

IN THE COURT OF COMMON PLEAS  
CUYAHOGA COUNTY, OHIO

\* \* \* \* \*  
NUMBER 408705

LINDA MORRISON, Admin., etc.  
Plaintiff

versus

RICHARD LIGHTBODY, M.D., et al.,  
Defendants.

\* \* \* \* \*

DEPOSITION OF CHERYL D. WILLS, M.D.,  
1600 CANAL STREET, SUITE 1200, NEW ORLEANS,  
LOUISIANA 70112, TAKEN ON MONDAY, THE 1ST DAY OF  
JULY, 2002, AT 9:35 A.M., IN THE OFFICES OF CHATEAU  
SONESTA, 800 IBERVILLE STREET, NEW ORLEANS,  
LOUISIANA 70112.

REPORTED BY:

LINDA ARANGUREN, CCR, RMR  
Certified Court Reporter  
Registered Merit Reporter  
(No. 805162)

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<p style="text-align: right;">Page 3</p> <p style="text-align: center;">E X H I B I T S</p> <p>1</p> <p>2 EXHIBIT 1:</p> <p>    (Typewritten notes by Dr. Wills)</p> <p>3</p> <p>4 EXHIBIT 2:</p> <p>    (Correspondence from Thomas E. Conway</p> <p>    To John Philipp, dated March 20, 2002)</p> <p>4</p> <p>6 EXHIBIT 3:</p> <p>    (Correspondence from Robert H. Stoffers</p> <p>    to Cheryl D. Wills, M.D.)</p> <p>7</p> <p>8 EXHIBIT 4:</p> <p>    (Page 3 of correspondence of fax transmittal</p> <p>    dated March 19, 2000)</p> <p>9</p> <p>10 EXHIBIT 5:</p> <p>    (Correspondence from Cheryl Wills, M.D. to</p> <p>    Robert H. Stoffers, Esq.)</p> <p>11</p> <p>12 EXHIBIT 6:</p> <p>    (Page 2 and 3 of correspondence to Dr. Wills</p> <p>    from Robert H. Stoffers)</p> <p>12</p> <p>14 EXHIBIT 7:</p> <p>    (Contents of red folder)</p> <p>14</p> <p>15 EXHIBIT 8:</p> <p>    (Discharge Summary from Saint Luke's)</p> <p>16</p> <p>17 EXHIBIT 9:</p> <p>    (Contents of maroon binder)</p> <p>17</p> <p>18 EXHIBIT 10:</p> <p>    (Curriculum Vitae of Cheryl D. Wills)</p> <p>18</p> <p>19</p> <p>20 EXHIBIT 11:</p> <p>    (Suicide Note)</p> <p>20</p> <p>21 EXHIBIT 12:</p> <p>    (Page 127 to 132 of Bill Tiedemann's</p> <p>    deposition)</p> <p>22</p> <p>23 EXHIBIT 13:</p> <p>    (Mental Health Services for Homeless</p> <p>    Persons, Inc. Policies and Procedure)</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 5</p> <p>1 APPEARANCES:</p> <p>2 Representing the Plaintiff,</p> <p>    Linda Morrison, Admin, etc.:</p> <p>3</p> <p>4 FRIEDMAN, DOMIANO &amp; SMITH CO., LPA</p> <p>5 Attorneys at Law</p> <p>6 Sixth Floor</p> <p>7 Standard Building</p> <p>8 1370 Ontario Street</p> <p>9 Cleveland, Ohio 44113-1704</p> <p>10 BY: THOMAS E. CONWAY, ESQ.</p> <p>11 Representing the Defendant,</p> <p>12 Richard Lightbody:</p> <p>13</p> <p>14 JANIK &amp; DORMAN, LLP</p> <p>15 Attorneys at Law</p> <p>16 9200 South Hills Boulevard</p> <p>17 Suite 300</p> <p>18 Cleveland, Ohio 44147-3521</p> <p>19 BY JONATHAN W. PHILIPP, ESQ.</p> <p>20</p> <p>21 Representing the Defendant,</p> <p>22 Mental Health Services for the</p> <p>23 Homeless and Bill Tiedemann:</p> <p>24</p> <p>25 MAZANEC, RASKIN &amp; RYDER CO., LPA</p> <p>Attorneys at Law</p> <p>100 Franklin Row</p> <p>34305 Solon Road</p> <p>Cleveland, Ohio 44139</p> <p>BY ROBERT H. STOFFERS, ESQ</p> <p>Representing the Defendant,</p> <p>Fian McIntyre</p> <p>SQUIRE, SANDERS &amp; DEMPSEY, LLP</p> <p>Attorneys at Law</p> <p>4900 Key Tower</p> <p>127 Public Square</p> <p>Cleveland, Ohio 44114</p> <p>BY REBECCA A. WISTNER, ESQ</p>																																																				

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S-T-I-P-U-L-A-T-I-O-N

It is stipulated and agreed by and between Counsel that the deposition of CHERYL D. WILLS, M.D., is hereby being taken pursuant to Notice under the Ohio Code of Civil Procedure for all purposes permitted under the law.

The formalities of sealing and certification are hereby waived. The witness RESERVES the right to read and sign the deposition. The party responsible for service of the discovery material shall retain the original.

All objections, except those as to the form of the questions and/or responsiveness of the answer, are reserved until the time of the trial of this cause.

\* \* \* \* \*

Linda Aranguren,  
Certified Court Reporter in and for the State of Louisiana, officiated in administering the oath to the witness.

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Q. You understand that all of us are going to be asking you questions regarding your opinions, your knowledge of the case, facts and circumstances, and that this is our only opportunity prior to trial to speak to you about those matters.

You understand that?

A. Yes, I do.

Q. I would like you to answer only questions that you understand.

A. Okay.

Q. If you don't understand a question, indicate that somehow and I'll be glad to repeat it or rephrase it, ask another question, but I'm going to be depending upon you to indicate to me if you don't understand a question. Is that fair?

A. Yes, sir, it is.

Q. If you do give me an answer to a question, I'm going to assume and rely upon the fact that you understood the question. Is that fair?

A. Yes, it is.

Q. You understand everything is being taken down by a court reporter, you're under oath. This has the same effect as if you were testifying live in front of a judge and jury.

You understand that?

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CHERYL D. WILLS, M.D.  
of 1600 Canal Street, Suite 1200, New Orleans, Louisiana 70112, after having been first duly sworn by the above-mentioned Certified Court Reporter, was examined and testified as follows:

EXAMINATION BY MR. CONWAY:

Q. Would you please state your full name for the record, spelling your last name for the record?

A. Cheryl D. Wills, W-I-L-L-S.

Q. Dr. Wills, my name is Tom Conway. I represent the family of Matthew Morrison. You're going to have your deposition taken today. I assume that you've had an opportunity to discuss this deposition with Mr. Stoffers?

A. Yes, I have.

Q. You're aware Mr. Stoffers represents Bill Tiedemann and Mental Health Services in this case?

A. Yes, I am.

Q. This is going to be my only opportunity to speak with you. You're aware of that --

A. Yes.

Q. -- prior to trial?

A. Yes.

Q. You have to answer out loud "yes" or "no."

A. I'm sorry.

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A. Yes, I do.

Q. Have you ever given a deposition before?

A. Yes, I have.

Q. Approximately how many depositions?

A. Probably five or six.

Q. What kind of cases?

A. Insanity defense, competence to stand trial, child custody.

Q. Have you ever given a deposition in a medical malpractice lawsuit?

A. No, I have not.

Q. Have you ever testified live at trial in any type of case?

A. Yes, I have.

Q. Would that have been Juvenile Court?

A. Both Juvenile and Criminal Court.

Q. What juvenile court systems have you testified live in?

A. Cleveland.

Q. Cuyahoga County?

A. Right.

Q. All right.

A. Buffalo, New York, which is Erie County, Pittsburgh, and surrounding counties.

Q. That's Allegheny Counties?

3 (Pages 6 to 9)

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1 A. Allegheny and surrounding counties.  
2 Q. Were those juvenile courts in those three  
3 jurisdictions that you testified in?  
4 A. In New York they were juvenile and adult  
5 courts. In Pittsburgh, juvenile court, but about a  
6 couple of hundred civil commitment hearings, also.  
7 Q. So you're familiar with testifying,  
8 correct?  
9 A. Yes, I am.  
10 Q. If you need a break at any time, just  
11 indicate that to us, we'll be glad to take a break.  
12 A. Okay.  
13 Q. I would just ask that you don't interrupt a  
14 question and answer, give an answer, whatever your  
15 answer is, and then we can take a break at that  
16 point. Is that fair?  
17 A. That's fair.  
18 Q. If at any time you need to take a break to  
19 speak with Mr. Stoffers, feel free to do so.  
20 A. Okay.  
21 Q. If at any time during this deposition you  
22 want to change, delete, add to, supplement, any  
23 answer that you've previously given, feel free to do  
24 so. We'll let you go on the record. All right?  
25 A. Okay.

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1 Q. How much are you being paid per hour by  
2 Mr. Stoffers to review the medical records in this  
3 case?  
4 A. \$250 per hour.  
5 Q. How much are you charging per hour to  
6 testify at the deposition?  
7 A. The same rate.  
8 Q. What will your trial testimony fee be?  
9 A. Same rate.  
10 Q. I assume you plan on testifying live at  
11 trial?  
12 A. If that's required of me, yes.  
13 Q. Do you have a file on this case, notes that  
14 you've compiled pertaining to your review of the  
15 different materials?  
16 A. Yes, I do.  
17 Q. Can I see that, please?  
18 A. It's in the folders.  
19 Q. In any of the depositions, did you make  
20 notes in any of them?  
21 A. I may have highlighted or made some notes  
22 on the side in the margin.  
23 Q. Let's just go through and I will itemize  
24 something, I'll just read it out, and then at the  
25 end, you can confirm that what I've read is

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1 accurate. That will make it easier on the court  
2 reporter, I'm sure.  
3 Have you read the deposition of William J.  
4 Stencil?  
5 A. Yes, I have.  
6 Q. The deposition of Geraldine Beard-Chaney,  
7 correct?  
8 A. Yes.  
9 Q. The deposition of Linda Adkins?  
10 A. Yes.  
11 Q. Did you read both parts of her deposition?  
12 A. I believe so.  
13 Q. Deposition of William Tiedemann, you  
14 reviewed?  
15 A. Yes, I did.  
16 Q. Deposition of James Harvey?  
17 A. Yes, I did.  
18 Q. Deposition of Wayne Carter?  
19 A. Yes.  
20 Q. Deposition of Ronald Gura?  
21 A. Yes.  
22 Q. Deposition of Kirsten Hagesfeld?  
23 A. Yes.  
24 Q. Deposition of Mary Ann Teitelbaum?  
25 A. Yes.

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1 Q. Deposition of Fran McIntyre?  
2 A. Yes.  
3 Q. Deposition of Judith Leveckis?  
4 A. Yes.  
5 Q. You read both parts of Fran McIntyre's  
6 deposition?  
7 A. Yes, I did.  
8 Q. And the deposition of Richard Lightbody?  
9 A. Yes.  
10 Q. You also read the deposition of Micheline  
11 Jackson?  
12 A. Yes.  
13 Q. Deposition of Thomas Murphy?  
14 A. Yes.  
15 Q. You've seen the records from Saint Luke's  
16 Hospital?  
17 A. Yes.  
18 Q. Including the discharge summary?  
19 A. Yes.  
20 Q. You've reviewed the records from Mental  
21 Health Services?  
22 A. Yes.  
23 Q. Including their policies and procedures?  
24 A. Yes.  
25 Q. Looks like you have two Saint Luke's

4 (Pages 10 to 13)



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1 Hospital medical records here.  
2 A. Some were in duplicate.  
3 Q. You also reviewed Cleveland Municipal  
4 School District records for this case, correct?  
5 A. Yes.  
6 Q. Have you reviewed the Cleveland Municipal  
7 School District's policies and procedures regarding  
8 suicide-type situations at school?  
9 A. Yes.  
10 Q. You did not review any expert witness  
11 reports by any of the parties, is that correct,  
12 prior to writing your expert witness report?  
13 A. That is correct.  
14 Q. Did you ask to see any of them prior to  
15 writing your report?  
16 A. No, I did not.  
17 Q. Subsequent to writing your report, have you  
18 had an opportunity to review any of those expert  
19 witness reports?  
20 A. Yes, I reviewed them briefly.  
21 Q. When did you review them?  
22 A. April, and I think I reviewed one in June.  
23 Q. I see a piece of paper here, it says,  
24 "Tender towhead, Page 60." Is that in your writing?  
25 A. Yes.

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1 Q. What significance did this note have for  
2 you?  
3 A. That note was significant because it was a  
4 description used by Dr. Lightbody in describing  
5 Matthew Morrison.  
6 Q. What is a tender towhead?  
7 A. Vulnerable, blonde youth.  
8 Q. There's writing on the back of this note as  
9 well?  
10 A. Yes.  
11 Q. When you come to testify, are you going to  
12 bring your full file with you to Cleveland?  
13 A. Yes, I will.  
14 Q. That includes all the depositions, as well  
15 as anything that you may have made any type of  
16 highlighting, underlined or written notes on?  
17 A. Yes, I will.  
18 Q. It says on Page 6, "Litigation, Estate of  
19 Matthew Morrison vs. A) Richard Lightbody, M.D., B)  
20 Mental Health Services for the Homeless and, C),  
21 Mr. Tiedernann." And it has written in "LSW."  
22 Are these your notes?  
23 A. Yes.  
24 Q. Then it says "Grounds: Negligent, Mental  
25 Health Services knew or should have known that

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1 Matthew Morrison was at risk from committing  
2 suicide"?  
3 A. Yes.  
4 Q. You received this information from  
5 Mr. Stoffers?  
6 A. I believe I may have actually received it  
7 from either a telephone conference or from the  
8 written information he sent me.  
9 Q. I see a number of pages clipped together  
10 starting with Bill Stencil, they are typed. Whose  
11 typing is this?  
12 A. Mine.  
13 Q. This would be -- what is this? This is a  
14 summary of --  
15 A. Summary of what I read.  
16 Q. Of different depositions?  
17 A. Uh-hum (Affirmative Response).  
18 Q. We'll mark this as Deposition "Exhibit No.  
19 1."  
20 You also separated and photocopied in your  
21 note file Page 21 from Kirsten Hagesfeld's  
22 deposition; is that correct?  
23 A. Right.  
24 Q. And it reads "Answer, The assumption that  
25 we know something about it before we go out there

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1 because we taught the schools to call us," and  
2 Ms. Hagesfeld's answer was "Yes"?  
3 A. I would have to take a look at it.  
4 Q. That's the first question and answer. I  
5 don't need to read the whole thing.  
6 A. I believe this was a copy of one of the  
7 pages from the deposition that was missing or not  
8 clear, so I requested a duplicate copy.  
9 Q. Then we have Page 18 from Wayne Carter's  
10 deposition?  
11 A. Same situation.  
12 Q. When did you get Kirsten Hagesfeld's Page  
13 21?  
14 A. A couple of days before I prepared the  
15 report, so it would have been into late March 2002.  
16 Q. What date did you prepare your report?  
17 A. I believe I prepared my report on March  
18 28th, 2002.  
19 Q. It indicates here that as of March 20th --  
20 this is by way of a fax -- that from Mazanec, Raskin  
21 & Ryder, which is the law firm that Mr. Stoffers is  
22 associated with, sent you a cover sheet or a letter  
23 from me identifying Diane Mirabito as an expert  
24 witness and including her expert witness report.  
25 You received this before you wrote your

5 (Pages 14 to 17)

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1 report?  
2 A. My office received it before, and if I did  
3 receive it before then, I didn't review the report.  
4 Q. You didn't?  
5 A. No.  
6 Q. Why not?  
7 A. Because my training has led me to practice  
8 in a certain way, and that includes formulating  
9 one's own opinion before one looks at other expert's  
10 opinions.  
11 Q. Prior to writing your report when you were  
12 retained by Mr. Stoffers to review this case,  
13 Mr. Stoffers presumably indicated to you what the  
14 allegations of malpractice against Mr. Tiedemann  
15 were?  
16 A. Yes.  
17 Q. Would you have found it helpful to see what  
18 psychiatric and social work expert witnesses had to  
19 say about those allegations?  
20 A. Prior to preparing my report?  
21 Q. Yes.  
22 A. No. I would have found that biasing. My  
23 function was to review the records and to formulate  
24 my own opinion, and that's what I did.  
25 Q. Did you find it biasing that you were

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1 MR. CONWAY:  
2 The exhibits we're marking, can we  
3 keep these right in front of me so I'll  
4 know where we're at?  
5 I just want to know what I'm marking  
6 out of this file.  
7 EXAMINATION BY MR. CONWAY:  
8 Q. Exhibit No. 2 is the March 20th, letter to  
9 Mr. Stoffers that he faxed to you on March 20th,  
10 correct --  
11 A. Yes.  
12 Q. -- that I found in your file; is that  
13 correct?  
14 A. Yes. May I add one thing about Exhibit 1?  
15 Q. Sure.  
16 A. I typed those notes, but I did not proof  
17 them.  
18 Q. Okay.  
19 MR. CONWAY:  
20 Can we mark this as Exhibit No. 3?  
21 (EXHIBIT MARKED FOR IDENTIFICATION)  
22 EXAMINATION BY MR. CONWAY:  
23 Q. I'll show you Exhibit No. 3. This was a  
24 fax from Mr. Stoffers to you on March 19, 2002 that  
25 indicates, "Attached are copies of Plaintiff's

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1 discussing the facts and circumstances of this case  
2 with an attorney that represents one of the  
3 defendants prior to your issuing a report in this  
4 case?  
5 MR. STOFFERS:  
6 Objection. Argumentative. Go ahead.  
7 THE WITNESS:  
8 Did I find what? I'm sorry.  
9 EXAMINATION BY MR. CONWAY:  
10 Q. Did you find it biasing that you discussed  
11 the facts and circumstances of this case with the  
12 attorney who was representing the party on whose  
13 behalf you are reviewing this case?  
14 A. I think it could be potentially biasing;  
15 however, in my communications with Mr. Stoffers, I  
16 made it clear that I was happy to review the records  
17 and would let him know what I thought either way,  
18 and he accepted that.  
19 Q. Did he tell you what some of the facts and  
20 circumstances of the case were before he sent you  
21 records?  
22 A. He briefly summarized what he saw as the  
23 facts involved in the case, and when I reviewed  
24 them, my review was, or understanding of the case  
25 from the records, was consistent with what he said.

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1 expert reports for your review and consideration.  
2 "Once you have reviewed all of the relevant  
3 records and deposition transcripts, please contact  
4 me so that we can discuss this matter in further  
5 detail.  
6 Thank you for your attention to this  
7 matter, Mr. Stoffers."  
8 You received this, as well as the expert  
9 reports accompanying this prior to writing your  
10 report; is that correct?  
11 A. I believe they arrived at my office, yes.  
12 Q. I assume when Mr. Stoffers sent you  
13 materials and asked you to review them, you would  
14 review them, would that be correct?  
15 MR. STOFFERS:  
16 Objection. Go ahead.  
17 THE WITNESS:  
18 I would review any records relevant to  
19 the case short of expert opinions prior to  
20 preparing my report.  
21 EXAMINATION BY MR. CONWAY:  
22 Q. Were you asked, prior to this deposition,  
23 to take any correspondence or anything out of your  
24 file?  
25 A. Absolutely not. I was encouraged to

6 (Pages 18 to 21)

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1 include everything.  
2 Q. On what date did you have your first  
3 conversation with Mr. Stoffers or anybody from his  
4 office regarding your potential review of this case?  
5 A. I don't recall the specific date, but it  
6 would have been in about March of 2001.  
7 Q. What date in March?  
8 A. I can't recall.  
9 Q. Did you keep billing records for this case?  
10 A. Yes, I did.  
11 Q. Do you have those billing records with you?  
12 A. Either they are in the files or they are in  
13 my computer, and we had a power failure last night,  
14 so I didn't run them up.  
15 Q. If you testify live at trial, will you  
16 remember to bring those billing records?  
17 A. Yes, I will.  
18 Q. Because I'm sure your records will indicate  
19 the initial contact you had with Mr. Stoffers since  
20 you will be billing him for it, correct?  
21 A. No, it would not.  
22 Q. Why wouldn't it?  
23 A. The billing would start at the moment I  
24 reviewed the case, the entry review.  
25 Q. Do you have any record anywhere in your

Page 24

1 Q. I'm showing you what's been marked for  
2 identification as Exhibit No. 6. This appears to be  
3 the last two pages of a three-page letter from  
4 Mr. Stoffers to you written on March 20th, 2001.  
5 Did you have an opportunity to receive and review  
6 that?  
7 A. Yes.  
8 Q. Do you know where the first page to that  
9 is?  
10 A. It should be in the file. I should say  
11 during my review of these records, I relocated from  
12 Ohio to Louisiana, so a number of the records were  
13 in storage for four and a half months but everything  
14 was placed in the file.  
15 Q. Because the file is kind of not in order, I  
16 guess that's why I'm having a hard time.  
17 Can you find me the first page of that  
18 somewhere in your file? I cannot find that.  
19 A. I don't see it either.  
20 Q. What's the difference, the red notebook was  
21 all the correspondence you received; is that  
22 correct?  
23 A. Actually, it was loose pages that I placed  
24 in the file.  
25 Q. But it does contain a number of pieces of

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1 office regarding the date of the first telephone  
2 conference with Mr. Stoffers or someone from his  
3 office?  
4 A. No, I do not.  
5 MR. CONWAY:  
6 Mark this as Exhibit No. 4.  
7 (EXHIBIT MARKED FOR IDENTIFICATION)  
8 EXAMINATION BY MR. CONWAY:  
9 Q. I'll show you what's been marked as  
10 Exhibit No. 4. This is a copy of an expert, part of  
11 an expert report, which was faxed to you on March  
12 21st by Mr. Stoffers, correct?  
13 A. It says here that it was faxed March 21st,  
14 2002, at 8:29 a.m.  
15 Q. That was received in your office on that  
16 date; is that correct?  
17 A. I would assume so.  
18 Q. Do you know where the rest of this report  
19 is?  
20 A. It should be in the file. Everything that  
21 I have is in the file.  
22 Q. I'm showing you Exhibit No. 5. This is a  
23 letter from you to Mr. Stoffers on March 29th; is  
24 that correct?  
25 A. Yes.

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1 correspondence, correct?  
2 A. Correct.  
3 Q. So we don't know where Page 1 of this March  
4 20th letter from Mr. Stoffers to you is, correct?  
5 A. I do not at this moment.  
6 MR. CONWAY:  
7 Why don't we mark this whole file, the  
8 balance of the file as No. 7.  
9 (EXHIBIT MARKED FOR IDENTIFICATION)  
10 EXAMINATION BY MR. CONWAY:  
11 Q. You have a note here listed that the  
12 diagnosis as of November 19th, 1998, was major  
13 depression, severe with psychotic features; is that  
14 correct?  
15 A. Yes.  
16 Q. You have underlined "severe." Why did you  
17 underline "Severe" on this note?  
18 A. I underlined "severe" because the discharge  
19 planning was concerning to me, and because, given  
20 the severity of the treatment, I wanted to make sure  
21 that I believed that the discharge was appropriate.  
22 Q. Was the discharge by Dr. Lightbody  
23 appropriate on November 19th, 1998?  
24 A. I was not asked to formulate a formal  
25 opinion on that.

7 (Pages 22 to 25)

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1 Q. Well, I'm asking you now. Do you have an  
2 opinion on whether or not that discharge was  
3 appropriate on November 19th, 1998, based upon your  
4 review of all the medical records, the review of all  
5 the depositions, including Dr. Lightbody's, and your  
6 training and experience as a psychiatrist?

7 MR. STOFFERS:

8 Objection. Asked and answered.

9 MR. CONWAY:

10 You may answer.

11 THE WITNESS:

12 I had some concerns.

13 EXAMINATION BY MR. CONWAY:

14 Q. What were your concerns?

15 A. At the time that Matthew was released, it  
16 seemed that he was still depressed and psychotic.  
17 His medication had not been adjusted again. And my  
18 review of the discharge note, I couldn't find an  
19 outpatient follow-up plan.

20 Q. Would the standard of care for a  
21 psychiatrist discharging a patient such as Matthew  
22 require him to have that discharge plan as per the  
23 discharge summary?

24 MR. PHILIPP:

25 Objection. Beyond the scope of her

1 When one is working as part of a  
2 treatment team, my experience is the team  
3 has a collaborative effort, should make a  
4 collaborative effort to arrange discharge  
5 planning. It usually is not the  
6 psychiatrist that does that, but the  
7 psychiatrist depends on the team member to  
8 do that. Ideally, there would be some  
9 verbal and/or written communication  
10 regarding that. However, in this case I  
11 could not find it.

12 EXAMINATION BY MR. CONWAY:

13 Q. Do you have any other concerns regarding  
14 the discharge of Matthew by Dr. Lightbody?

15 MR. PHILIPP:

16 Objection to form.

17 MR. STOFFERS:

18 Go ahead.

19 THE WITNESS:

20 I have concerns about the follow-up  
21 plans. With regard to not having  
22 outpatient follow-up, given the severity of  
23 the situation led to him being  
24 hospitalized, and given that he described  
25 Ms. Morrison as a, quote/unquote, simple

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1 report.

2 MR. CONWAY:

3 You may answer.

4 THE WITNESS:

5 I did not formulate a formal opinion  
6 about that, but I would not look at it as a  
7 psychiatrist's responsibility, as he was  
8 hospitalized and this was a treatment team  
9 effort. So it would be reasonable for a  
10 psychiatrist, as part of the treatment  
11 team, to be assured that the responsible  
12 party arranged for discharge and a  
13 follow-up appointment for the purposes of  
14 continuity of care, and that comports with  
15 the standard of care.

16 EXAMINATION BY MR. CONWAY:

17 Q. Doesn't a psychiatrist have a duty when he  
18 discharges a patient to ultimately make sure that  
19 the patient is going to receive the kind of medical  
20 treatment necessary by virtue of that discharge?

21 MR. PHILIPP:

22 Objection to form.

23 MR. CONWAY:

24 You may answer.

25 THE WITNESS:

1 soul, if I recall, so that suggested that  
2 in some way he may have perceived her as  
3 limited, either in her intellect or in her  
4 ability to comprehend what was going on  
5 medically, and I think he did suggest that  
6 with the possibility of "fragile X"  
7 syndrome.

8 EXAMINATION BY MR. CONWAY:

9 Q. Obviously, a reasonable psychiatrist needs  
10 to take that factual circumstance into account in  
11 deciding on when and how to discharge a patient,  
12 would that be correct?

13 MR. PHILIPP:

14 Objection to form.

15 THE WITNESS:

16 I would say the treatment team should  
17 take that into consideration. Again, the  
18 psychiatrist isn't the one making the  
19 actual -- in most cases the psychiatrist is  
20 not the person actually making the phone  
21 calls to connect, but when one perceives  
22 that a patient has limitations, it may be  
23 helpful to emphasize the importance of  
24 follow-up.

25 EXAMINATION BY MR. CONWAY:

8 (Pages 26 to 29)

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1 Q. In this particular case, whose decision was  
2 it to discharge Matthew from Saint Luke's Hospital?  
3 A. The psychiatrist -- actually, it was a  
4 consensus decision of the treatment team, but the --  
5 Q. Who ultimately was responsible for  
6 medically discharging a patient such as Matthew from  
7 Saint Luke's Hospital back on November 19th, 1998,  
8 it would be Dr. Lightbody?  
9 A. The ultimate signature, yes, and authority  
10 would lie with the physician.  
11 Q. The ultimate responsibility lies with the  
12 physician, correct?  
13 MR. PHILIPP:  
14 Objection to form.  
15 EXAMINATION BY MR. CONWAY:  
16 Q. Correct?  
17 A. Yes.  
18 Q. There's going to be a line of objections.  
19 I have a feeling.  
20 Don't speak over them, but the fact that  
21 there's an objection does not mean that you don't  
22 have to answer the question. Okay?  
23 A. Okay.  
24 Q. Any other concerns about Dr. Lightbody  
25 pursuant to that discharge on November 19th that you

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1 MR. STOFFERS:  
2 Go ahead.  
3 MR. CONWAY:  
4 You may answer.  
5 THE WITNESS:  
6 I would say that there were concerns  
7 with the treatment team over which he was  
8 leader.  
9 EXAMINATION BY MR. CONWAY:  
10 Q. What do you mean by your statement, or your  
11 phrase, "formal opinion," what does that mean to  
12 you? I don't understand.  
13 A. I was asked to formulate an opinion  
14 regarding whether or not Mr. Tiedemami fell below  
15 the standard of care and whether or not he showed  
16 that was an approximate cause of Matthew's death.  
17 The crux of that seemed to be begin -- occurred  
18 between December 8th -- actually, all on December  
19 8th, from Mr. Tiedemann's perspective what happened  
20 with the interaction with the school. I was not  
21 asked to formulate an opinion regarding whether or  
22 not the discharge was appropriate or the treatment.  
23 Q. I don't want to beat a dead horse, but --  
24 MR. PHILIPP:  
25 But you are.

