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1 State of Ohio,)
 2 County of Cuyahoga.) SS:
 3 - - -
 4 IN THE COURT OF COMMON PLEAS
 5 - - -
 6 Linda G. Morrison,)
 7 administratrix, et cetera,)
 8 Plaintiffs,)
 9 vs.) Case No. 408705
 10 Richard Lightbody, M.D., et al.,)
 11 Defendants.)
 12 - - -
 13 Deposition of Richard Lightbody, M.D., a defendant
 14 herein, called by the plaintiffs for cross-examination,
 15 pursuant to the Ohio Rules of Civil Procedure, taken before
 16 Constance Versagi, Court Reporter and Notary Public in
 17 and for the State of Ohio, taken at the offices of
 18 Donna Taylor-Kolis, Esq., 330 Standard Building, Cleveland,
 19 Ohio, on Wednesday, January 24, 2001, commencing at
 20 10:08 a.m.
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 24
 25

Page 3

O B J E C T I O N S

ATTORNEY	PAGE-LINE
Mr. Prislipsky	7-10
Mr. Prislipsky	13- 9
Mr. Prislipsky	23-11
Mr. Prislipsky	26- 8
Mr. Prislipsky	36-15
Mr. Prislipsky	37- 7
Mr. Prislipsky	56- 9
Mr. Prislipsky	71- 7
Mr. Prislipsky	73-13
Mr. Prislipsky	73-17
Mr. Prislipsky	77-13
Mr. Stoffers	89- 5
Mr. Stoffers	92- 19
Mr. Stoffers	93- 1
Mr. Stoffers	94- 2
Ms. Moore	94- 3
Mr. Stoffers	94- 8
Ms. Moore	94- 9
Mr. Prislipsky	94-10
- - -	

22
23
24
25

Page 2

I N D E X

1 WITNESS:	CROSS
2 Richard Lightbody, M.D.	
3 By Miss Kolis	4
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E X H I B I T S

1 Plaintiffs'	Marked
2 A	41
3 B	52
4 c	52
5 D	57
6 E	85
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Page 4

1 APPEARANCES:

2 On behalf of the Plaintiff

3 Donna Taylor-Kolis, Esq.
 4 Donna Taylor-Kolis Co., LPA
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 6 Cleveland, Ohio 44113

7 On behalf of Defendant Richard Lightbody, M.D.:

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 9 Janik & Dorman
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12 On behalf of Defendant Mental Health Services for the
 13 Homeless, Inc. and Bill Tiedemann:

14 Robert H. Stoffers, Esq.
 15 Mazanec, Raskin & Ryder
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 17 Cleveland, Ohio 44139

18 On behalf of Defendant Fran McIntyre:

19 Sarah J. Moore, Esq.
 20 Cleveland Municipal School District
 21 1380 East Sixth Street
 22 Cleveland, Ohio 44114

23 Also Present:

24 Toni Richmond
 25 Fran McIntyre

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Page 5

Page 7

1 RICHARD LIGHTBODY, M.D.
2 of lawful age, being first duly sworn, as hereinafter
3 certified, was examined and testified as follows:

4 MISS KOLIS: For the purpose of the
5 record let me apologize for being seven or eight
6 minutes late this morning. Doctor, I know your
7 personal schedule is probably important to you, I'll
8 attempt this morning to ask you direct and concise
9 questions.

10 My name is Donna Kolis, I'm the attorney who
11 has been retained to represent the Estate of Matthew
12 Morrison and you have been named as a defendant in
13 this matter.

14 CROSS-EXAMINATION

15 By Miss Kolis:

16 Q Have you had the opportunity prior to today to give
17 a deposition in any kind of case?

18 A Yes.

19 Q I assumed that was true. I wanted to verify the
20 same.

21 For purposes of today's testimony, let me
22 state for you some of the rules of depositions that
23 you may be acquainted with.

24 You are aware, I would assume, there is a
25 requirement that you answer each and every question

1 A I can think of nothing else.

2 Q You have not seen the records of the Cleveland
3 Public School System?

4 A No.

5 Q Have you asked to see those records?

6 A No.

7 Q Have you seen the records of the Mobile Crisis Team?

8 A No.

9 Q Have you asked to see those records?

10 MR. PRISLIPSKY: Objection. Not if it
11 relates to me. In other words, if you've asked for
12 me, nothing we discussed is --

13 Q Correct. Anything you and your attorney have
14 discussed certainly is not the subject of
15 examination this morning.

16 MR. PRISLIPSKY: Have you asked anyone
17 besides me to review the Mobile Crisis Team records?

18 A No.

19 Q Do you know Bill Tiedemann?

20 A Barely.

21 Q In what context would you know Mr. Tiedemann?

22 A When I was connected with Saint Luke's he was a
23 contact person with an organization I knew as the
24 Mobile Crisis Team as I recall.

25 Q You had some interaction with him?

Page 6

Page B

1 verbally; is that correct?

2 A Yes.

3 Q Do you understand that today is the only opportunity
4 that I would have to ask you questions prior to the
5 trial of this lawsuit?

6 A Yes.

7 Q If I ask a question today, you do not understand
8 what I'm asking, I would like to secure from you an
9 agreement you will indicate on the record you don't
10 know what I'm asking; can I secure that agreement
11 from you?

12 A Yes.

13 Q Are you also aware that you are under oath today as
14 if you were in a court of law?

15 A Yes.

16 Q Having said all those things I'm going to attempt
17 now to ask you some questions.

18 Prior to coming here today, Doctor, did you
19 have an opportunity to review any materials relative
20 to Matthew Morrison?

21 A Yes.

22 Q What materials did you review?

23 A I reviewed Saint Luke's Medical Center chart.

24 Q Is that the sum total of documents that you have
25 reviewed?

1 A Yes.

2 Q Do you recall having any interaction with
3 Mr. Tiedemann relative to your patient, Matthew
4 Morrison?

5 A No.

6 Q Doctor, did you bring with you today a curriculum
7 vitae?

8 A No.

9 Q Well then unfortunately painfully we have to go back
10 through your background.

11 MR. PRISLIPSKY: If you want, we can
12 produce it afterwards.

13 Q Fine. We will shortly go through it, establish for
14 the record the training that led you to your
15 occupation as a psychiatrist.

16 Doctor, where did you attend college?

17 A Haverford College.

18 Q From when to when?

19 A 1965 to 1969.

20 Q Where is Haverford College?

21 A Outside of Philadelphia, Pennsylvania.

22 Q What degree did you obtain?

23 A BA.

24 Q In what discipline?

25 A Major in philosophy.

<p style="text-align: right;">Page 9</p> <p>1 Q Do you have a minor in something?</p> <p>2 A No.</p> <p>3 Q What did you do following graduation from college?</p> <p>4 A I worked in a variety of settings for three years.</p> <p>5 Q Could you describe for me a little what the variety</p> <p>6 of settings you worked in for that three year period</p> <p>7 of time?</p> <p>8 A I worked as a laboratory technician in the Bronx for</p> <p>9 a few months. I worked at a feed store for a year</p> <p>10 I worked for a small company in town in Cleveland</p> <p>11 for a few months.</p> <p>12 Q Doing what?</p> <p>13 A Doing labor, assembly work.</p> <p>14 Q Doctor, where were you born?</p> <p>15 A I was born in Cleveland.</p> <p>16 Q Where did you graduate from high school?</p> <p>17 A Hawkins School.</p> <p>18 Q What year?</p> <p>19 A 1965.</p> <p>20 Q Following your three year employment history you</p> <p>21 just discussed with us, what did you then do?</p> <p>22 A I began medical school.</p> <p>23 Q Where and when?</p> <p>24 A Case Western Reserve, 1972.</p> <p>25 Q June of 1972 or was it fall?</p>	<p style="text-align: right;">Page 11</p> <p>1 Hospitals.</p> <p>2 Q Who was your department chair at UHnm assuming '78</p> <p>3 to '81?</p> <p>4 A Douglas Lonkowski.</p> <p>5 Q So you did a three year residency under</p> <p>6 Dr. Lonkowski at UH, did you then do a Fellowship?</p> <p>7 A Yes.</p> <p>8 Q Where did you do your Fellowship?</p> <p>9 A At University Hospitals.</p> <p>10 Q When to when?</p> <p>11 A From July of '81 to June of '82.</p> <p>12 Q Under whose direction?</p> <p>13 A David A. Gill.</p> <p>14 Q What was the nature of the Fellowship?</p> <p>15 A Consultation liaison, psychiatry.</p> <p>16 Q Subsequent to 1982 did you have any further training</p> <p>17 in psychiatry?</p> <p>18 A I had.</p> <p>19 Q I mean specialized training?</p> <p>20 A I had many years of training at the Cleveland</p> <p>21 Psychiatric Analytic Institute.</p> <p>22 Q When was that? Describe what training.</p> <p>23 A It was a training that I started in 1983, I believe</p> <p>24 I graduated in 1993. It was a curriculum of</p> <p>25 training in the practice of psychoanalysis, in which</p>
<p style="text-align: right;">Page 10</p> <p>1 A I began in --</p> <p>2 Q If you know?</p> <p>3 A -- probably September.</p> <p>4 Q When did you graduate?</p> <p>5 A 1977, in May.</p> <p>6 Q From '72 to '77 were you continuously in medical</p> <p>7 school?</p> <p>8 A No.</p> <p>9 Q What accounts for the interruption in your five year</p> <p>10 period of medical school?</p> <p>11 A I took a one year leave of absence.</p> <p>12 Q For what reason?</p> <p>13 A I was unsure what career path to go into.</p> <p>14 Q You graduated in fact in the spring of 1977. At</p> <p>15 that point did you then enter into a residency</p> <p>16 program somewhere?</p> <p>17 A Yes.</p> <p>18 Q Where?</p> <p>19 A I did a medical internship at Mount Sinai Hospital.</p> <p>20 Q '77 to '78?</p> <p>21 A Correct.</p> <p>22 Q One year general medicine rotating internship?</p> <p>23 A Yes.</p> <p>24 Q What did you do following that internship?</p> <p>25 A Three year psychiatric residency at University</p>	<p style="text-align: right;">Page 12</p> <p>1 the length of time was typical.</p> <p>2 Q Because I would suspect concurrent with that</p> <p>3 training you were also a practicing psychiatrist in</p> <p>4 that 10 year period of time?</p> <p>5 A Yes.</p> <p>6 Q When were you first licensed to practice medicine in</p> <p>7 the State of Ohio?</p> <p>8 A I think the year and the month was July 1982.</p> <p>9 Q Board certifications, please tell me what Boards you</p> <p>0 hold.</p> <p>1 A American Board of Psychiatry and Neurology.</p> <p>2 Q Year?</p> <p>3 A I'm not positive, approximately 1985.</p> <p>4 Q Did you pass your Board examination on the first</p> <p>5 try?</p> <p>6 A I passed the written part on the first try. I had</p> <p>7 to repeat the oral part.</p> <p>8 Q You passed the written in what year, approxiination?</p> <p>9 A '84.</p> <p>10 Q Then you resat for the oral, passed in '85?</p> <p>11 A Right.</p> <p>12 Q Are you Board eligible in any other area of medicine</p> <p>13 other than psychiatry?</p> <p>14 A No.</p> <p>15 Q Doctor, what is your Social Security number?</p>

Page 13

1 A Is that germane?
 2 MR. PRISLIPSKY: Yes.
 3 A 286-42-8794.
 4 Q Have you been a defendant in any criminal matter
 5 involving a felony charge?
 6 A No.
 7 Q Other than the instant lawsuit, you have been sued
 8 previously?
 9 MR. PRISLIPSKY: Objection. You can
 10 answer.
 11 A I was in a suit previously.
 12 Q How many?
 13 A One.
 14 Q Was that case resolved?
 15 A Yes.
 16 Q Was a payment made on your behalf?
 17 A No.
 18 Q Can you tell me the name of the case, if you recall
 19 it?
 20 A I don't recall.
 21 Q Was it here in Cuyahoga County?
 22 A Yes.
 23 Q Do you recall who represented you?
 24 A No.
 25 Q Do you recall the allegations in the case?

Page 14

1 A Yes.
 2 Q Can you generally tell me what the case was about?
 3 A I was at the time not the medical director but
 4 another oversight position at Saint Luke's Medical
 5 Center adolescent program. A colleague admitted a
 6 suicidal boy who was put in seclusion because he was
 7 suicidal. The family sued him and everybody else on
 8 the basis of false imprisonment.
 9 Q Fair enough.
 10 Do you recall approximately when that
 11 occurred? If you don't, it's not all that
 12 important, just background information.
 13 A Approximately 1988.
 14 Q Doctor, going back to your experience. You finished
 15 your training I'm trying to state it correctly, I
 16 probably won't, I will, 1982 you finished your
 17 Fellowship?
 18 A Correct.
 19 Q Describe from your work history whichever way is
 20 easiest, starting today and going back, starting in
 21 '82 coming forward, I would like to know where
 22 you've worked as a psychiatrist, what the nature of
 23 your occupation has been.
 24 MR. PRESLIPSKY: Whatever works best for
 25 you.

Page 15

1 Q Some people start today, work backwards.
 2 A I always maintained an office at 11328 Euclid
 3 Avenue, Suite 209. That office has housed my
 4 private psychiatric practice and psychoanalytic
 5 practice from 1982 to present. My private practice
 6 in that office has been involved with seeing adults
 7 and adolescents in various kinds of psychotherapies.
 8 I have always had some percentage, perhaps a
 9 quarter or a third of institutional connection in a
 10 variety of settings over the years for diversity,
 11 for income maintenance, for expanding experience. I
 12 worked initially for a number of mental health
 13 centers as an hourly paid consultant for 10 to 12
 14 hours a week. There was a variety of agencies.
 15 First was Murtis H. Taylor Multi-Services. Second
 16 was CIT Mental Health Services.
 17 I was then recruited to affiliate myself
 18 with the adolescent program at Saint Luke's Medical
 19 Center.
 20 Q What year was that?
 21 A Approximately 1985.
 22 Q How was it you became recruited, if you know, to
 23 work with the adolescent psychiatric population at
 24 Saint Luke's?
 25 A The director of the program was a psychoanalyst who

Page 16

1 I had known, whose name was Willard Boyas. Willard
 2 Boyas saw my work at Saint Luke's, I was admitting
 3 an occasional patient, he thought I had the
 4 capabilities to enter into work with a adolescents
 5 and develop an expertise with him, and I did that.
 6 As I did that, I phased out my work
 7 consulting in the mental health centers, the quarter
 8 to third part of my practice became devoted to Saint
 9 Luke's Medical Center.
 10 Dr. Boyas became ill and died in
 11 approximately 1988. For two years I was what was
 12 called the psychiatrist to the program, being the
 13 administrative head of the adolescent unit.
 14 I was then recruited again by an agency
 15 called Bellefaire to work with them in their
 16 residential treatment program with adolescents. I
 17 shifted my affiliation from the hospital to
 18 Bellefaire, always maintaining you understand my
 19 private practice in psychotherapy. I worked at
 20 Bellefaire 10 to 12 hours a week for perhaps eight
 21 years, from '90 to '98, at which point I went back
 22 to Saint Luke's as the medical director of the
 23 adolescent unit.
 24 Q When in 1998? 1998 is when Matthew died, correct?
 25 A Correct.

Page 17	Page 18
<p>1 Q When in 1998 did you resume your duties as the</p> <p>2 director of adolescent psychiatry at Saint Luke's?</p> <p>3 A January 1998.</p> <p>4 Q So you had -- I want to see if I got this correctly,</p> <p>5 you worked at Bellefaire?</p> <p>6 A Bellefaire.</p> <p>7 Q From '90 to '98?</p> <p>8 A This was again 10 to 12 hours a week.</p> <p>9 Q I understand. You have also maintained a private</p> <p>10 psychiatric practice, correct? That practice as</p> <p>11 you've testified today is not confined to</p> <p>12 adolescents, correct?</p> <p>13 A Correct.</p> <p>14 Q You see general psychiatric population in private</p> <p>15 practice?</p> <p>16 A Correct.</p> <p>17 Q You had some training at Saint Luke's from '85</p> <p>18 through approximately '90, worked there. How many</p> <p>19 hours a week were you working adolescent psychiatry</p> <p>20 from '85 to '90?</p> <p>21 A I would guess between -- it varied between 10 and 15</p> <p>22 hours a week.</p> <p>23 Q Then why did you terminate your relationship with</p> <p>24 Bellefaire?</p> <p>25 A Bellefaire was downsizing, they made some</p>	<p>1 to '98 in a professional capacity, other than</p> <p>2 admitting private patients, correct?</p> <p>3 A Correct.</p> <p>4 Q You came back in January of 1998. When you came in,</p> <p>5 was there a -- sometimes I'm not extremely artful at</p> <p>6 asking these questions since I'm not a physician,</p> <p>7 certainly not a psychiatrist.</p> <p>8 Was a psychiatric team in place in the</p> <p>9 adolescent unit?</p> <p>10 A Yes.</p> <p>11 Q Had the team's approach and/or protocols changed in</p> <p>12 the eight years since you had left the hospital</p> <p>13 setting?</p> <p>14 A Not appreciably.</p> <p>15 Q Did you review all the protocols?</p> <p>16 A I did not systematically review all the protocols.</p> <p>17 Q Just because I don't take real great notes when I'm</p> <p>18 talking, when you came back in 1998 what title were</p> <p>19 you given at Saint Luke's?</p> <p>20 A I was at first the Acting Medical Director.</p> <p>21 Q For?</p> <p>22 A For the adolescent program I think they called it.</p> <p>23 Q Adolescent psychiatric program you mean?</p> <p>24 A Yes.</p> <p>25 Q Go ahead. You said at first you were Acting</p>
Page 18	Page 20
<p>1 administrative changes, they were looking for a</p> <p>2 medical director. They choose a colleague of mine.</p> <p>3 Q Had you applied for that position?</p> <p>4 A I had been in line to apply for that position.</p> <p>5 Q That is probably a direct answer, I want to be sure.</p> <p>6 Had you in fact applied for the position of</p> <p>7 medical director, not been given the position?</p> <p>8 A Correct.</p> <p>9 Q So you then returned to the program at Saint Luke's,</p> <p>10 you've been away from Saint Luke's about eight years</p> <p>11 at that point, correct?</p> <p>12 A Yes. Provided you understand I had some, as I</p> <p>13 recall, some private psychiatric cases going through</p> <p>14 their psychiatric services.</p> <p>15 Q So the record is perfectly clear, would you like to</p> <p>16 tell me from 1990 through 1998 at what hospital did</p> <p>17 you have admitting privileges for private</p> <p>18 psychiatric patients?</p> <p>19 A From 1990 to '98?</p> <p>20 Q Yes.</p> <p>21 A University Hospitals of Cleveland, Saint Luke's</p> <p>22 Hospital, I may have gotten privileges at Windsor</p> <p>23 Hospital at that time.</p> <p>24 Q But my question simply was that you had not been at</p> <p>25 Saint Luke's for that eight year period of time '90</p>	<p>1 Director, did that title change sometime in 1998?</p> <p>2 A In August of 1998 I was given a formal contract as</p> <p>3 the permanent medical director of the adolescent</p> <p>4 psychiatric unit.</p> <p>5 Q Do you in your personal records have a copy of the</p> <p>6 contract given to you by Saint Luke's in August of</p> <p>7 1998?</p> <p>8 A Yes.</p> <p>9 Q I'm going to request orally at the deposition, I'll</p> <p>10 put it in writing, a copy of that contract.</p> <p>11 Did that contract specify the</p> <p>12 responsibilities of your position?</p> <p>13 A Yes.</p> <p>14 Q To the best of your knowledge, since I didn't ask</p> <p>15 you to bring that contract today, can you tell me as</p> <p>16 you recall it, what your responsibilities were as</p> <p>17 the permanent director of adolescent psychiatry?</p> <p>18 A I can only answer your question in the most general</p> <p>19 way.</p> <p>20 Q That is okay.</p> <p>21 A The medical director had a number of</p> <p>22 responsibilities. One was to screen and arrange for</p> <p>23 the appropriate admission of clinical cases into the</p> <p>24 program. One was to assure that the quality of the</p> <p>25 milieu afforded the cases when they were in the</p>

Page 21

1 program. One was to work with staff in all of the
2 disciplines to maintain the competence of the
3 psychiatric team. One would have been to relate to
4 the department and the hospital as a whole.

