center in  
(6) Boston, Massachusetts?  
(7) A No.  
(8) Q You don't know what they do or what  
(9) their purpose is?  
(10) A No.  
(11) Q Do you regard yourself as an expert in  
(1a) posttraumatic stress disorder?  
(13) A No.  
(14) Q Sir, what percent of your practice  
(15) relates to treatment of patients versus  
(16) consulting, testimony and so forth?  
(17) A In my practice it is about two-thirds  
(18) treatment of people and about one-third that  
(19) deals with lawyers. Remember, my practice  
(20) is one part of what I do, the other part of  
(21) what I do that I'm a tenure professor at the  
(22) University of Toledo.  
(23) Q You told us that for each of your  
(24) consultation you wrote a report and that you  
(25) charge 150 an hour for the report.

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- (1) Typically how much time to write each  
(2) report?  
(3) A The report writing activity is about,  
(4) oh, I would say two to three hours.  
(5) Q That's average?  
(6) A That's about right.  
(7) Q At 150 an hour per report?  
(8) A Right. There are records to review  
(9) before the writing of the report if not  
(10) separate.  
(11) Q Sir, tell us as best you can not in  
(12) terms of dollars and cents but in terms of  
(13) percent what percentage of your income is  
(14) earned by consultations, depositions, court  
(15) testimony in a forensic setting?  
(16) A I just don't know. I would assume it  
(17) is about a third but - a third of what my  
(18) practice generates. Remember, I get paid by  
(19) the university too so that's assuming that  
(20) the university is about half of what I do.  
(21) That would mean that I get about one-sixth  
(22) of my income from lawyers, but I have done  
(23) no studies or breakdowns like that.  
(24) MR. DOMIANO: Sir, I have  
(25) nothing further, thank you.

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- (1) The State of Ohio, :  
(2) County of Cuyahoga. : CERTIFICATE:  
(3) I, Kelly D. Keyes, Notary Public within  
(4) and for the State of Ohio, do hereby certify  
(5) that the within named witness, CHRISTOPHER  
(6) LAYNE, Ph.D., was by me first duly sworn to  
(7) testify the truth in the cause aforesaid;  
(8) that the testimony then given was reduced by  
(9) me to stenotypy in the presence of said  
(10) witness, subsequently transcribed onto a  
(11) computer under my direction, and that the  
(42) foregoing is a true and correct transcript  
(13) of the testimony so given as aforesaid. I  
(14) do further certify that this deposition was  
(15) taken at the time and place as specified in  
(16) the foregoing caption, and that I am not a  
(17) relative, counsel or attorney of either  
(18) party, or otherwise interested in the  
(19) outcome of this action. IN WITNESS WHEREOF,  
(20) I have hereunto set my hand and affixed my  
(21) seal of office at Cleveland, Ohio, this  
(22) 27TH day of MARCH, 1997.  
(23) -----  
(24) Kelly D. Keyes, Notary Public/State of Ohio.  
(25) Commission expiration: 12-1-98.

## Look-See Concordance Report

UNIQUE WORDS: 1,711

TOTAL OCCURRENCES: 6,304

NOISE WORDS: 385

TOTAL WORDS IN FILE: 19,313

SINGLE FILE CONCORDANCE

CASE SENSITIVE

NOISE WORD LIST(S): NOISE.NOI

INCLUDES ALL TEXT OCCURRENCES

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