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1 have?  
2 MR. PHILIPP:  
3 Objection. Beyond the scope of the  
4 report.  
5 MR. STOFFERS:  
6 Go ahead.  
7 MR. CONWAY:  
8 You may answer.  
9 THE WITNESS:  
10 I would have to say yes, and again, I  
11 did not formulate a formal opinion on this,  
12 but I would say that in the context of  
13 Dr. Lightbody's treatment team there were  
14 concerns.  
15 EXAMINATION BY MR. CONWAY:  
16 Q. I'm asking you specifically about  
17 Dr. Lightbody as a psychiatrist.  
18 MR. PHILIPP:  
19 Same objection.  
20 EXAMINATION BY MR. CONWAY:  
21 Q. In his role as a psychiatrist, do you have  
22 any concern about his performance as a psychiatrist  
23 regarding that discharge on November 19th?  
24 MR. PHILIPP:  
25 Same objection. 10/13

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1 EXAMINATION BY MR. CONWAY:  
2 Q. -- but you've read all the materials  
3 involved in this case, formal or not. Do you have  
4 an opinion, as we sit here today, as to whether or  
5 not Dr. Lightbody complied with the standard of care  
6 for a psychiatrist in this particular case?  
7 MR. PHILIPP:  
8 Objection. Beyond the scope of the  
9 report, and asked and answered.  
10 MR. CONWAY:  
11 You may answer.  
12 MR. STOFFERS:  
13 I'll object again.  
14 Go ahead.  
15 THE WITNESS:  
16 I have concerns about the treatment  
17 team and the overall management of this  
18 case, particularly as it relates to the  
19 discharge planning. Dr. Lightbody was a  
20 leader of that treatment team.  
21 EXAMINATION BY MR. CONWAY:  
22 Q. My question, though, is -- and I'm going to  
23 ask you this until I get an answer, Doctor, with all  
24 due respect.  
25 Do you, based on the review of all the

9 (Pages 30 to 33)

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1 material in this case today, have an opinion as to  
2 whether or not Dr. Lightbody deviated from the  
3 standard of care in this case, yes or no?

4 MR. PHILIPP:

5 Objection to form. Asked and answered  
6 twice now.

7 MR. CONWAY:

8 Wait a second, John. If we can go off  
9 the record for a minute.

10 (DISCUSSION OFF THE RECORD.)

11 MR. STOFFERS:

12 Objection. I don't think you can  
13 limit her to a "yes" or "no" answer.

14 MR. CONWAY:

15 That's fine.

16 EXAMINATION BY MR. CONWAY:

17 Q. I just want your best answer, Doctor. If  
18 you can't answer yes or no, tell me, but I think the  
19 question is very simple.

20 Do you have an opinion, based upon your  
21 review of all this material, as to whether or not  
22 Dr. Lightbody in this particular case deviated from  
23 the standard of care for a psychiatrist?

24 MR. PHILIPP:

25 Objection. Asked and answered.

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1 didn't see anything about family meetings  
2 or family sessions. I didn't see anything  
3 about grief interactions. I didn't see  
4 anything about efforts to make contact with  
5 regard to outpatient follow-up, et cetera.

6 So, in terms of whether or not  
7 Dr. Lightbody fell below the standard of  
8 care, it would be critical to have that  
9 information.

10 EXAMINATION BY MR. CONWAY:

11 Q. I take it you can't give an opinion then on  
12 whether Geri Beard-Chaney deviated from the standard  
13 of care; is that correct?

14 A. If the records don't exist, she deviated  
15 substantially in that the appointment was not made  
16 deviated from the standard of care, not only with  
17 Ms. Beard, but with the treatment team as a whole.

18 Q. That opinion of yours is not in the report?

19 A. No, it is not. That is not a formal  
20 opinion.

21 Q. Formal or informal, that opinion is not in  
22 your report; is that correct?

23 A. It is not in my report.

24 Q. Do you intend on offering an opinion at  
25 trial regarding whether or not Dr. Lightbody

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1 MR. STOFFERS:

2 Objection.

3 THE WITNESS:

4 I do not have a formal opinion about  
5 it, and if I can explain one of  
6 my greatest concerns about formulating an  
7 opinion I would like to do that.

8 MR. CONWAY:

9 Go ahead.

10 THE WITNESS:

11 One of my greatest concerns about  
12 formulating an opinion was the blatant  
13 absence of any notes from the hospital  
14 social worker.

15 In Ms. Morrison's deposition she  
16 implied that she had many contacts with the  
17 social worker. I reviewed one of the  
18 hospital orientation manuals, or a page or  
19 two of that, and it is customary, as is  
20 indicated in that document, that a  
21 psychosocial history be performed when a  
22 youth, or an adult, for that matter, is  
23 admitted to a hospital.

24 I did not see that. I did not see any  
25 contact notes from the social worker. I

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1 complied with the standard of care for a  
2 psychiatrist in this case?

3 MR. PHILIPP:

4 Objection.

5 THE WITNESS:

6 My understanding of what I was  
7 requested to do was to look specifically at  
8 what went on in terms of the situation that  
9 involved Mr. Tiedemann.

10 EXAMINATION BY MR. CONWAY:

11 Q. Did Mr. Stoffers ever ask you to evaluate  
12 Dr. Lightbody's performance in this case?

13 A. Not that I recall. He asked me to review  
14 the records to see what I thought and emphasize that  
15 I should be honest.

16 Q. Well, he obviously asked you to  
17 specifically review this case as it pertains to Bill  
18 Tiedemann, correct?

19 A. Correct.

20 Q. You can't recall whether or not he asked  
21 you to review the case as it pertains to  
22 Dr. Lightbody?

23 MR. PHILIPP:

24 Objection. Asked and answered.

25 MR. STOFFERS:

10(Pages 34 to 37)

<p>Page 38</p> <p>1 Go ahead.</p> <p>2 THE WITNESS:</p> <p>3 I don't recall him specifically asking</p> <p>4 me to review that. I think it was</p> <p>5 important for me to review those records</p> <p>6 because it gives a context of what happened</p> <p>7 over a span of time and because</p> <p>8 Mr. Tiedemann was responsible for the</p> <p>9 hospitalization, for arranging for Matthew</p> <p>10 to be hospitalized. Therefore, in that</p> <p>11 context, I felt it was important that I be</p> <p>12 permitted to review the records, and he</p> <p>13 sent them without me asking for that.</p> <p>14 EXAMINATION BY MR. CONWAY:</p> <p>15 Q. You obviously felt comfortable enough</p> <p>16 reiiideriijg an opinion regarding Bill Tiedemann</p> <p>17 complying with the standard of care for a social</p> <p>18 worker, correct?</p> <p>19 A. Social worker as crisis management</p> <p>20 specialist, I believe the term is.</p> <p>21 Q. Yes.</p> <p>22 A. Yes.</p> <p>23 Q. You obviously feel comfortable that you</p> <p>24 have enough expertise to render an opinion regarding</p> <p>25 the standard of care for a crisis intervention</p>	<p>Page 40</p> <p>1 progress notes, because they should be part</p> <p>2 of the medical record, even if they are in</p> <p>3 a separate section of the record. I see</p> <p>4 nurse's notes.</p> <p>5 EXAMINATION BY MR. CONWAY:</p> <p>6 Q. My question is: Do you have any evidence</p> <p>7 that Geri Beard-Chaney had anything to do with the</p> <p>8 social work notes missing from this hospital record?</p> <p>9 MR. STOFFERS:</p> <p>10 Objection. I think you cut her off</p> <p>11 earlier, Tom.</p> <p>12 THE WITNESS:</p> <p>13 I think she was responsible as to the</p> <p>14 social worker of record for providing</p> <p>15 documentation about the interactions and</p> <p>16 the initial psychosocial evaluation,</p> <p>17 assuming that it occurred.</p> <p>18 EXAMINATION BY MR. CONWAY:</p> <p>19 Q. Do you have any evidence that slie didn't</p> <p>20 adequately chart this case?</p> <p>21 A. Her notes are conspicuously missing. If</p> <p>22 there's another file that is available that shows</p> <p>23 her notes and they are contemporaneous notes that</p> <p>24 were written and included as part of the medical</p> <p>25 record at the time of Matthew's hospitalization, no.</p>
<p>Page 39</p> <p>1 social worker, correct?</p> <p>2 A. Yes.</p> <p>3 Q. Were you ever asked by Mr. Stoffers to</p> <p>4 review another social worker's care and treatment in</p> <p>5 this particular case, Geri Beard-Chaney?</p> <p>6 A. No, I was not.</p> <p>7 Q. Do you have an opinion as to whether or not</p> <p>8 that social worker deviated from the standard of</p> <p>9 care in this case?</p> <p>10 A. Again -- well, there are two areas. First</p> <p>11 of all, the absence of the notes. The notes should</p> <p>12 have been -- traditionally are part of the medical</p> <p>13 chart, so if this were a patient whose chart I was</p> <p>14 reviewing in a hospital, I might make an adverse</p> <p>15 inference due to the absence of social work progress</p> <p>16 notes in the chart.</p> <p>17 Q. Do you have any evidence whatsoever that</p> <p>18 Geri Beard-Chaney had any responsibility for the</p> <p>19 social work notes in this case being missing?</p> <p>20 MR. STOFFERS:</p> <p>21 Objection. Go ahead.</p> <p>22 THE WITNESS:</p> <p>23 I have no idea. Either they are not</p> <p>24 in the chart, and this hospital has an</p> <p>25 unusual policy regarding social work</p>	<p>Page 41</p> <p>1 If slie did not write or prepare any notes,</p> <p>2 then, yes. I do have serious concern.</p> <p>3 Q. But my questions aren't whether you have</p> <p>4 serious concerns about that. It is, do you have any</p> <p>5 evidence showing that Geri Beard-Chaney did not</p> <p>6 contemporaneously properly chart this case?</p> <p>7 MR. STOFFERS:</p> <p>8 Objection.</p> <p>9 THE WITNESS:</p> <p>10 I guess the second part of my</p> <p>11 concern is when Ms. Morrison calls</p> <p>12 Ms. Beard-Claney on December 8th, there is --</p> <p>13 from what I reviewed, there is concern that she</p> <p>14 failed to alert the doctor to the status.</p> <p>15 EXAMINATION BY MR. CONWAY:</p> <p>16 Q. Regarding the charting, do you have any</p> <p>17 evidence that Geri Beard-Chaney did not chart things</p> <p>18 she was supposed to chart, yes or no?</p> <p>19 We don't have those records. Do you have</p> <p>20 any evidence showing that she was neglectful in her</p> <p>21 charting?</p> <p>22 MR. STOFFERS:</p> <p>23 Objection. Asked and answered.</p> <p>24 Again, I don't think you can limit lier to a</p> <p>25 yes or no. I think slie tried to explain</p>

11 (Pages 38 to 41)

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1 her answer.  
2 THE WITNESS:  
3 I can't answer one way or the other if  
4 she did not document that contact that she  
5 had with the mother on December 8th.  
6 EXAMINATION BY MR. CONWAY:  
7 Q. How do you know that she doesn't document  
8 it, because her records aren't there?  
9 A. I said "if she did not."  
10 Q. So you don't know whether she charted it or  
11 not, would that be fair?  
12 A. Right. But I do know she did not  
13 communicate it with the psychiatrist.  
14 Q. We know that from her deposition, correct?  
15 A. Correct.  
16 Q. Now, regarding any other charting, you  
17 don't know whether she appropriately charted things  
18 or not, correct?  
19 A. I would say I don't know because there's  
20 some blatant omission in the record.  
21 Q. You have no evidence that Geri Beard-Chaney  
22 had anything to do with those records being missing,  
23 do you?  
24 A. could you repeat the question?  
25 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY

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1 THE COURT REPORTER.)  
2 THE WITNESS:  
3 I believe she had something to do with  
4 the record of the nonexistent follow-up  
5 appointment not being in the chart.  
6 EXAMINATION BY MR. CONWAY:  
7 Q. Do you think she took that out?  
8 A. I don't think she made it when he was  
9 discharged.  
10 Q. But you don't know, because you don't have  
11 the records, right?  
12 A. Well, I think that it might be reasonable  
13 to conclude that because the mother called her for  
14 an appointment, and the mother says that she  
15 repeatedly called her, if the mother is to be  
16 believed, and the mother called her on December 8th,  
17 and finally got an appointment and Mr. Tiedemann  
18 expressed an opinion of getting an appointment,  
19 which should have been gotten, obtained when Matthew  
20 was released from the hospital, that there were  
21 blatant omissions in the record.  
22 Q. Do you have an opinion, formal or  
23 otherwise, that Geri Beard-Chaney deviated from the  
24 standard of care for a social worker?  
25 MR. STOFFERS:

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1 Object again. I thought she answered  
2 that.  
3 EXAMINATION BY MR. CONWAY:  
4 Q. Do you have an opinion whether she deviated  
5 from the standard of care for a social worker?  
6 A. If it was her responsibility to arrange the  
7 follow-up appointment, then I would say as part of  
8 the treatment team, yes, she did deviate.  
9 Q. That's not in your report, is it?  
10 A. No, it's not.  
11 Q. Speaking of medical records, I would like  
12 to show you what's been marked for identification as  
13 Exhibit No. 8.  
14 Speaking of charting, is it the standard of  
15 care for a medical practitioner to chart  
16 contemporaneously with the events as they occur?  
17 A. In what context?  
18 Q. Well, if something has been done, should a  
19 doctor chart it at the time that a medical treatment  
20 or procedure was given?  
21 A. Such as a change in dose or change in  
22 treatment planning?  
23 Q. Such as any type of medical treatment being  
24 rendered by a psychiatrist?  
25 MR. PHILIPP:

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1 Objection to form.  
2 THE WITNESS:  
3 I'm still not sure specifically what  
4 you're asking.  
5 EXAMINATION BY MR. CONWAY:  
6 Q. The discharge in this case was November  
7 19th, 1998, correct?  
8 A. Correct.  
9 Q. Let's go to discharge summary, Page 2.  
10 Dr. Lightbody apparently dictated this discharge  
11 summary, according to some information, underneath  
12 the signature line on November 19th, 1998?  
13 A. Correct.  
14 Q. And, supposedly, this discharge note was  
15 transcribed by a stenographer on November 19th,  
16 1998, correct?  
17 A. Correct.  
18 Q. As of that date, Dr. Lightbody indicates in  
19 the last sentence of his discharge summary that the  
20 mother has arranged follow-up for him in his home  
21 community. Do you read that?  
22 A. Yes.  
23 Q. That sentence was inaccurate, wasn't it?  
24 MR. PHILIPP:  
25 Objection.

12 (Pages 42 to 45)



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THE WITNESS:

Actually, it wasn't -- there was some accuracy associated with it. The inother had arranged for certain follow-ups such as requesting the letters for the school so that he could -- Matthew could receive bus services.

EXAMINATION BY MR. CONWAY:

Q. What about regarding psychiatric and psychotherapy follow-up, that had not been arranged by the mother as of November 19th, hadn't it?

A. That was not the mother's responsibility. The word is "follow-up," but it doesn't say specifically what type of follow-up.

Q. Shouldn't it specify as to what the mother's obligations in this case were after discharge?

MR. PHILIPP:

Objection.

MR. STOFFERS:

Go ahead.

THE WITNESS:

It doesn't absolutely have to.

EXAMINATION BY MR. CONWAY:

Q. Wouldn't it be reasonable and prudent for a

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the next number is a 9.

Q. And this would be one day after the November 8th suicide note by Matthew and one day before the suicide that Dr. Lightbody decided to sign this discharge summary, correct?

MR. PHILIPP:

Objection to form.

MR. STOFFERS:

Go ahead.

THE WITNESS:

I would say he had an opportunity to sign it. I'm not certain of whether or not he had the document -- whether or not it had to go for revisions. It's not unusual for a discharge summary to be signed long after it's dictated because of transcription services, corrections, et cetera.

EXAMINATION BY MR. CONWAY:

Q. Except we know that this was transcribed on November 19th, correct?

A. We don't know when it was corrected and how many revisions it went through.

Q. Did Dr. Lightbody in his deposition indicate that he had corrected his discharge suinmary

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psychiatrist to make sure that those items are specified?

MR. PHILIPP:

Objection.

MR. STOFFERS:

Go ahead.

THE WITNESS:

At the time that this was dictated, there were other discharge notes and discharge records, including the form that the mother had to sign, and it's reasonable to assume that the information could have been on that form because that is prescribing the actual instructions to the parent.

EXAMINATION BY MR. CONWAY:

Q. Where does the hospital keep a record of those forms?

A. It was in the records.

Q. What date did Dr. Lightbody decide to sign this discharge note that allegedly was dictated on November 19th, 1998?

A. He signed the note, it looks like, December 9th, 1998, but I can't read that, so I'm not a hundred percent sure. It looks like a 9, because

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or made any revisions to it?

A. Not that I recall.

Q. Is that standard of care, to change or amend a medical record, Doctor, without specifying that it is being amended or changed and dated?

MR. PHILIPP:

Objection to form.

MR. STOFFERS:

Go ahead.

THE WITNESS:

I would say no, but what usually happens is the transcription service gives you a copy of the record. When you find time between patients and calls and other obligations, you review the record. If there are corrections to be made, and there often are, those corrections are revised. It goes back to transcription. Eventually you get a pile of records, you scan through them, make sure they are okay, sign and date.

So in terms of a date of correction, that's not something I've ever experienced.

MR. CONWAY:

We're going to want to mark this

13 (Pages 46 to 49)

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1 folder here, which has some loose  
2 notes in it. This is your purple binder.  
3 This will be the next exhibit, No. 9.  
4 (EXHIBIT MARKED FOR IDENTIFICATION)  
5 EXAMINATION BY MR. CONWAY:  
6 Q. How did you first get in contact with  
7 Mr. Stoffers regarding this case?  
8 A. A colleague contacted me.  
9 Q. What was the name of the colleague?  
10 A. Dr. Katherine Burns.  
11 Q. Where does Katherine Burns practice?  
12 A. She practices at the Timothy B. Merits  
13 Institute at the State Hospital in Columbus, Ohio.  
14 Q. What did she tell you?  
15 A. She said that I might be receiving a call  
16 about a possible referral.  
17 Q. Anything else you recall about that  
18 conversation?  
19 A. That's all she said. We talked about other  
20 things, but nonrelevant to the case. She just  
21 called to let me know and make to make sure that it  
22 wasn't an imposition on my part, so she wanted me to  
23 be familiar with Mr. Stoffers' name, and said I  
24 might be receiving a call.  
25 Q. How many times have you spoken on the phone

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1 What is the Society for the Right to Die,  
2 Incorporated?  
3 A. It's a living will organization. Prior to  
4 living will legislation being enacted, this  
5 organization was started to help to pass the living  
6 will laws or right to die laws across the country.  
7 So at that time there were states with laws and  
8 states without laws, and people would write in and  
9 ask questions about living wills, or would like to  
10 obtain a copy of a living will or they wanted to  
11 understand what it meant to have a living will.  
12 Q. Was this society associated with a Canadian  
13 Society for the Right to Die, Incorporated?  
14 A. I am not certain. I do not recall the  
15 Canadian society being mentioned at any time when I  
16 worked there.  
17 Q. Did this society have any other agenda  
18 other than the promotion of living wills?  
19 A. Not to my knowledge.  
20 Q. Have you done any writing on teenage  
21 suicide?  
22 A. No, I have not.  
23 Q. Have you published anything anywhere on  
24 teenage suicide?  
25 A. No, I have not.

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1 with Mr. Stoffers regarding this case?  
2 A. Maybe four or five.  
3 Q. I take it you had an opportunity to meet  
4 with him before this deposition today; is that  
5 correct?  
6 A. Yes, I did.  
7 Q. When did you meet with him, last night or  
8 this morning?  
9 A. Last night.  
10 Q. For approximately how long?  
11 A. About an hour and a half.  
12 Q. Do you have a degree in social work?  
13 A. No, I do not.  
14 Q. Let's go through your CV. Do you have a  
15 copy of your CV?  
16 A. No, I don't.  
17 MS. WISTNER:  
18 I have an extra one.  
19 MR. CONWAY:  
20 We'll mark it as Exhibit No. 10.  
21 (EXHIBIT MARKED FOR IDENTIFICATION)  
22 EXAMINATION BY MR. CONWAY:  
23 Q. I noticed in reading through your CV that  
24 you were a supervisor at the Society for the Right  
25 to Die, Incorporated, located in New York, New York.

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1 Q. Do you know who Dr. David Shaffer is?  
2 A. I've heard the name.  
3 Q. In what context have you heard his name?  
4 A. I believe some articles I may have read  
5 when I was a resident.  
6 Q. Would you agree that he's an authority in  
7 the area of adolescent suicide?  
8 A. I think that he does have expertise on that  
9 area, yes, based on his publications, et cetera.  
10 Q. What publications of his have you read?  
11 A. I can't recall them off the top of my head.  
12 Q. After leaving the Society for the Right to  
13 Die, Incorporated, you went to -- I think you  
14 enrolled in school at Tulane University, School of  
15 Medicine?  
16 A. No, I did not.  
17 Q. Where did you go to medical school?  
18 A. I went to medical school at the University  
19 of Medicine and Dentistry of New Jersey, and then I  
20 located to Syracuse to finish my medical training  
21 after I did some research at Johnson & Johnson.  
22 Q. What were you researching at Johnson &  
23 Johnson?  
24 A. Wound care.  
25 Q. Then you went where to finish your medical

14 (Pages 50 to 53)

Page 54

1 studies?  
2 A. The State University of New York in  
3 Syracuse.  
4 Q. And you finished that in what year?  
5 A. 1991.  
6 Q. So you graduated from medical school in  
7 1991?  
8 A. Correct.  
9 Q. Did you do a fellowship anywhere?  
10 A. Yes, I did, but the next step would be  
11 internship.  
12 Q. I understand.  
13 A. Which I did.  
14 Q. Where did you do a fellowship?  
15 A. I completed two fellowships. I was in a  
16 combined residency and fellowship at the University  
17 of Pittsburgh in adult child and adolescent  
18 psychiatry from 1991 until 1996. And then from 1996  
19 to 1997, I completed a fellowship in psychiatry and  
20 the law with a concentration in child psychiatry and  
21 the law.  
22 Q. What is psychiatry and the law?  
23 A. Psychiatry and the law is a process by  
24 which the two fields collaborate, integrate,  
25 et cetera. There are areas that involve

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1 legislation, policy setting, such as seclusion,  
2 restraint, the psychiatric hospitalization,  
3 medications over objection, informed consent,  
4 consent to treatment, consent to evaluation.  
5 Then there are civil areas such as the  
6 torts, child custody, psychological autopsies,  
7 looking back at the cause of death. Then there's a  
8 criminal area involving sanity, competence. There's  
9 also some civil areas involving fitness for duty,  
10 risk assessment, and the violent employee or violent  
11 patient.  
12 Q. What's child forensic psychiatry?  
13 A. Child forensic psychiatry is the field that  
14 looks at how child psychiatry and the law interface.  
15 So you have the issues of delinquent and dependent  
16 youth. You have juveniles involved with child  
17 custody, termination of parental rights, treatment,  
18 refusal of treatment, treatment over objection,  
19 seclusion and restraint and other such matters.  
20 Q. Have you ever been an attending physician  
21 for a child who has been hospitalized for suicide  
22 ideations?  
23 A. Many times.  
24 Q. Approximately how many times?  
25 A. It's hard to estimate. Since my practice

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1 was mostly within the state hospital, which is a  
2 long-term hospital, I would say 50 to 75 as an  
3 attending physician.  
4 Q. In those 50 to 75 occasions, were you  
5 responsible for ultimately discharging the patient  
6 from the hospital?  
7 A. Yes, I was.  
8 Q. In this particular case, if you had been  
9 the attending, based upon all the knowledge you have  
10 from the medical records and the depositions, would  
11 you have discharged Matthew on November 19th, 1998?  
12 MR. PHILIPP:  
13 Objection. Beyond the scope of the  
14 report.  
15 MR. CONWAY:  
16 You may answer.  
17 MR. STOFFERS:  
18 Go ahead.  
19 THE WITNESS:  
20 Again, I can't say without the  
21 presence of the social work notes. If the  
22 follow-up appointment had not been made, I  
23 would have been very uncomfortable with  
24 doing it. So the child may not have left  
25 until that was done, assuming that I knew

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1 that the appointment had not been made.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. We know right now that the appointment had  
4 not been made, correct?  
5 A. Right.  
6 Q. Isn't it ultimately the psychiatrist's  
7 responsibility to make sure his patient is being  
8 discharged with the appropriate steps having been  
9 taken to ensure the patient's safety upon discharge?  
10 MR. PHILIPP:  
11 Objection. Asked and answered.  
12 MR. CONWAY:  
13 You may answer.  
14 THE WITNESS:  
15 It's the treating team's  
16 responsibility to make sure that the child  
17 is discharged with appropriate follow-up.  
18 Usually it falls within the realm of the  
19 social worker or the case manager as part  
20 of the treatment team, and a reasonable  
21 psychiatrist would conclude as part of a  
22 treatment team that this would be taken  
23 care of.  
24 Now, if I'm a new psychiatrist and I  
25 don't know how things are done, or I don't

15 (Pages 54 to 57)

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1 know that a particular person is not  
2 responsible, I'm not aware of these things,  
3 then I might discharge and let the patient  
4 -- naively thinking that they had a  
5 follow-up plan.

6 If, however, I know my team, and I  
7 trust their work, and they are responsible  
8 people, I may not actually look at the  
9 discharge appointment date, but I'm  
10 expecting it to be on the release plan --  
11 the follow-up appointment date. Excuse me.

12 EXAMINATION BY MR. CONWAY:

13 Q. Well, nowhere in any paperwork or any  
14 hospital documentation I've seen is there a  
15 follow-up date -- or excuse me -- an appointment  
16 date for follow-up care for Matthew listed anywhere,  
17 correct?

18 A. Correct.

19 Q. So you finished medical school in 1991.  
20 You did two fellowships after medical school,  
21 correct?

22 A. Correct.

23 Q. Where did you do your residency?

24 A. At the University of Pittsburgh.

25 Q. After both of these -- where were the

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1 have to fulfill?

2 A. As a resident of New York state, I had  
3 received region scholarships to supplement the cost  
4 of my education, and in exchange for that, I had to  
5 work for New York state for two years.

6 Q. Where did you work in New York state?

7 A. At the state university in New York,  
8 Buffalo, specifically at Western New York Children's  
9 Psychiatric Center, where I was an attending  
10 physician on the Secure Adolescent Unit. I also  
11 consulted to the county jail and the county juvenile  
12 justice system for children, doing evaluations on  
13 children and adolescents, as well as adults,  
14 involving treatment recommendations, recommendations  
15 to the court, competence, sanity, and treatment of  
16 mentally ill offenders.

17 Q. Did you deal with any suicide ideation  
18 patients?

19 A. Yes, I did. Additionally, I worked at the  
20 County Detention Center and developed a program  
21 there where we began to have residents come through  
22 and child psychiatry fellows to desensitize them to  
23 the mentally ill within the juvenile system.

24 Q. After that job, where did you go?

25 A. I went to Ohio to work at the Ohio

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1 fellowships done?

2 A. The first fellowship was done at the  
3 University of Pittsburgh, and the second fellowship  
4 was done at Case Western Reserve University.

5 Q. You finished that second fellowship in  
6 1997?

7 A. Correct.

8 Q. Are you Board certified in psychiatry and  
9 neurology?

10 A. Adult psychiatry, child psychiatry, child  
11 adolescent psychiatry, with a subspecialty  
12 certification in forensic psychology.

13 Q. Did you pass your Board certification on  
14 the first attempt?

15 A. Yes, I did.

16 Q. When did you become Board certified?

17 A. Adult psychiatry, I became Board certified  
18 while I was still in training, 1996, spring of 1996.  
19 On child psychiatry, was autumn 1997. And forensic  
20 psychiatry was spring, 1998.

21 Q. After your fellowship at Case, where did  
22 you go?

23 A. I went to the State University of New York  
24 at Buffalo to fulfill a service commitment.

25 Q. What type of service commitment did you

Page 61

1 Reformatory of Women and with juveniles, juvenile  
2 sex offenders, and juveniles in correction systems.

3 Q. So your jobs, up until this point, have  
4 dealt with juveniles and adults who have found  
5 themselves in the criminal justice system, correct?

6 A. No. Like I said, I was an attending  
7 physician in Buffalo.

8 Q. How long were you in Columbus?

9 A. Columbus, I was for two years.

10 Q. You left Columbus to go where?

11 A. To come here.

12 Q. To do what?

13 A. To become Director of Psychiatry Services  
14 for the Louisiana State University Health Science  
15 Center, Juvenile Corrections Program.

16 Q. You do what?

17 A. I recruit psychiatrists, I develop policies  
18 and procedures. I look at the risk assessment,  
19 reduction of suicide attempts and self-injuries  
20 behavior in youth and correction systems. I do  
21 evaluations for the court. I do some clinical work  
22 with adolescent male and female, ages 10 to 21 years  
23 old, and community outreach.

24 Q. What does your community outreach entail?

25 A. Speaking to different organizations,

16 (Pages 58 to 61)

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1 working on developing networks systems for families  
2 that cannot come to the facilities, working with  
3 social workers to develop family therapy via  
4 telemedicine and telehealth programs. Letting the  
5 community know what we're doing at the facilities,  
6 letting the courts know.  
7 Q. Are you a professor with LSU?  
8 A. Yes, I am. A Clinical Assistant Professor  
9 in the Department of Preventive Medicine and Public  
10 Health.  
11 Q. Have you done any type or been any part of  
12 peer-reviewed research regarding adolescent suicide?  
13 A. We are in the process of doing that at this  
14 point.  
15 Q. Doing what?  
16 A. Studying suicide patterns of juveniles in  
17 correctional facilities and reduction of suicide  
18 risk and self-injuries behavior.  
19 Q. I take it you're looking for ways to  
20 prevent adolescents who maybe have risk factors for  
21 committing suicide?  
22 A. Right. Early identification and treatment.  
23 Q. Because with early detection and proper  
24 treatment you can prevent adolescent suicide?  
25 A. You can reduce the likelihood.