5 There is another part of it that would be
6 that if cases came to the program without a
7 physician attached to them, then I would take that
8 case as my own.

9 Q How long did you remain in that position, Doctor?

10 A Two years.

11 Q Through the fall of what year?

12 A The end of the year 1999.

13 Q Isn't that when Saint Luke's closed?

14 A Saint Luke's closed the Department of Psychiatry,
15 moved it to Saint Vincent. The decision was made
16 not to continue the adolescent program.

17 Q As of December 1999 the adolescent psychiatry
18 program was terminated?

19 A Correct.

20 Q Do you have a hospital affiliation today other than
21 the ability to admit your private patients?

22 A No.

23 Q Have you had any since the termination of the
24 adolescent psychiatry program in 1999?

25 A No.

Page 22

1 Q You indicated I think probably in the first or
2 second question I asked you that you did have the
3 opportunity to review the Saint Luke's records
4 regarding Matthew, correct?

5 A Correct.

6 Q In addition to reviewing the records, you also
7 clearly indicated that other records that exist
8 regarding him subsequent to his discharge from Saint
9 Luke's have not been reviewed by yourself?

10 A Correct.

11 Q Doctor, in anticipation of today's deposition did
12 you do any medical research, MEDLINE or otherwise,
13 into the issues regarding teen suicide?

14 A No.

15 Q Something that I failed to ask you in the
16 preliminary section, I can still do it, Doctor, do
17 you have any publications in the area of psychiatry?

18 A In the broad area I have one publication.

19 Q When you say the broad area?

20 A I have a publication on psychoanalysis.

21 Q What is that publication, a book chapter, article or
22 what?

23 A An article that appeared in a periodical put out by
24 the American Psychoanalytic Association.

25 Q What was the topic?

Page 23

1 A The topic was Freud's Forgotten Translator, Allen
2 Tyson.

3 Q Do you have any other publications?

4 A No.

5 Q Specifically you already said you have no
6 publications in adolescent psychiatry?

7 A Correct.

8 Q Separate and apart from the medical record of
9 Matthew Morrison, do you have a clear and
10 independent recollection of that patient?

11 MR. PRISLIPSKY: Objection. You can
12 answer the best you can.

13 A I have a recollection of Matthew Morrison.

14 Q Explain to me what the nature of your recollection
15 is.

16 A I visualize him fairly easily in my mind.

17 Q How is that?

18 A What do you mean?

19 Q You are saying you visualize him fairly easily, what
20 do you mean by that?

21 A I can imagine what he looks like.

22 Q So you recall in addition to the records, I'm asking
23 because sometimes doctors do not remember patients,
24 sitting here today you have an ability to visualize
25 his physical appearance, his demeanor?

Page 24

1 A Correct.

2 Q Interaction you had with him; is that a fair way to
3 state it?

4 A Yes.

5 Q Doctor, when you admitted Matthew to the hospital,
6 first of all what do you recall about the admission
7 process itself? In other words, how did he become
8 your patient?

9 A I don't know how he presented initially to the
10 hospital, through what source of referral. I got a
11 telephone call presumably from the nursing staff
12 that he needed to come in. They told me about his
13 clinical picture, I agreed to admit him to the
14 program.

15 Q Now when you say presumably you got a phone call
16 from the nursing staff, nurses would call, we have
17 somebody that needs to be admitted, is it clear to
18 you from reading the records that you have access to
19 at this point some either another physician or an
20 outside agency made the referral into Saint Luke's?

21 A It's not clear to me.

22 Q Based upon the records in front of you; is that
23 right, do you have the records?

24 A Yes.

25 Q So you just don't really have a recollection how it

<p style="text-align: right;">Page 25</p> <p>1 is this child came to be referred to Saint Luke's;</p> <p>2 is that right?</p> <p>3 A That's right.</p> <p>4 Q Do you have some reason to believe that he presented</p> <p>5 to Saint Luke's without the benefit of an outside</p> <p>6 agency or physician?</p> <p>7 A I don't know.</p> <p>8 Q What could shed some light on that for you in terms</p> <p>9 of the way records were kept at Saint Luke's?</p> <p>10 A It's possible there is reference in the nurses'</p> <p>11 notes.</p> <p>12 Q Did you not review the nurses' notes?</p> <p>13 A I don't consider myself ever obliged to remember</p> <p>14 everything that is in the nurses' notes. I reviewed</p> <p>15 them, I don't happen to know the details.</p> <p>16 Q So that I'm clear about it, we're talking about two</p> <p>17 separate issues; in anticipation for today's</p> <p>18 deposition when was the last time you reviewed the</p> <p>19 chart?</p> <p>20 A Over the weekend.</p> <p>21 Q You focused more heavily on certain parts of the</p> <p>22 chart? You didn't attempt to memorize the chart I</p> <p>23 guess is the easy way to ask it?</p> <p>24 A Correct.</p> <p>25 Q If need be, I can go through every piece of paper,</p>	<p style="text-align: right;">Page 27</p> <p>1 A Metropolitan General Hospital.</p> <p>2 Q It was a residency program, not a Fellowship</p> <p>3 program, correct?</p> <p>4 A Correct.</p> <p>5 Q What was Dr. Toor's level of experience when she was</p> <p>6 on your service in 1998?</p> <p>7 A She was I think a third year resident in general</p> <p>8 psychiatry, doing a required rotation through the</p> <p>9 Saint Luke's psychiatry program.</p> <p>10 Q For what period of time was her rotation required to</p> <p>11 be?</p> <p>12 A Residents, I'm not sure what the requirement was.</p> <p>13 The experience was somewhere between one and three</p> <p>14 months.</p> <p>15 Q From your review of the notes, was it Dr. Toor that</p> <p>16 was on service when Matthew was a patient at Saint</p> <p>17 Luke's?</p> <p>18 A Yes.</p> <p>19 Q Were you responsible for supervising and educating</p> <p>20 Dr. Toor at that time?</p> <p>21 A In the clinical practice before us, yes.</p> <p>22 Q That is what I mean, in the clinical setting.</p> <p>23 From your review of the records, do you</p> <p>24 believe you did or did not see Matthew Morrison</p> <p>25 every day during his confinement at Saint Luke's?</p>
<p style="text-align: right;">Page 26</p> <p>1 maybe refresh your recollection?</p> <p>2 A Of course.</p> <p>3 Q Let's separate that issue from your practice of</p> <p>4 medicine.</p> <p>5 Would it not be within your standard of</p> <p>6 practice in treating a psychiatric patient on a</p> <p>7 daily basis to review all the nursing notes?</p> <p>8 MR. PRISLIPSKY: Objection.</p> <p>9 Q I'm asking if that is what you do or didn't do?</p> <p>10 A Well, a daily basis implies seven days a week. The</p> <p>11 answer to that question would be no.</p> <p>12 Q When you had a patient on service at Saint Luke's,</p> <p>13 what was your practice in terms of number of days</p> <p>14 and numbers of times you would see the patient?</p> <p>15 A The practice varied, depending upon the case and</p> <p>16 depending upon the questions that were coming up,</p> <p>17 what information I felt I needed in any given case.</p> <p>18 Q Doctor, did you have psych residents in 1998?</p> <p>19 A Yes.</p> <p>20 Q How many residents were on service?</p> <p>21 A There was one.</p> <p>22 Q His name or her name?</p> <p>23 A Her name her, last name as Toor, T-o-o-r. I don't</p> <p>24 know that I can recall her first name.</p> <p>25 Q Where did this resident come from?</p>	<p style="text-align: right;">Page 28</p> <p>1 MR. PRISLIPSKY: Feel free to look at the</p> <p>2 chart.</p> <p>3 Q Absolutely.</p> <p>4 A I know I didn't see him every day.</p> <p>5 Q Do you believe that a physician saw him every day?</p> <p>6 A I don't know.</p> <p>7 Q From your review of the records -- let me withdraw</p> <p>8 that question.</p> <p>9 Did you have any personal psychotherapy</p> <p>10 sessions with Matthew Morrison between November 10th</p> <p>11 and November 19, 1998?</p> <p>12 A Yes.</p> <p>13 Q How many? Feel free to look at the chart.</p> <p>14 A I'll have to. It's difficult for me to give a</p> <p>15 precise answer to this question.</p> <p>16 Q Why is that?</p> <p>17 A Because I can't tell from my notes how much actual</p> <p>18 contact I had with him or how much contact I had via</p> <p>19 the team.</p> <p>20 Q Well, we're going to get into those issues just a</p> <p>21 little. Let me sort of try to shape I guess what</p> <p>22 this team looked like.</p> <p>23 As I reviewed the chart, you can tell me if</p> <p>24 you have a different understanding, in 1998 Saint</p> <p>25 Luke's Hospital seemed to have a rather</p>

Page 29

1 sophisticated tracking program electronically for
2 each and every contact with the patient; do you know
3 what I'm talking about?
4 A No.
5 Q Let me pull them out. I don't know if we're going
6 to mark them. I have some highlighting. Tell me if
7 you are familiar with these documents in the chart
8 at the time Matthew was a patient where each nursing
9 shift timed electronically their shift, did a series
10 of assessments, physical and cognitive, are you
11 familiar with those documents?
12 A I recognize those documents.
13 Q How do you recognize those documents?
14 A They appear to be familiar to things I have seen in
15 charts.
16 Q Things you've seen in charts in general, or things
17 you saw in Matthew's chart?
18 A In charts in general.
19 Q Were you aware at the time that your nursing team
20 had this kind of tracking system for the patients in
21 1998?
22 A I was aware the hospital was implementing
23 computerized records.
24 Q In 1998 when Matthew was a patient in the department
25 of adolescent psychiatry at Saint Luke's, did you

Page 30

1 review those computer generated documents on a daily
2 basis to supplement or give you some idea as to what
3 was going on with the patient?
4 A No.
5 Q You did not review those documents?
6 A Not those documents.
7 Q Which documents did you review on a daily basis?
8 A First of all daily is an over statement. When I
9 reviewed, I reviewed the narrative handwritten
10 comments from the nursing staff.
11 Q Based upon your knowledge of the way that this
12 computer document is generated, would you say the
13 narrative notes written by the nurses were more or
14 less explanatory than the information on the
15 computer generated document?
16 MR. PRISLIPSKY: Feel free to look at
17 anything.
18 Q Absolutely.
19 A The narrative was more informative.
20 Q In what way?
21 A In language I could understand from people who I
22 respected and knew, I was reading observations about
23 a patient I knew. It fit with the way I think.
24 Q You were at that point, the point that Matthew was
25 hospitalized, the director, the medical director of

Page 31

1 adolescent psychiatry; is that correct?
2 A Correct.
3 Q What was your understanding as to why the computer
4 generated moment to moment document had been
5 implemented or was being implemented and created?
6 A It was an effort which I didn't altogether
7 understand, for the hospital to implement some kind
8 of a computer record keeping on a systematic basis.
9 Q Are you indicating by the answer there was no
10 medical purpose for the implementation of that kind
11 of record keeping?
12 A I don't know how to answer.
13 Q Meaning you didn't understand? It's okay, I don't
14 always ask the best question.
15 You are not saying the hospital
16 administration initiated some computer record
17 keeping that served no medical purposes in terms of
18 treatment of the patient, are you?
19 A I didn't find it useful. Others may have.
20 Q Did you have an objection to the implementation of
21 this, or was this an edict that was an issued to
22 you?
23 A It was an edict.
24 Q Who issued this edict, as best you can recall it?
25 A I don't have any idea.

Page 32

1 Q So what you are saying is that as you would visit
2 the patient you wouldn't be looking at those
3 documents, you would be reading the narrative
4 nurses' notes; is that correct?
5 A That is correct.
6 Q Sometimes I don't ask questions in a sequential
7 fashion. It's not intentional, I ask them as I
8 recall them.
9 Do you recall the discharge meeting you had
10 with Matthew Morrison's mother on the 19th of
11 November?
12 A Barely.
13 Q Do you recall Mrs. Morrison?
14 A I think I do.
15 Q What was your general impression of Mrs. Morrison?
16 MR. PRISLIPSKY: In what way?
17 MISS KOLIS: I'm asking if he had a
18 general impression of Mrs. Morrison.
19 A She was an affectionate, anxious woman who knew how
20 to get help for her son.
21 Q Your first answer was that you barely remember, you
22 can remember at least these three things, she was
23 affectionate, anxious, a woman who seemed to know
24 how to get help for her child?
25 A Yes.

<p style="text-align: right;">Page 33</p> <p>1 Q Is this an independent recollection, or your 2 impression sitting here today from reviewing the 3 records? 4 A I'm not sure how to separate the two. 5 Q Sometimes we can't. That is the only thing I'm 6 asking. If your answer was based upon your 7 independent recollection of her, or because you 8 recently reviewed the records? 9 A I have an independent recollection of meeting with 10 her and specifically what I'm recalling is she asked 11 for two letters from me to advocate for her son. 12 Q Those two letters, I think we will get those out 13 here, we're doing this kind of backwards, she asked 14 you or advised you there were some issues that 15 needed to be addressed with Matthew; is that a fair 16 statement? 17 A She wouldn't have used that language. 18 Q I'm sure she wouldn't have. I'm not Linda 19 Morrison. Let's go backward. 20 Before I get into those letters, when you 21 say you recall her being an affectionate woman, what 22 is your basis of that recollection in other words? 23 A That she visited, seemed concerned, she seemed to 24 try to understand what was going on, what was best 25 for her son.</p>	<p style="text-align: right;">Page 35</p> <p>1 answer? 2 A That's the answer. 3 Q What is the basis of your comment she was an 4 affectionate woman? 5 A I thought I said she seemed to be interested, she 6 was there. When I saw her there, she seemed to be 7 involved with her son. 8 Q You actually saw Mrs. Morrison with her son during 9 that nine day hospitalization? I'm asking, you had 10 the opportunity to observe her interacting with her 11 child? 12 A We're at the margins of my recollections. 13 Q Excuse me? 14 A I don't really know. I have the impression. 15 Q You said she was anxious, please define for us what 16 you mean, your recollection she was an anxious 17 person? 18 A She was worried. She was alarmed by her son's 19 condition, she was hoping that things would get 20 better. 21 Q Would you say that her -- I don't want to call it 22 condition like a diagnosis, would you say your 23 observation she was an anxious person was warranted 24 under the circumstances? In other words, her 25 response to the situation was reality based?</p>
<p style="text-align: right;">Page 34</p> <p>1 Q To the best of your recollection or based upon the 2 documents in the chart, did Mrs. Morrison in fact 3 attend the parent information sessions that were 4 available for the parents of your adolescent psych 5 patients? 6 A I don't know that. 7 Q You don't know that one way or the other, correct? 8 A Correct. 9 Q Are you aware she did regularly see him while he was 10 at Saint Luke's? 11 A That is my impression. I don't know that for a 12 fact. 13 Q How would it be your impression versus a fact? 14 A For one thing I don't know what regularly means. 15 Q Do you believe she saw him each and every day he was 16 a patient at Saint Luke's? 17 A I have no reason to think that is true. 18 Q You have no reason to think it isn't true she came 19 to see her child every day? 20 MR. PRISLIPSKY: That is what his answer 21 was. 22 Q I want to make sure I heard that correctly. Did you 23 think there were days she didn't come see her son? 24 A There may have been days, I don't know. 25 Q Are you saying you Just don't know, is that the</p>	<p style="text-align: right;">Page 36</p> <p>1 A May have been. 2 Q What do you mean, may have been? 3 A I didn't see her enough to know. You are right, I'm 4 not making a diagnosis of her. There is an 5 appropriate level of parental worry at a time like 6 that. 7 Q And a time like that being you have a child who is 8 suicidal? 9 A When you have a child in the hospital who had been 10 suicidal. 11 Q Doctor, to a reasonable degree of psychiatric 12 probability, at what point during Matthew's 13 hospitalization can you say with certainty he was no 14 longer suicidal? 15 MR. PRISLIPSKY: Objection. You can 16 answer. 17 A I don't know how to answer that question. 18 Q Why not, what information or what part of the 19 question lends -- 20 A To say no longer suicidal implies an absence of any 21 kind of suicidal thought or risk of suicidal 22 thought. I'm not sure I could say that about 23 anybody. 24 Q What about Matthew Morrison? 25 MR. PRISLIPSKY: Can you rephrase your</p>

Page 37

1 question? Is it did he have an absence of
2 suicidal --
3 Q I'm asking the doctor did there come a point in the
4 hospitalization you felt he no longer was
5 potentially at risk for suicide, that is a better
6 way to ask the question I guess.
7 MR. PRISLIPSKY: Objection. Broad, vague
8 and ambiguous. Potentially at risk maybe?
9 A What am I answering?
10 Q That is a good question.
11 MR. PRISLIPSKY: In Dr. Lightbody's
12 fairness I think at one point his answer was absence
13 of suicidal thoughts. You said no longer at risk
14 for committing suicide. I'm not sure if he
15 understands which way you are going.
16 Q We have to cover both of them. Let's do it this
17 way: This is referring Mrs. Morrison, did you
18 communicate to Linda Morrison on the day of
19 discharge that her son was no longer at risk for
20 suicide?
21 A I don't recall that.
22 Q As the medical director of the adolescent psychiatry
23 program I'm going to assume, you'll correct my
24 misassumption, that Matthew Morrison is not the only
25 child in 1998 that you dealt with that had potential

Page 38

1 suicide issues; is that correct?
2 A That's correct.
3 Q How did you make the decision to discharge him on
4 November 19th?
5 A Well, the decision came out of the team consulting
6 with me about how he was doing. I had observations
7 from the nursing staff he was interacting, he was
8 comfortable, that he was not expressing suicidal
9 thoughts. I knew there was a follow-up plan, I knew
10 he was under treatment. I knew he was responding to
11 treatment. While he had had suicidal thoughts, I
12 felt that the risk was at a minimum, that there was
13 enough support in the community that he was able to
14 be discharged.
15 Q I'm going to ask you a direct question and if you
16 are offended I don't want you to be, you might be.
17 Was the Morrisons' family insurance
18 situation a consideration in discharging this child
19 in nine days?
20 A No.
21 Q The State of Ohio did not tell you that you couldn't
22 keep the child any longer than nine days?
23 A The State of Ohio never talked to me.
24 Q I just need to be sure. So your decision to
25 discharge him in nine days after his preliminary

Page 39

1 admission had nothing to do with ability to pay?
2 A Correct.
3 Q You just indicated that sort of general sense of the
4 discharge. Doctor, when before you discharged him
5 was the last time that you personally visited with
6 Matthew? You can certainly look in the chart.
7 A I can be absolutely sure I saw him the day prior to
8 admission.
9 MR. PRISLIPSKY: You mean discharge?
10 A Prior to discharge.
11 Q You saw him on November 18th?
12 A Correct.
13 Q You have a note in fact from that date?
14 A Correct.
15 Q What was the nature of your contact with him on that
16 date?
17 A I don't describe what the setup was. It would have
18 been a private interview in my private office in the
19 unit.
20 Q Approximately what amount of time do you think that
21 meeting -- when you say meeting, was it an
22 interview, a meeting, psychotherapy session, what
23 was it?
24 A All of those terms could apply to it.
25 Q I don't want all those terms.