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1 Q. More likely than not, had Matthew received  
2 appropriate care and treatment in this case, he  
3 would not have ever committed suicide, correct?  
4 MR. PHILIPP:  
5 Objection.  
6 MR. STOFFERS:  
7 Objection.  
8 THE WITNESS:  
9 I can't say what the future would have  
10 held for Matthew had he been stopped this  
11 time and treated. I can say that with  
12 appropriate intervention, his death would  
13 not have occurred on December 10th of 1998.  
14 EXAMINATION BY MR. CONWAY:  
15 Q. Of course, no one knows with a hundred  
16 percent certainty as to what anything with the  
17 future holds for anybody, correct?  
18 A. Correct.  
19 Q. But more likely than not, had Matthew  
20 received appropriate psychiatric and  
21 psychotherapeutic care and treatment, more likely  
22 than not he would not have committed suicide?  
23 MR. PHILIPP:  
24 Objection to form.  
25 MR. STOFFERS:

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1 Asked answered, same question as  
2 before.  
3 MR. PHILIPP:  
4 And sneaking in other stuff.  
5 THE WITNESS:  
6 I would say with appropriate mental  
7 health intervention, the likelihood that he  
8 would have committed suicide at that time  
9 would have been reduced.  
10 EXAMINATION BY MR. CONWAY:  
11 Q. That's the best you can give, as far as an  
12 opinion upon the likelihood of him committing  
13 suicide at some point?  
14 MR. PHILIPP:  
15 Objection. Asked and answered.  
16 THE WITNESS:  
17 At that time. At any point who knows  
18 what the future would have held. For all  
19 we know, he may have died from some other  
20 causes. He may have lived to a ripe old  
21 age. His mental illness may have evolved,  
22 his insight may have been poor, he may not  
23 have been wanting treatment. He may have  
24 said, "This treatment didn't work last  
25 time," lied to people and committed

Page 65

1 suicide.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. The point is it's a discovery deposition  
4 because I want to know what your opinion is. At  
5 trial you're not going to be offering an opinion to  
6 a reasonable degree of medical probability as to  
7 whether or not Matthew would have committed suicide  
8 at some future time; is that correct?  
9 A. Right. I cannot offer that opinion.  
10 Q. But I think your report says -- and you  
11 would, if I heard you correctly -- you have an  
12 opinion to a reasonable degree of medical certainty  
13 that he would not have committed suicide on December  
14 10th, 1998, had he received appropriate care and  
15 treatment?  
16 A. He would have been less likely to have  
17 committed, yes.  
18 Q. Are some suicides that are committed by  
19 adolescents preventable?  
20 A. Some are.  
21 Q. That's based upon your training and  
22 experience, correct?  
23 A. Correct.  
24 Q. Have you ever had a patient of yours commit  
25 suicide?

17 (Pages 62 to 65)

Page 66

1 A. Yes, I did.  
2 Q. How many?  
3 A. One.  
4 Q. That's out of approximately 75 that you've  
5 treated for suicide ideation?  
6 A. No. I've treated many more for suicide  
7 ideations.  
8 Q. That's what I thought I asked you, but I  
9 apologize if I didn't.  
10 How many total patients, adolescents, young  
11 adolescents, say, in the 13-year range have you  
12 treated for suicide ideations over your career?  
13 A. Hundreds, if not thousands, because as part  
14 of my training I worked in juvenile corrections  
15 facilities, I've also worked in psychiatric  
16 emergency rooms.  
17 Q. So there's only been one patient you're  
18 aware of that's committed suicide?  
19 A. Correct.  
20 Q. Do you have a private practice right now?  
21 A. At this point the only private work I do is  
22 consulting, forensic consultation.  
23 Q. What's forensic consultation?  
24 A. Such as reviewing records in this case.  
25 Q. But is this your only medical malpractice

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1 case you have ever had?  
2 A. I've worked on malpractice cases, medical  
3 malpractice cases, and I've assisted on them, but in  
4 terms of being deposed, this is the first one.  
5 Q. How many other cases have you worked for  
6 people on medical malpractice cases?  
7 A. It's hard to say, maybe 10 to 15 plus. I  
8 would say 10 to 15.  
9 Q. Have you reviewed those on behalf of  
10 medical providers or patients?  
11 A. I reviewed them on behalf of attorneys, but  
12 I can't recall which side was represented.  
13 Q. You've never had your deposition taken in  
14 any of those?  
15 A. Not in the malpractice cases.  
16 Q. Have you written reports in other cases?  
17 A. Not official reports. As part of training,  
18 I may have written a report as an exercise, but I've  
19 consulted -- I take that back. I have informally  
20 consulted with colleagues involving malpractice  
21 cases, but it didn't involve a record's review, but  
22 just their discussion with me about what happened.  
23 Q. You had an opportunity, prior to this, to  
24 review the suicide note that Matthew wrote on  
25 December 8th, correct?

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1 A. Yes, I have.  
2 Q. Is that exhibit the suicide note that he  
3 wrote on December 8th?  
4 MR. PHILIPP:  
5 What exhibit number is that, 11?  
6 MR. CONWAY:  
7 11.  
8 THE WITNESS:  
9 It's dated December -- looks like  
10 December 8th. This looks like the suicide  
11 note.  
12 EXAMINATION BY MR. CONWAY:  
13 Q. Can you read that? You don't have to read  
14 it out loud, but can you read that?  
15 A. More or less I can make out what he's  
16 trying to say.  
17 Q. Based upon your knowledge of the case and  
18 all the records and depositions you reviewed, if you were  
19 Matthew's treating psychiatrist on December 8th,  
20 1998, and either the note or the contents of this  
21 note was brought to your attention, would you have  
22 hospitalized Matthew?  
23 A. What do you mean by "treating  
24 psychiatrist"?  
25 Q. Let's put ourselves in Dr. Lightbody's

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1 place, since we're dealing with the facts of this  
2 case.  
3 If you were Dr. Lightbody on December 8th,  
4 1998, with Dr. Lightbody's knowledge of the  
5 circumstances of this case and either the note  
6 itself or the fact that a suicide note had been  
7 written, was brought to your attention, would you  
8 have hospitalized Matthew?  
9 MR. STOFFERS:  
10 Objection.  
11 THE WITNESS:  
12 If I had knowledge of a suicide note,  
13 I can't say I would have hospitalized him.  
14 What I would have said is -- insisted that  
15 he come to the hospital or the clinic for  
16 evaluation, either where I worked, or if I  
17 was not able to do that, at some other  
18 mental health facility for an evaluation.  
19 If, however, I saw this note and I  
20 knew his history, I would insist that he  
21 come in immediately, and I would likely  
22 have hospitalized him based on his past  
23 history.  
24 EXAMINATION BY MR. CONWAY:  
25 Q. If I get the distinction, if you had just

18 (Pages 66 to 69)

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Page 72

1 been made -- if you were Dr. Lightbody, and been  
2 made aware of the existence of a suicide note, you  
3 would have requested that he be assessed by a mental  
4 healthcare professional, correct?

5 A. Right.

6 Q. If you had actually seen this note or been  
7 made aware of the verbatim contents of the note, you  
8 would have had him hospitalized, correct?

9 A. I would have had him evaluated. But with  
10 this note, yes, the conclusion would have been to  
11 hospitalize him in view of his history, because --  
12 and I'm saying that because, again, he's still  
13 depressed, he's still psychotic. These were the  
14 referral concerns. This wasn't the first note he  
15 had written.

16 Q. Do you have some concerns that Matthew was  
17 discharged with effectively a 60-day supply of  
18 psychotropic medication with no known psychiatrist  
19 in place to continue monitoring Matthew?

20 MR. PHILIPP:

21 Objection. Assumes facts not in the  
22 record, beyond her report. Object to the  
23 form.

24 MR. STOFFERS:

25 You may answer.

1 EXAMINATION BY MR. CONWAY:

2 Q. You had expressed some concern earlier  
3 about social workers' records from Saint Luke's  
4 Hospital being part of this chart or this case?

5 A. Correct.

6 Q. You're aware that Saint Luke's Hospital,  
7 for lack of a better word, has gone out of business?

8 A. Yes, I did hear that.

9 Q. That it no longer exists, especially the  
10 psychiatric, adolescent psychiatric unit?

11 A. Yes.

12 Q. Did you ever consider that there may have  
13 been a problem in recovering the social work record  
14 part of the chart due to the fact that Saint Luke's  
15 Hospital in going out of business may not have them  
16 any more?

17 A. Well, one would think that they would  
18 maintain the records, because people are still going  
19 to make inquiries about their past medical history,  
20 or past mental health history, and they have the  
21 other records. But what's interesting is there are  
22 no social work records as part of the chart. You  
23 have all -- well, I don't know all, but you have the  
24 nursing notes, psychiatrist notes, the notes from  
25 the resident.

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Page 73

1 THE WITNESS:

2 Do I have concerns? I would have to  
3 say yes.

4 EXAMINATION BY MR. CONWAY:

5 Q. Why do you have concerns?

6 A. I know until that contact is made I'm the  
7 physician of record, and if he's out there and he  
8 still was a little psychotic when he left, and he  
9 was still depressed, I can't say what he's going to  
10 do a week or two from now.

11 I don't have that history and I'm not going  
12 to treat him by phone. As far as I know,  
13 Dr. Lightbody didn't have an outpatient practice  
14 treating youths such as Matthew because that may  
15 have been a discharge option, so I would have been  
16 concerned.

17 Q. In your opinion, as a psychiatrist, was  
18 Matthew still psychotic at the time of his  
19 discharge?

20 A. I believe I read some suggestions that he  
21 was.

22 Q. You have had an opportunity to, I'm sure,  
23 review Bill Tiedemann's deposition, correct?

24 A. Yes, I have.

25 (WHEREUPON, A SHORT BREAK WAS TAKEN.)

1 Q. Did you ever consider the possibility that  
2 Dr. Lightbody had anything to do with the social  
3 work notes not being part of the chart?

4 MR. PHILIPP:

5 Objection.

6 THE WITNESS:

7 Anything is possible.

8 EXAMINATION BY MR. CONWAY:

9 Q. I would like to show you what's been marked  
10 for identification as Exhibit No. 12. This is part  
11 of Bill Tiedemann's deposition and specifically  
12 Pages 127 through 132. I assume prior to writing  
13 your report you read over very carefully  
14 Mr. Tiedemann's deposition, would I be correct?

15 A. Yes.

16 Q. If you want to just review these pages, and  
17 we can have a discussion about some of the things.  
18 127, 128, 129 and 132. Going to 127.

19 A. Okay.

20 MR. STOFFERS:

21 She's still looking at 131.

22 MR. CONWAY:

23 Okay.

24 MR. STOFFERS:

25 Let me note an objection to the extent

19 (Pages 70 to 73)

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1 that these are subject pages that may be  
2 taken out of contest. That was my concern  
3 with the missing page because he asks at  
4 the top of 131 --

5 MR. CONWAY:

6 If you want, you can use the entire  
7 depo. You use any record, including  
8 depositions or medical records, if you  
9 want Tiedemann's deposition. The specific  
10 questions I have pertain to those pages,  
11 but I don't want you to be at any type of  
12 disadvantage here, so let me get  
13 Tiedemann's depo for you.

14 MR. STOFFERS:

15 We don't want any of those trick  
16 questions, Tom.

17 EXAMINATION BY MR. CONWAY:

18 Q. Page 127, Line 16, there was a question put  
19 to Mr. Tiedemann, "If you had seen this note on that  
20 day, December 8th, based upon your training and  
21 experience up to that point in time, would you have  
22 recommended another diagnostic assessment for  
23 Matthew?" And Mr. Tiedemann had answered, "Yes, I  
24 would."

25 Do you see that?

Page 75

1 A. Yes, I do.

2 Q. Would you agree the standard of care would  
3 have been to recommend a diagnostic assessment for  
4 Matthew for a social worker who had seen that note?

5 A. Yes.

6 Q. Going over to Page 128, the question is put  
7 to Mr. Tiedemann: "Why?" And the answer was  
8 "Because the note indicated he might kill himself  
9 and that there was some substantial evidence,  
10 knowing Matthew and knowing his case that these were  
11 real."

12 Do you agree with Mr. Tiedemann's reasoning  
13 in reaching his conclusion that if he had been  
14 aware, or if he had seen that note on December 8th,  
15 he would have recommended another diagnostic  
16 assessment for Matthew?

17 A. I agree with his retrospective decision.

18 Q. Do you agree with his reasoning?

19 A. I would say yes.

20 Q. Page 131, were it says, "Turning to the  
21 note, the suicide note, did you ask to see this note  
22 on December 8th?" That was a question put to  
23 Mr. Tiedemann, and Mr. Tiedemann said, "No."

24 Is that what that says?

25 A. Uh-hum (Affirmative Response).

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1 Q. You have to answer "yes" or "no."

2 A. I'm sorry. Yes.

3 Q. Wouldn't that have been reasonable for  
4 Mr. Tiedemann to ask someone to see the note on  
5 December 8th?

6 A. Provided he had consent.

7 Q. Wouldn't it have been reasonable for  
8 Mr. Tiedemann to ask whoever at the school had  
9 possession of the note if he could see the note?

10 MR. STOFFERS:

11 Objection. Go ahead.

12 THE WITNESS:

13 Provided he had consent to evaluate  
14 Matthew, because in doing an evaluation,  
15 you're looking at the totality of the  
16 circumstances, but even if you know  
17 part of the history, that does not give you  
18 the right to transgress upon Matthew's  
19 rights as a citizen without consent.

20 EXAMINATION BY MR. CONWAY:

21 Q. At the time, December 8th, 1998, Matthew  
22 was a client of Mental Health Services, correct?

23 A. He had an open case, yes.

24 Q. He was a client of Mental Health Services  
25 on December 8th, 1998, correct?

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1 MR. STOFFERS:

2 Objection.

3 Go ahead.

4 EXAMINATION BY MR. CONWAY:

5 Q. Based on the reading of the depositions of  
6 Kirsten Hagesfeld and Bill Tiedemann --

7 A. It depends on how you define "client."

8 Q. Did Kirsten Hagesfeld and Bill Tiedemann on  
9 December 8, 1998 consider Matthew to be a client of  
10 Mental Health Services?

11 A. Yes, they did.

12 Q. Are you saying that Bill Tiedemann, without  
13 getting expressed consent of Ms. Morrison, could not  
14 have asked the Cleveland public school system to see  
15 the note?

16 A. That was not his role, A. And, B, he  
17 needed the mother's consent to evaluate, unless the  
18 school contacted him and requested his involvement,  
19 which they did not. It's kind of like -- how can I  
20 explain this.

21 Say you have a client and it's a child,  
22 more an adolescent, a 12-, 13-year old, and the  
23 parents bring the child to therapy, and some  
24 sensitive issues come up that the parent is not  
25 comfortable with, and you say you would like the

20 (Pages 74 to 77)



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1 therapy to continue but the parents says it's not  
2 going to. The child says, "I still want to see  
3 you." You can't transgress upon the parents'  
4 wishes. It's damaging therapeutically to the  
5 therapeutical alliance, but also he was a crisis  
6 worker, and in a crisis you have to get consent  
7 unless the person is so impaired that it's a life or  
8 death situation with eminent danger, and usually  
9 those situations happen in emergency rooms.

10 Q. Are you stating right now, based on your  
11 training and experiences, that Matthew's writing of  
12 that note on December 8th was not a life and death  
13 crisis situation?

14 A. I'm saying that Mr. Tiedemann needed  
15 consent, either from the school or from the parent,  
16 to walk in aiid to do the evaluation. If it's from  
17 the parent, he offered, the parent turned it down.  
18 He opened up further by suggesting that he call that  
19 night, she did agree to that.

20 As far as the school, they never called to  
21 request that intervention. He cannot walk on school  
22 property without authorization. He cannot evaluate  
23 the child without authorization.

24 Q. Could he have asked Fran McIntyre for  
25 permission to look at the note?

1 that. It's very sensitive, especially when you're  
2 dealing with people mental states. Patients have  
3 rights. You can't even restrain a person without a  
4 court order for involuitary commitment in the state  
5 of --

6 Q. If Rill Tiedemanii believed that Matthew was  
7 iii eminent dangei of killing himself back on  
8 December Xth, and lie had the perception that  
9 Ms. Morrison would not allow him to go evaluate  
10 Matthew, didn't he have legal options he could have  
11 taken under Mental Health Services' own policies and  
12 procedures to go foith with an assessment of  
13 Matthew?

14 MR. STOFFERS.

15 Objection

16 THE WITNESS:

17 Can you repeat the question?

18 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY  
19 THE COURT REPORTER )

20 MR. STOFFERS

21 Objection

22 Go ahead.

23 THE WITNESS:

24 That's a double-edged question because  
25 he didn't have the authority to evaluate

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1 MR. STOFFERS:

2 Objection.

3 THE WITNESS:

4 He did not have consent from the  
5 mother. And part of Fran McIntyre's policy  
6 and protocol was, if the situation was out  
7 of hand or beyond the scope of her  
8 expertise, or the school's expertise, they  
9 were to request assistance. If she had  
10 requested assistance, then, of course, he  
11 could have come in. And if the mother  
12 still did not cooperate, then he could have  
13 made some additional recommendations,  
14 perhaps bringing the -- transporting the  
15 child by ambulance, et cetera.

16 EXAMINATION BY MR. CONWAY:

17 Q. Would you agree that Bill Tiedemann has a  
18 responsibility to do what's best for his client,  
19 Matthew Morrison?

20 A. I believe he does have an obligation to do  
21 what's in the best interest of Matthew Morrison,  
22 provided that he respect the boundaries and  
23 authorities in place.

24 You can't just go in like a robo crisis  
25 worker and turn the place over, he just can't do

1 Matthew. But you are suggesting that if  
2 he had additional information that was  
3 available to Ms. McIntyre, that she did not  
4 provide to him as per protocol of the  
5 school, you're asking whether or not he  
6 could have done something over objection.

7 MR. CONWAY:

8 That's not my question.

9 EXAMINATION BY MR. CONWAY:

10 Q. My question was very simply phrased, but I  
11 will rephrase it, if you don't understand it.

12 Assuming that Bill Tiedemann felt that  
13 Matthew was in a life and death crisis situation,  
14 aiid assuming that Bill Tiedemann felt that  
15 Ms. Morrison would not give consent for him to come  
16 and evaluate Matthew, didn't he have legal recourses  
17 he could have taken to safeguard Matthew's safety?

18 MR. STOFFERS:

19 Objection to foundation. Facts not in  
20 evidence.

21 Go ahead.

22 THE WITNESS:

23 There were potentially some legal  
24 options, but if you're factoring the fact  
25 that a reasonable social worker would think

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1 that when someone is referred to a  
2 psychologist, they mean clinical  
3 psychologist, then it's reasonable that,  
4 even though you have the data that suggests  
5 this kid is eminently in danger of harming  
6 himself, the person that is handling the  
7 situation is qualified and also has those  
8 recourses.

9 EXAMINATION BY MR. CONWAY:

10 Q. You are aware that according to Kirsten  
11 Hagesfeld, the Cleveland public system is the  
12 biggest customer of Mental Health Services, you're  
13 aware of that?

14 A. I believe that was mentioned.

15 Q. You are aware that Kirsten Hagesfeld also  
16 indicated that Mental Health Services puts on  
17 training seminars for the Cleveland public school  
18 system in an effort to share their expertise in  
19 crisis intervention situations with the public  
20 school system, correct?

21 A. Yes. Although the specifics, I'm not clear  
22 of.

23 Q. Showing you what's been marked for  
24 identification as Exhibit 13, have you had the  
25 opportunity to review this particular exhibit prior

1 A. Yes.

2 Q. In fact, I would imagine, having worked in  
3 the juvenile court systems in at least three  
4 different counties, you're aware of the ways in  
5 which social agencies can obtain emergency  
6 authorization to either take custody or to treat  
7 children where they feel the parents are not  
8 adequately protecting the children, correct?

9 A. Yes.

10 Q. In this particular case there is some  
11 additional procedures, Part B, No. 3: If the  
12 parent's/guardian informed consent cannot be  
13 obtained, MCT informs DCFS by calling -- there's a  
14 phone number there. Do you see that?

15 A. Yes.

16 Q. Any evidence that Bill Tiedemann considered  
17 ever calling the Department of Children and Family  
18 Services regarding this case?

19 A. Why should there be any evidence? It says  
20 "Should the MCT determine after an assessment." He  
21 didn't get to the assessment point. He reasonably  
22 assumed, based on what was told to him, that a  
23 psychologist was handling that; therefore, he didn't  
24 have a right to encroach upon that. And there was  
25 no other evidence to suggest that Matthew was in

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1 to formulating your opinions in this matter?

2 A. Yes, I believe so. Either that, or I'm  
3 just familiar with it.

4 Q. It indicates that it is the policy of  
5 Mental Health Services for the Homeless Persons,  
6 Incorporated, MHS to obtain informed consent for all  
7 services; however, MCT is authorized by the Cuyahoga  
8 County to assess children in crisis without the  
9 consent of the child's parent or legal guardian,  
10 according to Section 5 of the Unified Services  
11 Agreement. Are you aware of that policy that Mental  
12 Health Services had as of December 8th?

13 A. Yes.

14 Q. And you're aware of then, that should  
15 Mental Health Services determine after an assessment  
16 that a child is in need of services in order to  
17 assure the child's safety and/or health, and the  
18 informed consent of the parent or legal guardian  
19 cannot be obtained, Mental Health Services or MCT,  
20 which is the Mobile Crisis Team, immediately  
21 attempts to secure emergency authorization to treat  
22 by notifying the Cuyahoga County of children and  
23 family services and the Cuyahoga County Juvenile  
24 Court? You are aware of that policy as well,  
25 correct?

1 danger. At that point he was being evaluated, he  
2 was perceived to be in good hands, and a reasonable  
3 person in like circumstances would probably have  
4 done something similar to what Mr. Tiedemann had  
5 done.

6 Actually, his involvement at that point  
7 over mom's objection while somebody else is doing an  
8 assessment may have worsened the situation.

9 Q. How did the mother object to him doing a  
10 diagnostic assessment?

11 A. She was of the opinion, if I recall  
12 correctly, that Matthew was being evaluated by a  
13 psychologist and everything was okay. And then she  
14 was reassured by the psychologist, the school  
15 psychologist, I should say, who had already made a  
16 determination, prior to ever even interviewing mom,  
17 that Matthew should go home. So her assessment  
18 occurred in -- her determination occurred even  
19 before the parent arrived.

20 Q. Do you think that it would have been  
21 reasonable for Bill Tiedemann, if he could, to have  
22 read the note, the suicide note of December 8th?

23 MR. STOFFERS:

24 Objection.

25 THE WITNESS:

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1 Again, he had to get consent for  
2 the access. Should the --  
3 EXAMINATION BY MR. CONWAY:  
4 Q. I'm asking a different question. It has  
5 nothing to do with that page.

6 MR. STOFFERS:

7 Hold on, Tom. Let her finish the  
8 answer, then you can ask it again, but  
9 don't cut her off.

10 THE WITNESS:

11 Should MCT determine after an  
12 assessment. There was no assessment, so  
13 the rest of this couldn't apply.

14 Now, had there been an assessment and  
15 she declined, then this would apply.

16 EXAMINATION BY MR. CONWAY:

17 Q. What would happen -- let's assume that Bill  
18 Tiedemann calls up the mother on the evening of  
19 December 8th at 9:20, and during that five-minute  
20 phone conference, he makes a determination that  
21 Matthew does, in his mind, his professional  
22 judgment, does need a personnel assessment?

23 A. So, say, she gave some evidence or she read  
24 the note to him, or she found him trying to overdose  
25 or trying to hang himself, or he was listless,

1 was going to handle all of this.

2 I understand a reasonable person does  
3 not know the difference. Again, a school  
4 psychologist and a clinical psychologist,  
5 and that is often a conflicting situation.  
6 in fact, what I understand is that the  
7 American Psychological Association was dead  
8 set against school psychologists being  
9 labeled as such so that this confusion  
10 would not occur, but it occurs all the  
11 time.

12 EXAMINATION BY MR. CONWAY:

13 Q. Doesn't Bill Tiedemann, as a licensed  
14 crisis intervention social worker, or dealing with  
15 his biggest client or his firm's biggest client, the  
16 Cleveland public school system, have an obligation  
17 to know what the experience, training and job  
18 function of a Cleveland school psychologist is?

19 A. No, he does not.

20 Q. Going back to Page 131 of Bill Tiedemann's  
21 deposition, you are aware that Bill Tiedemann knew  
22 the contents of the suicide note, aren't you?

23 MR. STOFFERS:

24 Objection.

25 At what time?

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1 wouldn't respond, and there were other indicators,  
2 okay, so --

3 Q. Then what would he do?

4 A. In that case, he is determining from his  
5 phone assessment that this child is unstable and  
6 doesn't have another intervention option at this  
7 time. And the mother's refusing, that might reach  
8 the level of what Part A of the policy, the second  
9 paragraph is referencing.

10 Q. Going back to the suicide note of December  
11 8th, wouldn't it not have been reasonable for Bill  
12 Tiedemann to ask the mother if he could have her  
13 permission to see the suicide note?

14 MR. STOFFERS:

15 Objection.

16 THE WITNESS:

17 Once he heard that another clinician  
18 who he perceived to be a clinical  
19 psychologist was involved, he reasonably  
20 assumed that the child was getting an  
21 adequate evaluation, and went above and  
22 beyond that call to assure mom he would  
23 call her or request permission to call mom  
24 that night to check in on Matthew. But he  
25 reasonably assumed that this psychologist

1 EXAMINATION BY MR. CONWAY:

2 Q. At the time he spoke with the mother, as of  
3 December 8th, Bill Tiedemann knew that the client  
4 had wrote a suicide note and specifically stated,  
5 because peers made fun of him, he was going to kill  
6 himself. Bill Tiedemann knew that much about the  
7 suicide note on December 8, 1998, didn't he?

8 A. Yes, he did.

9 Q. In fact, he put that on his own service  
10 note, correct?

11 A. If I recall correctly, yes, he did.

12 Q. In light of what he said at Page 127, that  
13 if he had seen the note on December 8th, he would  
14 have recommended another diagnostic assessment for  
15 Matthew, didn't he have the duty to recommend a  
16 diagnostic assessment for Matthew, since he knew the  
17 contents of the note?

18 MR. STOFFERS:

19 Objection. He did not have a duty to  
20 recommend an evaluation because he  
21 reasonably believed that the evaluation was  
22 in progress.

23 EXAMINATION BY MR. CONWAY:

24 Q. But Bill Tiedemann, in answering the  
25 question at Page 127, knew that, according to your

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1 theory, that there was another evaluation in  
2 progress, but lie still stated that based upon his  
3 training and experience, if he had seen that note on  
4 December 8th, he would have recommended another  
5 diagnostic assessment for Matthew?

6 A. If lie had seen the note on December 8th, lie  
7 would have been doing the assessment, more likely  
8 than iiot.

9 Q. No. All right.

10 A. It sounds like what you're asking is should  
11 he have competed with the psychologist to do the  
12 patient evaluation, who can get there first, who can  
13 manipulate the mother into letting the evaluation  
14 go. That's iiot how it works.

15 Q. That wasn't even close to being my  
16 question, but thank you for your interpretation.

17 The bottom line is, and we can move on to  
18 something else, is in this particular case Bill  
19 Tiedemami had no duty to attempt to see the suicide  
20 note in this particular situation?

21 MR. STOFFERS:

22 Objection to the extent you're calling  
23 for a legal conclusioii. Go ahead.

24 EXAM~ATIONBY MR. CONWAY:

25 Q. I'm calling for -- well, I'll rephrase it.

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1 of doctor it is that one is deferring to?

2 A. I would say that if I'm getting a call  
3 about this person being evaluated in the emergency  
4 room, that I am reasonably assuming that it's a  
5 mental health professional.

6 Q. Are you familiar with the National  
7 Association Social Workers' Code of Ethics?

8 A. I reviewed it a few years ago.

9 Q. What was the context of you reviewing it a  
10 few years ago?

11 A. Appreciation of other disciplines and how  
12 they collaborate with the team process.

13 Q. Have you reviewed the Code of Ethics in  
14 preparation for your deposition?

15 A. No, I have not.

16 Q. Have you discussed those Code of Ethics or  
17 their existence with Mr. Stoffers prior to your  
18 deposition?

19 A. No, I have not.

20 Q. Are you familiar with the Ohio law and  
21 rules governing the laws of practice and social  
22 work?

23 A. I reviewed that years ago.

24 Q. Prior to writing your expert report in this  
25 case, it's fair to assume then that you did not

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1 In this particular case, the standard of  
2 care for a social worker did not require Bill  
3 Tiedemann to take steps to see the note, is that  
4 your testimony?

5 A. Provided that he understood that a  
6 psychologist, which he assumed was a clinical  
7 psychologist, was doing the evaluation, no.

8 It's just like I'll give you an example.

9 If I have a client who is in my outpatient clinic,  
10 who conies in in crisis, and I run down to the  
11 emergency room to see them, but I had been tied up  
12 for a while and I have Dr. Y seeing the person, I'm  
13 not going to barge in. Dr. Y may give me a courtesy  
14 call after to see what's going on to give me some  
15 input because I know the client better, but I don't  
16 have a right to walk in and take over.

17 Q. Don't you have an obligation to know what  
18 kind of doctor is Dr. Y before deferring to Dr. Y?

19 A. It depends on the situation.

20 Q. If Dr. Y was an orthopedic, would you defer  
21 to him?

22 A. I'm referring to a psychiatric.

23 Q. Regardless of what you're referencing,  
24 doesn't a person in your position, according to your  
25 hypothetical, have the obligation to know what type

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1 consult either the National Association of Social  
2 Workers' Code of Ethics or the Ohio laws and rules  
3 governing the practice of counseling and social  
4 work, correct?

5 A. Correct.

6 Q. Do you think those two resources would be  
7 relevant to determining whether or not a social  
8 worker complied with the standard of care in Ohio  
9 regarding a case such as this?

10 MR. STOFFERS:

11 Objection. Speculation, and asking  
12 for a legal conclusion or analysis.

13 THE WITNESS:

14 They may or may not. The discipline  
15 of social work is so diverse, and mental  
16 health social work is a very specific area  
17 of social work, particularly adolescent  
18 mental health social work.

19 EXAMINATION BY MR. CONWAY:

20 Q. That's why certain psychiatrists do nothing  
21 but train and practice in that one area, correct?

22 A. In terms of child psychiatry?

23 Q. Yes.

24 A. Well, there are certain requirements that  
25 one must go through, but those are not set upon

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1 social workers.

2 Q. There is a specific type of social worker  
3 we're dealing with in this particular case, and  
4 that's a crisis intervention specialist, correct?

5 A. Correct.

6 Q. Are you familiar with the qualifications  
7 associated with a crisis intervention specialist in  
8 Ohio, specifically the position Bill Tiedemann had?

9 A. I am not specific with the details, so I  
10 can't rattle them off to you.

11 Q. Well, you've read over the policies and  
12 procedures from Mental Health Services, correct?

13 A. Correct.

14 Q. So I assume from your review of that, you  
15 would be familiar with the different job duties,  
16 training, qualifications that pertain to Bill  
17 Tiedemann, correct?

18 A. I reviewed them, yes.

19 Q. In your review of the case, did  
20 Dr. Lightbody see Matthew on the date of his  
21 discharge, November 19th, 1998?

22 A. I don't recall specifically. I'm trying to  
23 think back. That information would have been in the  
24 nursing note, and I don't recall seeing it, but I'm  
25 not a hundred percent sure.

1 Go ahead.

2 EXAMINATION BY MR. CONWAY:

3 Q. Especially with the type of case we have  
4 here?

5 A. Reasonable, but not absolutely necessary.  
6 I'm thinking to times when I've discharged patients  
7 using another psychiatrist because I couldn't get to  
8 the facility. I had all the paperwork prepared,  
9 both with the social worker who had been doing the  
10 assessment, and that person interviewed the patient  
11 before they left and consulted with me.

12 Q. Use whatever records you have, did a  
13 psychiatrist see Matthew and evaluate Matthew on  
14 November 19th?

15 MR. PHILIPP:

16 Feel free to look at Dr. Lightbody's  
17 deposition transcript.

18 EXAMINATION BY MR. CONWAY:

19 Q. Well, I want you to look, first of all, at  
20 the medical records.

21 With all due respect to Mr. Philipp, he can  
22 ask you to look at whatever. I just am asking you  
23 do the medical records indicate that Dr. Lightbody  
24 personally evaluated Matthew on November 19th?

25 A. His record indicates that he dictated a

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1 Q. You can look at whatever you want.  
2 Would it have been below the standard of  
3 care for Dr. Lightbody not to have seen Matthew on  
4 November 19th, 1998, prior to discharging him?

5 MR. PHILIPP:

6 Objection. Assumes facts not in  
7 evidence. Beyond the scope of the report.

8 MR. CONWAY:

9 You may answer.

10 THE WITNESS:

11 Had he not seen him, there would be a  
12 number of confounding factors associated  
13 with that. While it's ideal for him to see  
14 him, it would have been ideal for  
15 Dr. Lightbody to see Matthew on that day.  
16 I don't know the details of the schedule  
17 and what the practice was there, so I'm  
18 hesitant to comment.

19 EXAMINATION BY MR. CONWAY:

20 Q. Wouldn't it be reasonable for a  
21 psychiatrist to make sure he sees a patient prior to  
22 or on the date he's going to discharge that patient?

23 MR. PHILIPP:

24 Objection.

25 MR. STOFFERS:

1 report on the 19th, and that he wrote some letters  
2 so that Matthew's mother could facilitate necessary  
3 services. Is there progress notes, not that I see  
4 here, but he dictated a discharge summary.

5 Q. I understand he talked into a tape  
6 recorder, but we don't have any evidence by the  
7 medical records here that he actually saw Matthew on  
8 the day that he did, in fact, discharge Matthew,  
9 correct?

10 MR. PHILIPP:

11 Objection to form.

12 THE WITNESS:

13 We don't have any.

14 EXAMINATION BY MR. CONWAY:

15 Q. Would that be below the standard of care  
16 for Dr. Lightbody in this particular case if he had  
17 discharged Matthew on November 19th, 1998, without  
18 seeing him on the date of discharge?

19 MR. PHILIPP:

20 Objection. Asked and answered.

21 MR. STOFFERS:

22 Go ahead.

23 MR. PHILIPP:

24 Assumes facts not in evidence.

25 THE WITNESS:

25 (Pages 94 to 97)

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1 Matthew should have been evaluated on  
2 that date.  
3 EXAMINATION BY MR. CONWAY:  
4 Q. Was it below the standard of care for  
5 Dr. Lightbody not to evaluate him on that date,  
6 assuming he did not evaluate him on that day?  
7 A. Assuming that no one else evaluated him.  
8 Q. No. I'm talking about Dr. Lightbody?  
9 A. If he were out of the building, if he were  
10 off sick, if he had delegated that responsibility to  
11 the resident, then, no, it would not have been.  
12 Q. But in this particular case, we don't have  
13 any evidence from the progress notes or any other  
14 medical records that either Dr. Lightbody or a  
15 resident physician examined Matthew on November  
16 19th, prior to his discharge, do we?  
17 MR. PHILIPP:  
18 Just note my objection to the  
19 unfairness of the question.  
20 MR. CONWAY:  
21 You may answer.  
22 THE WITNESS:  
23 There is nothing in the record to  
24 suggest whether or not Matthew actually was  
25 seen either in passing or formally on that

1 A. Yes.  
2 Q. You're familiar with the concept that an  
3 attending is responsible for the actions of the  
4 resident working under the attending, correct?  
5 MR. PHILIPP:  
6 Objection. Calls for a legal  
7 conclusion.  
8 THE WITNESS:  
9 The attending is supervising the  
10 resident, yes.  
11 EXAMINATION BY MR. CONWAY:  
12 Q. And the attending is responsible for the  
13 resident's care and treatment that the resident  
14 renders to one of the attending's patients?  
15 A. The attending is responsible for  
16 supervising the resident in that capacity, yes.  
17 MR. PHILIPP:  
18 Objection.  
19 EXAMINATION BY MR. CONWAY:  
20 Q. Ultimately, the attending has the  
21 responsibility to make a decision on the care and  
22 treatment of that patient, regardless of what the  
23 resident does; is that correct? The ultimate  
24 responsibility lies with the attending physician,  
25 correct?

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1 day.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. Now, my question is, then, assuming that  
4 Dr. Lightbody did not examine Matthew on November  
5 19th, nor that he had any other resident physician  
6 examining Matthew on November 19th, it would have  
7 been a deviation of the standard of care for  
8 Dr. Lightbody to discharge him on that date,  
9 correct?  
10 MR. STOFFERS:  
11 Objection.  
12 MR. PHILIPP:  
13 objection.  
14 THE WITNESS:  
15 Are you saying that Dr. Lightbody  
16 never asked anyone else to do it and just  
17 said, "Okay. I'm going to discharge this  
18 youth tomorrow," and asked for no one to  
19 help with intervention, or there was no  
20 expectation of the resident to do that?  
21 EXAMINATION BY MR. CONWAY:  
22 Q. You've been an attending physician,  
23 correct?  
24 A. Yes.  
25 Q. And you've been a resident physician?

1 A. Correct.  
2 Q. Not his resident, correct?  
3 A. Correct.  
4 Q. In this particular case, I want you to  
5 assume that Dr. Lightbody did not evaluate Matthew  
6 on November 19th, and I also want you to assume that  
7 he did not ask a resident to evaluate Matthew on  
8 November 19th. I want you to assume that Matthew  
9 was not evaluated by any physician on November 19th  
10 prior to discharge.  
11 Would Dr. Lightbody have deviated from the  
12 standard of care, if those assumptions are true?  
13 MR. PHILIPP:  
14 Objection. Assumes facts not in  
15 evidence.  
16 THE WITNESS:  
17 I'm having trouble with Assumption  
18 No. 2, that he had to ask the resident to  
19 do it. I think that if the attending  
20 depends on a team, and if this patient I  
21 assigned to the resident, and the resident  
22 is expected to be there every day, then it  
23 goes without saying that the resident  
24 should proceed.  
25 EXAMINATION BY MR. CONWAY:

26 (Pages 98 to 101)

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1 Q. Where in this chart here does it indicate  
2 that any resident was assigned the obligation of  
3 evaluating Matthew prior to discharge?

4 MR. PHILIPP:

5 Objection to form.

6 THE WITNESS:

7 There was one resident progress note.

8 EXAMINATION BY MR. CONWAY:

9 Q. I'm aware of that.

10 A. I don't know the role of the resident and  
11 what the expectation of the rotation was. I'm  
12 thinking back to my residency days, and it was  
13 expected of me to do that from day one of  
14 internship. I would do the discharge paperwork.  
15 That didn't mean that the attending would sign off  
16 on it that day. Ideally that would happen, but if  
17 the attending were in surgery all day till the next  
18 day --

19 Q. Who dictated the discharge summary, a  
20 resident or Dr. Lightbody?

21 A. Dr. Lightbody.

22 Q. Doesn't Dr. Lightbody ultimately have the  
23 responsibility to sign off on a resident?

24 A. Ultimately, yes.

25 Q. Should Dr. Lightbody have been aware of

1 EXAMINATION BY MR. CONWAY:

2 Q. It would be below the standard of care,  
3 wouldn't it?

4 A. Well, at that point, the moment he knows  
5 that the resident hadn't seen him, what he does is  
6 paramount, what he does at that point. If he let it  
7 go and just got annoyed and didn't check in with the  
8 patient to make sure the patient was okay, or  
9 something to that effect, then I would say yes.

10 Q. And the reason for that is that the  
11 attending has the responsibility to make sure, by  
12 way of himself or someone under him, such as a  
13 resident, that the patient is evaluated immediately  
14 prior to discharge, correct?

15 MR. PHILIPP:

16 Objection.

17 THE WITNESS:

18 The attending should set the  
19 expectation.

20 Again, I don't know what the  
21 relationship was in this case, but I'm also  
22 thinking back to the social worker  
23 situation. If you don't know something  
24 hadn't happened, you find out after the  
25 fact. Assuming he found out after the

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1 whether or not a resident had seen Matthew on  
2 November 19th prior to discharging him on November  
3 19th?

4 MR. PHILIPP:

5 Note my objection. Assumes facts not  
6 in evidence.

7 THE WITNESS:

8 If the resident were rotating and was  
9 assigned to this patient, and that was part  
10 of the responsibility, yes.

11 EXAMINATION BY MR. CONWAY:

12 Q. If Dr. Lightbody did not confirm that, in  
13 fact, this patient had been evaluated on November  
14 19th prior to discharge, he would be below the  
15 standard of care, correct?

16 MR. PHILIPP:

17 Objection.

18 MR. STOFFERS:

19 Go ahead.

20 THE WITNESS:

21 If he did not confirm -- if he went to  
22 the record, didn't see a note from the  
23 resident, asked the resident, and the  
24 resident said, "I forgot to see the  
25 patient," there would be concerns.

1 fact, then what he would do at that point  
2 would be paramount. And in this case  
3 there's so much that the attending is not  
4 finding out.

5 EXAMINATION BY MR. CONWAY:

6 Q. Should Dr. Lightbody have discharged  
7 Matthew on November 19th, if he didn't know whether  
8 or not Matthew had been evaluated by a physician?

9 MR. PHILIPP:

10 Note my objection.

11 THE WITNESS:

12 If he billed for those hours and  
13 billed for a hospital stay under  
14 supervision of a physician for that day,  
15 then, yes, he should have.

16 EXAMINATION BY MR. CONWAY:

17 Q. What does billing have to do with what the  
18 standard of care for providing medical treatment is?

19 A. What I'm thinking about is that there are  
20 some times when you're planning to discharge a  
21 patient on Thursday, and the van doesn't arrive or  
22 the parents get stuck in the snow. So as a courtesy  
23 or a writeoff, or something to that effect, you  
24 would let the patient go on Friday. So,  
25 technically, the patient has left the hospital on

27 (Pages 102 to 105)

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1 Friday, but the patient really actually has been  
2 discharged on Thursday. So, in that case, the  
3 patient does not have to be evaluated unless  
4 something goes on to suggest that there's -- that  
5 there are some concerns.

6 Q. When was the last time we have documented  
7 that Matthew was still hearing voices?

8 A. I think it was two days before discharge.  
9 I'm not a hundred percent sure. I would have to  
10 check the record.

11 On November 18th, 1998, the voices  
12 continued to bother him, but he's ready to go home.  
13 The day before discharge.

14 Q. If Matthew is still hearing voices on the  
15 day of discharge, would that be below the standard  
16 of care to discharge him?

17 MR. PHILIPP:

18 Objection. Not in the report.

19 THE WITNESS:

20 No, depending on what you do. If  
21 someone is still hearing voices, there are  
22 people that are going to hear voices for  
23 the rest of their lives, and they are just  
24 not going to go away. In this case,  
25 however, lie was on a very, very low dose

1 being hospitalized for the first time and put on  
2 psychotropic drugs for the first time, there has to  
3 be a period of monitoring after medicating a  
4 patient, correct?

5 A. What do you mean by "a period of  
6 monitoring"?

7 Q. You have to follow the patient and find out  
8 whether or not the medication is doing what you want  
9 it to do, correct?

10 A. Correct. But I'm still not sure what you  
11 mean by "follow," and that's the sticking point.

12 Q. Here during the hospitalization,  
13 Dr. Lightbody tried, initially tried one form of  
14 medicating Matthew, correct?

15 A. Yes.

16 Q. He found out that was ineffective, correct?

17 A. It was partially effective.

18 Q. But it wasn't achieving the intended  
19 result?

20 A. It did not completely achieve the intended  
21 result.

22 Q. So his medication was adjusted, correct?

23 A. Yes. He was placed on a side effect  
24 medication and an antidepressant.

25 Q. Yet, despite those adjustments, he was

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1 of antipsychotic medication that had never  
2 been increased, so, in that case, what a  
3 reasonable person might do in like  
4 circumstances is provide education to the  
5 mother and increase the dose, if they  
6 really wanted the child to be released.

7 EXAMINATION BY MR. CONWAY:

8 Q. Were any of those things done in this case?

9 A. In terms of the medication adjustment?

10 Q. Yes.

11 A. That did not occur.

12 Q. You think it should have been a higher dose  
13 of medication?

14 A. I think that was an option.

15 Q. What other option do you consider there was  
16 other than increasing the amount of psychotropic  
17 medication?

18 A. Continuing the hospitalization to see if he  
19 got better.

20 Q. Because sometimes you can medicate a  
21 patient, but don't know whether or not that  
22 medication is going to have the intended effects,  
23 correct?

24 A. Right.

25 Q. That's why, especially in patients who are

1 still hearing voices as of what, November 18th,  
2 1998?

3 A. Yes.

4 Q. I assume it was Dr. Lightbody's goal,  
5 during the time of hospitalization, to treat Matthew  
6 in such a way that he was not hearing voices,  
7 correct?

8 MR. PHILIPP:

9 Objection.

10 MR. STOFFERS:

11 Go ahead.

12 THE WITNESS:

13 I cannot assume what his goal was, but  
14 if that was the referral concern, which it  
15 was among others, this should have been  
16 addressed, and that's something that can be  
17 addressed with medication.

18 EXAMINATION BY MR. CONWAY:

19 Q. I don't know if I asked you this. If I  
20 did, I apologize.

21 MR. STOFFERS:

22 Or I'll object.

23 MR. CONWAY:

24 Good.

25 EXAMINATION BY MR. CONWAY:

28 (Pages 106 to 109)



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1 Q. Mr. Stoffers, he never asked you to review  
2 whether or not Dr. Lightbody complied with the  
3 standard of care?

4 MR. PHILIPP:

5 Objection. Asked and answered.

6 MR. STOFFERS:

7 Go ahead.

8 THE WITNESS:

9 He asked me to review the records as  
10 they related to Mr. Tiedemann. As I said  
11 before, the entire sequence was important  
12 for me to understand what went on  
13 throughout the process, which is why I  
14 reviewed all the records, especially since  
15 Mr. Tiedemann was the person that  
16 facilitated the psychiatric  
17 hospitalization.

18 So, even though the big issue that I  
19 was looking at is what happened on December  
20 8th, it would be very difficult, if not  
21 impossible, to ascertain what Matthew's  
22 potential mental state was without  
23 reviewing the hospital records.

24 EXAMINATION BY MR. CONWAY:

25 Q. Was December 8th, 1998, a new crisis for

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1 municipal school district?

2 A. Specifically?

3 Q. I'm just asking you in general.

4 MR. STOFFERS:

5 Objection. Go ahead.

6 THE WITNESS:

7 They lived up to the expectation  
8 because they were not asked to intervene,  
9 and they didn't get asked by the school,  
10 that is.

11 EXAMINATION BY MR. CONWAY:

12 Q. Are you even aware of what contractual  
13 obligations Mental Health Services -- specific  
14 contractual obligations Mental Health Services have  
15 to the public school system?

16 A. Did I see a letter of agreement between the  
17 interested parties? No. However, what I saw in  
18 terms of the Cleveland public schools or Cleveland  
19 municipal school district's expectations for their  
20 workers in contacting the other party, that being  
21 Mental Health Services, Cleveland public schools did  
22 not fulfill its part of the deal; therefore, there  
23 was no obligation on Mental Health Services to step  
24 into the school, especially after the mother  
25 declined, because she and Mr. Tiedemami reasonably

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1 Matthew Morrison?

2 A. It might be considered a new crisis, the  
3 suicide note.

4 Q. Well, I mean, as we sit here today, do you  
5 consider that to have been a new crisis on December  
6 8th, 1998 for Matthew?

7 A. I would say it was an escalation in an  
8 ongoing crisis, so I guess you can consider it a new  
9 crisis.

10 Q. We've determined that Matthew was the  
11 client as defined in Mental Health Services'  
12 protocol and procedures, correct?

13 A. Matthew and his mother. Matthew was the  
14 identified client, but in terms of who can consent  
15 and agree or not agree, you have to involve the  
16 parent.

17 Q. For mental healthcare and treatment in this  
18 particular case, pursuant to Mental Health Services'  
19 own procedure and protocols, was Matthew the client?

20 A. He was the client of record, but with  
21 children, treatment and evaluations do not occur in  
22 a vacuum.

23 Q. Did Mental Health Services and Bill  
24 Tiedemann live up to their contract's actual  
25 obligations that they had with the Cleveland

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1 expected that he was getting the appropriate  
2 evaluation and appropriate services for his needs at  
3 that time.

4 Q. You hold that opinion despite not having  
5 read any or being aware of the specific contractual  
6 obligations that existed?

7 MR. STOFFERS:

8 Objection. Go ahead.

9 THE WITNESS:

10 Like the missing social work notes, I  
11 can only go by what I'm seeing in front of  
12 me, unless I make an adverse inference,  
13 which I'm trying not to do.

14 EXAMINATION BY MR. CONWAY:

15 Q. Did Fran McIntyre do everything she was  
16 supposed to do under the contractual agreement  
17 between the Cleveland school system and Mental  
18 Health Services?

19 MR. STOFFERS:

20 Objection as to the word  
21 "contractual." Just make the record clear,  
22 Tom. We asked for a copy of the contract  
23 for the schools, it was not produced.  
24 Let's not suggest that the --

25 MS. WISTNER:

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1 Let me state on the record that --

2 MR. STOFFERS:

3 Let's not play, as you said earlier  
4 last week, trick questions. You know  
5 there's not a contract, no one has  
6 produced it. Don't suggest there is one  
7 and use that word.

8 Mr. CONWAY:

9 I'm not suggesting there is one. I'm  
10 assuming there wasn't a written contract,  
11 but there are other kind of contracts  
12 besides written.

13 MR. STOFFERS:

14 You're asking her for a legal  
15 analysis.

16 MR. CONWAY:

17 I'm asking for her understanding of  
18 what the agreement or what you want to call  
19 it, contractual agreement, legal  
20 agreement, whatever.

21 EXAMINATION BY MR. CONWAY:

22 Q. Pursuant to the agreement between the  
23 public schools and Mental Health Services, did Fran  
24 McIntyre live up to her obligations under that  
25 agreement?

1 Q. How much literature search did you do in  
2 this case or research did you do into the medicine?

3 A. It went back about 13 years.

4 Q. But, I mean, overall, for the issues  
5 presented in this case, did you consult any medical  
6 literature on the Internet?

7 A. No, I did not.

8 Q. Other than that one issue?

9 A. Because I wasn't familiar with the scale.

10 Q. You've got some notes, and I'm going to  
11 want this -- I'm going to want you to bring this  
12 deposition of Bill Tiedemann to trial, because  
13 you've marked some things in red ink. And  
14 specifically going to Page 126, by a question, "This  
15 is apparently the note that they found with Matthew  
16 on December 8th. I'm going to say apparently  
17 because we don't have it established through  
18 testimony."

19 You have in the margin "Didn't review  
20 suicide note."

21 A. Right.

22 Q. Bill Tiedemann did not review the suicide  
23 note?

24 A. The December 8th one?

25 Q. Yes.

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1 A. If we're referencing the protocol as  
2 outlined by the Cleveland public schools that  
3 references when Mental Health Services should be  
4 called, no, she did not. She also did not follow  
5 the recommendations involving the supervisor, did  
6 not require a fitness for return to school  
7 evaluation or letter from a health provider, did not  
8 follow up with Matthew.

9 Q. I understand you're citing just a quick  
10 public school system's policies and procedures,  
11 correct?

12 A. Right.

13 Q. Is that what you're referring to?

14 A. Right.

15 Q. As far as I know where you're coming from,  
16 that's fine.

17 (WHEREUPON, A SHORT BREAK WAS TAKEN.)

18 EXAMINATION BY MR. CONWAY:

19 Q. The suicide risk scale that the Cleveland  
20 public school system uses, is that an accepted risk  
21 scale in the field of psychiatry?

22 A. I tried to research that and I was not able  
23 to find any articles or standard deviation studies  
24 in the literature, which doesn't mean it doesn't  
25 exist. It just means I didn't find it.

1 A. He did not have the opportunity to review  
2 it.

3 Q. That's who you're referring to when you  
4 wrote in the column "Didn't review the suicide  
5 note"?

6 A. Right. Just summarizing what he said.

7 Q. And then here right on Page 127, you have a  
8 line going -- this note, "He did, in fact, have  
9 suicidal ideation on December 8th."

10 Your attorney has a copy. Answer: "I  
11 would assume he has got suicidal thoughts."

12 You have a line highlighting that part of  
13 the testimony, correct?

14 A. Right.

15 Q. Of course, this is Bill Tiedemann's  
16 deposition transcript, I'm referring to.

17 A. Right.

18 Q. That's at Page 127?

19 A. Right.

20 Q. Then I see lined -- "I want to make sure  
21 we're using the term interchangeable.

22 It's difficult to ask a person a  
23 retrospective question, but if you had seen this  
24 note on December 8th, based on your training and  
25 experience, up to that point in time would you have

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1 recommended another diagnostic assessment for  
2 Matthew?"  
3 And there's a bunch of objections, but  
4 Mr. Tiedemann's answer was, "Yes, I would," and  
5 that's also highlighted by you, correct?  
6 A. Correct.  
7 Q. Then we go to Page 128, and the highlighted  
8 area is an answer, "Because the note indicated he  
9 might kill himself and that there was some  
10 substantial evidence knowing Matthew and knowing his  
11 case that these were real.  
12 Question, "In Part 1 there are two  
13 questions checked," and then I believe they're  
14 referring to a suicide risk scale, correct?  
15 A. Correct.  
16 Q. But that part there is highlighted as well,  
17 right, part of what you've highlighted?  
18 A. Substantial evidence, that could be a  
19 variety of things that he's referring to suicide.  
20 Q. But I'm saying -- your answer here,  
21 "because the note indicated he might kill himself  
22 and that there was some substantial evidence knowing  
23 Matthew and knowing his case that these were real,"  
24 that part is an answer to the question as to why he  
25 would have done a diagnostic assessment?

1 Objection.  
2 THE WITNESS:  
3 If you have a client, it's important to see  
4 what psychiatric treatment or diagnoses have  
5 been made with them. That's ideal.  
6 EXAMINATION BY MR. CONWAY:  
7 Q. Well, Bill Tiedemann could have asked to  
8 see that suicide risk assessment scale that was  
9 completed by Fran McIntyre, correct?  
10 MR. STOFFERS:  
11 Objection. Speculation and  
12 foundation.  
13 THE WITNESS:  
14 Assuming he knew it existed.  
15 EXAMINATION BY MR. CONWAY:  
16 Q. He could have asked Fran McIntyre whether  
17 or not she had done any type of assessment, correct,  
18 there was nothing preventing him from doing that,  
19 right?  
20 MR. STOFFERS:  
21 Objection.  
22 THE WITNESS:  
23 Actually, there was. The mother said  
24 a psychologist is evaluating him. And he  
25 reasonably assumed that pending that

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Page 121

1 A. Right.  
2 Q. And you've highlighted that, correct?  
3 A. Correct.  
4 Q. Then on Page 129 you have highlighted "Item  
5 6, under part 1." This is referring to the risk  
6 assessment scale, checked yes, previous psychiatric  
7 history. You were intimately, underlined  
8 intimately, aware of Matthew Morrison's psychiatric  
9 history.  
10 Why do you have "intimately" underlined  
11 here in Ms. Cole's question to Mr. Tiedemann?  
12 A. That is very nonspecific and can be very  
13 subjective, and I didn't know what she meant by  
14 "intimately," but it was interesting, that choice,  
15 use of the word.  
16 Q. Then you have highlighted below that "When  
17 you have a client, it's important for you to know  
18 what psychiatric treatment or diagnosis had been  
19 made with them," you have that highlighted?  
20 A. Yes.  
21 Q. You agree with that, I would imagine?  
22 A. I didn't highlight it because I agree with  
23 it.  
24 Q. Do you agree with it?  
25 MR. STOFFERS:

1 evaluation of that, the least restrictive  
2 setting, and it was an appropriate setting.  
3 The mother was comfortable and he  
4 reasonably believed that this woman had --  
5 that Ms. McIntyre had the expertise to  
6 handle this, or would refer on, if she knew  
7 that her limits were exceeded.  
8 EXAMINATION BY MR. CONWAY:  
9 Q. Then we have highlighted on Page 130, "You  
10 have indicated in responding to a question that was  
11 posed a bit earlier if you had seen this document,"  
12 and I assume that they are referring to the suicide  
13 risk assessment scale, is that your understanding by  
14 what they mean by "this document"?  
15 A. I would have to look at it. I believe it  
16 is referring --  
17 Q. Then there's a bunch of objections, and I  
18 don't think any other testimony gets taken on that  
19 point. But on the top of Page 131, there's a  
20 question turning to the note, the suicide note, "Did  
21 you ask to see this note on December 8th?" The  
22 answer, "No." And then there's, "Did you ever ask  
23 the mother to read this note to you?" You have that  
24 highlighted with two lines.  
25 What's the significance of highlighting

31 (Pages 118 to 121)

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1 that with two lines as opposed to the one-line  
2 highlights that you've done on the other pages?  
3 A. Two means I read through it and highlighted  
4 it again.  
5 Q. Why did you choose to highlight this  
6 particular exchange?  
7 A. Because the mother didn't have the suicide  
8 note and the mother did not consent to further  
9 inquiry because she reasonably assumed that  
10 Ms. McIntyre was qualified to handle the situation  
11 and would know her limits.  
12 Q. Then on Page 132 we have, "Yes, it  
13 indicated his dad was in the note.  
14 "Did you ask the mother to speak to the  
15 school psychologist before getting off the phone?"  
16 Answer, "No.  
17 "Could you have asked that question.  
18 "Anything is possible. Anything is  
19 possible."  
20 Then the next question, "Under Mental  
21 Health Services' policies you have the authority to  
22 ask to speak to another person at the scene,  
23 correct?" And the answer given by Mr. Tiedemann was  
24 "Correct."  
25 You have what I just read highlighted,

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1 correct?  
2 A. Yes.  
3 Q. And you also have right by "Under Mental  
4 Health Services policy you have the authority to ask  
5 to speak to another person, correct?" And the  
6 answer, "Correct."  
7 You have stars three stars right by that?  
8 A. Yes, I do.  
9 Q. You found that important?  
10 A. I found that important and interesting,  
11 because while he has the authority to speak to  
12 another person at the scene, he has to be -- first  
13 he has to be invited to partake of that. And until  
14 he has consent, he doesn't have that authority.  
15 MR. CONWAY:  
16 I would like to have this whole thing  
17 marked as an exhibit, Exhibit No. 14.  
18 (EXHIBIT MARKED FOR IDENTIFICATION)  
19 EXAMINATION BY MR. CONWAY:  
20 Q. Would you agree that some of the job  
21 descriptions, duties and responsibilities of Bill  
22 Tiedemann in this case was to make treatment  
23 recommendations that follow logically from  
24 diagnostic conclusions?  
25 A. I would have to see it in writing.

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1 Q. Just as a general principle, do you agree  
2 with that principle?  
3 A. Could you repeat that?  
4 Q. That he had the duty to make treatment  
5 recommendations that follow logically from  
6 diagnostic conclusions?  
7 MR. STOFFERS:  
8 Objection.  
9 Go ahead.  
10 THE WITNESS:  
11 I think that, again, I'm not clear.  
12 You're asking about a duty at this point,  
13 but I'm not seeing the document.  
14 However, --  
15 MR. CONWAY:  
16 This is taken directly from the job  
17 descriptions of a crisis job  
18 interventionist.  
19 MR. STOFFERS:  
20 Can you show it to her?  
21 MR. CONWAY:  
22 I probably should have done that  
23 before. Why don't we mark that as an  
24 exhibit, too?  
25 EXAMINATION BY MR. CONWAY:

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1 Q. You've had an opportunity to review the  
2 practices and procedures of Mental Health Services?  
3 A. Yes.  
4 Q. And included in Exhibit 15 are various  
5 documents, specifically the practice and procedures  
6 as well as personnel information for Bill Tiedemann  
7 minus the information that you've already testified  
8 to, those policies and procedures, okay. Are we set  
9 on the record with what this is?  
10 A. I'm not looking at it, so it's hard to say  
11 with so much paper on the table.  
12 Q. I understand that. What I'm doing in the  
13 interest of simplicity, since I'm sure you have the  
14 set of policies and procedures from Mental Health  
15 Services, I'm allowing you to use my copy so you  
16 don't have to go through everything that may not be  
17 put together. And I'm referring you in Exhibit 15  
18 to Job Descriptions for Crisis Interventions  
19 Specialist.  
20 If you go to Page 2.  
21 A. All right.  
22 Q. Under I.E., it says, "Makes treatment  
23 recommendations that follow logically from  
24 diagnostic conclusions, and the resources of the  
25 community."