Page 40

1 A It was a private session between a patient and his
2 doctor.
3 Q Was it a scheduled psychotherapy session?
4 A There wasn't the luxury of a schedule. It was a
5 time I needed to speak with him, to see if he was
6 ready to go home.
7 Q When you say this isn't the luxury of a scheduled
8 session?
9 A They are adolescents and are busy with a milieu
10 program and school activities, I saw kids when I
11 could in between the activities.
12 Q Why don't you read into the the record your note of
13 the 18th; can you do that for me?
14 A November 18, 1998, Matthew feels nearly ready to go
15 home. The voices bother him early in the morning,
16 but the medicine helps with them. Some depression
17 still, which normally would persist given his
18 perception of losses. D/C myself and the discharge
19 nurse probably.
20 Q So that we're clear, we will mark this Plaintiffs'
21 Exhibit A, I don't want to get in your space too
22 much, I to make sure this is this the note you just
23 read.
24 A Yes.
25 MR. PRISLIPSKY: She's referring to the

<p style="text-align: right;">Page 41</p> <p>1 top of the page --</p> <p>2 MISS KOLIS: Page 98 at the bottom.</p> <p>3 MISS MOORE: If I make a request, I</p> <p>4 didn't receive those notes, if I could get a copy of</p> <p>5 that.</p> <p>6 MISS KOLIS: You are the only person</p> <p>7 that didn't, we're sorry.</p> <p>8 MISS MOORE: I think you produced it</p> <p>9 prior to us being pulled into the suit.</p> <p>10 (Plaintiffs' Exhibit A</p> <p>11 marked for identification.)</p> <p>12 Q I have a couple questions about that note.</p> <p>13 Do you believe, Doctor, that you had any</p> <p>14 personal interaction with Matthew after that note</p> <p>15 was written?</p> <p>16 A There is a note on November 19th which implies to me</p> <p>17 from the way I write notes that I saw him on the</p> <p>18 19th, following the team meeting.</p> <p>19 Q That is the same page?</p> <p>20 A On the same page.</p> <p>21 Q In fact, let's put it this way, there are documents</p> <p>22 indicating you attended a team meeting at</p> <p>23 approximately noon on the 19th; does that comply</p> <p>24 with your recollection?</p> <p>25 A Yes.</p>	<p style="text-align: right;">Page 43</p> <p>1 Recommend "door to door" busing.</p> <p>2 Q Following there is another note, same day, untimed,</p> <p>3 correct; is that in your handwriting?</p> <p>4 A My handwriting.</p> <p>5 Q Can you read that?</p> <p>6 A As above. Ready to go. Mom has letters to one,</p> <p>7 school and two, Social Security.</p> <p>8 Q Going back to where we were, you don't know that you</p> <p>9 actually saw Matthew on the 19th, correct?</p> <p>10 A Correct.</p> <p>11 Q Nothing in these notes indicates you actually</p> <p>12 examined him or talked to him; is that correct?</p> <p>13 A I can't tell. I can only know that a note like mine</p> <p>14 would imply an interview. I don't recall the</p> <p>15 interview,</p> <p>16 Q What part of the note implies an interview with the</p> <p>17 child on the 19th?</p> <p>18 A As above, ready to go. Meaning I confirmed that he</p> <p>19 feels ready. These are the issues, the medicines</p> <p>20 are appropriate, that he needs the busing.</p> <p>21 Q Could that note be confirmatory of the conversation</p> <p>22 you had with Mrs. Morrison at the time you were</p> <p>23 handing her the two letters you prepared?</p> <p>24 A Possibly.</p> <p>25 Q Do you see anything in the narrative nurses' note</p>
<p style="text-align: right;">Page 42</p> <p>1 Q You think that you met with Matthew after the team</p> <p>2 meeting?</p> <p>3 A I can't tell for sure. I think I did.</p> <p>4 Q Going back to the same page we marked A, there are</p> <p>5 two additional notes that seem to be bearing what I</p> <p>6 have now come to know as your mark I will call it.</p> <p>7 One 11-19-98, MDCP, what does that stand for,</p> <p>8 multidisciplinary --</p> <p>9 A Yes.</p> <p>10 Q Names of Dr. Lightbody, Dr. Toor, Nurse Gerry</p> <p>11 Beard-Chaney, the licensed social worker?</p> <p>12 A Yes.</p> <p>13 Q Who was a member of the team?</p> <p>14 A Yes.</p> <p>15 Q She worked under your direction and supervision,</p> <p>16 correct?</p> <p>17 A She had various clinical responsibilities, some were</p> <p>18 on my team with me, under my supervision.</p> <p>19 Q Can you read -- is that in your handwriting</p> <p>20 underneath?</p> <p>21 A Yes.</p> <p>22 Q Can you read what that says?</p> <p>23 A Status: Ready for discharge, symbol for at</p> <p>24 Applewood for therapy regarding abandonment issues</p> <p>25 and medication. Will continue meds as per now.</p>	<p style="text-align: right;">Page 44</p> <p>1 that says you actually saw or interviewed Matthew on</p> <p>2 the morning of the 19th?</p> <p>3 A No.</p> <p>4 Q Doctor, going back to your note of the 18th, first a</p> <p>5 general question. Your writings for Matthew are</p> <p>6 based on his confinement, your observation, and the</p> <p>7 team's input was what?</p> <p>8 A Discharge diagnosis was depression with psychotic</p> <p>9 features.</p> <p>10 Q Please specify for the record the psychotic aspect.</p> <p>11 A When he came in he was hearing voices. He had heard</p> <p>12 them for a week. They were unpleasant, they said</p> <p>13 that he should kill himself.</p> <p>14 Q Would you agree with me that your note of the 18th</p> <p>15 does not indicate an absence of those same psychotic</p> <p>16 features?</p> <p>17 A Yes.</p> <p>18 Q So they were still present on the 18th at whatever</p> <p>19 time you examined the child?</p> <p>20 A They were present.</p> <p>21 Q In other words, I know I'm beating a dead horse, you</p> <p>22 know I only get to talk to you one time, on the 18th</p> <p>23 medication, we will go to that issue in a second, he</p> <p>24 was on medication which seemed to be lessening the</p> <p>25 voices, correct?</p>

Page 45

1 A Correct.

2 Q There was still not absence of voices, correct?

3 A Correct.

4 Q Your understanding based upon your interaction with

5 Matthew, any documentation in the chart, what was

6 your understanding about the voices? I think you

7 already said they told him to kill himself; is that

8 right?

9 MR. PRISLIPSKY: Are you saying at the

10 time, or the time of discharge?

11 A At the time?

12 MR. PRISLIPSKY: Wait. Let her clarify.

13 Q The voices that were described to you, information

14 that you learned from Matthew himself, what was the

15 nature of the communication of the voices to this

16 child?

17 MR. PRISLIPSKY: At the time of admission

18 or discharge?

19 Q We will start with the time of admission.

20 A At the time of admission the voices said, as I

21 understood it, two things. One, that he was stupid;

22 two, that he should kill himself.

23 Q Your attorney wants me to dance on the head of a pin

24 and specify admission and discharge.

25 MR. PRISLIPSKY: No, I wanted you to

Page 46

1 clarify it.

2 Q Same difference. You don't have this information

3 that the content of the messages of those voices

4 changed during the hospitalization, do you?

5 A On the nurses' note on the 17th of November denies

6 hearing voices this evening. No untoward thoughts

7 or actions.

8 Q That is not the question I asked you though.

9 A You asked if I had information.

10 Q Correct.

11 A I get information from a variety of sources,

12 personally and from the nurses' record.

13 MR. PRISLIPSKY: She has not asked you a

14 question.

15 Q I didn't even ask presence or absence of voices. We

16 established by your testimony on the morning of the

17 18th although the voices lessened, they were

18 present. What I'm talking about is the content of

19 the message of those voices to Matthew.

20 A What is your question?

21 Q Content. In other words, you have no reason or

22 there is no information that the content of the

23 messages from the voices that Matthew heard changed

24 during the hospitalization before you discharged

25 him, correct?

Page 47

1 A The voices were less insistent, less intrusive. He

2 recognized they were his own thoughts. I can't

3 speak to how the content changed.

4 Q Because there is no documentation that they

5 completely went away or the content changed; is that

6 a fair statement?

7 A That is fair.

8 Q Going back to Mrs. Morrison, we will step aside from

9 Matthew for a moment.

10 We covered that you thought she was

11 affectionate, she was anxious, then the other thing

12 that I recall that you said, can you remember the

13 third thing is that she seemed to be a person who

14 knew how to get help for her son; do you remember

15 saying that?

16 A Yes.

17 Q What was your basis for believing that or stating

18 that?

19 A I answered your question already. She asked of me

20 two letters which she initiated, which to me

21 represented problem solving capabilities.

22 Q Was one of the bases of your decision to discharge

23 him nine days after admission that you believed if

24 he got in trouble his mother had problem solving

25 abilities?

Page 48

1 A Of course.

2 Q Were you aware as to whether or not Linda Morrison

3 had a learning disability?

4 A I did not know that about her.

5 Q Did you spend any appreciable time interviewing

6 Mrs. Morrison as to her level of education, her

7 level of understanding?

8 A No.

9 Q Let's identify for the record this would be

10 Plaintiffs' Exhibit B. This is a letter apparently

11 from yourself to the director of transportation; is

12 that correct?

13 A That's correct.

14 Q To Carla Shannon, Director of Transportation, I'm

15 assuming Cleveland Public Schools.

16 MISS MOORE: Can I see that, please?

17 MISS KOLIS: Absolutely. Sorry.

18 Q Doctor, is that what that letter is?

19 A lies.

20 Q Let's talk about this letter for a second. It says

21 Matthew has recently been released from the

22 inpatient psychiatric treatment here. His

23 vulnerability to depression is such that he required

24 curb-to-curb busing. I hope this can be arranged.

25 Let's talk about the content of this letter.

Page 49	Page 51
<p>1 On the date of discharge I gather it was</p> <p>2 your impression that this child was vulnerable to</p> <p>3 depression?</p> <p>4 A The child was being referred for treatment on an</p> <p>5 ongoing basis for depression, he had a depression</p> <p>6 His mother asked for that letter.</p> <p>7 MR. PRISLIPSKY: You answered her</p> <p>8 question.</p> <p>9 Q As a physician, and the director of a psychiatric</p> <p>10 program for adolescents, you do things such as write</p> <p>11 this letter not to placate parents, you do it for</p> <p>12 the best interest medically of the child; is that a</p> <p>13 fair statement?</p> <p>14 A A child lives in an environment that includes</p> <p>15 heavily the parent.</p> <p>16 Q Excuse me. I'm sorry, I didn't hear what you said?</p> <p>17 A The parent is very much a part of the -- very much</p> <p>18 part of a child's life.</p> <p>19 MR. PRISLIPSKY: Heavily with the parent.</p> <p>20 Q You wouldn't have written the letter because someone</p> <p>21 asked you to, you had to assess the necessity for</p> <p>22 this child to receive what we call door-to-door</p> <p>23 transportation, correct?</p> <p>24 A Correct?</p> <p>25 Q That is your responsibility. This would be a cost</p>	<p>1 A Matthew was in comprehensive treatment for his</p> <p>2 depression and his symptoms had lessened.</p> <p>3 Q Doctor, I'm really not trying to be difficult. Yes</p> <p>4 I agree that there is some information that symptoms</p> <p>5 had lessened. On the date of discharge the child</p> <p>6 was still suffering from clinical depression, agree</p> <p>7 or disagree'?</p> <p>8 A I don't know how to answer that question.</p> <p>9 Q Why don't you know how to answer that question?</p> <p>10 A Because it depends how you define depression. He</p> <p>11 was on medicines, he had a treatment plan in place,</p> <p>12 he was feeling better. Whether one would diagnose</p> <p>13 him as a depressed person at that time, I don't</p> <p>14 know.</p> <p>15 Q Well, he wouldn't be on medication if he didn't have</p> <p>16 the diagnosis; can we agree with that?</p> <p>17 A Correct.</p> <p>18 Q If you would have taken the medication away from him</p> <p>19 that day, what do you think would have happened to</p> <p>20 him; do you have an opinion?</p> <p>21 A On that I'm unsure.</p> <p>22 Q You also, Doctor, sent a letter to the Social</p> <p>23 Security Administration or typed the note, I'm going</p> <p>24 to identify that as Exhibit C.</p> <p>25 A Correct.</p>
Page 50	Page 52
<p>1 to the Cleveland School System, correct?</p> <p>2 A Presumably.</p> <p>3 Q When you wrote the letter you don't do it just to</p> <p>4 make Mrs. Morrison happy, you assessed that there</p> <p>5 was a depression vulnerability issue in the child,</p> <p>6 issued the letter requesting that the school provide</p> <p>7 him with transportation, correct?</p> <p>8 A It's true, I provided the letter.</p> <p>9 Q Well, what was the medical reason that the child</p> <p>10 needed door-to-door transportation?</p> <p>11 A The unstated reason was he was vulnerable to being</p> <p>12 picked on on the way to school by local bullies.</p> <p>13 Q Obviously you didn't state that in the letter, you</p> <p>14 clearly -- the note you clearly indicate he was</p> <p>15 vulnerable to depression. You are saying the subset</p> <p>16 is that what you were aware was he had issues of</p> <p>17 children picking on him previously?</p> <p>18 A Correct.</p> <p>19 Q You were concerned that would upset him?</p> <p>20 A Correct.</p> <p>21 Q Would you agree with me that on the date of his</p> <p>22 discharge Matthew was still in a depressed state?</p> <p>23 A No. The day previous I note some depression.</p> <p>24 Q I'm asking you in fact he was still suffering from</p> <p>25 clinical depression at the time of discharge?</p>	<p>1 Q What was the purpose in generating this letter?</p> <p>2 A I didn't understand the purpose of that letter.</p> <p>3 Q You were requested by whom to write a letter to the</p> <p>4 Social Security Administration?</p> <p>5 A I was requested by Mrs. Morrison to write that</p> <p>6 letter.</p> <p>7 Q The letter basically reviewed the hospitalization,</p> <p>8 correct?</p> <p>9 A I'm going to look at it. What number is that?</p> <p>0 Q This one is not numbered, I think I got this from</p> <p>1 you. I'm not sure how I got it, maybe from</p> <p>2 Mrs. Morrison.</p> <p>3 (Plaintiffs' Exhibit B</p> <p>4 marked for identification.)</p> <p>5 MR. PRISLIPSKY: Do you have another</p> <p>6 copy?</p> <p>7 MISS KOLIS: I'll get one.</p> <p>8 (Recess taken)</p> <p>9 (Plaintiffs' Exhibit C</p> <p>10 marked for identification.)</p> <p>11 Q Relative to the letter to the Social Security</p> <p>12 Administration, you had an opportunity to review the</p> <p>13 note that you prepared?</p> <p>14 A Yes.</p> <p>15 Q I thought that you said you didn't know the purpose</p>

Page 53

1 of the letter?
 2 A I still don't.
 3 Q Doctor, why would you prepare the letter to the
 4 Social Security Administration if you had no idea
 5 what the purpose of the letter was for?
 6 A I didn't know enough about Mrs. Morrison's affairs
 7 or her financial arrangements with Social Security
 8 to understand what specific purpose she was trying
 9 to affect with this letter. What she asked for
 10 seemed straightforward enough.
 11 Q So at the request of Mrs. Morrison you prepared this
 12 letter, basically indicated he presented with
 13 hallucinations and depression, correct?
 14 A Correct.
 15 Q Which are being treated with a combination of
 16 medications that make him feel more in control?
 17 A Correct.
 18 Q Prior to Matthew's discharge, can you please tell me
 19 with specificity on what date were you able to
 20 determine the correct combination of medications
 21 that made him feel more comfortable?
 22 MR. PRISLIPSKY: Take a look at your
 23 records.
 24 Q Take a look at the chart, records, whatever you need
 25 to do.

Page 54

1 A On the first day I saw him, November 11th, I was
 2 planning in my mind to begin treatment with a
 3 standard anti-psychotic medicine.
 4 Q Did you in fact have to change the medication
 5 regimen to assist Matthew during the course of this
 6 hospitalization?
 7 A I made adjustments and additions.
 8 Q Can you tell me when the last adjustment and/or
 9 addition occurred prior to discharge? You can look
 10 at the orders. Even though I said we would be here
 11 two hours, I'm in no rush.
 12 A The last change in his medication was the 16th of
 13 November.
 14 Q What prompted the change in medication on the 16th
 15 of November?
 16 A There were two things going on. One was related to
 17 the first medicine called Cogentin. On the 16th the
 18 schedule was reduced from three times a day to two
 19 times a day. Cogentin had been initiated two days
 20 before in a telephone order because he had an acute
 21 reaction reported to me over the telephone by the
 22 nursing staff.
 23 Q Describe the nature of the acute reaction you're
 24 discussing at this point.
 25 A Well, referring to the nurses' notes, what they

Page 55

1 described in the record and presumably to me over
 2 the phone, was that he -- at 10:00 p.m. on the 14th
 3 he began crying and holding his head. I'm reading
 4 from the nurses' note. Appeared to be very
 5 anxious. Dr. Lightbody was notified and orders were
 6 received.
 7 Q What, Doctor, do you attribute as the cause of that
 8 episode with Matthew, the one you just read about
 9 from the nurses' notes?
 10 A I don't altogether understand what happened to him
 11 on the note of the 14th. The nurse thought it was
 12 an anxiety attack from the fact that I prescribed
 13 Trilafon and Cogentin. I had in mind apparently
 14 that he was having a dystonic reaction to an earlier
 15 prescribed medicine.
 16 Q You thought he was having a medication reaction?
 17 A I thought he was having a medication reaction.
 18 Q Based upon the report that you received from the
 19 nurse, when timing-wise, based on the nursing
 20 notes -- we're talking about the 14th, correct?
 21 A Yes.
 22 Q At what time in the evening?
 23 A 10:00 p.m.
 24 Q Did you not feel a need to come in and examine and
 25 discuss with the patient the situation so you could

Page 56

1 discern whether it was a medication reaction or a
 2 manifestation of his psychosis, an anxiety attack
 3 not caused by the medication?
 4 A I felt no need to go to the hospital.
 5 Q Why is that?
 6 A The staff is very experienced, I have great
 7 confidence in their judgment. Over the telephone we
 8 worked out a plan to provide relief for whatever was
 9 happening to him.
 10 Q Do you have some reason to believe at that time
 11 there was a psychiatrist present making this
 12 assessment, or were you relying upon the judgment of
 13 nurses and social workers at that point?
 14 A At that point relying on conversations between the
 15 nurse and myself.
 16 Q You didn't think there was any reason to examine the
 17 child to discern what the cause of this episode
 18 was?
 19 MR. PRISLIPSKY: Objection. Asked and
 20 answered.
 21 A Correct.
 22 Q Fair enough answer.
 23 When is in fact the next time you saw
 24 Matthew after the phone call of the evening of the
 25 14th?