32 (Pages 122 to 125)

Page 126

1 Do you agree that that's an appropriate  
2 duty of the crisis intervention specialist?  
3 A. Yes.  
4 Q. Do you agree with F, "Effectively uses  
5 assessment information to make referrals to other  
6 organizations, or to services of this organization,  
7 and to assist clients to secure requested services  
8 through direct services, telephone calls, facsimile  
9 transmissions, computer applications, and written  
10 correspondence"?  
11 A. Yes.  
12 Q. Do you agree with G, "monitors and  
13 documents the outcomes of these referrals on written  
14 forms and computer applications"?  
15 A. Yes.  
16 Q. Going down to Roman Nuuiiial II, Actual  
17 Crisis Intervention Services, do you agree that it's  
18 reasonable for crisis intervention specialists to  
19 appropriately inform clients' parents and guardians  
20 of the reason for and the results of interventions?  
21 A. Yes.  
22 Q. And does a crisis intervention specialist  
23 have an obligation under the standard of care to do  
24 so?  
25 A. If they are actively involved in the case

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1 always to be conducted face to face with a client?  
2 A. Sometimes that's not possible.  
3 Q. In this particular case, assuming that in  
4 your opinion that adequate consent was given, it was  
5 possible to do in this particular case, wasn't it?  
6 MR. STOFFERS:  
7 Objection.  
8 THE WITNESS:  
9 If the mother said, "Sure, come on  
10 out, you know him better than the  
11 psychologist and I trust you," then by all  
12 means.  
13 EXAMINATION BY MR. CONWAY:  
14 Q. Did you read the part on obtained informed  
15 consent for services on Page 3 of the Crisis  
16 Intervention and Diagnostic Assessment Services  
17 part?  
18 A. I don't know what you're referencing.  
19 Q. Right at the bottom, Obtaining Informed  
20 Consent for Services.  
21 And the policy and procedure of the mental  
22 crisis team had in effect back in 1998 was "The  
23 Mobile Crisis Team staff discuss with the client the  
24 nature and goals of service and the potential  
25 benefit and risks of services and of ultimate

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1 and have consent to proceed with the assessment that  
2 results in the diagnoses and other conclusions, yes.  
3 That's the key here.  
4 I can't just walk up to you and say, "I'm  
5 going to evaluate you psychiatrically," or "I'm  
6 going to evaluate you for a crisis."  
7 Q. Does a crisis intervention specialist have  
8 the obligation to help client and family members to  
9 make informed choices about services?  
10 MR. STOFFERS:  
11 Objection. Go ahead.  
12 THE WITNESS:  
13 Once they are invited to be involved  
14 and while they are still actively involved  
15 at the request of the client, yes.  
16 EXAMINATION BY MR. CONWAY:  
17 Q. Do you agree with Roman Numeral III where  
18 it says, "Professional relations with healthcare  
19 providers," and then on the second page it has, D,  
20 "Helps client and family members to make informed  
21 choices about services," do you agree with that?  
22 A. Once there's a therapeutic compliance, yes.  
23 Q. Do you agree that diagnostic assessment  
24 services pursuant to the Mobile Crisis Team practice  
25 and procedures standard of care, that they are

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1 service and of no services. The MCT reviewed the  
2 client rights policy and give to the client a copy  
3 of the policy."  
4 Did Mr. Tiedemann do that in this case?  
5 A. On December 8th or when --  
6 Q. Yes. On December 8th?  
7 A. He did discuss the nature and goals of the  
8 services, which was to evaluate Matthew at the time  
9 of crisis. Potential benefits, he could make some  
10 recommendations.  
11 Q. Did he make any recommendations on December  
12 8th?  
13 A. He recommended that he be committed, to  
14 call her later that night.  
15 Q. On the evening phone call of December 8th,  
16 that five-minute phone call, at which time he closed  
17 the case, did he make any recommendations to  
18 Ms. Morrison at that time?  
19 A. He recommended that if she wanted  
20 additional intervention, she should feel free to  
21 contact him.  
22 Q. So he did make a recommendation to her at  
23 that time, correct?  
24 A. Yes.  
25 Q. And that recommendation would be what we

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1 want crisis intervention to do, make appropriate  
2 recommendations, correct?  
3 A. I'm not sure. Could you repeat that?  
4 Q. Was his recommendation appropriate in your  
5 view?  
6 A. In terms of offering her, making sure she  
7 knew that services were still available to her at  
8 any time?  
9 Q. Yes.  
10 A. That was appropriate.  
11 Q. Small b, "In many crisis intervention an  
12 assessment must be conducted even though a client or  
13 legal guardian declines services or a guardian  
14 cannot be located. Assessment services delivered  
15 without the consent of the client or a legal  
16 guardian must always be approved by the program  
17 manager."  
18 Do you believe in your expert opinion,  
19 Doctor, that a personal, an appropriate personal  
20 assessment of Matthew should have been done on  
21 December 8th?  
22 MR. STOFFERS:  
23 Objection.  
24 EXAMINATION BY MR. CONWAY:  
25 Q. After he wrote that suicide note?

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1 A. There is reason to believe that an  
2 appropriate personal evaluation was in progress, as  
3 the mother communicated to Mr. Tiedemann.  
4 Q. That's not my question. That's not my  
5 question.  
6 My question is: In light of the suicide  
7 note of December 8th, 1998, based upon your training  
8 and experience as a psychiatrist, should a personal  
9 assessment of Matthew have been done?  
10 MR. STOFFERS:  
11 Objection. I think this has been gone  
12 over a number of times. Object to the form  
13 of the question.  
14 MR. CONWAY:  
15 You may answer.  
16 THE WITNESS:  
17 By Mr. Tiedemann?  
18 EXAMINATION BY MR. CONWAY:  
19 Q. Should one have been done by anyone?  
20 Should one have been done on Matthew in light of the  
21 fact that he wrote the suicide note on December 8th?  
22 A. Yes.  
23 Q. Thank you.  
24 Bill Tiedemann and Kirsten Hagesfeld did  
25 not follow the Mental Health Services' Policy and

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1 procedure for formulating a termination summary, did  
2 they?  
3 MR. STOFFERS:  
4 Objection.  
5 Go ahead.  
6 THE WITNESS:  
7 Could you be more specific?  
8 EXAMINATION BY MR. CONWAY:  
9 Q. Yes. Going to Page 7 of the Crisis  
10 Intervention and Diagnostic Assessment Services, No.  
11 8, Formulate a termination summary. "Once the  
12 crisis has been resolved, a crisis intervention  
13 specialist meets with the client to review and  
14 discuss service outcomes and client satisfaction  
15 with the services which have been offered and to  
16 recommended follow-up services."  
17 Was that followed in this case?  
18 A. He met with the mother by phone to review  
19 and discuss outcomes, which was -- which were number  
20 one, that he had -- Matthew had a mental health  
21 appointment. Number two, Matthew -- the mother  
22 understood the importance of getting Matthew to that  
23 appointment. Number three, the mother knew that if  
24 anything should change, she could call immediately  
25 to get intervention. Number four, the mother knew

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1 that Mental Health Services was not writing her off.  
2 Number five, she seemed satisfied with the service  
3 and went along with the plan because she felt he was  
4 fine.  
5 She was instructed to watch him, and that's  
6 what she did. She felt he had a clinical  
7 recommendation and felt perfectly comfortable with  
8 how things were at that time.  
9 I don't know whether or not Mr. Tiedemann  
10 knew about the fact that there needed to be a  
11 fitness for return to school evaluation.  
12 Q. That's a good point.  
13 Since the Cleveland school district is  
14 Mental Health Services' biggest client, doesn't he  
15 have the obligation to be aware of what their  
16 policies are?  
17 A. No. Fran McIntyre does, and she needs to  
18 facilitate that, and she or other school officials  
19 should not permit him to go to school. That is not  
20 the crisis counselor's responsibility.  
21 Q. You have had an opportunity to read  
22 Dr. Shaffer's report of March 19th, 2001, haven't  
23 you?  
24 A. I perused it a while back.  
25 Q. Do you agree with Dr. Shaffer that it seems

34 (Pages 130 to 133)

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1 highly likely that if Matthew was still  
2 hallucinating on the day before discharge, that on  
3 the day of discharge he was actively suicidal?

4 MR. PHILIPP:

5 Objection.

6 THE WITNESS:

7 No, I don't.

8 You can hallucinate without being  
9 suicidal. And if he was free of suicidal  
10 thoughts on the day before discharge, it's  
11 reasonable to assume that he likely was  
12 free of thoughts the following day.

13 EXAMINATION BY MR. CONWAY:

14 Q. But we don't know from the records because  
15 we don't have Dr. Lightbody's note?

16 A. Right. Well, actually, I think we do,  
17 because I think the nurse's checklist did not  
18 indicate he was suicidal. The computer sheet. But  
19 it's been a while since I reviewed that.

20 Q. Do you agree that the medications that  
21 might eventually have corrected the hallucinations  
22 had been started very shortly before discharge and  
23 before one could expect any therapeutic response?

24 Do you agree with that opinion?

25 A. I do not fully agree with that because

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1 wasn't doing well, if I recall correctly,  
2 the discharge form said they should contact  
3 Dr. Lightbody.

4 EXAMINATION BY MR. CONWAY:

5 Q. Did Bill Tiedemann ever contact  
6 Dr. Lightbody about the suicide note?

7 A. On December 8th, no, he did not.

8 Q. Would that have been reasonable for him to  
9 do?

10 MR. STOFFERS:

11 Objection.

12 Go ahead.

13 THE WITNESS:

14 Reasonable in terms of what?

15 EXAMINATION BY MR. CONWAY:

16 Q. There was nothing preventing Bill Tiedemann  
17 from calling Dr. Lightbody on December 8th and  
18 making Dr. Lightbody aware of that suicide note, was  
19 there?

20 MR. STOFFERS:

21 Objection.

22 Go ahead.

23 THE WITNESS:

24 It depends on how you look at it. If  
25 you look at it on its face, is that an

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1 there was a therapeutic response, it just wasn't  
2 adequate enough to meet all of his needs. So it's a  
3 partial response. You start to see the early signs  
4 of the medication being affective, but it wasn't  
5 completely effective, and that may take more time  
6 and more medication adjustments.

7 Q. Who would be in the position to note  
8 post-discharge whether or not additional medication  
9 adjustments had to be made?

10 A. The evaluating and treating psychiatrist at  
11 the outpatient clinic would then put Matthew and any  
12 other ancillary source.

13 Q. The testimony by Geri Beard-Chaney was that  
14 it was not uncommon even with her involvement for  
15 follow-up appointments to take as long as 30 days.

16 Do you recall that testimony?

17 A. That's not unusual at all.

18 Q. Then do you have any idea who Dr. Lightbody  
19 expected to monitor Matthew and decide whether or  
20 not medication changes had to be made post-discharge  
21 prior to the time he got seen at Applewood?

22 MR. PHILIPP:

23 Objection. Calls for speculation.

24 THE WITNESS:

25 If there was a medical problem or he

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1 option for him, yes. However, because mom  
2 declined services, that might somewhat  
3 argue that that would terminate any  
4 official consent that previously existed,  
5 so he would have to ask permission to do  
6 that.

7 On the other hand, in this actual  
8 circumstance the mother had communicated to  
9 Mr. Tiedemann that the hospital had been  
10 alerted via the social worker,  
11 Ms. Beard-Chaney; therefore, it's  
12 reasonable for him to assume that this  
13 would have been communicated to  
14 Dr. Lightbody, if he were available at the  
15 time.

16 EXAMINATION BY MR. CONWAY:

17 Q. Do you agree with Dr. Shaffer's opinion  
18 that follow-up plans were clearly inappropriate, an  
19 outpatient appointment should have been scheduled  
20 within four to six days after discharge?

21 A. That is not realistic. Could the plans  
22 have been better? Absolutely. But my experience  
23 with community mental health agencies is it takes a  
24 while to try to get them in within a couple of  
25 weeks, but 30 days is not unheard of.

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1 Q. And, in fact, the job of Mental Health  
2 Services post-discharge was to monitor this case and  
3 make sure linkage was established, correct?  
4 MR. STOFFERS:  
5 Objection. Lack of foundation.  
6 THE WITNESS:  
7 The job of Saint Luke's Hospital?  
8 MR. CONWAY:  
9 No. I'm asking Mental Health  
10 Services' job.  
11 MR. STOFFERS:  
12 Tom, don't cut off her answer.  
13 MR. CONWAY:  
14 I'm not cutting her off. I want an  
15 answer to my question.  
16 MR. STOFFERS:  
17 You don't know what her answer is  
18 after two words.  
19 MR. CONWAY:  
20 Finish your answer, please.  
21 THE WITNESS:  
22 The job of Saint Luke's Hospital was  
23 to assure proper follow-up. If they requested  
24 additional involvement from Mental Health  
25 Services to assure linkage, they should

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1 A. From the--  
2 MR. STOFFERS:  
3 Objection.  
4 THE WITNESS:  
5 From the perspective of Mental Health  
6 Services, they were going to monitor the  
7 plan. That does not state that they were  
8 planning to assure linkage at that point.  
9 EXAMINATION BY MR. CONWAY:  
10 Q. Have you read Bill Tiedemann's deposition  
11 where he says that that was one of his goals and one  
12 of his obligations was to assure linkage?  
13 MR. STOFFERS:  
14 Objection. Compound question. Lack  
15 of foundation.  
16 EXAMINATION BY MR. CONWAY:  
17 Q. I take it you're not going to answer it?  
18 A. I assumed you were looking for it.  
19 Q. I asked if you recalled any testimony?  
20 A. Well, you gave me a couple of questions in  
21 one, and I would like to be specific in answering  
22 your question. Since you're paraphrasing what he  
23 said and you're asking a couple of different  
24 questions, it would be better that I see it to make  
25 sure that I don't misrepresent what he stated.

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1 have specified, and that was not specified.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. It wasn't?  
4 A. That Mental Health should set up the  
5 appointments.  
6 Q. Are you done?  
7 A. Uh-hum (Affirmative Response).  
8 Q. That wasn't my question.  
9 MR. STOFFERS:  
10 Objection.  
11 EXAMINATION BY MR. CONWAY:  
12 Q. Are you looking at the hospital record?  
13 A. I'm looking at --  
14 Q. I'm pointing her attention to the service  
15 note of November 17th, 1998, for Mental Health  
16 Services.  
17 Use mine.  
18 This is Bates Stamp Page 39. Mental Health  
19 Services notes of November 17, 1998. E, Follow-up  
20 services planned.  
21 Who is to provide them and when? YMCT to  
22 continue to monitor case, correct?  
23 A. Yes.  
24 Q. That was part of the discharge plan,  
25 correct?

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1 THE WITNESS:  
2 I don't remember the question now.  
3 Assure linkage in general or specific  
4 to Matthew?  
5 EXAMINATION BY MR. CONWAY:  
6 Q. Assure linkage for Matthew, Page 51.  
7 Do you, as part of your final assessment,  
8 assure yourself the client has made appropriate  
9 social linkages before you terminate a case? It's  
10 not policy, it's practice?  
11 A. Social linkages?  
12 Q. I don't believe that's what -- I don't  
13 believe the court reporter took things down  
14 accurately on that question.  
15 A. Then I can't quote him on it.  
16 MR. STOFFERS:  
17 I don't think she should answer the  
18 question, should she?  
19 THE WITNESS:  
20 I don't think we're talking about  
21 social linkages here. But the social  
22 linkages were made -- you have to think  
23 about it in terms of him getting back to  
24 school and with his friends and visiting  
25 with his family, and he was doing okay at

36 (Pages 138 to 141)



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1 home. Those would be social linkages.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. Do you have a copy of your report in front  
4 of you?  
5 A. Yes.  
6 MR. CONWAY:  
7 Did we mark that as an exhibit yet?  
8 MR. STOFFERS:  
9 No.  
10 MR. CONWAY:  
11 It's marked as Exhibit No. 16.  
12 EXAMINATION BY MR. CONWAY:  
13 Q. Page 2 of your report, No. 9, you  
14 summarized the deposition of Kirsten Hagesfeld, that  
15 she supervised Bill Tiedemann on December 8th, 1998,  
16 correct?  
17 A. Correct.  
18 Q. And from your reading, you indicated that  
19 she trained Mobile Crisis Service staff and others  
20 regarding suicide threat assessment, correct?  
21 A. Yes.  
22 Q. Included within others would be the  
23 Cleveland public school system, correct?  
24 A. Possibly. I believe she -- I didn't see  
25 any training or handout or anything that she

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1 Q. So he was hallucinating for approximately  
2 one week; is that correct?  
3 A. At least one week.  
4 Q. That hallucinating like that, is that  
5 indicative of a person who is psychotic?  
6 A. Yes.  
7 Q. By the way, do you agree with  
8 Dr. Lightbody's diagnosis in this case of major  
9 depression with psychotic features?  
10 A. I believe he was depressed. Matthew was  
11 depressed and psychotic.  
12 Q. Going to Page 4, the third paragraph on  
13 November 17th, 1998, "According to the resident  
14 psychiatrist's note, Matthew remains depressed and  
15 continues to hear voices, although they are less  
16 severe than they previously were. On November 18th,  
17 1998, the voices continue to bother Matthew, but he  
18 felt ready to go home. Dr. Lightbody assures  
19 Ms. Morrison that the prescribed medication will  
20 work for Matthew, in due time."  
21 Where did you find reference to  
22 Dr. Lightbody assuring Ms. Morrison that the  
23 prescribed medication would work for him in due  
24 time?  
25 A. In the record.

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1 presented, but, apparently, she had some contact  
2 with them regarding these matters.  
3 Q. Did you read Kirsten Hagesfeld's  
4 deposition?  
5 A. Yes, I did. The problem with who trained  
6 on what is that the schools did not present, or I  
7 did not review records, suggesting how often they  
8 met with the members, who the speakers were, or what  
9 the handouts were, so it's hard to say what she did  
10 or did not do versus what other people did or did  
11 not do. It's very confusing and very nonspecific.  
12 Q. Were any steps taken during his  
13 hospitalizations to deal with Matthew's problem  
14 regarding the lack of relationship with his father?  
15 A. I think there was talk about a mentor or  
16 Big Brothers or Goodwill or something to that  
17 effect. And I believe he had some coping skills  
18 counseling, talking with a nurse or another member  
19 at that time, health provider, on some of these  
20 things so he could express his feelings.  
21 Q. Page 3, the bottom paragraph, your  
22 understanding of the records was that Matthew prior  
23 to admission had a one-week history of hearing  
24 voices that say bad things like "Kill myself"?  
25 A. Uh-hum (Affirmative Response).

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1 Q. Where in the records?  
2 A. I mean from the deposition. Specifically  
3 where, I would have to look.  
4 Q. But you're saying you found that in the  
5 depositions?  
6 A. Yes. It's a summary of paraphrasing what I  
7 understood.  
8 Q. In this particular case, did the medication  
9 given or prescribed to Matthew by Dr. Lightbody  
10 work?  
11 MR. STOFFERS:  
12 Objection. Asked and answered.  
13 MR. PHILIPP:  
14 Objection to form.  
15 THE WITNESS:  
16 That dose he prescribed, it worked  
17 partially.  
18 EXAMINATION BY MR. CONWAY:  
19 Q. I guess in light of the fact that he  
20 committed suicide on December 10th, the medication  
21 did not work, did it?  
22 MR. PHILIPP:  
23 Objection.  
24 MR. STOFFERS:  
25 Objection.

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1 EXAMINATION BY MR. CONWAY:

2 Q. What is your opinion, did the medication  
3 work or didn't it work?

4 A. The medication worked partially.

5 Q. But not completely?

6 A. No. However, when Mr. Dr. Lightbody said  
7 this, he was not privy to the fact that Matthew's  
8 condition had deteriorated.

9 Q. Because nobody informed him, correct?

10 A. Correct. Even though representatives of  
11 Saint Luke's Hospital had that data.

12 Q. "On November 19th, 1998, Matthew is  
13 released from Saint Luke's Medical Center, although  
14 the voice and depression have not completely  
15 resolved." And it's your testimony that that  
16 comported with the standard of care, or you have a  
17 criticism of it, or what?

18 MR. STOFFERS:

19 Objection. Asked and answered.

20 MR. PHILIPP:

21 Objection.

22 MR. STOFFERS:

23 It's been gone over a number of times  
24 today.

25 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY

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1 THE WITNESS:

2 There are two ways of looking at this.  
3 One option would have been to keep him  
4 longer. Another option would have been to  
5 adjust his medication. And in 1991, when I  
6 started residency, he would have stayed in  
7 the hospital and his meds would have been  
8 adjusted further. By 1998,  
9 hospitalizations were substantially  
10 briefer.

11 So there were options for him, but I  
12 think the crux of this whole situation is  
13 that Dr. Lightbody was not aware on  
14 December 8th of this child's condition, and  
15 that may have prompted additional  
16 intervention. And again, his hospital  
17 staff, one of his team members, had  
18 knowledge of that.

19 So in terms of what he did on November  
20 19th, by releasing him, and what happened  
21 on December 8th and 10th, he wasn't  
22 privy to critical information, even though  
23 it was available to the facility he worked  
24 at.

25 EXAMINATION BY MR. CONWAY:

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1 THE COURT REPORTER.)

2 MR. PHILIPP:

3 Objection.

4 EXAMINATION BY MR. CONWAY:

5 Q. I don't understand your phrasing here.

6 "On November 19th, 1998, Matthew is  
7 released from Saint Luke's Medical Center, although  
8 the voice and depression had not completely  
9 resolved."

10 The way you phrased that leads me to  
11 believe that you don't agree with that decision on  
12 Dr. Lightbody's part.

13 MR. STOFFERS:

14 Objection.

15 MR. PHILIPP:

16 Is that a question or a comment?

17 EXAMINATION BY MR. CONWAY:

18 Q. I'm asking: Do you agree with  
19 Dr. Lightbody's discharge of him in light of the  
20 fact that the voices and depression had not  
21 completely resolved?

22 MR. PHILIPP:

23 Objection. Asked and answered.

24 MR. STOFFERS:

25 Go ahead.

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1 Q. His discharge diagnosis is major depressive  
2 disorder, severe with psychotic features.

3 Do you agree with that?

4 A. Yes.

5 Q. Even though under medication a patient who  
6 has this particular diagnosis, they are apt to have  
7 -- I don't know what the proper word is. Can they  
8 have that flare-up --

9 A. Relapses or exacerbations?

10 Q. Yes.

11 A. Yes. They can.

12 Adolescents tend to be different creatures  
13 from kids and from adults where the way they  
14 metabolize medications changes, so they can  
15 fluctuate over time.

16 Q. So you don't have the same guarantee that  
17 the medication is going to be metabolized in a  
18 consistent manner with adolescents?

19 A. I wasn't finished. The way they metabolize  
20 medication can change over time, and their brain and  
21 their hormones are constantly evolving. Therefore,  
22 it's not unusual to see frequent adjusted ineds  
23 necessary every two to three weeks as the mental  
24 illness is evolving. For all we know, it could have  
25 been a budding schizophrenia, because that usually

38 (Pages 146 to 149)

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1 occurs in males in late teens to early twenties.  
2 We also know that Matthew was brain  
3 injured.  
4 Q. What type of brain injury?  
5 A. Based on his learning disability and other  
6 problems, and we know that --  
7 Q. What type of brain injury did he have?  
8 A. I don't recall specifically, but his brain  
9 wasn't, quote/unquote, mill of the run. He had some  
10 learning problems. He had some health problems,  
11 et cetera.  
12 Q. Did any of the health problems relate  
13 organically to his brain?  
14 A. In terms of his colon problems, probably  
15 not.  
16 Q. You have no evidence that his learning  
17 disability was the result of some type of brain  
18 injury, do you?  
19 A. No. I never finished what I was trying to  
20 say.  
21 Q. Go ahead, please.  
22 A. When kids have learning disabilities or  
23 cognitive problems, the course of how their brains  
24 develop may occur in an unpredictable fashion. We  
25 know he didn't have a brain tumor, so that leaves

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1 out certain things, certain possibilities.  
2 However, in terms of what the course of his  
3 mental illness is and his risk for psychosis and  
4 such, it may be increased. His development may be  
5 affected because we don't know what's going on in  
6 his head really. But there is a greater risk of  
7 mental illness, particularly psychosis in people who  
8 have been brain injured.  
9 We don't have any evidence that he has  
10 brain injury. We have some evidence in terms of his  
11 capacity for information processing, he is limited.  
12 Some of that might be biological due to brain  
13 chemistry, some might be psychological due to all  
14 the trauma and healthcare situation and such he had.  
15 Was quite a few operations, and --  
16 Q. Are you done?  
17 A. And it may be social. His mother is  
18 intellectually limited. Have we deduced out which  
19 is the greater cause? No, but we know the totality  
20 puts him at greater risk.  
21 Q. Going to Page 5 at the top, second  
22 paragraph.  
23 Second sentence. In the note Matthew  
24 states he intends to jump off a building referring  
25 to the December 8th, 1998, suicide note, correct?

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1 A. Yes.  
2 Q. That evidences a suicide plan, correct?  
3 A. Correct.  
4 Q. Matthew on December 8th, 1998, had  
5 verbalized a willingness to return to Saint Luke's  
6 Hospital, correct?  
7 A. I believe so, yes.  
8 Q. In fact, in your report you have it that he  
9 verbalized a willingness to go back to Saint Luke's  
10 Hospital to Ms. McIntyre, correct?  
11 A. Yes. It's in the third paragraph.  
12 Q. Your conclusion of facts is that  
13 Ms. McIntyre does not specifically ask Mr. Tiedemami  
14 to come to the school to assess Matthew, right?  
15 A. Right.  
16 Q. Ms. McIntyre does not disclose the contents  
17 of the suicide note or of the suicide rating scale  
18 to Mr. Tiedemami or Ms. Morrison, correct?  
19 A. Correct.  
20 Q. And then you have "Whether or not the  
21 discussion occurs between Ms. McIntyre or  
22 Mr. Tiedemami, he believes a psychologist is  
23 clinically evaluating Matthew."  
24 Do you believe that you came up with that  
25 factual conclusion from Mr. Tiedemami's deposition?

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1 A. I came up with that factual conclusion from  
2 Mr. Tiedemann's deposition and/or from  
3 Ms. Morrison's -- I believe that's what he said she  
4 told him, and she confirmed that.  
5 Q. "While speaking with Mr. Morrison,  
6 Mr. Tiedemann offers to come to school to evaluate  
7 Matthew." Where did you get that?  
8 A. I believe from Mr. Tiedemann's deposition.  
9 MS. WISTNER:  
10 Which sentence was that?  
11 MR. CONWAY:  
12 First sentence of Paragraph four,  
13 "While speaking with Ms. Morrison,  
14 Mr. Tiedemann offers to come to the school to  
15 evaluate Matthew.  
16 THE WITNESS:  
17 Either that or from his records, one  
18 or the other.  
19 EXAMINATION BY MR. CONWAY:  
20 Q. The final sentence of that final paragraph,  
21 "Ms. McIntyre makes no comments about  
22 hospitalization, additional mental health  
23 intervention, or how to monitor Matthew.  
24 Ms. Morrison is not informed by Ms. McIntyre that  
25 the school policy requires her to a letter from

39 (Pages 150 to 153)

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1 mental healthcare providers stating that Matthew is  
2 mentally fit to return to school before Matthew  
3 returns to class."

4 Bill Tiedemami didn't make Ms. Morrison  
5 aware of any of those things?

6 A. It should say "requires her to receive a  
7 letter from a mental healthcare provider."

8 Q. I know you don't believe that he liad the  
9 requirement to tell her those things, but the fact  
10 is lie never did tell her any of those things?

11 A. School policy not Mental Health Services  
12 policy.

13 MS. WISTNER:

14 Move to strike that response.

15 EXAMINATION BY MR. CONWAY:

16 Q. Bill Tiedemann never told Ms. Morrison any  
17 of those items, correct?

18 MR. STOFFERS:

19 Objection.

20 THE WITNESS:

21 He did not tell her that.

22 EXAMINATION BY MR. CONWAY:

23 Q. Second paragraph, "Ms. Beard-Chaiey is made  
24 aware of Matthew's suicide note, but not its  
25 contents. Ms. Beard-Chaney does not share Matthew's

1 Q. Well, we don't have records. We know we  
2 don't have records, correct?

3 A. If they were never written, then absolutely  
4 deviated froin the standard of care. In terms of  
5 arranging follow-up, she deviated froin the standard  
6 of care.

7 Q. So it's your opinion that Geri  
8 Beard-Chaney deviated froin the standard of care by  
9 not arranging follow-up, correct?

10 A. Correct.

11 Q. And by not charting the conversation she  
12 had with Ms. Morrison on December 8th, correct?

13 A. Assuming that those records never existed,  
14 yes.

15 Q. Any other criticisms of Geri Beard-Chaney?

16 MR. STOFFERS:

17 Objection. Go ahead.

18 MR. PHILIPP:

19 Same objection.

20 THE WITNESS:

21 Again, this is not a formal opinion,  
22 but the concerns that she didn't follow,  
23 even though she knew the parents didn't  
24 have -- tlie mother didn't have an  
25 appointment for her son, she didn't

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1 situation with Dr. Lightbody."