<p style="text-align: right;">Page 57</p> <p>1 A It's hard for me to be clear about that.</p> <p>2 Q Well, let me ask you this question: If the nurses' records indicate you did not see Matthew between the 14th and 16th, do you have anything to indicate otherwise that you reviewed?</p> <p>3 A No. The 15th was Sunday.</p> <p>4 Q So the 14th was a Saturday night, you didn't come to the hospital, you didn't see him on Sunday the 15th, you were in the hospital on Monday the 16th of November, correct?</p> <p>5 A Correct.</p> <p>6 Q Let's look at your note from the 16th. I believe this is yours, you can correct me if I'm wrong. 96 and 97 in your stack if you have them.</p> <p>7 A I have them.</p> <p>8 (Plaintiffs' Exhibit D marked for identification.)</p> <p>9 Q Let me ask this: On the 13th, the third day into his hospitalization, is the note on the top of the page your note?</p> <p>10 A Yes.</p> <p>11 Q Can you tell me what that says, please.</p> <p>12 A Shall I read the whole note?</p> <p>13 Q That would be perfect.</p> <p>14 A 11-13-98 mother given verbal consent for</p>	<p style="text-align: right;">Page 59</p> <p>1 hallucinations; am I reading this correctly?</p> <p>2 A Yes.</p> <p>3 Q More than depression?</p> <p>4 A Correct.</p> <p>5 Q What does that mean?</p> <p>6 A Meaning I thought the predominant thing that was causing him to stress was the voices that he was hearing.</p> <p>7 Q The hallucinations?</p> <p>8 A Correct.</p> <p>9 Q You didn't feel that his depression was a major component? Let me withdraw that.</p> <p>10 Why did you write a note saying you were going to focus on hallucinations more than depression; what does that mean?</p> <p>11 A What it means is that first of all hallucinations are easier to treat. Second of all, I thought there was a good chance that his depression would subside if he was not bothered by that particular thing.</p> <p>12 Q You thought cause and effect, the hallucinations were causing the depression?</p> <p>13 A In this case, yes.</p> <p>14 Q What did you think about Matthew's issues regarding absence of his biological father, did you feel that was depressing him?</p>
<p style="text-align: right;">Page 58</p> <p>1 medications, focusing on hallucinations more than depression. Will start Trilafon, one milligram b.i.d. twice a day.</p> <p>2 Next paragraph, first two words are crossed out, my initials over them. I told her as best as I could regarding Dr. Buskar's thoughts regarding a geneticist. She did not understand anything so I recommended she get Matthew a clinic pediatrician visit and obtain via medical records Dr. Buskar's full notes. She is a simple soul but cooperative.</p> <p>3 Q I would like to ask you a few questions about that portion of the note.</p> <p>4 On the 13th obviously you are making a telephone call, correct?</p> <p>5 A I don't think that is obvious.</p> <p>6 Q I'm sorry. Well, if Mrs. Morrison testifies you called her on the 13th to discuss medication, knowing that piece of information, looking at your note, does that seem fair to you you would have determined Matthew needed medication and called his mother?</p> <p>7 A It's equally possible she was on the unit by appointment or by accident, I discussed it in person, I cannot tell.</p> <p>8 Q Fair enough. You said we're focusing on</p>	<p style="text-align: right;">Page 60</p> <p>1 A Yes.</p> <p>2 Q Did you feel that was going to disappear when he left the hospital?</p> <p>3 A No.</p> <p>4 Q You referred to Mrs. Morrison as a simple soul, do you not, in this note?</p> <p>5 A Yes.</p> <p>6 Q What did you mean by that?</p> <p>7 A Meaning that she was well meaning but she was not understanding what I was getting through to her, what I was trying to get through to her.</p> <p>8 Q In other words, it is a rather poetic way of expressing she may not be the brightest person you've ever met, she is indeed a nice person? I'm paraphrasing it, I don't know when a doctor refers to someone as a simple soul in a chart exactly what it means?</p> <p>9 A Say it again.</p> <p>10 Q See, bad questions happen all the time. I warned you that they would.</p> <p>11 Is the import of the note you wrote in the second paragraph that Mrs. Morrison, even though you explained to her, I'm assuming that you recall that it was the pediatrician thought Matthew might have fragile X syndrome, correct?</p>

Page 61

1 A Yes.
 2 Q You tried to explain that to her, your perception
 3 she was not understanding what you were telling her;
 4 is that correct?
 5 A That's correct.
 6 Q You made a note that this woman didn't appear to
 7 understand information that you related to her?
 8 A That's correct.
 9 Q In embodying that, enclosing that you said she is a
 10 simple soul, correct?
 11 A Correct.
 12 Q Meaning she was a nice person, she may not
 13 understand what you are telling her.
 14 A That's correct.
 15 Q You knew that as of November 13, 1998 because you
 16 put it in a note, correct?
 17 A Correct.
 18 Q Let's move on, talk about the 16th of November.
 19 Once again we see MDCP, that is the
 20 multi-disciplinary clinical psychiatry?
 21 A Multi-disciplinary care I believe.
 22 Q These are meetings you scheduled on a periodic basis
 23 when the person is in the hospital?
 24 A Team meetings which happened on Monday and Thursday.
 25 Q What I'm looking for is just Monday and Thursdays,

Page 62

1 correct?
 2 A Correct.
 3 Q Does this note tell you or lead you to believe at
 4 that point that the team meeting was being had, had
 5 been in visiting with or examined Matthew?
 6 A What is your question again?
 7 Q Sure. Does this note indicate to you or based upon
 8 this note can you tell whether or not prior to this
 9 team meeting you had actually visited personally
 10 with Matthew?
 11 A I cannot tell.
 12 Q Would you read us what note you wrote next. You
 13 don't have to read all the names. You were present
 14 at the meeting, Dr. Toor we now know was your
 15 resident was present, is that Dr. Black?
 16 A Correct.
 17 Q Is that a he or she?
 18 A She.
 19 Q Ph.D. in what discipline?
 20 A Psychology.
 21 Q C. Davis is a nurse apparently. I can't make out
 22 the next name, but Gerry Beard-Chaney, licensed
 23 social worker was also present?
 24 A Correct.
 25 Q The rest is in your handwriting, can you read it for

Page 63

1 us?
 2 A Status: Obsessed with father and father's neglect.
 3 Trilafon may not be bringing therapeutic response in
 4 that he is still unhappy -- in that he still is
 5 unhappy even as there is an arrow going down, a
 6 decrease in hallucinations. Will start Paxil for
 7 its anti-obsessional qualities. Loneliness and
 8 isolation seem to be his dominant experience, which
 9 successfully elicits support. Focus on father may
 10 be surfacing because of recent move to Cleveland,
 11 thereby losing all contact with father. Big Brother
 12 may be useful. We need more time to evaluate and
 13 prepare follow-up plan. F/U plan.
 14 Q Let me ask you several questions. When you write
 15 the sentence need more time to evaluate and prepare
 16 follow-up **plan**, how much **more time** were you **thinking**
 17 about?
 18 A That was unspecified. Would be unspecified. We
 19 needed as much time as we needed to stabilize and
 20 make arrangements.
 21 Q My question is this: You wrote that note for the
 22 reason -- let me withdraw that. That makes
 23 sense, of course you wrote the note for a reason.
 24 When Matthew was admitted the team first
 25 met, in fact there was a document where you

Page 64

1 anticipated date of discharge, correct?
 2 A I don't know; is that correct?
 3 Q Well, I'm asking you, you can look for it in a
 4 minute. When you were the medical director of this
 5 adolescent psychiatry program, is it not a fact that
 6 when a patient was admitted you did a first
 7 assessment that had a projected date of discharge,
 8 the team did?
 9 A I don't recall that practice.
 10 Q You don't, okay. Fair enough if you don't recall
 11 it.
 12 When you wrote this note nobody on the 16th
 13 was talking about discharging this child, of course,
 14 correct?
 15 A That is not correct.
 16 Q On the 16th you were discussing discharging him?
 17 A We were discussing discharging him, which was a far
 18 cry from doing it. Planning for the discharge is
 19 part and parcel of working with the case in an acute
 20 care stabilization unit.
 21 Q On the 16th all of these issues had not been
 22 addressed inasmuch as you were going to add another
 23 medication; is that a fair statement?
 24 A That is a fair statement.
 25 Q So on the 16th you were going to add medication to

<p style="text-align: right;">Page 65</p> <p>1 deal with what you called his obsessive qualities, 2 correct? 3 A And his depression. 4 Q I should have stated that more articulately. Was it 5 your impression his obsession about his father was 6 contributing to or causing his depression? 7 A Yes. 8 Q Therefore you wanted to medicate him, correct, to 9 lessen the effects of the depression. What was the 10 purpose of the medication you were adding? 11 THE WITNESS: Can I ask my lawyer a 12 question? 13 MISS KOLIS: You want to step 14 outside, that is fine. 15 (Recess taken) 16 By Miss Kolis: 17 Q Back on the record after a very brief break. I 18 should have told you in the beginning of the 19 deposition any time you need to confer with your 20 attorney, a lot of lawyers in this day and age in 21 this town get crazy about that, I don't. All you 22 have to do is say you would like to confer with your 23 attorney, that is certainly appropriate. 24 What I thought my question was, Connie might 25 phrase it better than I will, on the 16th you were</p>	<p style="text-align: right;">Page 67</p> <p>1 Matthew the fact that he had never seen his 2 biological father? 3 A I'm not able to recall that conversation. I want to 4 add because a person has never seen his father does 5 not mean he doesn't have a father. 6 Q Well of course, did I say that? I mean he has a 7 father, not one who he had ever interacted with, 8 correct? 9 A That is said in one of the nurses' notes. 10 Q Did you have a habit of reading the nurses' notes on 11 a daily basis, daily meaning Monday through Friday, 12 I gather you don't do weekends; is that right? 13 A You asked two questions there. 14 Q Do you, as you evaluate a patient, read the nursing 15 notes between the last time you saw the patient and 16 the now time that you see the patient? 17 A Yes. 18 Q You calculate that information in terms of 19 treatment, correct? 20 A Correct. 21 Q In addition to which you seem to have these Monday 22 and Thursday team meetings where you learn a lot of 23 information from the people who are doing daily 24 interaction, correct? 25 A Correct.</p>
<p style="text-align: right;">Page 66</p> <p>1 adding a medication to deal with what you believed 2 may have been one of the causes of his depression; 3 is that a fair statement? 4 A Which specific cause are you referring to? 5 Q His lack of relationship with his father? 6 A His depression was no doubt determined by many 7 things, of which one of them would have been his 8 disappointment in his father. 9 Q His depression was multifactorial, correct? 10 A Correct. 11 Q What do you believe the constituent parts of that 12 were? 13 A He had moved from his home in West Virginia as I 14 understand it within the previous five months, 15 leaving behind him this idealized father and his 16 grandfather. He was in a community where he was not 17 socializing well. Those are the factors. 18 Q So those are the two things. 19 Doctor, do you have an understanding based 20 on your interaction with Matthew or his mother as to 21 whether or not Matthew had ever in his life seen his 22 father? 23 A There is a nurses' note which says he had not seen 24 his father. 25 Q I wanted to know if you personally had elicited with</p>	<p style="text-align: right;">Page 68</p> <p>1 Q Doctor, who was running the group therapy session 2 Matthew was attending on a daily basis? 3 A There would have been several that could be 4 described as group therapies. The nurses had some 5 groups, there is a person who is designated as 6 activities therapist who had some groups. 7 Q What did the activities therapist do? 8 A Sometimes recreational games, sometimes off the 9 unit, sometimes on the unit, movies. 10 Q Let me ask a better question, though I think I know 11 the answer, I want to be certain. 12 There are numerous notations in the computer 13 generated tracking system that indicate that Matthew 14 went to group therapy. I want to know if there were 15 group therapy sessions that were run by yourself? 16 A No. 17 Q Were there group therapy sessions run by a 18 psychologist to the best of your knowledge? 19 A No. 20 Q All of these things that are listed as group therapy 21 then are in the nature of what kind of therapy; do 22 you understand the question I'm asking? 23 A No. 24 Q You already eliminated -- did you or any other 25 psychiatrist run any group therapy sessions for the</p>

Page 69

1 children on the unit?
 2 A No.
 3 Q Then I asked if a psychologist ran any group therapy
 4 sessions on the unit for Matthew and the other
 5 children?
 6 A Correct, you asked me that.
 7 Q You said no?
 8 A Correct.
 9 Q So, therefore what we have left is what, nurses and
 10 social workers running group therapy sessions?
 11 A And trained activity therapist.
 12 Q Activity therapists being music and art therapists.
 13 I think I saw mention of that in the chart. I'm
 14 asking is that your recollection of how your program
 15 was run?
 16 A That's correct. There are other disciplines who
 17 conduct groups of different focuses.
 18 Q So you didn't, in terms of this group therapy, you
 19 or a licensed psychologist were not there to observe
 20 the child interacting, how they were reacting
 21 either; is that correct?
 22 A Yes.
 23 Q So you then had to rely upon information that was
 24 given to you by the nurses regarding the child
 25 interaction or conduct at those particular

Page 70

1 functions, correct?
 2 A Or the therapist themselves.
 3 Q Did you train the therapist to work in your program?
 4 A No.
 5 Q What background did your therapists have,
 6 educational background, I'm sorry?
 7 A I'm not certain I can answer that question.
 8 Q So you initiated new medication for Matthew on the
 9 16th of November, correct?
 10 A Yes, that is correct.
 11 Q Doctor, do you have an opinion to a reasonable
 12 degree of what I call -- I'm going to call it
 13 psychiatric medical probability, what the guidelines
 14 are for a psychiatrist who is treating a child for
 15 depression in terms of timing to assure yourself
 16 that a medication is the proper medication to deal
 17 with the child's issues; do you understand the
 18 question since I rambled?
 19 A No.
 20 Q You don't understand, okay.
 21 Do you agree with me you placed him on an
 22 additional medication on November 16th?
 23 A Yes.
 24 Q Do you agree with me that you discharged him on
 25 November 19th?

Page 71

1 A Yes.
 2 Q Do you have an opinion personally as to whether or
 3 not your discharge of this patient was premature
 4 based on the fact you didn't know how he would
 5 respond to the medication regimen you placed him
 6 on?
 7 MR. PRISLIPSKY: Objection. You can
 8 answer.
 9 A I felt there was every indication he was progressing
 10 in the correct direction on the medicine I had
 11 started. I was confident he had an adequate
 12 follow-up which would continue to oversee
 13 maintenance on the medication.
 14 Q Part of your equation for allowing him to be
 15 released, if I understand what you told me about a
 16 half an hour ago that factored into the decision, is
 17 you believed there was follow-up in place; is that
 18 correct?
 19 A That's correct.
 20 Q What is the basis of that belief, Doctor?
 21 A The belief is based on the typical practice of the
 22 unit.
 23 Q Typical practice being what; why don't you define
 24 for us what the typical practice of your unit was?
 25 A As responsibilities were divided up follow-up would

Page 72

1 be arranged by the unit social worker who would on
 2 the one hand assess the patient's address and
 3 resources, on the other hand be knowledgeable about
 4 community facilities. She would *make* a match, make
 5 the arrangements, communicate to the family.
 6 Q So let's sort of segment this out.
 7 Do you agree with me, Doctor, it is your
 8 responsibility ultimately in assisting patients such
 9 as Matthew, to insure that the child has continuity
 10 of care in the community, is that your medical
 11 responsibility since your discharge is predicated on
 12 a continuum of care; would you agree with that
 13 statement?
 14 A No.
 15 Q Who responsibility is it?
 16 A My responsibility -- well to answer your question, I
 17 believe ultimately it's the family's responsibility.
 18 Q I thought you just told me it was your social worker
 19 at your unit, at your direction, who was charged
 20 with the responsibility of arranging aftercare?
 21 A I did. The social worker arranges aftercare.
 22 Q What did you do to assure that aftercare connection
 23 is made?
 24 A Nothing. What did you mean by that? Let me back up
 25 a minute.