2 Bill Tiedemann never shared Matthew's  
3 situation with Dr. Lightbody, correct?

4 MR. STOFFERS:

5 Objection. Asked and answered a  
6 number of times today.

7 Go ahead.

8 THE WITNESS:

9 He did not.

10 EXAMINATION BY MR. CONWAY:

11 Q. I'm not going to stop until I get an answer  
12 on this, despite the objections.

13 Are you going to be rendering an opinion or  
14 do you have an opinion right now that Geri  
15 Beard-Chaney deviated from the standard of care for  
16 a social worker?

17 MR. STOFFERS:

18 Objection. Compound.

19 Go ahead.

20 THE WITNESS:

21 It depends on what happened to tlie  
22 records. If there were no records,  
23 absolutely by not communicating concerns to  
24 Dr. Lightbody, she definitely deviated.

25 EXAMINATION BY MR. CONWAY:

1 initiate efforts, according to the mother,  
2 or didn't return calls, I think if I  
3 recall correctly, to help facilitate that  
4 even after she knew he didn't have an  
5 appointment.

6 EXAMINATION BY MR. CONWAY:

7 Q. Why didn't you put those opinions in your  
8 report of March 28, 2002?

9 A. I did not include those opinions in my  
10 report because they were not relevant to tlie direct  
11 function that Mr. Tiedemami had as it related to  
12 December 8th, 1998.

13 Q. Page 6, "On tlie afternoon of December 10th,  
14 1998, Matthew asked his mother for permission to  
15 spend the weekend with three of his school mates."  
16 This is your report, and you write further, "She  
17 tells him he may not participate in that activity.  
18 Until this point, Matthew seems to be looking  
19 forward towards living (at least through tlie  
20 weekend) and to spending time with his school mates.  
21 Within 15 minutes of this perceived rejection,  
22 Matthew goes into his sister's room, places a ribbon  
23 key chain around his neck, attaches it to a doorknob  
24 and hangs himself."

25 Are you in this paragraph indicating,

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1 Doctor, that you feel that Ms. Morrison's decision  
2 not to let Matthew spend the night or the weekend  
3 with his friends caused him to commit suicide?

4 A. I am summarizing what I reviewed in the  
5 reports in this paragraph. I'm not formulating any  
6 opinion here.

7 Q. Do you have an opinion, as we sit here  
8 today, that anything Ms. Morrison did was a cause of  
9 Matthew's death?

10 A. I would say that the perceived rejection  
11 was an immediate precipitant in an unstable child.  
12 She did not know her child was not that stable.

13 Q. Why wouldn't she know her child was not  
14 that unstable?

15 A. Because Ms. McIntyre pretty much gave him a  
16 clean bill of health that the crisis was over.

17 Q. My question goes back to, do you have an  
18 opinion regarding whether or not Ms. Morrison did or  
19 did not do anything that was a cause of Matthew's  
20 death?

21 MR. STOFFERS:

22 Objection. Asked and answered.

23 Go ahead.

24 THE WITNESS:

25 Again, the perceived rejection when

1 Q. On November 10th, 1998, did Bill Tiedemann  
2 have a responsibility under the standard of care for  
3 a social worker to recommend that Matthew be  
4 admitted to the hospital?

5 MR. STOFFERS:

6 Objection.

7 THE WITNESS:

8 After his assessment, I feel that it  
9 was reasonable for a crisis worker to  
10 assume in like circumstances that Matthew's  
11 -- the least restrictive alternative for  
12 Matthew at that point was not in his home  
13 with his mother.

14 EXAMINATION BY MR. CONWAY:

15 Q. Could Mr. Tiedemann, under your theory of  
16 consent, have recommended to Ms. Morrison that  
17 Matthew be given a diagnostic assessment?

18 MR. STOFFERS:

19 Objection. Foundation.

20 THE WITNESS:

21 Further diagnostic assessment. He  
22 could have recommended that, and I think he  
23 did that by arranging for him to be  
24 hospitalized.

25 EXAMINATION BY MR. CONWAY:

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1 she declined to allow him to spend time  
2 with friends seems to be what pushed  
3 Matthew over the edge, which speaks to how  
4 precariously unstable he was.

5 Normally, someone might be  
6 disappointed, or when someone in Matthew's  
7 situation, who had been rejected a lot and  
8 wanted to belong desperately, would be  
9 devastated, but they wouldn't take their  
10 lives. But because he perceived rejection  
11 and because he probably was hearing voices  
12 that tells him to kill himself, and he was  
13 feeling hopeless at that moment, he did  
14 something that wasn't preempted, and he  
15 died.

16 EXAMINATION BY MR. CONWAY:

17 Q. Do you have an opinion on whether or not  
18 Matthew was still hearing voices telling him to kill  
19 himself on December 10th?

20 A. I would say that there's a reasonable  
21 likelihood that he was hearing, at least mentally  
22 hearing voices, that were telling him to do  
23 different things, or commenting on his behavior. It  
24 would not be unusual for him to hear voices telling  
25 him to kill himself, as he heard those before.

1 Q. I'm saying on December 8th.

2 A. On December 8th, I think it was -- before  
3 he even had an opportunity to offer that, he was  
4 told that a psychologist was seeing, evaluating  
5 Matthew. It's reasonable to assume that an  
6 evaluation was occurring, and most people do not  
7 know even in the mental health professional, as  
8 you're working with kids, people often do not know  
9 the difference between a clinical psychologist and a  
10 school psychologist, and school psychologists often  
11 introduce or refer to themselves as psychologists,  
12 especially within the school setting, so people  
13 automatically assume clinical psychologist.

14 School psychologists are Master's levels in  
15 most cases. Clinical psychologists, in order to put  
16 our their shingle, have to be doctoral level, or  
17 they have to have supervision. They can't just put  
18 our their shingle. They have to work under someone  
19 if they are at a Master's level. There is a whole  
20 different emphasis on training, expertise, et  
21 cetera. What one would reasonably expect is for  
22 each person, regardless of his or her profession, to  
23 appreciate his or her boundaries or the limits of  
24 his or her expertise. This did not occur in this  
25 case.

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1 MS. WISTNER:  
2 Move to strike. I thought you were  
3 finished.

4 THE WITNESS:  
5 But this did not occur in this case.  
6 I think that Mr. Tiedemann did appreciate  
7 the limitations of his expertise and he was  
8 concerned about this child and he went  
9 above and beyond by following up with this  
10 inother to make sure the child was okay,  
11 just in case something went on, but he was  
12 not responsible for knowing that the school  
13 did not tell mom about the fitness for duty  
14 or fitness for school evaluation or any  
15 other monitoring processes that were  
16 required as a matter of school policy,  
17 procedure or protocol.

18 MS. WISTNER:  
19 Move to strike as nonresponsive.  
20 EXAMINATION BY MR. CONWAY:  
21 Q. You indicate on Page 8, 8 c.,  
22 "Mr. Tiedemann knew that the officials at Charles A.  
23 Mooney Middle School could seek crisis intervention  
24 services for Matthew, with Mental Health Services  
25 for the Homeless, Inc. at any time in the future"?

1 experienced situations, similar situations, that's  
2 one thing. But my experience is that most people do  
3 not appreciate the difference, and that's tragic.  
4 Again, the limitations of one's practice is critical  
5 in these situations.

6 MS. WISTNER:  
7 Move to strike.  
8 EXAMINATION BY MR. CONWAY:

9 Q. Down on Page 9, under Fran McIntyre, "It is  
10 my opinion with reasonable medical certainty that  
11 Fran McIntyre fell below the standard of care with  
12 her management of Matthew Morrison's crisis on  
13 December 8, 1998."

14 You indicate that her actions were, quote,  
15 a proximate cause of Matthew's death. How? How  
16 were Ms. McIntyre's actions a proximate cause of  
17 Matthew's death?

18 A. She did not appreciate the limitations of  
19 her expertise. She did not follow school protocol.  
20 She formulated disposition before she even  
21 interviewed the mother in detail and told the inother  
22 to come pick up the child. She didn't seem to take  
23 it seriously initially between 11:00 and 11:30. She  
24 was called and she felt it was more important to --  
25 as long as someone was sitting with Matthew, she

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1 A. Yes.  
2 Q. So Bill Tiedemann would have known as of  
3 December 8th that his agency was relied upon by the  
4 Cleveland public schools to offer expertise in the  
5 area of crisis intervention services, correct?

6 MR. STOFFERS:  
7 Objection.

8 THE WITNESS:  
9 I wouldn't say it that way. I would  
10 say that he knew that they could contact  
11 him for services should they feel a need  
12 for them, meaning the school could contact  
13 Mental Health Services.  
14 Saying it the other way, suggesting  
15 that Mental Health Services has a right or  
16 privilege to intrude upon a school and  
17 that's not the case.

18 EXAMINATION BY MR. CONWAY:  
19 Q. Should Bill Tiedeinann have pointed out to  
20 Ms. Morrison that Fran McIntyre was not a clinical  
21 psychologist?

22 A. He was not aware of that, and a reasonable  
23 person in like circumstances may not be aware of the  
24 difference. If he worked in the school and he had  
25 lots of friends in the psychology field and/or had

1 thought it was more important to go and deliver her  
2 package. This woman does not -- her behavior does  
3 not suggest that she really appreciates the gravity  
4 of suicide and the irreversibility of the  
5 consequences if it's successful.

6 Q. Those are all your criticisms of how she  
7 deviated from the standard of care. How did any of  
8 these deviations proximately cause Matthew's death?

9 MR. STOFFERS:  
10 You didn't let her finish her  
11 answer, Tom.

12 MS. WISTNER:  
13 I thought she was done, too.

14 MR. CONWAY:  
15 There was a five second silence.  
16 Are you done with your criticisms of  
17 your Fran McIntyre?

18 THE WITNESS:  
19 No, I'mnot.

20 She did not consider hospitalization a  
21 viable option. She did not contact her  
22 superiors as per protocol. She did not  
23 inform the inother of a requirement for a  
24 fitness for duty or fitness for school  
25 evaluation or letter from a mental health

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1 professional clearing him to return to  
2 school. She did not contact Mobile  
3 Crisis Services. She did not complete the  
4 evaluation. She did not get additional  
5 history about the youth that was clearly  
6 evident.

7 Had she asked the mother about the  
8 suicide history and the family, she could  
9 have gotten that and many other pieces of  
10 information that would have caused the risk  
11 scale to have met the critical scale,  
12 rather than the gray zone. And even  
13 though, if she didn't do the assessment, if  
14 she had completed the scale completely and  
15 used -- since she usually used this as part  
16 of her determination, somebody else would  
17 have been called.

18 No matter how you slice it, if  
19 she would have done one of these things, a  
20 mental health professional would have  
21 gotten involved requiring the fitness  
22 letter, completing the scale, it was a gray  
23 zone, would have required a mental health  
24 professional to be involved.

25 EXAMINATION BY MR. CONWAY:

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1 in good hands, and if that was not necessary or  
2 anything else was necessary, they would have  
3 recommended it.

4 Q. But how would that have prevented Matthew  
5 -- I'm still stuck on how would that have prevented  
6 him from committing suicide?

7 A. Okay. The way things may have panned out  
8 would have been, Mr. Tiedemann comes in, evaluates  
9 Matthew, he sees Matthew is not doing well. He may  
10 have picked up on the hallucinations and other  
11 things because he did that in his first evaluation.  
12 He may have looked at the suicide risk scale and  
13 said, "You didn't complete this." He may have  
14 looked at the suicide note and that had so many risk  
15 factors in it, that that would have led to  
16 additional intervention. So that would have been  
17 probably rehospitalizing him or at least bringing  
18 him into the hospital to meet with Dr. Lightbody.

19 So there's a reasonable likelihood that if  
20 he had received -- if Mr. Tiedemann had been called  
21 in, he would have hospitalized Matthew because the  
22 risk factors at this point, especially since he's  
23 had one hospitalization already, are far greater  
24 than they were in November.

25 Q. Why?

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1 Q. What kind of mental health provider?

2 A. It should have been any mental healthcare  
3 provider. The protocol for schools suggests it  
4 would have been with the Mobile Crisis Team.

5 Q. If she would have done what she was  
6 supposed to do, a medical provider such as Mobile  
7 Crisis Team would have been notified, correct?

8 A. I would say a mental health provider.

9 Q. Such as Bill Tiedemann would have been  
10 notified, correct?

11 A. Correct.

12 Q. How would that have prevented his suicide?

13 A. Because at that point if the school is  
14 requiring intervention and the mother's refusing  
15 than, that can be construed as a rejection of  
16 necessary intervention services, and the Office for  
17 Children's Safety or Children Services could get  
18 involved, if necessary, or the school could say,  
19 "Well, we think this is necessary."

20 And since Ms. Morrison was depending on the  
21 school psychologist's opinion, if she recommended  
22 Mr. Tiedemann see the child, then she would have  
23 been more likely to cooperate with Mr. Tiedemann and  
24 permit him to evaluate the child.

25 She didn't do that because she felt he was

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1 A. He's had one hospitalization, he's had a  
2 lot of risk factors, he's had interventions that  
3 haven't seemed to work. He's on medication and  
4 that's still not improving the situation. He's more  
5 organized in his thoughts and his plan. He's got a  
6 plan that's easily executed. There are tons of  
7 buildings around he could jump off. He's hopeless.

8 He knows the situation with his father is never  
9 going to come to fruition, and he's totally  
10 miserable. Whereas, he was reasonably miserable  
11 before. The risk factor and his hopelessness has  
12 escalated compared to where it was in November.  
13 He's a much more vulnerable child at this point.

14 Q. But you're saying even though his situation  
15 was a lot worse on December 8th, had Fran McIntyre  
16 done what you're suggesting she should have done,  
17 Matthew would not have committed suicide on December  
18 10th?

19 A. I would say that interventions would have  
20 been in place so that the likelihood of suicide  
21 would have been reduced. He could have killed  
22 himself in the hospital had he been there, but  
23 there's less likelihood if he's having medication  
24 adjusted, has people to talk to, working on his  
25 symptoms, et cetera.

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1 Q. Have you treated people with Matthew's set  
2 of mental illnesses and risk factors before?  
3 A. Yes, I have.  
4 Q. And I take it none of those adolescents  
5 that you treated who had a similar condition and  
6 situation such as Matthew committed suicide,  
7 correct?  
8 A. Not that I know of.  
9 Q. Because you indicated you only had one  
10 patient commit suicide?  
11 A. Right.  
12 Q. So all the patients that you've treated of  
13 Matthew's age, with Matthew's diagnoses and risk  
14 factors, all of those patients you've treated, none  
15 of them have committed suicide, correct?  
16 A. That I know of.  
17 Q. You indicated on Page 11, "Had  
18 Mr. Tiedemann (or one of his colleagues known) of  
19 the details of the December 8th suicide note, the  
20 Child Mobile Crisis Specialist would have arranged  
21 for Matthew to be hospitalized."  
22 That's your conclusion, correct?  
23 MR. STOFFERS:  
24 Where are you on there, Tom?  
25 MR. CONWAY:

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1 of the details of the December 8th suicide note the  
2 Child Mobile Crisis Specialist would have arranged  
3 for Matthew to be hospitalized."  
4 That's one of your conclusions, right?  
5 A. Uh-hum (Affirmative Response).  
6 Q. But you knew from reading Mr. Tiedemann's  
7 deposition that he knew about the suicide note and  
8 specifically knew that Matthew stated because his  
9 peers made fun of him he was going to kill himself,  
10 right, he knew that?  
11 MR. STOFFERS:  
12 Objection. You're referencing a  
13 report concerning details, and now you're  
14 referencing -- not referencing details in  
15 the note.  
16 EXAMINATION BY MR. CONWAY:  
17 Q. You read Page 131 of Mr. Tiedemann's  
18 deposition before you wrote your report, I hope,  
19 correct?  
20 A. Yes, I did.  
21 Q. Don't all your criticisms of Fran McIntyre,  
22 starting, I think on Page 9, going through Page 12,  
23 don't those criticisms also apply to Bill Tiedemann  
24 as a crisis intervention specialist?  
25 MR. STOFFERS:

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1 Page 11, 4.a.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. Is that your opinion of what would have  
4 happened?  
5 A. Yes. Based on what Mr. Tiedemann said and  
6 his past behavior and his training and the role of  
7 Mental Health Services.  
8 Q. But you're aware in Bill Tiedemann's  
9 deposition specifically at Page 131 that he did know  
10 the content of the December 8th suicide note?  
11 MR. STOFFERS:  
12 Objection.  
13 EXAMINATION BY MR. CONWAY:  
14 Q. Correct?  
15 MR. STOFFERS:  
16 Asked and answered.  
17 EXAMINATION BY MR. CONWAY:  
18 Q. And, yet, he didn't make arrangements for  
19 Matthew to be hospitalized?  
20 A. On Page --  
21 Q. 131.  
22 A. Excuse me.  
23 Q. I can rephrase the question.  
24 You indicate in Paragraph 4.a. on Page 11,  
25 "Had Mr. Tiedemann (or one of his colleagues known)

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1 Objection. Go ahead.  
2 THE WITNESS:  
3 All these criticisms, no.  
4 EXAMINATION BY MR. CONWAY:  
5 Q. Do any of these criticisms apply to him?  
6 A. Let's go through them one by one.  
7 Q. Do any of these criticisms apply? You  
8 wrote the report.  
9 A. Right. But you've given me a specific  
10 situation that I did not address in the report. I'm  
11 just trying to systematically go through it.  
12 Q. If we're going to do it that way, do you  
13 have any criticisms of Bill Tiedemann? I'll put it  
14 that way.  
15 A. Would there have been things I would have  
16 done differently myself?  
17 Q. You can start with that.  
18 A. Reasonable person to do --  
19 Q. Well, you're a reasonable person, right?  
20 A. I hope so.  
21 Q. Although you're not a social worker, what  
22 do you believe -- was there any reasonable actions  
23 that Bill Tiedemann should have taken that he didn't  
24 in your opinion?  
25 MR. STOFFERS:



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1 On December 8th?  
2 EXAMINATION BY MR. CONWAY:  
3 Q. At any time in his handling of this case?  
4 A. At any time?  
5 Q. At any time.  
6 A. There may have been one thing I would have  
7 done differently.  
8 Q. What would that have been?  
9 A. But it's not his doing. It is not below  
10 the standard of care. I may not have closed the  
11 case at -- well, I may have closed the case earlier,  
12 once the child was admitted, and if they wanted ine  
13 involved later, I may have been involved, if they  
14 wanted to reopen the case because the linkage to the  
15 hospital had been made.  
16 But I also may not have closed the case at  
17 that time on the day of the crisis.  
18 Q. Why not?  
19 A. Because that's just me.  
20 Q. Why would you have reasonably chosen not to  
21 close the case on December 8th?  
22 A. Because I'm a day person and not a night  
23 person, and I like to do my thinking more clearly  
24 during the day.  
25 Q. Meaning that you would have thought this

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1 over and made a decision on the 9th?  
2 A. Right. And that's just how I operate.  
3 Q. Is that a reasonable and prudent thing to  
4 do?  
5 A. Both are.  
6 Q. Do you think Bill Tiedemann should have  
7 talked with his supervisor prior to closing this  
8 case?  
9 A. Actually, he couldn't close the case  
10 officially without his supervisor's involvement.  
11 Q. Did he speak with his supervisor prior to  
12 closing the case with Ms. Morrison on December 8th?  
13 A. He suggested to her that he might be  
14 closing the case, but he did not have the authority  
15 on his own to close the case, and that's why he  
16 could only suggest it.  
17 Q. Who ultimately made the decision to close  
18 the case then?  
19 A. I believe lie had to collaborate with the  
20 supervisor or his supervisor, read the record and  
21 closed it. I don't recall specifically.  
22 Q. Kirsten Hagesfeld was the supervisor who on  
23 December 9th, 1998 signed off on Bill Tiedemann's  
24 termination note. Are you aware of that?  
25 A. It may sound familiar, but I don't have it

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1 right in front of me.  
2 Q. You can look at the Mobile Health Crisis  
3 records, if you would like. I'm sure it's in the  
4 depos you reviewed as well.  
5 Bill Tiedemanil on December 8th, 1998, wrote  
6 this service note, and it was signed off on December  
7 9th, 1998 by Kirsten Hagesfeld. I believe that's  
8 what the deposition testimony established, too?  
9 A. So she closed the case.  
10 Q. Was there a termination note written down?  
11 If he could not close the case, she had to close the  
12 case. I didn't come across a termiiatioii note in  
13 addition to this December 8th note. Did you?  
14 A. I believe the December 8th note could serve  
15 as a termination note after mom has rejected  
16 services twice in a row, but the official process or  
17 the formal process of closing the case was not able  
18 to be completed by Mr. Tiedemann alone.  
19 Q. Now, did his supervisor, Kirsten Hagesfeld,  
20 a licensed, independent social worker have an  
21 obligation to discuss this case and the  
22 circumstances of this case with Bill Tiedemanil prior  
23 to signing off on his December 8th, 1998  
24 termination?  
25 MR. STOFFERS:

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1 Objection. Go ahead.  
2 MR. STOFFERS:  
3 Could you repeat question?  
4 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY  
5 THE COURT REPORTER.)  
6 THE WITNESS:  
7 It would be reasonable to do that.  
8 EXAMINATION BY MR. CONWAY:  
9 Q. If Kirsten Hagesfeld did not do that, would  
10 she have deviated from the standard of care of a  
11 licensed, independent social worker?  
12 MR. STOFFERS:  
13 Objection.  
14 Go ahead.  
15 THE WITNESS:  
16 I would say that depends.  
17 EXAMINATION BY MR. CONWAY:  
18 Q. Depends on what?  
19 A. It depends on what her relationship with  
20 Mr. Tiedemann's is like in terms of her comfort  
21 level with his competence and his ability, whether  
22 or not he had similar cases, or whether or not he --  
23 say, a few dozen cases where people usually refuse  
24 services, you close the file.  
25 Q. Do you know how long Bill Tiedemann had

45 (Pages 174 to 177)

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1 been practicing social work with Mental Health  
2 Services prior to December 8th, 1998?  
3 A. I don't recall specifically.  
4 Q. Do you know what the law is in Ohio  
5 regarding the authority of a licensed social worker  
6 to act without the supervision of a licensed and  
7 independent social worker?  
8 A. He's not supposed to.  
9 Q. So regardless of Kirsten Hagesfeld's  
10 comfort level, she had an obligation to discuss this  
11 termination with Bill Tiedemann prior to signing off  
12 on it, correct?  
13 MR. STOFFERS:  
14 Objection. Asked and answered.  
15 THE WITNESS:  
16 If she reviewed his progress note, it  
17 would be reasonable to assume that she  
18 didn't have any specific questions to ask  
19 him, if she signed it without discussing  
20 it. And it would have been wise for her  
21 not to sign it if she had any questions.  
22 EXAMINATION BY MR. CONWAY:  
23 Q. But you don't think she had an obligation  
24 to talk with Bill Tiedemanil about it, discuss it  
25 with him personally?

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1 THE WITNESS:  
2 I couldn't say those were criticisms.  
3 I would say there's more than one way to  
4 skin a cat, so to speak.  
5 EXAMINATION BY MR. CONWAY:  
6 Q. Do you have any criticisms then of Bill  
7 Tiedemann?  
8 A. No, I do not.  
9 Q. Do you have any criticisms of Kirsten  
10 Hagesfeld?  
11 A. No, I do not.  
12 Q. Do you have any criticisms of any of the  
13 nurses at Saint Luke's Hospital?  
14 A. I didn't formulate an opinion, but nothing  
15 comes to mind that would concern me, per se.  
16 Q. Do you have any opinion regarding the  
17 mother's diagnosis of depression and posttraumatic  
18 stress disorder?  
19 A. After the fact?  
20 Q. Yes.  
21 A. In terms of consequences of Matthew's  
22 death?  
23 MR. PHILIPP:  
24 Objection to form.  
25 MR. STOFFERS:

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1 MR. STOFFERS:  
2 Objection.  
3 THE WITNESS:  
4 I don't know that may have occurred in  
5 groups of revision. Each person does it  
6 differently. In that time frame it's  
7 possible that unless he had any urgent  
8 concern, she may not have discussed it with  
9 him. Supervision doesn't occur every day  
10 unless absolutely necessary, so there may  
11 have been a scheduled time or they would  
12 have reviewed all the cases that were  
13 closed. Unfortunately, prior to any  
14 scheduling, we had this tragically with  
15 Matthew dying.  
16 EXAMINATION BY MR. CONWAY:  
17 Q. That type of sudden tragedy can occur at  
18 any time when you're dealing with a 13-year old in  
19 Matthew Morrison's situation, correct?  
20 A. It could occur at any time.  
21 Q. Any other criticisms of Bill Tiedemann that  
22 you have?  
23 A. I wouldn't say.  
24 MR. STOFFERS:  
25 Objection.

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1 Objection.  
2 THE WITNESS:  
3 I have not seen her medical records.  
4 I was not her psychiatrist. I was not  
5 asked to formulate an expert opinion on  
6 that, and I don't feel comfortable treading  
7 those waters.  
8 EXAMINATION BY MR. CONWAY:  
9 Q. What degree of emotional pain would Linda  
10 Morrison have been in, based upon your experience as  
11 a psychiatrist, as it relates to the suicide of  
12 Matthew?  
13 MR. STOFFERS:  
14 Objection.  
15 MR. PHILIPP:  
16 Objection. Calls for speculation.  
17 THE WITNESS:  
18 You're asking me to speculate.  
19 However, the loss of a child can be  
20 profound for any parent because we expect  
21 our children to outlive us.  
22 EXAMINATION BY MR. CONWAY:  
23 Q. Based upon your experience and treating  
24 patients, can that lead a parent such as a mother  
25 who actually found her son hanging, could that cause

46 (Pages 178 to 181)

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1 her depression, posttraumatic stress disorder?  
2 MR. STOFFERS:  
3 Same objection.  
4 MR. PHILIPP:  
5 Objection.  
6 EXAMINATION BY MR. CONWAY:  
7 Q. Have you ever had patients that suffered  
8 from those two diagnoses following a suicide death  
9 of their child?  
10 A. There are two questions.  
11 Q. Let's go back to the first one.  
12 Based upon your training and experiences as  
13 a psychiatrist, have you seen parents such as  
14 Ms. Morrison who have suffered depression and  
15 posttraumatic stress disorder in association with a  
16 suicide death of one of their children?  
17 MR. STOFFERS:  
18 Objection. Speculation. Lack of  
19 foundation. Go ahead.  
20 MR. PHILIPP:  
21 Same objection.  
22 THE WITNESS:  
23 Finding a loved one that has just  
24 committed suicide is a potential  
25 precipitant for traumatic stress disorder,

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1 yes.  
2 EXAMINATION BY MR. CONWAY:  
3 Q. And depression?  
4 A. Yes.  
5 Q. And I would imagine that those events could  
6 also lead to similar emotional pain in siblings of a  
7 child suicide victim?  
8 MR. PHILIPP:  
9 Same objection.  
10 MR. STOFFERS:  
11 Objection.  
12 THE WITNESS:  
13 It's possible. But again, I didn't  
14 review those records so I can't comment  
15 specifically on this case.  
16 EXAMINATION BY MR. CONWAY:  
17 Q. I take it that you're not going to comment  
18 on it at trial?  
19 A. Not without records before me. I can say  
20 they are precipitants. It would not be unusual, and  
21 there were other risk factors and other losses that  
22 they experienced that may have contributed to that,  
23 but in terms of their actual diagnosis and  
24 treatment, I can't speak to that. I was only asked  
25 to review Matthew's records, not their records.

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1 Q. Did you read Elizabeth Bach's note of  
2 December 8, 1998?  
3 A. The name doesn't ring a bell.  
4 Q. She was another one of Bill Tiedemann's  
5 supervisors. She in her service note, in her  
6 service note for 12:20 p.m. "Phone call for 12/8/98,  
7 client's mom calling back, calling because school  
8 contacted her because of suicide note was found.  
9 And it says mom is upset about client's current  
10 mental status and is wanting to let us know. She  
11 has been playing phone tag with Bill T and would  
12 like to talk to him.  
13 "The school is evaluating the client's  
14 suicide ideations as we speak, and mom is afraid  
15 because she can't get to school because of  
16 transportation issue."  
17 Do you remember reading that?  
18 A. Yes.  
19 Q. Description of services performed and  
20 outcome as SP goal. "I explained that Bill would  
21 follow-up with the school when he came in at 1:30  
22 p.m., and assess whether or not CMCT outreach is  
23 needed at this time or if the school can handle it."  
24 Did Bill Tiedemann follow through on what  
25 Elizabeth Bach said he was going to do?

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1 A. He called the school. The school put mom  
2 on the phone. By then mom's anxiety was somewhat  
3 alleviated because she had arrived at the school.  
4 She had seen her son and had been assured that  
5 everything was okay and that he was being evaluated.  
6 So Fran McIntyre may or may not have spoken to  
7 Mr. Tiedemann, but if she did, she did not indicate  
8 that intervention was needed, follow-up was needed,  
9 a fitness evaluation was needed or anything of the  
10 sort.  
11 Q. Have you had an opportunity to look at any  
12 of the original service notes?  
13 A. What do you mean by "original service  
14 notes"?  
15 Q. Original service notes in their original  
16 ink writing?  
17 A. No.  
18 Q. In the December 9th, 1998 termination note  
19 that Bill Tiedemann wrote and was signed off by  
20 Kirsten Hagesfeld, follow-up services planned, who  
21 is to provide them and when. Case to be closed,  
22 linkage is made, client stable.  
23 Was Matthew stable as of December 8th at  
24 9:30 p.m.?  
25 A. According to his mother and according to

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1 the school psychologist, yes, or else he wouldn't  
2 have been permitted to go home and/or the mother  
3 would have requested additional intervention. She  
4 said it was fine.