Page 73	Page 75
<p>1 Q Sure.</p> <p>2 A I have a relationship with the social worker. I had</p> <p>3 every confidence within the parameters of the</p> <p>4 program she would make the arrangements that were</p> <p>5 appropriate.</p> <p>6 Q I appreciate that information. That isn't my</p> <p>7 question.</p> <p>8 Did you in November of 1998 have in place</p> <p>9 for yourself, because you're ultimately the child's</p> <p>10 psychiatrist physician, a system to insure for</p> <p>11 yourself, to make sure aftercare arrangements had</p> <p>12 been made for your patients?</p> <p>13 MR. PRISLIPSKY: Objection. Go ahead.</p> <p>14 A My responsibility in the case ended with discharge.</p> <p>15 Q You believe that, correct?</p> <p>16 A I believe that.</p> <p>17 MR. PRISLIPSKY: Objection.</p> <p>18 Q Dr. Lightbody, you met with Mrs. Morrison, correct,</p> <p>19 on the day of discharge? If Mrs. Morrison testifies</p> <p>20 you and she met privately, will you disagree with</p> <p>21 that testimony?</p> <p>22 A No, I wouldn't. I think I described that meeting</p> <p>23 actually,</p> <p>24 Q Fine. Did you tell her on the day of discharge I'm</p> <p>25 not your child's psychiatrist anymore, you are going</p>	<p>1 Q Sound like something you would have told her?</p> <p>2 A No.</p> <p>3 Q Was Gerry Beard-Chaney present at the discharge</p> <p>4 meeting between yourself and Mrs. Morrison?</p> <p>5 A Almost certainly not.</p> <p>6 Q Back to my initial question, did you have a</p> <p>7 procedure in place for yourself that would allow you</p> <p>8 to confirm that your recently discharged patients</p> <p>9 had in fact made community contact with some agency</p> <p>10 I guess or counseling service?</p> <p>11 A The only assurance I had was a social worker telling</p> <p>12 me arrangements have been made.</p> <p>13 Q Did the social worker in this instance ever tell you</p> <p>14 that arrangements had been made?</p> <p>15 A On November 19th in the multi-disciplinary care plan</p> <p>16 meeting at which I was sitting, among others, myself</p> <p>17 and the social worker, I say ready for discharge at</p> <p>18 Applewood. I have every confidence that means that</p> <p>19 we discussed follow-up at Applewood.</p> <p>20 Q In English, because that is the only language I</p> <p>21 speak at this point in my life, when it says</p> <p>22 follow-up at Applewood, that does not mean that</p> <p>23 follow up was already established, does it?</p> <p>24 A Not necessarily.</p> <p>25 Q It means it was a suggestion that might be an</p>
Page 74	Page 76
<p>1 to be working with somebody else?</p> <p>2 A I don't think I would have put it that way.</p> <p>3 Q Why don't you think you would have put it that way?</p> <p>4 A Because that is unkind and rejecting.</p> <p>5 Q In fact, you gave her a prescription that day,</p> <p>6 didn't you, for medication that Matthew was to be</p> <p>7 on?</p> <p>8 A Yes.</p> <p>9 Q Two prescriptions, you can check it out, my</p> <p>10 recollection is they ran from November 19th until</p> <p>11 approximately the first week of February, would that</p> <p>12 comport with what you believed would have been the</p> <p>13 length of time you would have written those</p> <p>14 prescriptions for? You can look.</p> <p>15 A The prescriptions were for two months. In other</p> <p>16 words, one month with one refill on all of them.</p> <p>17 Q So about until the beginning of February, that was</p> <p>18 just my recollection.</p> <p>19 Did you tell her that if she had any</p> <p>20 problems with Matthew, not to contact you?</p> <p>21 A No.</p> <p>22 Q Do you recall telling her that if she had issues</p> <p>23 with Matthew, that she should call Gerry</p> <p>24 Beard-Chaney, who would then contact you?</p> <p>25 A I don't recall telling her that.</p>	<p>1 appropriate place for Matthew to go to, correct?</p> <p>2 A I can't assess the degree of completion of that</p> <p>3 recommendation.</p> <p>4 Q Did you or did you not tell Mrs. Morrison that</p> <p>5 follow-up didn't need -- I don't like to use double</p> <p>6 negatives -- follow-up should be within one month of</p> <p>7 discharge?</p> <p>8 A I don't recall that. That would make sense.</p> <p>9 Q So you weren't concerned that he be discharged on</p> <p>10 the 19th, the next day -- let me withdraw that.</p> <p>11 It's usually better when we dictate questions. This</p> <p>12 is easier for me.</p> <p>13 Who did you intend for him to see, what kind</p> <p>14 of health care professional?</p> <p>15 A He needed several kinds of health care</p> <p>16 professionals. He needed a psychotherapist of some</p> <p>17 form, in some setting. He needed a psychiatrist to</p> <p>18 monitor his progress with his medications.</p> <p>19 Q Did you write a referral letter for this child to be</p> <p>20 transferred to the care of a psychiatrist other than</p> <p>21 yourself?</p> <p>22 A No.</p> <p>23 Q Was that not your practice to do that?</p> <p>24 A That was not my practice.</p> <p>25 Q Do you know any psychiatrists at Applewood?</p>

Page 77

1 A At the time I knew a few names. I did not know
2 them.

3 Q Wouldn't it have been preferable for you to place
4 the phone call to a psychiatrist at the next
5 facility to relate the child's medical diagnoses and
6 conditions?

7 A That was not the practice of the team as it had been
8 developed over the years.

9 Q Time out. You were the medical director. I'm
0 asking you a question if it wouldn't have been
1 preferable for you to make direct contact with a
2 psychiatrist?

3 MR. PRISLIPSKY: Objection. Go ahead and
4 answer if you can.

5 A The psychiatrist at the mental health facility is
6 well down the progression of steps of intake. There
7 are people in between. For example a social worker,
8 a counselor, somebody of that sort to do the
9 background and get the records from the hospital to
0 establish a rapport. A psychiatrist typically is
11 thought of as an occasional consultant as I've
12 always understood mental health centers.

13 Q I don't want to be confused. Matthew, his primary
14 need wasn't to be joining activities, his primary
15 need upon discharge and newly initiated medication

Page 78

1 was to have contact with a psychiatrist; would you
2 agree with that?

3 A No.

4 Q What did you think his primary need at the time of
5 discharge was?

6 A He needed a secure link with a group or person who
7 would help him integrate himself back into his
8 community.

9 Q He didn't need a psychiatrist?

0 A He needed a psychiatrist down the road.

1 Q Why would he need a psychiatrist down the road?

2 A Because he was on medicines which he at least
3 tolerated, which appeared to be helping him, for
4 which he needed some more time for anybody to have a
5 chance to monitor whether they needed to be
6 adjusted.

7 Q Well, that is an interesting question. As I
8 reviewed the file it's the picture in my brain, a
9 visualization, he was admitted on the evening of the
10 10th, correct? You gave some telephone orders that
11 night, you might want to look at them.

12 A Correct.

13 Q Did you order any medication on the evening of the
14 10th?

15 A Tylenol. Two every four hours as needed.

Page 79

1 Q Sure. You didn't prescribe any medication to deal
2 with his suicidal ideations because you had not yet
3 physically seen him, correct?

4 A Correct.

5 Q That would be below the standard of practice to
6 prescribe those kinds of medication. In fact, you
7 saw him on the 11th, correct?

8 A That's correct.

9 Q On the 11th, based on your interview or input from
10 other people, you did prescribe medication at that
11 point in time?

12 A That's not correct.

13 Q When was the first time you prescribed medication,
14 I'm sorry?

15 A On the 13th.

16 Q That's right. Initially you didn't think he needed
17 medication?

18 A Initially I was unsure if he did or not.

19 Q So you put him on medication on the 13th, added to
20 the prescription on the evening of the 14th?

21 A Correct.

22 Q Then again, put another medication in the regimen on
23 the 16th?

24 A Correct.

25 Q But your testimony today is upon discharge his

Page 80

1 primary need wasn't to stay in contact with a
2 psychiatrist, but to be in contact with a secure
3 linkage to the community to help him integrate
4 himself better into the setting, I'm paraphrasing,
5 is that what you thought his primary need was?

6 A That is more or less what I said.

7 Q I'm trying to be sure about that.

8 A Yes.

9 Q When did you find out that Matthew Morrison died?

10 A Approximately one month later.

11 Q How is it that you came to learn that Matthew had
12 passed away?

13 A The nurses found his obituary, put it on the
14 bulletin board in the nurses' station.

15 Q Did you know his cause of death at that time?

16 A I believe I heard. I don't think the paper said it,
17 I think I heard he killed himself.

18 Q Who did you hear it from?

19 A I don't have any idea.

20 Q As sit here today you don't remember how it is you
21 learned he killed himself, correct?

22 A That's not what I said.

23 Q Sorry. What did you say? You learned he died
24 because of the obituary?

25 A I learned he died. I would presume one of the staff

Page 81

1 knew some of the details of his death.
 2 Q So someone who you can't recall related to you his
 3 death was by suicide; is that correct?
 4 A That's my presumption.
 5 Q Is it your presumption you don't remember knowing he
 6 died by --
 7 A I knew he died. I don't know for sure when I knew
 8 that he killed himself.
 9 Q Did you make any contact with Mrs. Morrison?
 10 A No.
 11 Q Did anyone contact you regarding the circumstances
 12 surrounding Matthew's death before I filed this
 13 lawsuit?
 14 A No.
 15 Q Did you ever talk with Gerry Beard-Chaney regarding
 16 Matthew Morrison after Matthew was discharged from
 17 the hospital?
 18 A I don't know.
 19 Q You have no recollection one way or another?
 20 A Correct.
 21 Q Doctor, what training have you had in suicide
 22 assessment and intervention?
 23 A I have had general psychiatric training which
 24 included supervision in classes in child and
 25 adolescent psychiatry. I've had a wealth of

Page 82

1 clinical experience with formal or informal
 2 supervisions.
 3 Q What factors increase the likelihood that a person
 4 will commit suicide following an inpatient
 5 psychiatric admission; do you know what question I'm
 6 asking?
 7 A Yes. One would be failure of adequate follow-up.
 8 One would be perhaps increase in initial stressors.
 9 Q Anything else?
 10 A If you ask me the question again, I might think of
 11 another answer.
 12 Q What I'm trying to do is establish your recognition
 13 of what things increase -- I meant to limit it to
 14 children.
 15 Do you agree with me there is a difference
 16 in children and adults in terms of suicide issues,
 17 risk factors?
 18 A Yes.
 19 Q So I want to be clear that what you believe to be
 20 the things that will increase the risk that a child
 21 will actually fulfill his suicidal ideations after
 22 discharge in a clinical setting. You told me
 23 failure to follow-up, failure to have a follow-up
 24 plan of treatment that the psychiatrist prescribed I
 25 gather?

Page 83

1 A For a community agency I spoke about before.
 2 Q Okay. In this case talking about Applewood,
 3 correct?
 4 A As far as I can tell.
 5 Q Increase in stressors. Matthew's case what increase
 6 in stressors would that be?
 7 A Well articulated worries about his father and family
 8 intimacies. I don't know what would have been
 9 happening there. The other stressor immediately was
 0 behavior in the community and in school.
 1 Q Did you discuss these issues with Mrs. Morrison, the
 2 simple soul?
 3 A I don't know how to answer that question.
 4 Q Well, at this discharge meeting that you had with
 5 Mrs. Morrison, do you have any -- I don't see it
 6 documented that the meeting occurred, but I believe
 7 that one did occur, she received a discharge sheet.
 8 What did you tell her to look for, what instructions
 9 did you give her other than to talk to Gerry
 10 Beard-Chaney about checking with Applewood?
 11 A I can't recreate whatever I would have said to her.
 12 Q Fair enough.
 13 On the 17th, do you think you saw Matthew on
 14 November 17th?
 15 A No.

Page 84

1 Q Your resident saw Matthew on the 17th; is that
 2 correct?
 3 A That's correct.
 4 Q As of the 17th do you agree the note written by
 5 Dr. Toor -- is that how you pronounce her name?
 6 A Yes.
 7 Q -- indicates that Matthew, I'm going to quote it
 8 because I think I can read the handwriting, reports
 9 hallucinations occasionally of the earlier -- I
 0 can't read that word. Do you see where I am
 1 reading?
 2 A Yes.
 3 Q Can you read occasional hallucinations of the
 4 earlier --
 5 A I could guess
 6 MR. PRISLIPSKY: Don't guess.
 7 A I can't read that word.
 8 Q Would you have countersigned this resident's note,
 9 is that your practice or not to countersign it?
 10 A Inconsistent.
 11 Q Sometimes you do, sometimes you don't. Most
 12 assuredly you would read your resident's notes
 13 and/or discuss the patient?
 14 A Yes.
 15 Q As of the 17th it is clear he was still having

Page 85

1 auditory hallucinations, correct?
 2 A Yes, but much less it says here.
 3 Q They are much less. This child is still psychotic,
 4 this child is still having auditory hallucinations
 5 on the 17th; would you agree with that?
 6 A No.
 7 Q You would not agree with that?
 8 A No.
 9 Q You would agree you believe then that there was a
 10 complete absence of auditory hallucinations on
 11 September 17th?
 12 A What I disagree with is the word psychotic.
 13 Q You believe the child no longer had psychotic
 14 features on the 17th?
 15 A No, I do not believe that.
 16 Q What do you believe?
 17 A I believe he had psychotic features.
 18 Q If you would, for the record, I always know these
 19 are the worst part of the deposition, I make people
 20 read. What we will mark as Exhibit E, I would like
 21 for you to read your admission note into the record.
 22 (Plaintiffs' Exhibit E
 23 marked for identification.)
 24 Q Doctor, could you read your admit note into the
 25 record?

Page 86

1 A November 11, 1998, attending admit note. First
 2 psychiatric admission for tender West Virginia
 3 transplant. One week history of hearing "voices"
 4 telling him he's stupid and that he should kill
 5 himself. Without suicidal ideations overtly. No
 6 attempts.
 7 Self-described as a "good kid." Cooperative
 8 with authorities and school, mother who has custody.
 9 No history of psychosis in family, no
 10 drugs. Mental status, slender towhead with big
 11 glasses, sad, remote, talking about missing a father
 12 he's scarcely met in West Virginia. Recognizing
 13 that "voices" are his own thoughts but reporting
 14 them insistent and scary. Not otherwise paranoid
 15 and generally seeming lucid. Appetite and sleep
 16 reportedly okay.
 17 Diagnosis, psychotic depression. Will wait
 18 one day to see if symptoms resolve and consider low
 19 dose neuroleptic, i.e. Trilafon one milligram b.i.d.
 23 or antidepressant, possibly Paxil. Will observe.
 21 Q I just had a couple questions about this admit
 22 note. Why did you describe Matthew as a tender West
 23 Virginia transplant, what is your recollection?
 24 A First of all I like to write. I enjoy a
 25 vocabulary. I felt something for his

Page 87

1 vulnerability.
 2 Q Just needed to clarify why you described him that
 3 way. I have seen photographs of him, he was
 4 described to me by his family, I was wondering what
 5 your impression was.
 6 Let's switch gears. Do you know what
 7 happened to Matthew after discharge from your
 8 facility?
 9 A No.
 10 Q You've read nothing?
 11 A Correct.
 12 Q No documents from any other facility?
 13 A Correct.
 14 Q Accordingly I guess, Doctor, as you sit here today
 15 you have no criticism of anyone regarding care and
 16 treatment or lack thereof rendered to Matthew
 17 following his discharge from Saint Luke's; is that a
 18 fair statement?
 19 A What is your question again?
 20 Q Do you have any criticism of the care or lack of
 21 care given to Matthew subsequent to his discharge
 22 from Saint Luke's?
 23 A I only have a most general disappointment that if
 24 arrangements fell through I'm sorry that he
 25 suffered. My criticism is nonspecific.

Page 88

1 Q Did you see the original suicide note Matthew had
 2 written? I couldn't glean that from the record
 3 whether you had actually been shown the letter he
 4 wrote prior to his admission to Saint Luke's?
 5 A I don't recall.
 6 Q It's not documented that you actually looked at the
 7 note, correct, you didn't disbelieve that he was
 8 indicating that he had these voices that were
 9 telling him to kill himself, correct?
 10 A Correct.
 11 Q Subsequent to his discharge from the hospitalization
 12 would you have expected that if he wrote another
 13 suicide note, or indicated verbally that he wanted
 14 to kill himself, that you would be notified?
 15 A I have no expectation of being the only resource for
 16 psychiatric services in the town.
 17 Q Would you anticipate -- you said you had some
 18 interaction with Bill Tiedemann prior to Matthew's
 19 hospitalization?
 20 A I presume it was prior. It was around the time I
 21 was connected with this program.
 22 Q That was -- I never know what to call the Community
 23 Mobile Crisis Team?
 24 A Mobile Crisis Team is what I called it.
 25 Q Would you have expected that Matthew would have

<p style="text-align: right;">Page 89</p> <p>1 continued with linkage, that is your word, with the</p> <p>2 Mobile Crisis Team after his discharge from Saint</p> <p>3 Luke's, presuming they were the ones that referred</p> <p>4 him into Saint Luke's?</p> <p>5 MR. STOFFERS: Objection.</p> <p>6 Q You can answer.</p> <p>7 A I know that Mobile Crisis changed its policies. I</p> <p>8 don't know if they were able to provide the same</p> <p>9 kind of supervision after admission as they provided</p> <p>10 before the admission.</p> <p>11 Q So I'm not confused later, what the heck did you</p> <p>12 mean you know they changed their policies?</p> <p>13 A Over the course of time, when I worked with the</p> <p>14 Saint Luke's program, Mobile Crisis handled cases in</p> <p>15 different ways.</p> <p>16 Q That doesn't give me any information. You went back</p> <p>17 to Saint Luke's in January of 1998?</p> <p>18 A Correct.</p> <p>19 Q You were there until December of '99, right?</p> <p>20 A Correct.</p> <p>21 Q So from January through November presumably you had</p> <p>22 interaction with the Mobile Crisis Team, correct?</p> <p>23 A Presumably, yes.</p> <p>24 Q You think that you did?</p> <p>25 A Yes.</p>	<p style="text-align: right;">Page 91</p> <p>1 before, this is the service note out of the mental</p> <p>2 health services.</p> <p>3 MR. STOFFERS: What number?</p> <p>4 Q Your packet 38. Shows Saint Luke face-to-face</p> <p>5 meeting. I can't read that person's signature, you</p> <p>6 might know who that is though. I'm only showing you</p> <p>7 that document, I know you haven't seen it before, to</p> <p>8 refresh your recollection whether or not someone</p> <p>9 from the Mobile Crisis Team was present at the</p> <p>10 discharge planning meeting on the 19th?</p> <p>11 A I have no reason to believe this person was at the</p> <p>12 meeting on the 19th.</p> <p>13 Q You don't think they were there?</p> <p>14 A The attendance list was carefully kept, visitors</p> <p>15 were noted and included.</p> <p>16 Q Do you know who would have communicated with the</p> <p>17 person from the Mobile Crisis Team?</p> <p>18 A Presumably Gerry Beard-Chaney.</p> <p>19 Q Does that refresh your recollection as to at that</p> <p>20 point in time what Mobile Crisis Team's interaction</p> <p>21 was with the Saint Luke's adolescent psychiatric</p> <p>22 program in terms of follow-up aftercare?</p> <p>23 A No.</p> <p>24 Q Because you are referring to policy changes, we</p> <p>25 haven't gotten what you are indicating the policy</p>
<p style="text-align: right;">Page 90</p> <p>1 Q When you are saying their policy changed, what about</p> <p>2 their policy changed over time, what are you</p> <p>3 referring to?</p> <p>4 A I'm uncomfortable with this question.</p> <p>5 Q Why?</p> <p>6 A I'm really not privy to Mobile Crisis' policies.</p> <p>7 Q I didn't expect that you would be. I would expect</p> <p>8 as the physician who interacted with them for -- did</p> <p>9 you interact with them in terms of aftercare?</p> <p>10 A Their policies changed, their practices changed.</p> <p>11 There was a time when Mobile Crisis would sit in on</p> <p>12 the team meetings.</p> <p>13 Q In fact a member of the Mobile Crisis Team sat in on</p> <p>14 Matthew's discharge meeting on the 19th, didn't</p> <p>15 they? You can look back at the note.</p> <p>16 A Who was that?</p> <p>17 Q I'm going to -- hang on, I'm going to find their</p> <p>18 note. Make it a little easier. Give me two minutes</p> <p>19 to find it. I'm fairly certain it wasn't Bill</p> <p>20 Tiedemann. From looking at the note can you</p> <p>21 determine whether or not a member of the Mobile</p> <p>22 Crisis Team was there?</p> <p>23 A As far as I can tell every person here was connected</p> <p>24 with Saint Luke's.</p> <p>25 Q I'm going to show you a document you haven't seen</p>	<p style="text-align: right;">Page 92</p> <p>1 change was, what policy changed over time while you</p> <p>2 were there?</p> <p>3 A I've told you I'm not privy to their policy. My</p> <p>4 observation was some things changed. I gave you one</p> <p>5 example which was that the Mobile Crisis worker at</p> <p>6 one point in time was sitting in on our team</p> <p>7 meetings. They stopped doing that because of a</p> <p>8 funding problem.</p> <p>9 Q Is that the primary change you had in mind?</p> <p>10 A That is the one I can think of.</p> <p>11 Q If a Mobile Crisis Team member -- I want to call</p> <p>12 them member, I don't want to call them employees, we</p> <p>13 will call them members at this point -- was involved</p> <p>14 in the aftercare planning, would you expect that</p> <p>15 social worker would call you to report a change in</p> <p>16 the patient's status, i.e. the child made another</p> <p>17 suicide -- wrote another suicide letter, would you</p> <p>18 have expected to have found out about that?</p> <p>19 MR. STOFFERS: Objection</p> <p>20 MR. PRISLIPSKY: You can answer.</p> <p>21 A Not necessarily.</p> <p>22 Q If the child at the time that the next suicide note</p> <p>23 was written had not yet been connected with another</p> <p>24 psychiatrist, would you expect you would have been</p> <p>25 called?</p>

Page 93

1 MR. STOFFERS: Objection.
 2 A Expect is a word I don't ratify. I don't agree with
 3 that word expect. It's possible. There is plenty
 4 of other resources in the city if somebody is
 5 suicidal.
 6 Q So I guess the question I'm asking is, let me try to
 7 narrow it so you can answer it, or phrase it the way
 8 you want it.
 9 You were this child's psychiatrist for nine
 10 days, correct?
 11 A Correct.
 12 Q Your decision to discharge him was predicated on
 13 your belief that the medication you placed him on
 14 would be effective at controlling his auditory
 15 hallucinations and depression; am I correct with
 16 that?
 17 A Partially.
 18 Q And two, that he would have community linkage and a
 19 psychiatrist, correct?
 20 A Correct.
 21 Q If for some reason people involved in this
 22 transitioning process to get him linking to the
 23 outside hadn't yet gotten him a linkage, wouldn't
 24 you as a medical doctor who wrote the discharge
 25 order expect you would be called to be advised if

Page 94

1 the child had written another suicide note?
 2 MR. STOFFERS: Objection.
 3 MISS MOORE: Objection.
 4 A I don't agree with you.
 5 Q So you think it's perfectly acceptable that no one
 6 called the last known psychiatrist of the child to
 7 indicate a suicide note had been written?
 8 MR. STOFFERS: Objection.
 9 MISS MOORE: Objection.
 10 MR. PRISLIPSKY: Objection. You can
 11 answer.
 12 A I think it's acceptable.
 13 MISS KOLIS: Well, that being said, I
 14 don't have any other questions for you. Somebody
 15 else might though.
 16 MR. STOFFERS: No questions.
 17 MISS MOORE: The District would like
 18 to reserve the right to call Dr. Lightbody upon
 19 review of the medical records that were provided
 20 today. If we need to do so, we will notify you in
 21 short order so we can schedule that properly.
 22 MR. PRISLIPSKY: He'll read.
 23 MISS KOLIS: Absolutely. I'll waive
 24 the seven days if I can have a promise to have it
 25 within 30.

Page 95

1 MR. PRISLIPSKY: Yes.
 2 (Deposition concluded at 12:26 p.m.)
 3 (Signature not waived.)
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Page 96

1 I have read the foregoing transcript and note the
 2 following corrections:
 3 PAGE LINE REQUESTED CHANGE
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 18
 19
 20 Richard Lightbody, M.D.
 21 Subscribed and sworn to before me this _____ day
 22 of _____, 2001.
 23 Notary Public
 24
 25 My commission expires: _____

1 State of Ohio, }
2 County of Cuyahoga, } SS: CERTIFICATE
3
4 I, Constance Versagi, Court Reporter and Notary
5 Public in and for the State of Ohio, duly commissioned and
6 qualified, do hereby certify that the within named witness,
7 Richard Lightbody, M.D., first duly sworn to testify the
8 truth, the whole truth, and nothing but the truth in the
9 cause aforesaid; that the testimony then given by him was
10 by me reduced to stenotypy/computer in the presence of said
11 witness, afterward transcribed, and that the foregoing is a
12 true and correct transcript of the testimony so given by
13 him as aforesaid.
14 I do further certify that this deposition was taken
15 at the time and place in the foregoing caption specified,
16 and was completed without adjournment.
17 I do further certify that I am not a relative,
18 counsel, or attorney of either party, or otherwise
19 interested in the event of this action.
20 IN WITNESS WHEREOF, I have hereunto set my hand and
21 affixed my seal of office at Cleveland, Ohio, on
22 this 2nd day of February, 2001.
23
24 Constance Versagi, Court Reporter and
25 Notary Public in and for the State of Ohio.
My Commission expires January 4, 2003.

-#-			44:4	44:14	44:18	-5-			actions [1]	46:7
#201 [1]			4:8	19 [1]	28:11	5 [1]			activities [5]	40:10
-&-				1965 [2]	8:19	52 [2]			40:11	68:6
& [2]			4:7	1969 [1]	8:19	56 [1]			77:24	68:7
-'-			4:12	1972 [2]	9:24	57 [1]			activity [2]	69:11
				1977 [2]	10:5	-7-			69:12	
				1982 [4]	11:16	7 [2]			actual [1]	28:17
				14:16	15:5	7-10 [1]			acute [3]	54:20
				1983 [1]	11:23	71 [1]			64:19	54:23
				1985 [2]	12:13	73-13 [1]			add [3]	64:22
				1988 [2]	14:13	77-13 [1]			67:4	64:25
				1990 [2]	18:16	-8-			added [1]	79:19
				1993 [1]	11:24	8 [2]			adding [2]	65:10
				1998 [22]	16:24	8223 [1]			addition [4]	22:6
				17:1	17:3	85 [1]			23:22	54:9
				19:4	19:18	89 [1]			67:21	
				20:2	20:7	-9-			additional [2]	42:5
				27:6	28:11	9 [3]			70:22	
				29:21	29:24	32-19 [1]			additions [1]	54:7
				40:14	61:15	93 [1]			address [1]	72:2
				86:1	89:17	94 [4]			addressed [2]	33:15
				1999 [3]	21:12	34-10 [1]			adequate [2]	71:11
				21:24	21:17	96 [1]			82:7	
				19th [15]	32:10	97 [1]			adjournment [1]	97:15
				41:16	41:18	98 [1]			adjusted [1]	78:16
				43:9	43:17	-A-			adjustment [1]	54:8
				70:25	74:10	a.m [1]			adjustments [1]	54:7
				76:10	90:14	abandonment [1]			administration [5]	31:16
				91:12	91:10	abilities [1]			51:23	52:4
						ability [3]			52:22	
						able [4]			53:4	
						above [2]			administrative [2]	16:13
						absence [9]			18:1	
						acceptably [2]			administratrix [1]	1:6
						access [1]			admission [15]	20:23
						accident [1]			24:6	39:1
						Accordingly [1]			39:8	
						accounts [1]			45:17	45:19
						acquainted [1]			45:24	47:23
						Acting [2]			85:21	86:2
						action [1]			89:9	89:10
									admit [5]	21:21
									85:24	86:1
									admitted [6]	14:5
									24:5	24:17
									64:6	78:19
									admitting [3]	16:2
									18:17	19:2
									adolescent [23]	14:5
									15:18	15:23
									16:23	17:2
									19:9	19:22
									20:3	20:17
									21:17	21:24
									29:25	31:1
									37:22	64:5
									91:21	81:25
									adolescents [6]	15:7
									16:4	16:16
									40:9	49:10
									adults [2]	15:6
									advised [2]	33:14
									93:25	
									advocate [1]	33:11
									affairs [1]	53:6
									affect [1]	53:9

affectionate [5]	32:19	answered [3]	47:19	76:2	55:19	62:7	66:19
32:23	33:21	49:7	56:20	assessed [1]	50:4	71:4	71:21
47:11	35:4	answering [1]	37:9	assessment [3]	56:12	71:21	79:9
affiliate [1]	15:17	anti-obsessional [1]	63:7	64:7	81:22	bases [1]	47:22
affiliation [2]	16:17	21:20	anti-psychotic [1]	54:3	assessments [1]	29:10	14:8
affixed [1]	97:20	anticipate [1]	88:17	assist [1]	54:5	26:10	30:2
afforded [1]	20:25	anticipated [1]	64:1	assisting [1]	72:8	31:8	33:22
aforesaid [2]	97:8	anticipation [2]	22:11	Association [1]	22:24	47:17	49:5
97:12		25:17		assume [2]	5:24	67:11	68:2
aftercare [7]	72:20	antidepressant [1]	86:20	37:23		Beard-Chaney [7]	42:11
72:21	72:22	anxiety [2]	55:12	assumed [1]	5:19	62:22	74:24
90:9	91:22	56:2		assuming [3]	11:2	81:15	83:20
afterward [1]	97:10	anxious [7]	32:19	48:15	60:23	bearing [1]	42:5
afterwards [1]	8:12	32:23	35:15	assurance [1]	75:11	beating [1]	44:21
again [8]	16:14	35:23	47:11	assure [3]	20:24	became [3]	15:22
60:18	61:19	55:5		72:22		16:8	16:10
79:22	82:10	apart [1]	23:8	assuredly [1]	84:22	become [1]	24:7
age [2]	5:2	apologize [1]	5:5	attached [1]	21:7	began [3]	9:22
agencies [1]	15:14	appear [2]	29:14	attack [2]	55:12	55:3	
agency [5]	16:14	appearance [1]	23:25	attempt [3]	5:8	begin [1]	54:2
25:6	75:9	APPEARANCES [1]	4:1	6:16	25:22	beginning [2]	65:18
ago [1]	71:16	appeared [3]	22:23	attempts [1]	86:6	74:17	
agree [17]	44:14	55:4	78:13	attend [2]	8:16	behalf [5]	4:2
51:4	51:6	Appetite [1]	86:15	34:3		4:10	4:14
70:21	70:24	Applewood [7]	42:24	attendance [1]	91:14	behavior [1]	83:10
72:12	78:2	75:18	75:19	attended [1]	41:22	behind [1]	66:15
84:4	85:5	76:25	83:2	attending [2]	68:2	belief [2]	71:20
85:9	93:2	83:20		86:1		believing [1]	47:17
agreed [1]	24:13	applied [2]	18:3	attorney [7]	3:2	Bellefaire [6]	16:15
agreement [2]	6:9	18:6		5:10	7:13	16:18	16:20
6:10		apply [2]	18:4	65:20	65:23	17:24	17:25
ahead [3]	19:25	appointment [1]	58:23	97:17		Bellflower [1]	17:5
77:13		appreciable [1]	48:5	attribute [1]	55:7	below [1]	79:5
al [1]	1:10	appreciably [1]	19:14	auditory [4]	85:1	benefit [1]	25:5
alarmed [1]	35:18	appreciate [1]	73:6	85:4	85:10	best [10]	14:24
allegations [1]	13:25	approach [1]	19:11	93:14		23:12	31:14
Allen [1]	23:1	appropriate [6]	20:23	August [2]	20:2	33:24	34:1
allow [1]	75:7	36:5	43:20	20:6		58:5	68:18
allowing [1]	71:14	73:5	76:1	authorities [1]	86:8	better [7]	35:20
Almost [1]	75:5	approximation [1]	12:18	available [1]	34:4	51:12	65:25
altogether [2]	31:6	area [1]	12:22	Avenue [1]	15:3	76:11	80:4
55:10		22:18	22:19	aware [7]	5:24	between [11]	17:21
always [6]	15:8	arrange [1]	20:22	29:19	29:22	17:21	27:13
16:18	31:14	arranged [2]	48:24	48:2	50:16	40:1	40:11
85:18		72:1		away [4]	18:10	57:3	67:15
ambiguous [1]	37:8	arrangements [8]	53:7	51:18	80:12	77:17	75:4
American [2]	12:11	63:20	72:5			big [2]	63:11
22:24		73:11	75:12			Bill [4]	4:10
among [1]	75:16	87:24	75:14			88:18	90:19
amount [1]	39:20	arranges [1]	72:21			biological [2]	59:24
Analytic [1]	11:21	arranging [1]	72:20			67:2	
answer [3]	5:25	arrow [1]	63:5			Black [1]	62:15
13:10	18:5	art [1]	69:12			board [5]	12:9
23:12	26:11	artful [1]	19:5			12:14	12:22
31:9	31:12	article [2]	22:21			Boards [1]	12:9
33:6	34:20	articulated [1]	83:7			book [1]	22:21
35:2	36:16	articulately [1]	65:4			born [2]	9:14
37:12	51:8	aside [1]	47:8			bother [1]	40:15
56:22	68:11	aspect [1]	44:10			bothered [1]	59:19
71:8	72:16	assembly [1]	9:13			bottom [1]	41:2
82:11	83:13	assess [3]	49:21			boy [1]	14:6
92:20	93:7	72:2				Boyas [3]	16:1
						16:10	16:2
						brain [1]	78:18

-B-

B [5]	2:8	2:11
3:1	48:10	52:13
b.i.d [2]	58:3	86:19
BA [1]	8:23	
background [5]	8:10	
14:12	70:5	70:6
77:19		
backward [1]	33:19	
backwards [2]	15:1	
33:13		
bad [1]	60:19	
barely [3]	7:20	32:12
32:21		
based [14]	24:22	30:11
33:6	34:1	35:25
44:6	45:4	55:18

Index Page 3

correct [138]	6:1	criminal [1]	13:4	department [4]	11:2	disagree [3]	51:7
7:13	10:21	14:18		21:4	21:14	73:20	85:12
16:24	16:25	17:10	Crisis [17]			disappear [1]	60:2
17:12	17:13	17:16	7:24	depending [2]	26:15	disappointment [2]	
18:8	18:11	19:2	89:2	26:16		66:8	87:23
19:3	21:19	22:4	89:22	deposition [9]	1:14	disbelieve [1]	88:7
22:5	22:10	23:7	89:22	5:17	20:9	discern [2]	56:1
24:1	25:24	27:3	90:22	25:18	65:19	56:17	
27:4	31:1	31:2	91:20	95:2	97:13	discharge [47]	22:8
32:4	32:5	34:7	Crisis' [1]	depositions [1]	5:22	32:9	37:19
34:8	37:23	38:1	criticism [3]	depressed [2]	50:22	38:25	39:4
38:2	39:2	39:12	87:20	51:13		39:10	40:18
39:14	42:16	43:3	CROSS [1]	depressing [1]	59:25	44:8	45:10
43:9	43:10	43:12	cross-examination [2]	depression [29]	40:16	45:24	47:22
44:25	45:1	45:2	1:15	44:8	48:23	50:22	50:25
45:3	46:10	46:25	5:14	49:5	49:5	53:18	54:9
48:12	48:13	49:23	crossed [1]	50:15	50:23	64:7	64:18
49:24	50:1	50:7		51:2	51:6	72:11	73:14
50:18	50:20	51:17	cry [1]	53:13	58:2	73:24	75:3
51:25	52:8	53:13	64:18	59:11	59:15	76:7	77:25
53:14	53:17	53:20	crying [1]	59:21	65:3	79:25	82:22
55:20	56:21	57:10	55:3	65:9	66:2	83:17	87:7
57:11	57:13	58:14	curb-to-curb [1]	66:9	70:15	87:21	88:11
59:4	59:10	60:25	curriculum [2]	93:15		90:14	91:10
61:4	61:5	61:8	8:6	describe [6]	9:5	93:24	
61:10	61:11	61:14	11:24	11:22	14:19	discharged [7]	38:14
61:16	61:17	62:1	custody [1]	54:23	86:22	39:4	46:24
62:2	62:16	62:24	Cuyahoga [3]	described [6]	45:13	75:8	76:9
64:1	64:2	64:14	13:21	55:1	68:4	discharging [4]	38:18
64:15	65:2	65:8		87:2	87:4	64:13	64:16
66:9	66:10	67:8	-D-	designated [1]	68:5	discipline [2]	8:24
67:19	67:20	67:24	D [3]	details [2]	25:15	62:19	
67:25	69:6	69:8	2:1	determine [2]	53:20	disciplines [2]	21:2
69:16	69:21	70:1	57:16	90:21		69:16	
70:9	70:10	71:10	D/C [1]	determined [2]	58:20	discuss [4]	55:25
71:18	71:19	73:15	40:18	66:6		58:17	83:11
73:18	76:1	78:20	daily [9]	develop [1]	16:5	discussed [5]	7:12
78:22	79:3	79:4	26:7	developed [1]	77:8	7:14	9:21
79:7	79:8	79:12	26:10	devoted [1]	16:8	75:19	58:23
79:21	79:24	80:21	30:1	diagnose [1]	51:12	discussing [3]	54:24
81:3	81:20	83:3	30:7	diagnoses [1]	77:5	64:16	64:17
84:2	84:3	85:1	30:8	diagnosis [5]	35:22	District [2]	4:15
87:11	87:13	88:7	67:11	36:4	44:8	94:17	
88:9	88:10	89:18	68:2	86:17		diversity [1]	15:10
89:20	89:22	93:10	dance [1]	dictate [1]	76:11	divided [1]	71:25
93:11	93:15	93:19	date [8]	died [7]	16:10	doctor [33]	5:6
93:20	97:11		49:1	80:9	80:23	6:18	8:6
			53:19	81:6	81:7	9:14	12:25
			David [1]	difference [2]	46:2	21:9	22:11
			Davis [1]	82:15		24:5	26:18
			days [11]	different [3]	28:24	37:3	39:4
			26:10	69:17	89:15	41:13	44:4
			26:13	difficult [2]	28:14	51:3	51:22
			34:23	51:3		55:7	60:15
			34:24	direct [4]	5:8	68:1	70:11
			38:19	38:15	77:11	72:7	81:21
			38:22	direction [4]	11:12	87:14	93:24
			47:23	42:15	71:10	doctors [1]	23:23
			54:19	director [19]	14:3	document [6]	30:12
			dead [1]	15:25	16:22	30:15	31:4
			deal [4]	18:2	18:7	90:25	91:7
			65:1	20:1	20:3	documentation [2]	45:5
			66:1	20:21	30:25	47:4	
			dealt [1]	37:22	48:11	documented [2]	83:16
			37:25	49:9	64:4	88:6	
			death [4]	disability [1]	48:3	documents [13]	6:24
			81:3				
			81:12				
			December [2]				
			21:17				
			89:19				
			decision [7]				
			21:15				
			38:3				
			38:5				
			38:24				
			47:22				
			71:16				
			decrease [1]				
			63:6				
			defendant [6]				
			1:14				
			4:6				
			4:10				
			5:12				
			13:4				
			Defendants [1]				
			1:11				
			define [3]				
			35:15				
			51:10				
			71:23				
			degree [4]				
			8:22				
			36:11				
			70:12				
			76:2				
			demeanor [1]				
			23:25				
			denies [1]				
			46:5				