5 Q. Shouldn't Bill Tiedemanil have spoken with  
6 Frail McIntyre before being put on the phone with the  
7 mother?

8 MR. STOFFERS:

9 Objection.

10 EXAMINATION BY MR. CONWAY:

11 Q. Ill your opinion --

12 MR. STOFFERS:

13 Objection to foundation, form. Asked  
14 and answered a number of times.

15 Go ahead.

16 THE WITNESS:

17 I don't think he was under the  
18 obligation to speak with her or to demand  
19 to speak to her. The call was initiated by  
20 the mother. He called the school to learn  
21 the status. They put the mother on the  
22 phone.

23 The mother in her best estimation  
24 provided the status, even though if they  
25 had spoken with Ms. McIntyre, based on her

1 THE WITNESS:

2 In terms of the crisis as described by  
3 the mother and Ms. McIntyre, the crisis was  
4 over. By the time he went home, the  
5 immediate crisis had deescalated and he  
6 continued to improve throughout the hours  
7 before Mr. Tiedemann called.

8 EXAMINATION BY MR. CONWAY:

9 Q. You don't believe that Mr. Tiedemann's  
10 perception on 12/8 at 9:00 was that there was an  
11 unresolved crisis?

12 A. The crisis unresolved in terms of what?

13 Q. I'm just -- there seems to be a crisis,  
14 suicide ideations, and Matthew writing a suicide  
15 note on 12/8. And my question is whether or not  
16 that crisis was resolved at the time that  
17 Mr. Tiedemann decided to close the case?

18 MR. STOFFERS:

19 Objection. Asked and answered.

20 Go ahead.

21 THE WITNESS:

22 At the time that Mr. Tiedemann closed the  
23 case, Matthew was not eminently suicidal. In  
24 other words, he had discussed some of his  
25 concerns with Ms. McIntyre. He had deescalated

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1 behavior, I would think that she wouldn't  
2 have explained, "I'm a school psychologist,  
3 here is the limits of my expertise,"  
4 because she had already made her clinical  
5 determination based on the data she had in  
6 front of her and perhaps some other  
7 knowledge that he was fine, the crisis was  
8 over, and he could go home.

9 MS. WISTNER:

10 Move to strike.

11 MR. CONWAY:

12 I don't think I have any other  
13 questions at this time.

14 What I'm going to do is go through the  
15 exhibits while Rebecca asks question and  
16 maybe mark some additional ones to be  
17 copied.

18 EXAMINATION BY MR. CONWAY:

19 Q. I have a couple of other questions. One  
20 specific.

21 Doctor, at the time that Mr. Tiedemann  
22 closed this case, Matthew still had an unresolved  
23 suicide crisis going on, didn't he?

24 MR. STOFFERS:

25 Objection. Go ahead.

1 and seemed to be sufficiently calm on its face  
2 to return home. Mr. Tiedemann believed that  
3 Matthew had been evaluated, the follow-up  
4 appointment had been arranged, and it was  
5 determined that he, Matthew, was reasonably safe  
6 to return home.

7 Based on what was reported by Ms. Morrison,  
8 Matthew only continued to improve that evening  
9 and she was monitoring him closely should  
10 anything change.

11 EXAMINATION BY MR. CONWAY:

12 Q. My question is: Was there still a crisis  
13 as of 9/30 p.m. on 12/8/98? I know what all the  
14 facts are. I'm asking your opinion.

15 Was there a crisis still in existence as of  
16 9:30 p.m. on 12/8/98?

17 MR. STOFFERS:

18 Objection.

19 THE WITNESS:

20 Was there an eminent suicide crisis?

21 EXAMINATION BY MR. CONWAY:

22 Q. Was there any type of crisis involving  
23 Matthew Morrison at 9:30 p.m. on 12/8/98?

24 A. That's a very global question. That's what  
25 I was getting at by what you meant by "crisis."

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1 I don't feel comfortable answering a global  
2 question, but if you can be more specific, I'll be  
3 more than happy to try to answer. We're all in  
4 perpetual crisis. It depends on how you define it.

5 Q. That's pretty clever, Doctor, except the  
6 perpetual crisis that Matthew had ended in his  
7 suicide in less than two days in the future. So if  
8 you don't know the definition that I'm looking for,  
9 that's fair enough. But I don't think there's any  
10 humor to this.

11 MR. STOFFERS:

12 She's not being humorous.

13 MR. CONWAY:

14 Some people think it's humorous, I  
15 don't.

16 THE WITNESS:

17 You asked about crisis and then  
18 you asked about suicide, then you moved to  
19 global crises, so it's getting confusing.

20 EXAMINATION BY MR. CONWAY:

21 Q. This case involves Matthew's suicide  
22 ideations that first came to light on November 10th,  
23 1998. He was treated for that up until December  
24 8th, 1998.

25 As a mental health professional, as of

1 A. I have that in front of me.

2 Q. Let's go to the Termination of Services  
3 note.

4 This was another note that was filled out  
5 by Bill Tiedemann. This note is at 9:35 p.m., and,  
6 once again, this note was signed off by a supervisor  
7 on 12/9/98, correct?

8 A. Yes.

9 Q. Reason for termination of services, it  
10 doesn't indicate the reason for termination of  
11 services was that he was being treated by Fran  
12 McIntyre, does it?

13 A. It says "Client stable, client linked to  
14 ongoing service.

15 Q. What services does Bill Tiedemann believe  
16 that Matthew has been linked to?

17 A. Outpatient follow-up.

18 Q. Under C, unresolved problems and/or issues.

19 A. "Client has recurring suicidal ideations,  
20 mom to contact CMCT, if needed."

21 Q. Doctor, do you consider a case such as  
22 Matthew's, with his history, who is having recurring  
23 suicidal ideations to be a stable patient?

24 MR. STOFFERS:

25 Objection. Go ahead.

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1 9:30 p.m. on December 8th, 1998, do you think  
2 Matthew was still in a crisis situation in relation  
3 to his suicide ideations?

4 MR. STOFFERS:

5 Objection. Go ahead.

6 THE WITNESS:

7 Was he eminently suicidal at that  
8 moment? No. Was he at risk of, given his  
9 clinical status and the information that  
10 Ms. McIntyre had? Yes. It would not be  
11 reasonable for Mr. Tiedemann to know that  
12 because he wasn't privy to that  
13 information.

14 EXAMINATION BY MR. CONWAY:

15 Q. Do you have -- maybe we are missing  
16 something.

17 Do you have Bill Tiedemann's note from  
18 December 8th, 1998? Could you go through your  
19 record and find that, please?

20 A. What's the date again?

21 Q. December 8th, 1998.

22 THE WITNESS:

23 Termination of Services note.

24 EXAMINATION BY MR. CONWAY:

25 Q. You have a Termination of Services note.

1 THE WITNESS:

2 In terms of the immediate crisis, he  
3 was stable. In terms of his mental state,  
4 he required additional mental health  
5 treatment, which is why the appointment was  
6 so critical.

7 EXAMINATION BY MR. CONWAY:

8 Q. Do you think an appointment on December  
9 30th, 1998, was sufficient to address Matthew's  
10 recurring suicidal ideations, which was an  
11 unresolved problem as of December 8th, 1998?

12 MR. STOFFERS:

13 Objection. Go ahead.

14 THE WITNESS:

15 Do I think that was a reasonable  
16 appointment?

17 EXAMINATION BY MR. CONWAY:

18 Q. Do you think that that appointment for that  
19 date was reasonable in light of the recurring  
20 suicidal ideations that Bill Tiedemann noted in his  
21 termination service note?

22 MR. STOFFERS:

23 Objection to form.

24 THE WITNESS:

25 That was the best that he could get

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1 and Ms. Beard-Chaney could get, and so it's  
2 not unusual. What would have been  
3 preferred was that she made the appointment  
4 sooner, and probably she would have  
5 received a sooner appointment had she,  
6 Ms. Beard-Chaney, made the appointment  
7 while Matthew was hospitalized.

8 EXAMINATION BY MR. CONWAY:

9 Q. Bill Tiedemann could have contacted  
10 Applewood himself and attempted to make an earlier  
11 appointment as well, correct?

12 MR. STOFFERS:

13 Objection. Foundation, form.

14 THE WITNESS:

15 A wait of 22 days is not unusual.  
16 Oftentimes that's the best you can get. In  
17 some situations, I've heard 60 days, which  
18 is utterly ridiculous, but it happens  
19 because of the available resources or lack  
20 thereof.

21 MR. CONWAY:

22 I don't believe I have any further  
23 questions.

24 EXAMINATION BY MS. WISTNER:

25 Q. Good afternoon, Doctor. My name is Rebecca

1 evaluation of a student --

2 A. Of a youth who happened to be a student  
3 within the system.

4 Q. And how did that entail any interaction  
5 with the schools?

6 A. Well, there is parental feedback, sometimes  
7 speaking with guidance counselors or reviewing  
8 records. Occasionally speaking with a teacher.

9 Q. So you spoke with some guidance counselors  
10 in the Cleveland school district?

11 A. Yes.

12 Q. You spoke with some teachers?

13 A. Yes.

14 Q. Anyone else?

15 A. I can't recall anyone else.

16 Q. Did you ever speak with any school  
17 psychologists in the Cleveland school district in  
18 connection with this work?

19 A. It's possible.

20 Q. You don't recall?

21 A. I think it's possible. Now that I think of  
22 it, usually our clinical psychologists would speak  
23 with a school psychologist if additional testing  
24 information was required.

25 Q. What do you mean your clinical

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1 Wistner. I represent Fran McIntyre. I introduced  
2 myself earlier. I have a few questions for you.

3 You lived in the Cleveland area for  
4 approximately a year during your fellowship?

5 A. Yes.

6 Q. And you lived in Columbus or the Columbus  
7 area for approximately two years?

8 A. Yes.

9 Q. Is that the only time that you lived in  
10 Ohio or have there been other times?

11 A. Yes.

12 Q. That's the only time?

13 A. Yes.

14 Q. Now, when you were in Cleveland, you were  
15 doing your fellowship at Case Western Reserve?

16 A. Correct.

17 Q. Did you have any interaction with any of  
18 the school districts in the area at that time?

19 A. Yes, I did.

20 Q. With which school districts?

21 A. Mostly the Cleveland school district.

22 Q. In what capacity?

23 A. Usually court or psychiatric evaluations  
24 for the juvenile court.

25 Q. You will be making a court ordered

1 psychologists?

2 A. Well, we had a team of social workers,  
3 psychologists and child psychiatrists, many of whom  
4 were trained forensically, and oftentimes to  
5 expedite things, the social worker and/or the  
6 psychologist would have gone through the data and  
7 gotten additional data prior to the psychiatrist  
8 receiving a packet. If there was additional  
9 information required, then I would make calls and  
10 inquiries.

11 Q. You as the psychiatrist would make?

12 A. Right.

13 Q. Approximately how many different types of  
14 cases like these did you work on while you were in  
15 Cleveland?

16 A. In terms of medical --

17 Q. The court-ordered evaluations.

18 A. Between, I don't know, 30 and 40.

19 Q. And on some of those 30 to 40 court-ordered  
20 evaluations, you had some interaction with the  
21 Cleveland school district?

22 A. Yes.

23 Q. Not on all, though?

24 A. I either reviewed records I think pretty  
25 much on all of them or maybe 90 percent of them.

50 (Pages 194 to 197)

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1 Q. But you didn't actually speak to someone  
2 from the Cleveland school district on all of those?  
3 A. No, I did not.  
4 Q. You don't specifically remember if you  
5 spoke with any of the clinical psychologists but you  
6 might have.  
7 Other than these interactions with the  
8 school district in connection with the court-ordered  
9 evaluations, did you have any other interactions  
10 with the Cleveland municipal school district while  
11 you were in Cleveland?  
12 A. Occasional record review for young adults  
13 in the court psychiatry clinic.  
14 Q. Anything else?  
15 A. Informally, met a few people that worked  
16 for the public schools.  
17 Q. In what capacity?  
18 A. Social, lectures.  
19 Q. I'm sorry. I meant what were their job  
20 duties, teachers or administrators?  
21 A. Different people, I don't recall any  
22 specific names, and former employees.  
23 Q. You had two different positions in  
24 Columbus?  
25 A. Right.

1 other professional interaction with public school  
2 districts in the state of Ohio?  
3 A. In the state of Ohio, no.  
4 Q. What about in other states?  
5 A. Yes. In Buffalo, I had quite a bit of  
6 contact with school teachers because they often  
7 referred you to our hospital due to behavioral  
8 concerns or psychiatric symptoms.  
9 Q. In terms of returning youth to school from  
10 juvenile justice and youth on probation for court,  
11 we had contact with school systems. In Pittsburgh  
12 we had a good deal of contact with school systems  
13 and different disciplines as part of our training in  
14 looking at every level of development, visiting  
15 schools, work, in schools at times to provide Mental  
16 Health Services. And working at a day treatment  
17 program that involved certified school and  
18 preschool, kindergarten teachers.  
19 In the community, I had interactions with  
20 school nurses, school psychologists and teachers  
21 within the greater Pittsburgh area for treatment of  
22 youth and outpatient clinic.  
23 Q. You mentioned that this was in Pittsburgh  
24 that you provided Mental Health Services in schools?  
25 A. Yes.

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1 Q. And one was in Maryville for the Ohio  
2 Department of Rehabilitation & Corrections?  
3 A. Correct.  
4 Q. What were your job duties in that position?  
5 A. Psychiatric evaluations in treatment of  
6 adolescents and adults, females.  
7 Q. Your other position was with the Ohio  
8 Division for Youth Services, correct?  
9 A. Right.  
10 Q. What were your job duties in that position?  
11 A. Similar services for adolescents.  
12 Q. Was that position, did that involve  
13 adolescents in correctional facilities or not?  
14 A. Yes.  
15 Q. Only in correctional facilities?  
16 A. Adolescents committed to correctional  
17 facilities that had mental health concerns.  
18 Q. During the time that you lived in Columbus,  
19 did you have any interactions with any school  
20 districts?  
21 A. No. Only the teachers within the  
22 correction systems.  
23 Q. Other than your work on the court-ordered  
24 evaluations in Cleveland and the teachers and their  
25 corrections facilities in Columbus, have you had any

1 Q. Can you explain that?  
2 A. They were trying to develop in-school  
3 support service.  
4 Q. "They" being what school?  
5 A. Pittsburgh public school system.  
6 Collaborating with Western Psychiatry Institute &  
7 Clinic to develop an in-school program for Mental  
8 Health Services to reach out to those youth who  
9 would not otherwise be receiving mental health  
10 services because they couldn't come to the clinic or  
11 transportation problems, or whatever.  
12 Q. That was in collaboration with who,  
13 Western?  
14 A. Western Psychiatric Clinic.  
15 Q. Western Institute?  
16 A. & Clinic.  
17 Q. What was your role in that project?  
18 A. I was a child psychiatry fellow, and we  
19 would evaluate youth and make recommendations.  
20 Q. Were there other psychiatrists that  
21 evaluated students and made recommendations?  
22 A. Yeah. It was a rotation. We also worked  
23 in the child outpatient clinic where we would get  
24 referrals from schools, or part of our training was  
25 to talk with teachers and other health professionals

5 1 (Pages 198 to 201)

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1 in the school to get feedback from them. But the  
2 concerns were in schools so we could adequately  
3 address them.

4 Q. When you worked on this program, where did  
5 you see the students, at school or somewhere else?

6 A. We saw the youth -- when the program first  
7 started, we saw them in school. If they needed  
8 further assessment, we saw them five or six blocks  
9 from school at the office.

10 Q. You were not employed directly by the  
11 school system?

12 A. No. It was a collaborative effort.

13 Q. None of the psychiatrists were employed  
14 directly by the school system?

15 A. No.

16 Q. Did the Pittsburgh school system employ any  
17 clinical psychiatrists, to your knowledge?

18 A. No. That's why they were collaborating  
19 with the university.

20 (WHEREUPON, A SHORT BREAK WAS TAKEN.)

21 EXAMINATION BY MS. WISTNER:

22 Q. Before we took a break, we were talking  
23 about your work in Pittsburgh in the schools. Do  
24 you recall that?

25 A. Yes.

1 whether they are employed by some other entity?

2 A. They are usually employed by the university  
3 but who is paying the salary, I don't know whether  
4 it's a grant or whether the school system has monies  
5 allocated for that. But I know that it's a  
6 collaborative arrangement, and there is a contract  
7 between the school and the university for those  
8 services.

9 Also, I've heard of a number of other  
10 schools, mainly alternative schools have a mental  
11 health counselor and psychologist come to the  
12 schools regularly.

13 Q. The school you were talking about here, is  
14 that New Orleans public schools?

15 A. I believe so.

16 Q. You've indicated that you had some  
17 interaction with school psychologists in Pittsburgh?

18 A. Yes.

19 Q. What school district was that?

20 A. The Pittsburgh public schools.

21 Q. Other than the school psychologists in the  
22 Pittsburgh public schools, have you had professional  
23 interactions with any other school psychologists?

24 A. In Buffalo. Actually, I shared office  
25 space with one of them.

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1 Q. Are you aware of any public school district  
2 that directly employs a clinical psychologist or  
3 psychiatrist in the school system?

4 A. A clinical psychologist in the school  
5 system?

6 Q. Or psychiatrist.

7 A. Actually, I'm not sure of the financial  
8 arrangement, but we have that here where there is a  
9 mental health clinic in the schools, and that's  
10 becoming more in vogue around the country. I  
11 believe there are some in Pittsburgh. As far as  
12 Cleveland, and what's available, I'm not certain.

13 Q. So in the schools here, if there is a  
14 suicide crisis involving a student, they are  
15 referred to the school's mental health clinic?

16 A. If there's a suicide crisis, it would  
17 depend on whether or not the clinic was open on that  
18 day.

19 Q. Assuming the clinic is open?

20 A. There's a psychiatrist on staff, so,  
21 definitely, there would be an evaluation by the  
22 psychiatrist or psychologist or the social worker,  
23 the mental health social worker.

24 Q. And you're not sure whether those people  
25 are direct employees of the school district or

1 Q. What school system was that?

2 A. Buffalo school, public schools. I should  
3 say the Erie County system.

4 Q. Did you supervise school psychologists in  
5 either of these settings?

6 A. There was some supervision of a school  
7 psychologist.

8 Q. Of one school psychologist?

9 A. Yes.

10 Q. And which position?

11 A. In Buffalo.

12 Q. Why don't you tell me exactly what your  
13 role was in Buffalo?

14 A. Well, we shared an office suite, and they  
15 had hired the school psychologist for this facility.

16 Q. For what facility?

17 A. The East Erie, Erie County Detention  
18 Center, because they didn't appreciate the  
19 difference between a clinical psychologist and a  
20 school psychologist, so they had the person doing  
21 screenings, support interventions, running groups  
22 and assessing kids for --

23 Q. The Erie County Detention Center hired a  
24 school psychologist?

25 A. Yes. But his funding came through the



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1 budget of the Buffalo public schools because they  
2 provided the educational services.

3 Q. And this person was certified as a  
4 psychologist?

5 A. Yes.

6 Q. And did not have a Ph.D. or M.D.?

7 A. No.

8 Q. What was your position in this situation?

9 A. Collaborative efforts were initiated, but I  
10 knew there were limitations to what could be  
11 expected because the job description did not match  
12 the educational qualifications of the psychologist,  
13 which was unfortunate for him, the organization and  
14 for the youth.

15 Q. When you say "collaborative efforts," I'm  
16 trying to understand what your role was.

17 A. I'm evaluating and treating youth with  
18 medication and psychotherapy. I supervise the child  
19 psychiatry fellows and I worked collaboratively with  
20 the school psychologist to stabilize youth and to  
21 get them functioning better so they could return to  
22 their home environments eventually, or wherever the  
23 court remanded them.

24 Q. How long did you have these collaborative  
25 efforts with this one school psychologist?

1 history that may have been relevant to a particular  
2 case or if they had psychological testing that was  
3 of use or if they had particular concerns about a  
4 youth returning to school.

5 Q. You've indicated several times that a  
6 school psychologist has a different education and  
7 training than a clinical psychologist?

8 A. Correct.

9 Q. How did you come to learn that?

10 A. I came to learn that as part of my child  
11 psychology training.

12 Q. In medical school?

13 A. No. In fellowship.

14 Q. Am I correct that before your fellowship,  
15 you really didn't have interaction with school  
16 psychologists?

17 A. Correct. Actually, I had contact with one  
18 school psychologist that used to be a teacher of  
19 mine and got her section, but that was about all.

20 Q. You had contact with one professionally or  
21 socially?

22 A. Socially. Actually, it was part of the  
23 mental health treatment team in the hospitals during  
24 the treatment of adolescents. I believe there was  
25 a school psychologist that would show up for team

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1 A. About nine months.

2 Q. Other than that particular school  
3 psychologist, did you have interactions with any  
4 other school psychologists who were working more  
5 directly for the school district in Buffalo?

6 A. Our school psychologist in the hospital.  
7 It wasn't Buffalo. It was the suburbs of Buffalo in  
8 west New York.

9 Q. The hospital employed a school  
10 psychologist?

11 A. Yes. There were clinical psychologists,  
12 Master's level psychologists under supervision, and  
13 I think there was one or two school psychologists,  
14 or school psychologists that served a dual role as  
15 teachers, also.

16 Q. Teachers in the hospital or teachers in the  
17 schools?

18 A. The hospital school. Kids stayed for a  
19 good amount of time, sometimes years, so they had a  
20 full school staff.

21 Q. Did you have any professional interactions  
22 in the Buffalo area with school psychologists  
23 working directly in the schools other than what you  
24 already talked about?

25 A. I did speak with them on occasion regarding

1 meetings. It was a clinical psychologist. This was  
2 a prerequisite, but there was a school psychologist  
3 that did evaluations as a matter of course.

4 Q. Are you familiar with the requirements for  
5 becoming a school psychologist in the state of Ohio?

6 A. Not specifically. I believe it's about a  
7 year training, but I'm not familiar with the  
8 specific details.

9 Q. Are you familiar with any type of tests  
10 that a school psychologist has to take?

11 A. There's certification tests that I've heard  
12 about. I don't know whether it's state specific or  
13 national.

14 Q. Have you ever seen that test?

15 A. No, I haven't.

16 Q. What training do you have in the field of  
17 school psychology?

18 A. I have training that allows me to  
19 collaborate with school psychologists and to request  
20 specific information regarding detection of learning  
21 disorders and such.

22 Q. You understand that one of the primary job  
23 duties of a school psychologist is detecting  
24 learning disability and evaluating students for  
25 placement?

53 (Pages 206 to 209)

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1 A. Yes, I do.  
2 Q. Correct?  
3 A. Yes, I do.  
4 Q. Where did you receive your training to  
5 collaborate with school psychologists?  
6 A. At the University of Pittsburgh.  
7 Q. Anywhere else?  
8 A. No. That was the child part of the child  
9 psychiatry fellowship.  
10 Q. Have you attended any type of training or  
11 courses that are given specifically to school  
12 psychologists?  
13 A. I have attended lectures that were given by  
14 school psychologists to familiarize child  
15 psychiatry, trainees and child psychiatrists with  
16 what a school psychologist can offer and cannot  
17 offer, how to collaborate, and basic information  
18 about some of the learning disorders.  
19 Q. How many times have you attended such  
20 lectures?  
21 A. I don't know how many times. I know as a  
22 matter of course they are part of the curriculum,  
23 and on specific rotations, which were three months  
24 long, you might have regular interactions  
25 with the school psychologist, so when you're working

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1 on an autism unit you would learn how a school  
2 psychologist would interact with the mentally  
3 retarded youth and youth with other developmental  
4 disabilities or in terms of adolescents with drug  
5 problems, how that can affect the learning process,  
6 et cetera, adolescents with depression, how that  
7 might affect the learning process, same thing.  
8 Q. Where did you attend these lectures given  
9 by school psychologists?  
10 A. At the hospital.  
11 Q. Which hospital?  
12 A. Western Psychiatric Institute.  
13 Q. In Pittsburgh?  
14 A. Yes.  
15 Q. Anywhere else?  
16 A. No. They came to us.  
17 Q. Were these school psychologists in the  
18 state of Pennsylvania?  
19 A. Yes.  
20 Q. Have you given any training to the school  
21 psychologists?  
22 A. Yes. The school psychologists that I  
23 supervised and a couple of other ones came by for a  
24 seminar. Well, I regularly had discussions with the  
25 school psychologists.

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1 Q. The ones that you trained?  
2 A. Yes.  
3 Q. The ones that you supervised?  
4 A. Yes. But I also have given informal  
5 seminars and usually the topic is when to cut your  
6 losses and when to refer, which is the most  
7 important thing that anyone working in a school  
8 system or any other system supervising people who  
9 might potentially be vulnerable needs to know.  
10 Q. When have you given these informal  
11 seminars?  
12 A. In Buffalo and in Pittsburgh because we  
13 also did the postvention training when there was a  
14 crisis of -- someone attempts a shooting, or such,  
15 we would go into the schools.  
16 Q. What do you mean by informal seminar?  
17 A. Informal seminars meaning it wasn't a part  
18 of an accredited curriculum, but it was part of a  
19 continuing education process or special learning  
20 where I was asked to present to a group.  
21 Q. Who asked you to present to a group?  
22 A. A variety of people. As a matter of fact,  
23 I did one several months ago about mental health in  
24 correctional females to the entire school, school  
25 psychologist, teacher, and that one I was invited by

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1 the principal.  
2 Q. Where was that?  
3 A. That was in Baker, Louisiana, outside of  
4 Baton Rouge.  
5 Q. Can you tell me every place that you've  
6 given an informal seminar to school psychologists?  
7 You've listed Buffalo, Pittsburgh and Baker?  
8 A. And that's all.  
9 Q. How many of these informal seminars have  
10 you given total?  
11 A. No more than half a dozen.  
12 Q. Have you prepared any materials that you  
13 give out at these seminars?  
14 A. No. Usually it starts with what they know,  
15 and then I take it from there. But right now we do  
16 have some correctional training materials about  
17 suicide risk assessment, but I'm not using those  
18 per se. I've reviewed them, but I'm not a trainer.  
19 Q. What do you mean when you say "I'm not a  
20 trainer"?  
21 A. The Louisiana State University's Juvenile  
22 Correction program has a contract with the  
23 Department of Public Safety & Corrections to develop  
24 and provide training for all juvenile correctional  
25 workers within the state of Louisiana. So as a

54 (Pages 210 to 213)

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1 consultant to the team, I have reviewed some of the  
2 materials they provide to all staff on suicide  
3 prevention. I wrote the suicide prevention policy,  
4 et cetera, but there are people hired as trainers  
5 whose job it is to train the officers and the other  
6 staff on these topics. So, basically, they review  
7 the script. If they have any questions, they will  
8 come back to me or give feedback, and we will revise  
9 it based on their feedback.

10 Q. Have you ever given an expert opinion on  
11 the conduct of a school psychologist before?

12 A. Under oath?

13 Q. No, in any form?

14 A. I would have to say "yes."

15 Q. How many times?

16 A. I'm thinking about one instance.

17 Q. Could you tell me about that one?

18 A. The school psychologist did not appreciate  
19 the limits of his expertise and that led to some  
20 precarious situations that potentially could have  
21 endangered the lives of youth that were involved.

22 Q. Were you hired by -- was this a lawsuit?

23 A. No. It was in my capacity as a child  
24 psychiatrist to let the facility know that psychotic  
25 and depressed and suicidal youth were being allowing

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1 Q. In your review of the situation involving  
2 Fran McIntyre, do you think that Fran McIntyre meant  
3 any harm in any of her actions?

4 A. Ms. Fran McIntyre, I would say that's a  
5 totally different situation.

6 Q. ~~I'm~~ sorry. My question is: Do you think  
7 she meant any harm? You used those terms. I'm  
8 wondering what do you think Frail McIntyre did?

9 MR. STOFFERS:

10 Objection.

11 Go ahead and answer.

12 THE WITNESS:

13 I wouldn't say that she meant any  
14 harm, but I don't see where she meant much  
15 good either.

16 EXAMINATION BY MS. WISTNER:

17 Q. Other than this one situation involving a  
18 school psychologist where you offered an opinion,  
19 have you given any other expert opinions on the  
20 conduct of school psychologists?

21 A. In terms of professional relationships or  
22 in terms of --

23 Q. Have you been retained by any attorneys in  
24 the past to give expert opinions on the conduct of  
25 school psychologists?

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1 to go on home passes or discharged to group homes  
2 without further intervention because the school  
3 psychologist felt that if they got out of the system  
4 they would feel better, but did not appreciate the  
5 risk factors involved.

6 Q. What system are you talking about?

7 A. That was Buffalo. Fortunately, we didn't  
8 have any outcomes like Matthew's.

9 Q. At that time, but there were a number of  
10 near hangings, et cetera.

11 It was at that point that I realized that a  
12 lot of people don't appreciate the difference  
13 between school psychologists and clinical  
14 psychologists, and that child psychiatrists are in  
15 an unusual position to have that appreciation, but  
16 we can't expect it of other professionals, if they  
17 haven't been educated about it or exposed to it,  
18 because in that case I don't think the school  
19 psychologist meant any harm at all. He thought he  
20 was doing his job because he was told to do it, but  
21 he didn't know that he was -- he didn't know what  
22 other options he had. He felt it was his job and  
23 chose not to set limits, so we tried sending him to  
24 some specific training, but it seemed to be a bit  
25 much for him to grasp.

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1 A. No, I have not.

2 Q. Are you familiar with the legal standard of  
3 care for a school psychologist in the state of Ohio?

4 A. Within the schools I am familiar with, the  
5 obligations of the school psychologist within the  
6 Cleveland public school district to follow policy  
7 and procedures and not to act outside his or her --  
8 the scope of his or her employment.