29:7	29:11	29:12	elicits [1]	63:9	97:25	Fellowship [5]	11:6
29:13	30:1	30:5	eligible [1]	12:22	explain [2]	11:8	11:14
30:6	30:7	32:3	eliminated [1]	68:24	61:2	27:2	14:17
34:2	41:21	87:12	embodying [1]	61:9	explained [1]	60:23	felony [1]
doesn't [2]	67:5		employees [1]	92:12	explanatory [1]	30:14	felt [6]
89:16			employment [1]	9:20	expressing [2]	38:8	38:12
dominant [1]	63:8		enclosing [1]	61:9	60:13	19:5	86:25
Donna [4]	1:19	4:3	end [1]	21:12	extremely [1]	19:5	few [4]
4:3	5:10		ended [1]	73:14			58:11
door [2]	43:1	43:1	English [1]	75:20			77:1
door-to-door [2]	49:22		enjoy [1]	86:24			file [1]
50:10			enter [2]	10:15			81:12
Dorman [1]	4:7		environment [1]	49:14			filed [1]
dose [1]	86:19		episode [2]	55:8			financial [1]
double [1]	76:5		56:17				53:7
doubt [1]	66:6		equally [1]	58:22			fine [3]
Douglas [1]	11:4		equation [1]	71:14			8:13
down [4]	63:5	77:16	Esq [5]	1:19			73:24
78:10	78:11		4:7	4:11			finished [2]
downsizing [1]	17:25		4:15				14:14
Dr [16]	11:6	16:10	establish [3]	8:13			first [24]
27:5	27:15	27:20	77:20	82:12			5:2
37:11	42:10	42:10	established [2]	46:16			12:14
55:5	58:6	58:9	75:23				12:16
62:14	62:15	73:18	Estate [1]	5:11			19:20
84:5	94:18		et [2]	1:6			19:25
drugs [1]	86:10		Euclid [1]	15:2			26:24
duly [3]	5:2	97:4	evaluate [3]	63:12			32:21
97:6			63:15	67:14			32:21
during [6]	27:25	35:8	evening [6]	46:6			54:17
36:12	46:4	46:24	55:22	56:24			58:4
54:5			78:23	79:20			63:24
duties [1]	17:1		event [1]	97:18			79:13
dystonic [1]	55:14		everybody [1]	14:7			86:1
			exactly [1]	60:16			97:6
			examination [2]	7:15			fit [1]
			12:14				30:23
			examine [2]	55:24			five [2]
			56:16				10:9
			examined [4]	5:3			59:14
			43:12	44:19			63:9
			example [2]	77:17			focused [1]
			92:5				25:21
			Excuse [2]	35:13			focuses [1]
			Exhibit [9]	40:21			69:17
			41:10	48:10			focusing [2]
			52:13	52:19			58:1
			85:20	85:22			58:25
			exist [1]	22:7			follow [1]
			expanding [1]	15:11			75:23
			expect [7]	90:7			follow-up [14]
			92:14	92:24			63:13
			93:3	93:25			63:16
			expectation [1]	88:15			71:17
			expected [3]	88:12			71:25
			88:25	92:18			75:22
			experience [6]	14:14			76:5
			15:11	27:5			82:7
			63:8	82:1			82:23
			experienced [1]	56:6			91:22
			expertise [1]	16:5			following [8]
			expires [2]	96:25			9:3
							9:20
							10:24
							41:18
							43:2
							82:4
							87:17
							96:2
							follows [1]
							5:3
							foregoing [3]
							96:1
							97:10
							97:14
							Forgotten [1]
							23:1
							form [1]
							76:17
							formal [2]
							20:2
							82:1
							forward [1]
							14:21
							found [2]
							80:13
							92:18
							four [1]
							78:25
							fragile [1]
							60:25
							Fran [2]
							4:14
							4:19
							free [3]
							28:1
							28:13
							30:16
							Freud's [1]
							23:1
							Friday [1]
							67:11
							front [1]
							24:22
							fulfill [1]
							82:21
							full [1]
							58:10
							functions [1]
							70:1
							funding [1]
							92:8

-G-											
G [1]	1:6		97:19			hospitalization ^[10]	57:4	62:7	68:13		
games [1]	68:8		handing [1]	43:23		35:9	36:13	37:4			
gather [3]	49:1	67:12	handled [1]	89:14		46:4	46:24	52:7	indicated [5]	22:1	
	82:25		handwriting [5]	42:19		54:6	57:19	88:11	22:7	39:3	53:12
gears [1]	87:6		43:3	43:4	62:25	88:19			88:13		
general ^[13]		10:22	84:8			hospitalized [1]	30:25		indicates [2]	43:11	
17:14	20:18	27:1	handwritten [1]	30:9		Hospitals [3]	11:1		84:7		
27:7	29:16	29:18	hang [1]	90:17		11:9	18:21		indicating [4]	31:9	
32:15	32:18	39:3	happening [2]	56:9		hour [1]	71:16		41:22	88:8	91:25
44:5	81:23	87:23	83:9			hourly [1]	15:13		indication [1]	71:9	
generally [2]	14:2		happy [1]	50:4		hours [7]	15:14	16:20	informal [1]	82:1	
86:15			hard [1]	57:1		17:8	17:19	17:22	information [18]	14:12	
generated [5]	30:1		Haverford [2]	8:17		54:11	78:25		26:17	30:14	34:3
30:12	30:15	31:4	8:20			housed [1]	15:3		36:18	45:13	46:2
68:13			Hawkins [1]	9:17					46:9	46:11	46:22
generating [1]	52:1		head [3]	16:13	45:23				51:4	58:18	61:7
geneticist [1]	58:7		55:3			-I-			67:18	67:23	69:23
germane [1]	13:1		health [9]	4:10	15:12	i.e [2]	86:19	92:16	73:6	89:16	
Gerry [7]	42:10	62:22	15:16	16:7	76:14	idea [4]	30:2	31:25	informative [1]	30:19	
74:23	75:3	81:15	76:15	77:15	77:22	53:4	80:19		initial [2]	75:6	82:8
83:19	91:18		91:2			idealized [1]		66:15	initials [1]	58:5	
Gill [1]	11:13		hear [2]	49:16	80:18	ideations [3]		79:2	initiated [5]		31:16
given [11]	18:7	19:19	heard [5]	34:22	44:11	82:21	86:5		47:20	54:19	70:8
20:2	20:6	26:17	46:23	80:16	80:17	52:14	52:20	57:17	77:25		
40:17	57:25	69:24	hearing [4]	44:11		85:23			inpatient [2]	48:22	
87:21	97:8	97:11	46:6	59:8	86:3	identify [2]	48:9		82:4		
glasses [1]	86:11		heavily [3]	25:21		51:24			input [2]	44:7	79:9
glean [1]	88:2		49:15	49:19		ill [1]	16:10		insistent [2]	47:1	
good [3]	37:10	59:18	heck [1]	89:11		imagine [1]		23:21	86:14		
86:7			help [5]	32:20	32:24	immediately [1]		83:9	instance [1]	75:13	
graduate [2]	9:16		47:14	78:7	80:3	implement [1]	31:7		instant [1]	13:7	
10:4			helping [1]	78:13		implementation [2]			Institute [1]	11:21	
graduated [2]	10:14		helps [1]	40:16		31:10	31:20		institutional [1]	15:9	
11:24			hereby [1]	97:5		31:5			instructions [1]	83:18	
graduation [1]	9:3		herein [1]	1:15		implemented [2]	31:5		insurance [1]	38:17	
grandfather [1]	66:16		hereinafter [1]	5:2		implementing [1]	29:22		insure [2]	72:9	73:10
great [2]	19:17	56:6	hereunto [1]	97:19		implies [4]	26:10		intake [1]	77:16	
group [11]	68:1	68:4	high [1]	9:16		36:20	41:16	43:16	integrate [2]	78:7	
68:14	68:15	68:17	highlighting [1]	29:6		imply [1]	43:14		80:3		
68:20	68:25	69:3	himself [12]	44:13		import [1]	60:21		intend [1]	76:13	
69:10	69:18	78:6	45:7	45:14	45:22	important [2]	5:7		intentional [1]	32:7	
groups [3]	68:5	68:6	78:7	80:4	80:17	14:12			interact [1]	90:9	
69:17			80:21	81:8	86:5	impression [9]	32:15		interacted [2]	67:7	
guess [9]	17:21	25:23	88:9	88:14		32:18	33:2	34:11	90:8		
28:21	37:6	75:10	history [4]	9:20		34:13	35:14	49:2	interacting [3]	35:10	
84:15	84:16	87:14	14:19	86:3	86:9	65:5	87:5		38:7	69:20	
93:6			hold [1]	12:10		imprisonment [1]	14:8		interaction [11]	7:25	
guidelines [1]	70:13		holding [1]	55:3		inasmuch [1]	64:22		8:2	24:2	41:14
			home [3]	40:6	40:15	Inc [1]	4:10		45:4	66:20	67:24
			66:13			included [2]	81:24		69:25	88:18	89:22
			Homeless [1]	4:10		91:15			91:20		
-H-			hope [1]	48:24		includes [1]	49:14		interest [1]	49:12	
H [3]	2:8	4:11	hoping [1]	35:19		income [1]	15:11		interested [2]	35:5	
15:15			horse [1]	44:21		Inconsistent [1]	84:20		97:18		
habit [1]	67:10		hospital [23]	10:19		increase [6]	82:3		interesting [1]	78:17	
half [1]	71:16		16:17	18:16	18:22	82:8	82:13	82:20	internship [3]	10:19	
hallucinations [14]	53:13		18:23	19:12	21:4	83:5	83:5		10:22	10:24	
58:1	59:1	59:9	21:20	24:5	24:10	indeed [1]	60:14		interruption [1]	10:9	
59:14	59:16	59:20	27:1	28:25	29:22	independent [4]	23:10		intervention [1]	81:22	
63:6	84:9	84:13	31:7	31:15	36:9	33:1	33:7	33:9	interview [6]	39:18	
85:1	85:4	85:10	56:4	57:8	57:9	indicate [8]	6:9		39:22	43:14	43:15
93:15			60:3	61:23	77:19	44:15	50:14	57:3	43:16	79:9	
hand [3]	72:2	72:3	81:17						interviewed [1]	44:1	

interviewing [1]	48:5	52:17	65:13	65:16	5:1	42:10	55:5	maintaining [1]	16:18
intimacies [1]	83:8	94:13	94:23		73:18	94:18	96:20	maintenance [2]	15:11
intrusive [1]	47:1				97:6			71:13	
involved [4]	15:6							major [2]	8:25
35:7	92:13							makes [1]	63:22
93:21								manifestation [1]	56:2
involving [1]	13:5							margins [1]	35:12
isolation [1]	63:8							mark [4]	29:6
issue [3]	26:3							42:6	85:20
50:5								marked [7]	2:9
issued [3]	31:21							41:11	42:4
50:6								52:20	57:17
issues [14]	22:13							85:23	
28:20	33:14							match [1]	72:4
42:24	43:19							materials [2]	6:19
59:23	64:21							6:22	
74:22	82:16							matter [2]	5:13
83:11								13:4	
itself [1]	24:7							Matter [69]	5:11
								6:20	8:3
								22:4	23:9
								24:5	27:16
								28:10	29:8
								30:24	32:10
								36:24	37:24
								40:14	41:14
								43:9	44:1
								45:5	45:14
								46:23	47:9
								50:22	51:1
								55:8	56:24
								58:8	58:20
								62:5	62:10
								66:20	66:21
								68:2	68:13
								70:8	72:9
								74:20	74:23
								77:23	80:9
								81:16	81:16
								84:1	84:7
								87:7	87:16
								88:1	88:25
								Matthew's [8]	29:17
								36:12	53:18
								81:12	83:5
								90:14	88:18
								may [13]	5:23
								18:22	31:19
								36:1	36:2
								61:12	63:3
								63:12	66:2
								Mazanec [1]	4:12
								McIntyre [2]	4:14
								4:19	
								MDCP [2]	42:7
								61:19	
								mean [16]	11:19
								23:18	23:20
								35:16	36:2
								59:5	59:15
								67:5	67:6
								75:22	89:12
								meaning [7]	31:13
								43:18	59:6
								60:9	61:12
								60:9	61:12
								means [5]	34:14
								60:17	75:18
								75:25	
								meant [1]	82:13

medical [29]	6:23	milieu [2]	20:25	40:9	mother [7]	32:10	Neurology [1]	12:11
9:22	10:6	milligram [2]		58:2	47:24	49:6	never [4]	38:23
10:19	14:3	86:19			58:21	66:20	67:4	88:22
15:18	16:Y	mind [4]	23:16	54:2	Mount [1]	10:19	new [1]	70:8
18:2	18:7	55:13	92:9		move [2]	61:18	newly [1]	77:25
20:3	20:21	mine [2]	18:2	43:13	moved [2]	21:15	next [7]	56:23
23:8	30:25	minimum [1]		38:12	movies [1]	68:9	62:12	62:22
31:17	37:22	minor [1]	9:1		Mrs [24]	32:13	77:4	92:22
58:9	64:4	minute [2]	64:4	72:25	32:18	34:2	nice [2]	60:14
77:5	77:Y	minutes [2]		5:6	37:17	43:22	night [2]	57:7
94:19		90:18			48:6	50:4	nine [6]	35:9
medically [1]	49:12	misassumption [1]	37:24		52:12	53:6	38:22	38:25
medicate [1]	65:8	Miss [18]	2:4	5:4	58:16	60:5	93:9	
medication [35]	42:25	5:15	32:17	41:2	73:18	73:19	nobody [1]	64:12
44:23	44:24	41:3	41:6	41:8	76:4	81:9	nionspecific [1]	87:25
51:18	54:4	48:16	48:17	52:17	83:15		noon [1]	41:23
54:14	55:16	65:13	65:16	94:3	Ms [2]	3:18	normally [1]	40:17
56:1	56:3	94:Y	94:13	94:17	multi-disciplinary [3]		otary [4]	1:17
58:20	64:23	94:23			61:20	61:21	96:23	97:3
65:10	66:1	missing [1]		86:11	Multi-Services [1]	15:15	notations [1]	68:12
70:16	70:16	Mobile [18]		7:7	multidisciplinary [1]		note [56]	39:13
71:5	71:13	7:17	7:24	88:23	42:8		40:22	41:12
77:25	78:23	88:24	89:2	89:7	multifactorial [1]	66:9	41:16	43:2
79:6	79:10	89:14	89:22	90:6	Municipal [1]	4:15	43:16	43:21
79:17	79:19	90:11	90:13	90:21	Murtis [1]	15:15	44:4	44:14
93:13		91:9	91:17	91:20	music [1]	69:12	50:14	50:23
medications [4]	53:16	92:5	92:11				52:23	55:4
53:20	58:1	Mom [1]	43:6				57:12	57:19
medicine [9]	10:22	moment [3]		31:4			57:23	58:12
12:6	12:22	31:4	47:9		N [2]	2:1	59:13	60:6
40:16	54:3	Monday [5]		57:9	name [10]	5:10	61:6	61:16
55:15	71:10	61:24	61:25	67:11	16:1	26:22	62:7	62:8
medicines [3]	43:19	67:21			26:23	26:23	63:21	63:23
51:11	78:12	monitor [2]		76:18	62:22	84:5	66:23	84:4
MEDLINE [1]	22:12	78:15			named [2]	5:12	85:21	85:24
meds [1]	42:25	month [4]	12:8	74:16	names [3]	42:10	86:22	88:1
meeting [20]	32:9	76:6	80:10		77:1		88:13	90:15
33:9	39:21	months [5]		9:9	narrative [5]		90:20	91:1
39:22	41:18	9:11	27:14	66:14	30:13	30:19	94:1	94:7
42:2	62:4	74:15			43:25		rioted [1]	91:15
62:14	73:22	Moore [9]	3:18	3:20	narrow [1]		riotes [21]	19:17
75:16	83:14	4:15	41:3	41:8	riature [7]	11:14	25:12	25:14
90:14	91:5	48:16	94:3	94:9	23:14	39:15	27:15	28:17
91:12		94:17			54:23	68:21	32:4	41:4
meetings [5]	61:22	morning [6]		5:6	iearly [1]	40:14	42:5	43:11
61:24	67:22	5:8	7:15	40:15	iecessarily [2]		55:9	55:20
92:7		44:2	46:16		92:21		67:9	67:10
member [5]	42:13	Morrison [38]		1:6	iecessary [1]		84:22	
90:13	90:21	5:12	6:20	8:4	ieed [17]	25:25	iothing [7]	7:1
92:12		23:9	23:13	27:24	53:24	55:24	7:12	39:1
members [1]	92:13	28:10	32:13	32:15	63:12	63:15	72:24	87:10
memorize [1]	25:22	32:18	33:19	34:2	76:5	77:24	iotified [2]	55:5
mentai [8]	4:10	35:8	36:24	37:17	78:4	78:9	88:14	
15:16	16:7	37:18	37:24	43:22	80:1	80:5	otify [1]	94:20
77:22	86:10	47:8	48:2	48:6	ieeded [18]		November [23]	28:10
mention [1]	69:13	50:4	52:5	52:12	26:17	33:15	28:11	32:11
message [1]	46:19	53:11	58:16	60:5	50:10	58:20	39:11	40:14
messages [2]	46:3	60:22	73:18	73:19	63:19	76:15	46:5	54:1
46:23		75:4	76:4	80:9	76:17	78:6	54:15	57:10
met [6]	42:1	81:9	81:16	83:11	78:14	78:15	61:18	70:9
63:25	73:18	83:15			79:16	87:2	70:25	73:8
86:12		Morrison's [2]		32:10	ieeds [2]	24:17	75:15	83:24
Metropolitan [1]	27:1	53:6			ieegatives [1]		89:21	
night [8]	38:16	Morrisons' [1]		38:17	iegleect [1]	63:2	low [6]	6:17
65:24	75:25	most [3]	20:18	84:21	ieuroleptic [1]		42:6	42:25
82:10	91:6	87:23					67:16	62:14

number ^[6]	12:25	Ohio ^[15]	1:1	1:16	paraphrasing ^[2]	60:15	47:13	51:13	58:24
15:12	20:21	1:18	1:20	4:4	80:4		60:13	60:14	61:12
52:9	91:3	4:8	4:13	4:16	parcel ^[1]	64:19	61:23	67:4	68:5
numbered ^[1]	52:10	12:7	38:21	38:23	parent ^[4]	34:3	78:6	82:3	90:23
numbers ^[1]	26:14	97:1	97:4	97:20	49:17	49:19	91:11	91:17	
numerous ^[1]	68:12	97:24			parental ^[1]	36:5	person's ^[1]		91:5
nurse ^[6]	40:19	Once ^[1]	61:19		parents ^[2]	34:4	personal ^[4]	5:7	
55:11	55:19	one ^[45]	10:11	10:22	49:11		20:5	28:9	41:14
62:21		13:13	20:22	20:24	part ^[11]	12:16	personally ^[5]	39:5	
nurses ^[7]	24:16	21:1	21:3	22:18	16:8	21:5	46:12	62:9	66:25
56:13	68:4	26:21	27:13	34:7	43:16	49:17	71:2		
69:24	80:13	34:14	37:12	42:7	64:19	71:14	Ph.D ^[1]	62:19	
nurses' ^[15]	25:10	43:6	44:22	45:21	Partially ^[1]	93:17	phased ^[1]	16:6	
25:12	25:14	47:22	51:12	52:10	particular ^[2]	59:19	Philadelphia ^[1]	8:21	
43:25	46:5	52:17	54:16	55:8	69:25		philosophy ^[1]	8:25	
54:25	55:4	58:2	66:2	66:7	parts ^[2]	25:21	phone ^[4]	24:15	55:2
57:2	66:23	67:7	67:9	72:2	party ^[1]	97:17	56:24	77:4	
67:10	80:14	74:16	74:16	76:6	pass ^[1]	12:14	photographs ^[1]	87:3	
nursing ^[10]	24:11	80:10	80:25	81:19	passed ^[4]	12:16	phrase ^[2]	65:25	93:7
24:16	26:7	82:7	82:8	83:17	12:20	80:12	physical ^[2]	23:25	
29:19	30:10	86:3	86:18	86:19	path ^[1]	10:13	29:10		
54:22	55:19	92:4	92:6	92:10	patient ^[24]	8:3	physically ^[1]	79:3	
		94:5			16:3	23:10	physician ^[8]	19:6	
-O-		ones ^[1]	89:3		26:6	26:12	21:7	24:19	25:6
O ^[2]	3:1	ongoing ^[1]	49:5		27:16	29:2	28:5	49:9	73:10
oath ^[1]	6:13	opinion ^[3]	70:11	71:2	29:24	30:3	90:8		
obituary ^[2]	80:13	opportunity ^[6]	5:16		31:18	32:2	picked ^[1]	50:12	
80:24		6:3	6:19	22:3	40:1	55:25	picking ^[1]	50:17	
objection ^[20]	7:10	35:10	52:22		67:14	67:15	picture ^[2]	24:13	
13:9	23:11	oral ^[2]	12:17	12:20	71:3	84:23	78:18		
31:20	36:15	orally ^[1]	20:9		patient's ^[2]	72:2	piece ^[2]	25:25	58:18
56:19	71:7	order ^[4]	54:20	78:23	92:16		pin ^[1]	45:23	
73:17	77:13	93:25	94:21		patients ^[9]	18:18	placate ^[1]	49:11	
92:19	93:1	orders ^[3]	54:10	55:5	19:2	21:21	place ^[8]	19:8	51:11
94:3	94:8	78:20			29:20	34:5	71:17	73:8	75:7
94:10		organization ^[1]	7:23		73:12	75:8	76:1	77:3	97:14
obliged ^[1]	25:13	original ^[1]	88:1		Paxil ^[2]	63:6	placed ^[3]	70:21	71:5
observation ^[3]	35:23	otherwise ^[4]	22:12		pay ^[1]	39:1	93:13		
44:6	92:4	57:5	86:14	97:17	payment ^[1]	13:16	Plaintiff ^[1]	4:2	
observations ^[2]	30:22	outside ^[5]	8:21		pediatrician ^[2]	58:8	plaintiffs ^[2]	1:7	
38:6		24:20	25:5	65:14	60:24		1:15		
observe ^[3]	35:10	93:23			Pennsylvania ^[1]	8:21	Plaintiffs' ^[8]	2:9	
69:19	86:20	oversee ^[1]	71:12		people ^[7]	15:1	40:20	41:10	48:10
Obsessed ^[1]	63:2	oversight ^[1]	14:4		67:23	77:17	52:13	52:19	57:16
obsession ^[1]	65:5	overtly ^[1]	86:5		85:19	93:21	85:22		
obsessive ^[1]	65:1	own ^[3]	21:8	47:2	per ^[1]	42:25	plan ^[8]	38:9	51:11
obtain ^[2]	8:22	86:13			percentage ^[1]	15:8	56:8	63:13	63:13
obvious ^[1]	58:9	-P-			perception ^[2]	40:18	63:16	75:15	82:24
obviously ^[2]	50:13				61:2		planning ^[4]	54:2	
58:13		p.m ^[3]	55:2	55:23	perfect ^[1]	57:24	64:18	91:10	92:14
occasional ^[3]	16:3	95:2			perfectly ^[2]	18:15	PLEAS ^[1]	1:4	
77:21	84:13	packet ^[1]	91:4		94:5		plenty ^[1]	93:3	
occasionally ^[1]	84:9	page ^[7]	41:1	41:2	perhaps ^[3]	15:8	poetic ^[1]	60:12	
occupation ^[2]	8:15	41:19	41:20	42:4	16:20	82:8	point ^[18]	10:15	16:21
14:23		57:20	96:3		period ^[5]	9:6	18:11	24:19	30:24
occur ^[1]	83:17	PAGE-LINE ^[1]	3:2		12:4	18:25	30:24	36:12	37:3
occurred ^[3]	14:11	paid ^[1]	15:13		periodic ^[1]	61:22	37:12	54:24	56:13
54:9	83:16	painfully ^[1]	8:9		periodical ^[1]	22:23	56:14	62:4	75:21
off ^[1]	68:8	paper ^[2]	25:25	80:16	permanent ^[2]	20:3	79:11	91:20	92:6
offended ^[1]	38:16	60:22			20:17		92:13		
office ^[5]	15:2	paragraph ^[2]	58:4		persist ^[1]	40:17	policies ^[4]	89:7	
15:6	39:18	parameters ^[1]	73:3		person ^[18]	7:23	89:12	90:6	90:10
offices ^[1]	1:18	paranoid ^[1]	86:14		35:17	35:23	policy ^[6]	90:1	90:2
							91:24	91:25	92:1

92:3		81:5		pronounce[1]	84:5	pull [1]	29:5
population [2]	15:23	irevious [2]	50:23	proper [1]	70:16	pulled [1]	41:9
17:14		66:14		properly [1]	94:21	purpose[8]	5:4
portion [1]	58:12	previously [3]	13:8	protocols [3]	19:11	31:10	52:1 52:2
position [7]	14:4	13:11 50:17		19:15 19:16		52:25	53:5 53:8
18:3 18:4	18:6	primary [6]	77:23	provide [3]	50:6	65:10	
18:7 20:12	21:9	77:24 78:4	80:1	56:8 89:8		purposes [2]	5:21
positive [1]	12:13	80:5 92:9		provided [4]	18:12	31:17	
possible [3]	25:10	Prislipsky [49]	3:3	50:8 89:9	94:19	pursuant [1]	1:16
58:22 93:3		3:4 3:5	3:6	psych [2]	26:18	put [10]	14:6 20:10
possibly [2]	43:24	3:7 3:8	3:9	psychiatric [22]	10:25	22:23	41:21 61:16
86:20		3:10 3:11	3:12	11:21 15:4	15:23	74:2	74:3 79:19
potential [1]	37:25	3:13 3:21	4:7	17:10 17:14	18:13	79:22	80:13
potentially [2]	37:5	7:10 7:16	8:11	18:14 18:18	19:8		
37:8		13:2 13:9	23:11	19:23 20:4	21:3		
practice [24]	11:25	26:8 28:1	30:16	26:6 36:11	48:22	-Q-	
12:6 15:4	15:5	32:16 34:20	36:15	49:9 81:23	82:5	qualified [1]	97:5
15:5 16:8	16:19	36:25 37:7	37:11	86:2 88:16	91:21	qualities [2]	63:7
17:10 17:10	17:15	39:9 40:25	45:9	psychiatric/medical [1]	70:13	65:1	
26:3 26:6	26:13	45:12 45:17	45:25	psychiatrist [26]	8:15	quality [1]	20:24
26:15 27:21	64:9	46:13 49:7	49:19	12:3 14:22	16:12	quarter [2]	15:9
71:21 71:23	71:24	52:15 53:22	56:19	19:7 56:11	68:25	16:7	
76:23 76:24	77:7	71:7 73:13	73:17	70:14 73:10	73:25	questions [15]	5:9
79:5 84:19		77:13 84:16	92:20	76:17 76:20	77:4	6:4 6:17	19:6
practices [1]	90:10	94:10 94:22	95:1	77:12 77:15	77:20	26:16 32:6	41:12
practicing [1]	12:3	private [12]	15:4	78:1 78:9	78:10	58:11 60:19	63:14
precise [1]	28:15	15:5 16:19	17:9	78:11 80:2	82:24	67:13 76:11	86:21
predicated [2]	72:11	17:14 18:13	18:17	92:24 93:9	93:19	94:14 94:16	
93:12		19:2 21:21	39:18	94:6		quote [1]	84:7
predominant [1]	59:6	39:18 40:1		psychiatrists [1]	76:25		
preferable [2]	77:3	privately [1]	73:20	psychiatry [20]	11:15	-R-	
77:11		privileges [2]	18:17	11:17 12:11	12:23	rambled [1]	70:18
preliminary [2]	22:16	18:22		17:2 17:19	20:17	ran [2]	69:3 74:10
38:25		privity [2]	90:6 92:3	21:14 21:17	21:24	rapport [1]	77:20
premature [1]	71:3	probability [2]	36:12	22:17 23:6	27:8	Raskin [1]	4:12
prepare [3]	53:3	70:13		27:9 29:25	31:1	rather [2]	28:25 60:12
63:13 63:15		problem [3]	47:21	37:22 61:20	64:5	ratify [1]	93:2
prepared [3]	43:23	47:24 92:8		81:25		reacting [1]	69:20
52:23 53:11		problems [1]	74:20	psychoanalysis [2]	11:25	reaction [6]	54:21
prescribe [3]	79:1	procedure [2]	1:16	22:20		54:23 55:14	55:16
79:6 79:10		75:7		psychoanalyst [1]	15:25	55:17 56:1	
prescribed [4]	55:12	process [2]	24:7	22:24		read [23]	40:12 40:23
55:15 79:13	82:24	93:22		psychologist [3]	68:18	42:19 42:22	43:5
prescription [2]	74:5	produce [1]	8:12	69:3 69:19		55:8 57:23	62:12
79:20		produced [1]	41:8	Psychology [1]	62:20	62:13 62:25	67:14
prescriptions [3]	74:9	professional [2]	19:1	psychosis [2]	56:2	84:8 84:10	84:13
74:14 74:15		76:14		86:9		84:17 84:22	85:20
presence [2]	46:15	professionals [1]	76:16	psychotherapies [1]	15:7	85:21 85:24	87:10
97:9		program [30]	10:16	15:7		91:5 94:22	96:1
present [11]	4:18	14:5 15:18	15:25	psychotherapist [1]	76:16	reading [7]	24:18
15:5 44:18	44:20	16:12 16:16	18:9	28:9 39:22	40:3	30:22 32:3	55:3
46:18 56:11	62:13	19:22 19:23	20:24	psychotic [8]	44:8	59:1 67:10	84:11
62:15 62:23	75:3	21:1 21:6	21:16	44:10 44:15	85:3	ready [7]	40:6 40:14
91:9		21:18 21:24	24:14	85:12 85:13	85:17	42:23 43:6	43:18
presented [3]	24:9	27:2 27:3	27:9	86:17		43:19 75:17	
25:4 53:12		29:1 37:23	40:10	Public [6]	1:17 7:3	real [1]	19:17
FRESLIPSKY [1]	14:24	49:10 64:5	69:14	48:15 96:23	97:4	reality [1]	35:25
presumably [7]	24:11	70:3 73:4	88:21	97:24		really [4]	24:25 35:14
24:15 50:2	55:1	89:14 91:22		publication [3]	22:18	51:3 90:6	
89:21 89:23	91:18	progress [1]	76:18	22:20 22:21		reason [13]	10:12
presume [2]	80:25	progressing [1]	71:9	23:3 23:6		25:4 34:17	34:18
88:20		progression [1]	77:16			46:21 50:9	50:11
presuming [1]	89:3	projected [1]	64:7			56:10 56:16	63:22
presumption [2]	81:4	promise [1]	94:24			63:23 91:11	93:21
		prompted [1]	54:14				

Index Page 11

seeming [1]	86:15	sleep [1]	86:15	4:4	26:5	54:3	38:8	38:11	79:2
segment [1]	72:6	slender [1]	86:10	79:5			82:21	86:5	93:5
Self-described [1]	86:7	small [1]	9:10	start [4]	15:1	45:19	suicide [16]		22:13
sense [3]	39:3 63:23	social [20]	12:25 42:11	58:2	63:6		37:5	37:14	37:20
sent [1]	51:22	43:7	51:22 52:4	started [2]	11:23	71:11	38:1	81:3	81:21
sentence [1]	63:15	52:21	53:4 53:7	starting [2]		14:20	82:4	82:16	88:1
separate [4]	23:8	56:13	62:23 69:10	14:20			88:13	92:17	92:17
25:17 26:3	33:4	72:1	72:18 72:21	state [13]	1:1	1:18	92:22	94:1	94:7
September [2]	10:3	73:2	75:11 75:13	5:22	12:7	14:15	suit [2]	13:11	41:9
85:11		75:17	77:17 92:15	24:3	38:21	38:23	Suite [1]	15:3	
sequential [1]	32:6	socializing [1]	66:17	50:13	50:22	97:1	sum [1]	6:24	
series [1]	29:9	Solon [1]	4:12	97:4	97:24		Sunday [2]		57:6
served [1]	31:17	solving [2]	47:21	statement [9]		30:8	57:8		
service [6]	26:12 26:20	47:24		33:16	47:6	49:13	supervising [1]		27:19
27:6 27:16	75:10	someone [4]	49:20	64:23	64:24	66:3	supervision [4]		42:15
91:1		60:16	81:2 91:8	72:13	87:18		42:18	81:24	89:9
services [5]	4:10	sometime [1]	20:1	stating [1]	47:17		supervisions [1]		82:2
15:16 18:14	88:16	sometimes [9]	19:5	station [1]	80:14		supplement [1]		30:2
91:2		23:23	32:6 33:5	status [4]	42:23	63:2	support [2]		38:13
session [5]	39:22 40:1	68:8	68:8 68:9	86:10	92:16		63:9		
40:3 40:8	68:1	84:21	84:21	stay [1]	80:1		surfacing [1]		63:10
sessions [7]	28:10	somewhere [2]	10:16	stenotypy/computer [1]			surrounding [1]		81:12
34:3 68:15	68:17	27:13		97:9			suspect [1]		12:2
68:25 69:4	69:10	son [8]	32:20 33:11	step [2]	47:8	65:13	switch [1]	87:6	
set [1]	97:19	33:25	34:23 35:7	steps [1]	77:16		sworn [3]	5:2	96:21
setting [5]	19:13 27:22	35:8	37:19 47:14	still [13]	22:16	40:17	97:6		
76:17 80:4	82:22	son's [1]	35:18	44:18	45:2	50:22	symbol [1]		42:23
settings [3]	9:4	sophisticated [1]	29:1	50:24	51:6	53:2	symptoms [3]		51:2
9:6 15:10		sorry [8]	41:7 48:17	63:4	63:4	84:25	51:4	86:18	
setup [1]	39:17	49:16	58:16 70:6	85:3	85:4		syndrome [1]		60:25
seven [3]	5:5 26:10	79:14	80:23 87:24	Stoffers [13]		3:14	system [5]	7:3	29:20
94:24		sort [4]	28:21 39:3	3:15	3:16	3:17	50:1	68:13	73:10
several [3]	63:14	72:6	77:18	3:19	4:11	89:5	systematic [1]		31:8
68:3 76:15		soul [5]	58:10 60:5	91:3	92:19	93:1	systematically [1]		19:16
Shall [1]	57:23	60:16	61:10 83:12	94:2	94:8	94:16			
Shannon [1]	48:14	Sound [1]	75:1	stopped [1]		92:7			
shape [1]	28:21	source [1]	24:10	store [1]	9:9				
shed [1]	25:8	sources [1]	46:11	straightforward [1]					
sheet [1]	83:17	space [1]	40:21	53:10					
shift [2]	29:9 29:9	speak [3]	40:5 47:3	Street [1]	4:16				
shifted [1]	16:17	75:21		stress [1]	59:7				
short [1]	94:21	specialized [1]	11:19	stressor [1]		83:9			
shortly [1]	8:13	specific [2]	53:8	stressors [3]		82:8			
show [1]	90:25	66:4		83:5	83:6				
showing [1]	91:6	specifically [2]	23:5	stupid [2]	45:21	86:4			
shown [1]	88:3	33:10		subject [1]		7:14			
Shows [1]	91:4	specificity [1]	53:19	Subscribed [1]		96:21			
signature [2]	91:5	specified [1]	97:14	subsequent [4]		11:16			
95:3		specify [3]	20:11 44:10	22:8	87:21	88:11			
simple [5]	58:10 60:5	45:24		subset [1]	50:15				
60:16 61:10	83:12	spend [1]	48:5	subside [1]		59:18			
simply [1]	18:24	spoke [1]	83:1	successfully [1]		63:9			
Sinai [1]	10:19	spring [1]	10:14	such [3]	48:23	49:10			
sit [3]	80:20 87:14	SS [2]	1:8 97:2	72:8					
90:11		stabilization [1]	64:20	sued [2]	13:7	14:7			
sitting [4]	23:24 33:2	stabilize [1]	63:19	suffered [1]		87:25			
75:16 92:6		stack [1]	57:14	suffering [1]		50:24			
situation [3]	35:25	staff [8]	21:1 24:11	51:6					
38:18 55:25		24:16	30:10 38:7	suggestion [1]		75:25			
Sixth [1]	4:16	54:22	56:6 80:25	suicidal [16]		14:6			
		stand [1]	42:7	14:7	36:8	36:10			
		standard [5]	1:19	36:14	36:20	36:21			
				36:21	37:2	37:13			

-T-

T [2]	2:8	3:1
T-o-o-r [1]		26:23
Taylor [1]	15:15	
Taylor-Kolis [3]		1:19
4:3	4:3	
team [32]	7:7	7:17
7:24	19:8	21:3
28:19	28:22	29:19
38:5	41:18	41:22
42:1	42:13	42:18
61:24	62:4	62:9
63:24	64:8	67:22
77:7	88:23	88:24
89:2	89:22	90:12
90:13	90:22	91:9
91:17	92:6	92:11
team's [3]	19:11	44:7
91:20		
technician [1]		9:8
teen [1]	22:13	
telephone [6]		24:11
54:20	54:21	56:7
58:14	78:20	
telling [7]	61:3	61:13
74:22	74:25	75:11
86:4	88:9	
tender [2]	86:2	86:22

Index Page 13

weekend [1]	25:20	92:17	93:24		
weekends [1]	67:12				
West [4]	66:13				
	86:12				
	86:22				
Western [1]	9:24				
WHEREOF [1]	97:19				
whichever [1]	14:19				
whole [3]	21:4				
	97:7				
Willard [2]	16:1				
	16:1				
Wiidsor [1]	18:22				
withdraw [4]	28:7				
	59:12				
	63:22				
	76:10				
within [6]	26:5				
	73:3				
	76:6				
	94:25				
	97:5				
without [4]	21:6				
	25:5				
	86:5				
	97:15				
witness [5]	2:2				
	65:11				
	97:5				
	97:10				
woman [5]	32:19				
	32:23				
	33:21				
	61:6				
wondering [1]	87:4				
word [6]	84:10				
	85:12				
	89:1				
	93:3				
words [9]	7:11				
	33:22				
	35:24				
	44:21				
	46:21				
	58:4				
	60:12				
	74:16				
worked [13]	9:4				
	9:6				
	9:8				
	9:9				
	9:10				
	14:22				
	15:12				
	16:19				
	17:5				
	17:18				
	42:15				
	56:8				
	89:13				
worker [12]	42:11				
	62:23				
	72:1				
	72:18				
	72:21				
	73:2				
	75:11				
	75:13				
	75:17				
	77:17				
	92:5				
	92:15				
workers [2]	56:13				
	69:10				
works [1]	14:24				
worried [1]	35:18				
worries [1]	83:7				
worry [1]	36:5				
worst [1]	85:19				
write [8]	41:17				
	52:3				
	52:5				
	59:13				
	63:14				
	76:19				
	86:24				
writing [1]	20:10				
writings [1]	44:5				
written [11]	12:16				
	12:18				
	30:13				
	41:15				
	49:20				
	74:13				
	84:4				
	88:2				
	92:23				
	94:1				
	94:7				
wrong [1]	57:13				
wrote [10]	50:3				
	60:21				
	62:12				
	63:21				
	63:23				
	64:12				
	88:4				
	88:12				