9 Q. That's from reviewing the records in this  
10 case?

11 A. The records and the policies and  
12 procedures.

13 Q. The policies and procedures of the  
14 Cleveland school district?

15 A. Right. In terms of crisis intervention.

16 Q. Did you review any other materials or  
17 articles or anything like that in preparation of  
18 this for your opinion in this case concerning the  
19 duties of school psychologists?

20 A. No, I did not.

21 Q. Mr. Conway has already had you identify all  
22 of the records that we have in the room here that  
23 were in your file. Are these all of the records and  
24 all of the documents that you reviewed to prepare  
25 your opinion in this case?

55 (Pages 214 to 217)

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1 A. Except for the missing cover page, yes.  
2 Q. Have you ever been sued for malpractice?  
3 A. There was one involving a suicide in the  
4 state of Ohio, and they settled it.  
5 Q. Were you named in a lawsuit?  
6 A. I don't know how far it went. As a matter  
7 of fact, I'm still asking for the paperwork on that  
8 one. As physician of record, I would assume that,  
9 yes, I was named. The State of Ohio handled  
10 everything.  
11 Q. Is this the same suicide that you told  
12 Mr. Conway about?  
13 A. Right.  
14 Q. Can you tell me the circumstances of that  
15 case?  
16 A. A 19-year old youth was serving a sentence  
17 for something related to armed robbery and murder  
18 and apparently had a number of stressors, and I'm  
19 not sure of all the details that went on that night,  
20 but she was in maximum security where they are  
21 supposed to do 15-minute checks, and they found her  
22 dead. There were all sorts of controversies that  
23 I'm not privy to, but that's what happened.  
24 Q. Was this at Maryville?  
25 A. Yes.

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1 Q. Apart from your review of the records in  
2 this case, do you have any independent knowledge  
3 about Mental Health Services or Mobile Crisis?  
4 A. Not specifically. I may have heard the  
5 term once or heard of the organization once or  
6 twice.  
7 Q. Did you deal with them at all when you were  
8 in Cleveland?  
9 A. No. I worked with the mentally disordered  
10 offender's program, which was, I believe, a separate  
11 entity.  
12 Q. Do you personally know anyone who works for  
13 Mental Health Services or Mobile Crisis?  
14 A. No, I do not.  
15 Q. Have you ever spoken to anyone who works or  
16 used to work there in connection with this case?  
17 A. No.  
18 Q. Do you have your report there?  
19 A. Yes, Pdo.  
20 Q. Will you turn to Page 5 of your report?  
21 If you will look at Paragraph 2, second  
22 full paragraph, there's a sentence that says, "She  
23 completes a suicide rating scale and decides that  
24 Matthew is at low risk for suicide"?  
25 A. Yes.

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1 Q. You're referring to Fran McIntyre?  
2 A. Yes.  
3 Q. What's your basis for indicating that Fran  
4 McIntyre decided that Matthew was a low risk for  
5 suicide?  
6 A. If you're at high risk for suicide, she  
7 wouldn't have called his mother to bring him home.  
8 She would have called Mental Health Services for  
9 further intervention, she would have involved other  
10 school officials as per the protocol. She may have  
11 called for additional information or input from the  
12 hospital because she believed that this was a  
13 dangerous situation that might potentially be  
14 outside of her area of expertise.  
15 Q. So your opinion here that Fran McIntyre  
16 decided that Matthew was at a low risk for suicide  
17 wasn't based on anything that Fran McIntyre said?  
18 MR. STOFFERS:  
19 Objection.  
20 THE WITNESS:  
21 I wouldn't say that's an opinion. I  
22 would say based on how she managed the  
23 situation, if she felt he was at high risk  
24 for suicide and sent him home, that's an  
25 even more dangerous situation and puts her

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1 judgment in greater question.  
2 EXAMINATION BY MS. WISTNER:  
3 Q. So you're telling me that it's not an  
4 opinion that Fran McIntyre decided Matthew was at a  
5 low risk for suicide, there's some evidence on that?  
6 A. Based on her suicide rating scale.  
7 Q. It's not based on anything that Fran  
8 McIntyre said in her deposition?  
9 MR. STOFFERS:  
10 Objection.  
11 THE WITNESS:  
12 Based on her telling the mother things  
13 were okay, just come pick him up.  
14 EXAMINATION BY MS. WISTNER:  
15 Q. Did Fran McIntyre anywhere in her  
16 deposition say that she told the mother everything  
17 was okay?  
18 A. No. I'm going by what the mother said.  
19 Basically it was implied that the crisis was over,  
20 things were fine, and the mother communicated  
21 something to that effect.  
22 Q. Was the mother under the impression that  
23 the crisis was over at the point when she went to  
24 school?  
25 A. A reasonable parent in like circumstances

56 (Pages 218 to 221)

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1 would conclude that if they are allowing the child  
2 to go home, and if the child -- especially if the  
3 child has previously been hospitalized for suicidal  
4 thoughts, that the crisis must be over. And I  
5 believe something was said to her that either  
6 suggested that or led her to conclude that.

7 Q. So you believe that Linda Morrison was  
8 under the impression at the time she was at the  
9 school to pick Matthew up that the crisis was over?

10 A. After the psychologist, school psychologist  
11 evaluated him and let him go home, yes, because she  
12 knew the last time Matthew was in crisis he was  
13 hospitalized.

14 Q. If the mother was under the impression that  
15 the crisis was over at the point she was leaving  
16 with Matthew, why did she tell Bill Tiedemann that  
17 she wanted to talk to him later?

18 A. She agreed to cooperate. He offered and  
19 slie agreed to cooperate.

20 Q. That was the only reason as far as you can  
21 see, she was agreeing to cooperate with Bill  
22 Tiedemann?

23 A. Yes. She's not an expert --

24 Q. I'm sorry. You've answered my question.  
25 MR. STOFFERS:

1 work may not appreciate the difference between the  
2 two psychologists, and some schools do have clinical  
3 psychologists just like some have psychiatrists. So  
4 when he heard the psychologist, just like the mom  
5 heard the psychologist, they assumed this was  
6 somebody with mental health expertise.

7 Q. My question, though, is that Bill  
8 Tiedemann's assumption that Matthew was meeting with  
9 a clinical psychologist was based on something that  
10 Matthew's mother told him as opposed to what someone  
11 else was telling him?

12 A. Right. Assuming that --

13 Q. You've answered my question.

14 MR. STOFFERS:

15 She can finish her answer.

16 THE WITNESS:

17 I'm making an assumption that Fran  
18 McIntyre did not speak with him, because if  
19 she did speak with him, then there's more  
20 reason to conclude that if she spoke with  
21 him, she either did not represent herself  
22 or the situation accurately.

23 EXAMINATION BY MS. WISTNER:

24 Q. Let me get this straight. You're making an  
25 assumption that if she spoke with him, you're

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1 She's trying to explain the answer.

2 MS. WISTNER:

3 It wasn't responsive to the question.

4 MR. STOFFERS:

5 There are no "yes" or "no" questions.  
6 We're not going to go down that path again.  
7 Just following your lead, Tom.

8 MR. CONWAY:

9 Following what lead?

10 MR. STOFFERS:

11 You told me that last week.

12 MR. CONWAY:

13 That's not what I told you at all.

14 Read the transcript.

15 EXAMINATION BY MS. WISTNER:

16 Q. You would agree with me, and you indicate  
17 in your report that Bill Tiedemann assumed that a  
18 clinical psychologist was evaluating Matthew that  
19 day on December 8th?

20 A. Yes.

21 Q. That assumption of his was based on what  
22 Matthew's mother told him, correct?

23 A. She said a psychologist, and as I said  
24 before, the average person, even within mental  
25 health, even within social work, even within crisis

1 assuming what slie said.

2 A. I'm assuming she reinforced the fact that  
3 she had the idea that she had the capacity to make  
4 these clinical determinations.

5 Q. Did you see anywhere in the records any  
6 indication-- well, first of all, Bill Tiedemann  
7 testified that he doesn't recall speaking with Fran  
8 McIntyre at all, correct?

9 A. Correct.

10 Q. So as far as we know, Bill Tiedemanil -- any  
11 assumption that Bill Tiedemann made concerning Frail  
12 McIntyre's position was based on what Matthew's  
13 mother told him, correct?

14 A. As long as you factor out what Ms. McIntyre  
15 said, yes.

16 Q. You don't see anything in the records that  
17 indicate that Ms. McIntyre told Bill Tiedemann that  
18 she was a clinical psychologist?

19 A. No. If anything, assuming she did speak  
20 with him, again, this is very suspect and unclear,  
21 slie didn't say anything to suggest that she needed  
22 additional intervention because she didn't have  
23 the --

24 Q. Please, listen to my question.

25 MR. STOFFERS:

57 (Pages 222 to 225)

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1 She answered the question.  
2 EXAMINATION BY MS. WISTNER:  
3 Q. My question was: Did you see any  
4 evidence --  
5 MR. STOFFERS:  
6 Objection.  
7 MS. WISTNER:  
8 Could you let me finish my question  
9 before you object?  
10 MR. STOFFERS:  
11 You're repeating the same question  
12 that she gave an answer to, but if you would  
13 like to do it go, right ahead.  
14 MR. CONWAY:  
15 In all fairness to Rebecca, she has  
16 asked a number of questions -- that was an  
17 appropriate she asked, and she should be  
18 entitled to an answer.  
19 MR. STOFFERS:  
20 She answered the question.  
21 MS. WISTNER:  
22 Her answer wasn't responsive. I'm  
23 asking the question to get a responsive  
24 answer.  
25 MR. STOFFERS:

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1 intellectual capabilities, correct?  
2 A. According to Dr. Lightbody.  
3 Q. Bill Tiedemann met Matthew's mother prior  
4 to December 8th, correct?  
5 A. Correct.  
6 Q. And we know from Bill Tiedemann's  
7 deposition that, as of December 8th, he did not know  
8 what the duties of a school psychologist were,  
9 correct?  
10 A. Yes.  
11 Q. At that time he did not know of any type of  
12 outreach program involving psychologists that was  
13 going on in the Cleveland schools, correct?  
14 MR. STOFFERS:  
15 Objection.  
16 EXAMINATION BY MS. WISTNER:  
17 Q. At the time, as of December 8th, Bill  
18 Tiedemann didn't know of any outreach program going  
19 on at the Cleveland schools directly with students,  
20 correct?  
21 MR. STOFFERS:  
22 Objection.  
23 THE WITNESS:  
24 What do you mean by "outreach"?  
25 EXAMINATION BY MS. WISTNER:

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1 You've stricken nonresponsive answers  
2 before, you can do it again.  
3 Go right ahead.  
4 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY  
5 THE COURT REPORTER.)  
6 MR. STOFFERS:  
7 Objection.  
8 EXAMINATION BY MS. WISTNER:  
9 Q. Could you please answer that question?  
10 A. Did I see a specific sentence that said  
11 that she identified herself as such? No.  
12 But I also don't see anything that suggests that  
13 said she was a school psychologist if she did speak  
14 with him or Ms. Morrison.  
15 Q. But you know from the records that  
16 Matthew's mother told Bill Tiedemann that Matthew  
17 was being seen by someone at the school, correct?  
18 A. Correct.  
19 MR. STOFFERS:  
20 Objection. Asked and answered.  
21 THE WITNESS:  
22 A psychologist.  
23 EXAMINATION BY MS. WISTNER:  
24 Q. We also know from the records that there's  
25 some question or concern about Matthew's mother's

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1 Q. Well, we can look at his deposition.  
2 MR. STOFFERS:  
3 That's not going to help the question.  
4 Do you have a page and line number?  
5 MS. WISTNER:  
6 I'm looking for it.  
7 EXAMINATION BY MS. WISTNER:  
8 Q. Look at page 113, Line 23, the question is:  
9 "Are you aware of any program the district provides  
10 as an outreach to its students with psychological  
11 service?" And the answer is, "No"?  
12 It's at the bottom of the page, starting on  
13 Page 113.  
14 A. At the top or the bottom?  
15 Q. Bottom, Line 23.  
16 A. They are referring to joint outreach and  
17 below, just any outreach, and he says, "No."  
18 Q. So as far as we know, Bill Tiedemann at  
19 that point in time was not aware of any outreach  
20 program that the school was doing, correct?  
21 MR. STOFFERS:  
22 Objection.  
23 THE WITNESS:  
24 As "outreach" is defined here, that's  
25 correct.

58 (Pages 226 to 229)

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1 EXAMINATION BY MS. WISTNER:

2 Q. And as far as we know, Bill Tiedemann did  
3 not ask Fran McIntyre what her title was?

4 A. No.

5 MR. STOFFERS:

6 Objection. Asked and answered.

7 That's the third or fourth time you've  
8 asked that question. Go ahead.

9 EXAMINATION BY MS. WISTNER:

10 Q. I think you answered "no"; is that right?

11 A. I believe so.

12 Q. As far as we know, Bill Tiedemann didn't  
13 ask any of his superiors that day what a school  
14 psychologist was, correct?

15 A. No, he did not.

16 Q. But it's your opinion that his assumption  
17 was reasonable?

18 A. Absolutely.

19 Q. Would you agree with me from Bill  
20 Tiedemann's perspective, from the perspective of a  
21 social worker, there's a difference between offering  
22 services to someone and recommending services to  
23 someone'?

24 MR. STOFFERS:

25 Objection.

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1 A. Correct.

2 Q. Do you remember which?

3 A. In terms of she believed she was receiving  
4 adequate services --

5 Q. No, no. The first sentence, Mr.

6 Tiedemann's offer to come to school.

7 A. I believe it was in his deposition, but,  
8 also, I believe he documented that she declined  
9 services, which was the basis for his decision to  
10 recommend that the case be considered for closure.

11 Q. I'm talking specifically, though, when the  
12 phone call occurred at school. When the mother was  
13 at school and he called the school as opposed to  
14 calling later that night at home?

15 A. If I recall correctly, he offered to come  
16 down.

17 Q. To the school?

18 A. Yes.

19 Q. What is the basis for that?

20 A. I believe that was in his deposition and/or  
21 the case record.

22 Q. Read through that note and tell me if it  
23 shows that Bill Tiedemann offered to come to the  
24 school.

25 A. Bill Tiedemann called the school to

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1 THE WITNESS:

2 Offering versus recommending. There  
3 is a difference.

4 EXAMINATION BY MS. WISTNER:

5 Q. What's the difference?

6 A. When you're offering services, you're  
7 representing or brokering yourself to form the  
8 therapeutic alliance with a client. You yourself or  
9 a representatives of your organization to form a  
10 therapeutic alliance with a client or clients, if  
11 you are recommending services that may include  
12 offering your services or recommending other  
13 services.

14 Q. Couldn't someone recommend their own  
15 services?

16 A. Yes. But recommending services doesn't  
17 have to be exclusive to a particular agency or  
18 person.

19 Q. Look at your Paragraph 4 on Page 5, starts  
20 with "While speaking..." It says, "While speaking  
21 with Ms. Morrison, Mr. Tiedemann offers to come to  
22 school to evaluate Matthew." And you testified  
23 before that you believed that the basis for that  
24 statement was either in Mr. Tiedemann's deposition  
25 or in the Mental Health Services records, correct?

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1 establish if outreach was needed. School put mom on  
2 phone immediately. Mom stated the above. She said  
3 client wrote a suicide note found by the school  
4 officials. Mom called and something -- and mom now  
5 instructed to pick up client. Mom stated that  
6 client wrote a suicide note specifically stating  
7 that because a peer made fun of him he was going to  
8 kill himself. Mom didn't elaborate on any plan.  
9 Mom stated that client was calm and she was taking  
10 him home. Bill Tiedemann inquired about aftercare  
11 plans. Client still did not have counseling  
12 linkages yet. Bill Tiedemann asked mom to reconnect  
13 with Applewood to make an appointment as soon as she  
14 got home. Bill Tiedemann also asked Mom to call  
15 someone when she got home.

16 Q. Call CMCT?

17 A. Maybe with client, so he maybe could  
18 further assess.

19 Mom appeared not overly concerned. Mom  
20 stated she would watch the client closely. Client  
21 did not speak with school colleagues as school  
22 officials put mom on phone immediately.

23 Q. It doesn't indicate anywhere on there that  
24 Mr. Tiedemann offered to come to the school, does  
25 it, correct?

59 (Pages 230 to 233)

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1 A. Actually, it does in terms of his goal of  
2 establishing whether outreach services were needed.

3 Q. But it doesn't specifically say that he  
4 offered to come to school, does it?

5 A. It says that his goal was to determine  
6 whether or not he needed to come to school.

7 Q. Does it indicate anywhere in his note there  
8 that the mother declined services from him at that  
9 time, that she told him not to come to school?

10 A. She wasn't waiting for him at school. She  
11 was taking him home. The evaluation had occurred by  
12 the psychologist at the school and the school  
13 officials --

14 Q. Let me ask you this: Assume that  
15 Mr. Tiedemami did not offer to come to school during  
16 this phone call. Would that change your opinion --

17 MR. STOFFERS:

18 Objection.

19 THE WITNESS:

20 If he did not offer to come to school  
21 and mother said that he was -- are you  
22 saying the question is --

23 EXAMINATION BY MS. WISTNER:

24 Q. During this phone call?

25 A. If Mom tells him Matthew is speaking with

1 consent was the issue, and he could still  
2 have evaluated Matthew at home, so there  
3 were other options.

4 But also Mr. Tiedemann knew that if  
5 the school required additional  
6 intervention, they would call him.

7 EXAMINATION BY MS. WISTNER:

8 Q. Let me go back on your report to Page 5,  
9 the sentence we were looking at. Right after that  
10 sentence it says she -- and we're still talking --

11 A. Which sentence was that?

12 Q. Paragraph 4. The sentence that begins,  
13 "She declined services from Mr. Tiedemann because  
14 she believes Matthew is receiving adequate services  
15 from a psychologist who has evaluated Matthew  
16 clinically and who has formulated a disposition for  
17 him."

18 Do you see that?

19 A. Yes, I do.

20 Q. What is your basis for the statement that  
21 the mother declined services from Mr. Tiedemann  
22 during this phone call while she was at school?

23 A. If I recall correctly, in his deposition he  
24 said he offered services -- in his service note, he  
25 says he was making a determination regarding whether

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1 the psychologist, and he says that sounds good, and  
2 I'll give you a call tonight, but doesn't offer to  
3 come in, is that the question?

4 Q. No, that wasn't my question.

5 Let me turn to your report on Page 7. Look  
6 on the bottom of that page, Paragraph 6.a. 1. Of your  
7 reasons for indicating that Mr. Tiedemann did not  
8 fall below the standard of care by not going to the  
9 school. Is that under Part A, "Mr. Tiedemann  
10 fulfilled his duty to Matthew by returning his  
11 mother's call and by offering to come to the school  
12 to evaluate Matthew."

13 Do you see where I'm referring?

14 A. Yes.

15 Q. Assume he didn't offer to come to the  
16 school to evaluate Matthew, would that change your  
17 opinion?

18 MR. STOFFERS:

19 Objection.

20 Go ahead.

21 THE WITNESS:

22 It depends on whether or not he still  
23 offered to see Matthew or whether or not  
24 mother said, "I don't think anything is  
25 necessary, we're fine now," because the

1 or not services were needed. At that time Mom said  
2 the situation had deescalated and Mom did not seem  
3 overly concerned. The child had been evaluated by a  
4 psychologist, and in this case a school  
5 psychologist, and the school determination was made  
6 that he was safe to go home.

7 Q. He said all this in his deposition?

8 A. You asked me what was the basis. I said  
9 the deposition and these other facts.

10 Q. What exactly did Mr. Tiedemann say in his  
11 deposition that supports this statement that the  
12 mother declined services during this phone call to  
13 the school?

14 A. I don't recall his exact words.

15 Q. What's your basis for this statement that  
16 the mother believes Matthew is receiving adequate  
17 services from a psychologist?

18 A. His mother was very savvy in getting her  
19 needs met despite what limitations she may or may  
20 not have. She called anybody and everybody until  
21 she got a response that was satisfactory to her.  
22 When the recommendation was made that she return  
23 home with the child, she followed it. If she didn't  
24 think that this was the right thing, she knew she  
25 had options, and she, based on her past pattern, she

60 (Pages 234 to 237)



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1 would have exercised those options.  
2 Calling the White House -- I remember she  
3 said something about calling the White house about  
4 school busing issues to have her child's needs met,  
5 and getting them met immediately, suggesting that  
6 this woman would have spared no expense at doing  
7 what she felt was best for her child to keep him  
8 safe and happy.  
9 Q. Now, you reviewed Ms. Morrison's  
10 deposition, correct?  
11 A. Yes, I did.  
12 Q. So you're aware that she testified that  
13 Bill Tiedeinnann told her that he had to see another  
14 client and that she should take Matthew home and he  
15 would follow-up later?  
16 A. Yes, I was.  
17 Q. You're aware that Ms. Morrison testified  
18 that during this phone call that took place at the  
19 school, she asked Mr. Tiedemann to figure out what  
20 to do?  
21 MR. STOFFERS:  
22 Objection.  
23 Go ahead.  
24 THE WITNESS:  
25 I recall her saying that.

1 This is life or death we're talking about, and she  
2 went to further lengths for school busing. She is  
3 an activist when it comes to the needs of her son.  
4 Q. Are you telling me that you didn't believe  
5 the mother's testimony that she asked Bill Tiedeinnann  
6 to figure out what to do?  
7 MR. STOFFERS:  
8 Objection. Asked and answered.  
9 Argumentative.  
10 Go ahead.  
11 THE WITNESS:  
12 I'm saying there's a discrepancy on  
13 the record regarding what happened, but the  
14 fact that she took the child home suggests  
15 that she had a certain comfort level with  
16 the situation, and the fact that when given  
17 an opportunity later to accept services,  
18 she declined, reinforced my belief that she  
19 was comfortable with the situation based on  
20 the input she had received earlier that  
21 day.  
22 EXAMINATION BY MS. WISTNER:  
23 Q. But you will agree with me that a question,  
24 assuming she did actually make the statement that  
25 she said that she asked Mr. Tiedemann to figure out

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1 EXAMINATION BY MS. WISTNER:  
2 Q. Did you take that into account at all when  
3 you formulated your opinion?  
4 A. Yes, I did. There is a clear discrepancy  
5 between what Mr. Tiedemann says and what  
6 Ms. Morrison says and what Ms. McIntyre says  
7 happened on that day.  
8 The closest thing that I have to what  
9 happened that day was the service note. The mother  
10 declined services that evening, so even if, let's  
11 say, Mr. Tiedemann stated that he would stop by  
12 later or call later to see how things were going,  
13 she still declined services because she felt  
14 confident things were okay. After all, the last  
15 time he had trouble, someone, a professional saw him  
16 and hospitalized him. This time they sent him home  
17 and he seems to be doing better.  
18 Q. Is that what Ms. Morrison testified she  
19 said to Mr. Tiedemann?  
20 A. No. I'm talking about her reasoning with  
21 her sending the child home. Again, if this woman  
22 was of the opinion, based on input from the school  
23 psychologist, Ms. McIntyre or resources, that this  
24 child was in danger, I find it hard to believe she  
25 would not have intervened beyond on his behalf.

1 what to do, that question in and of itself indicates  
2 that she doesn't feel the situation is settled,  
3 correct?  
4 MR. STOFFERS:  
5 Objection.  
6 EXAMINATION BY MS. WISTNER:  
7 Q. If she actually made the statement.  
8 MR. STOFFERS:  
9 Objection.  
10 THE WITNESS:  
11 If she's asking a question about what  
12 to do and she can't make a decision, than  
13 it stands to reason that outreach was  
14 needed.  
15 EXAMINATION BY MS. WISTNER:  
16 Q. If you can look at your report, Page 5,  
17 Paragraph 5, you will see a sentence that says,  
18 "Ms. McIntyre provides no additional instruction to  
19 Ms. Morrison except that Matthew should journal his  
20 thoughts."  
21 Do you see where that says that?  
22 A. Yes.  
23 Q. And you reviewed Fran McIntyre's  
24 deposition, correct?  
25 A. Yes.

61 (Pages 238 to 241)

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1 Q. So you're aware that Fran McIntyre  
2 testified that she got a promise not to commit  
3 suicide from Matthew?

4 A. She said that, yes.

5 Q. That's not in your report.

6 A. It says no comments about hospitalization,  
7 additional mental health intervention or how to  
8 manage them. She just said "Watch him."

9 Q. Fran McIntyre also testified in deposition  
10 that she urged the mother to follow-up on  
11 counseling, correct?

12 A. She testified to that, yes.

13 Q. You don't consider that to be additional  
14 instruction of the journaling of his thoughts?

15 A. With Ms. McIntyre's deposition, her  
16 records, one of the confusing things was all that  
17 happened after Matthew died, so in terms of how much  
18 weight to give to what was quite confusing, because  
19 while the question was how self-serving, it was  
20 because the discrepancies were there and how much I  
21 had to weigh which notes.

22 Mr. Tiedemann's notes were written before  
23 Matthew's death on the day of delivery.  
24 Ms. McIntyre didn't, from her behavior in releasing  
25 Matthew without calling mental health intervention,

1 she says after the fact because she just -- she  
2 wantonly disregards all structure and authority  
3 within the system that is set up to keep youths  
4 safe.

5 Q. By making the statement Ms. McIntyre  
6 provides no additional instruction, you've given  
7 zero weight to that statement, correct?

8 MR. STOFFERS:

9 Objection. Asked and answered.

10 THE WITNESS:

11 I've given low weight to it.

12 EXAMINATION BY MS. WISTNER:

13 Q. You have apparently also given low weight  
14 to the mother's statement in her deposition that she  
15 asked Bill Tiedemann to figure out what to do.

16 MR. STOFFERS:

17 Objection. Asked and answered. Go  
18 ahead.

19 THE WITNESS:

20 I give low weight to that because of  
21 the note on the day of the intervention  
22 suggests that she was not overly concerned,  
23 and she chose to bring him home. Again,  
24 this mother is very effective of having her  
25 child's needs met when crises occurred.

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1 and from some of her other behavior such as not  
2 seeing Matthew immediately when he was suicidal, she  
3 was to deliver a package regarding another kid who  
4 was at that moment less acute, suggests that she did  
5 not appreciate the gravity of the situation.

6 Q. So you basically discredited Fran  
7 McIntyre's testimony in her testimony that she urged  
8 the mother to follow-up on counseling?

9 A. I would weigh that much more lightly than  
10 the other records.

11 Q. And so you don't reference it in your  
12 report?

13 A. Right.

14 Q. But you do say that she provided no  
15 additional instruction to Ms. Morrison?

16 A. She said to monitor him, but no specifics  
17 about how to monitor him, what to look for if this  
18 occurs, if that occurs. She knew that he needed  
19 mental health instructions. She didn't verify that  
20 he had outpatient follow-up. She knew that he was  
21 on not one, not two but three medications. She  
22 doesn't understand the significance of that, doesn't  
23 address that. She doesn't consult with her  
24 superiors as per policy and protocol.

25 It's hard to give heavy weight to anything

1 EXAMINATION BY MS. WISTNER:

2 Q. Turn your attention to Page 6, third  
3 paragraph. There's a sentence that says,  
4 "Ms. McIntyre, school psychologist, does not check  
5 on Matthew."

6 Do you see where that says that?

7 A. Yes.

8 Q. Are you aware that Fran McIntyre's records  
9 indicate that she checked on Matthew's attendance?

10 A. She checked on his attendance but not on  
11 him.

12 There's a difference in checking on him  
13 yes, because if she checked on him, she would have  
14 checked in with him, she would have spoken with him.  
15 She would have -- ideally she would have followed  
16 the protocol and not permitted him to go to class.  
17 He wasn't called to the principal's office.

18 Q. Mr. Tiedemann did not check on Matthew on  
19 December 10th or 9th, did he?

20 A. No, he did not.

21 Q. Let me turn your attention to Page 8. If  
22 you look at Paragraph D, starts with, "Like any  
23 reasonable clinician..."

24 Do you see that paragraph up at the top?

25 A. Okay.

62 (Pages 242 to 245)

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1 Q. That sentence reads, "Like any reasonable  
2 clinician in his situation, Mr. Tiedemann believed  
3 that Ms. McIntyre was familiar with the scope of her  
4 employment..."

5 Do you see that?

6 A. Yes.

7 Q. There's no evidence that Mr. Tiedemanil knew  
8 what Ms. McIntyre's scope of employinent was?

9 A. No. He reasonably assumed that she knew  
10 what her job and her limitations were, what the  
11 boundaries were and limitations of her employment  
12 with the Cleveland municipal school district were  
13 regarding crisis and other matters.

14 Q. Let me have you turn to Page 9. Look under  
15 Fran McIntyre, Paragraph 1. There's a sentence that  
16 reads, "McIntyre made her decision regarding  
17 Matthew's disposition before she evaluated the  
18 youth."

19 Do you see that?

20 A. Yes.

21 Q. What's your basis for that statement? What  
22 evidence did you use to come to that conclusion?

23 A. She called the mother and told her to come  
24 get her child.

25 Q. That's based on whose testimony?

1 she encountered the teacher. She went and mailed  
2 something. This isn't -- what kind of message is  
3 that sending? This isn't important.

4 MS. WISTNER:

5 Move to strike as nonresponsive.

6 EXAMINATION BY MS. WISTNER:

7 Q. Let me turn your attention to Paragraph 2  
8 on the same page where you indicate that  
9 Ms. McIntyre managed Matthew's crisis without  
10 consulting her superiors and/or colleagues.

11 Do you see that?

12 A. Yes.

13 Q. We're aware from the records that she did  
14 consult with Mr. Stencil, correct?

15 A. She said she consulted, but the record  
16 doesn't reflect that. The notes do not reflect  
17 that, and again, they were written -- the ones I  
18 reviewed were written, if I recall, after Matthew's  
19 death, so --

20 Q. Let me -- you didn't review a crisis  
21 referral form that Bill Tiedemann filled out that  
22 documented his -- do you recall referring to that?

23 MR. STOFFERS:

24 Objection.

25 THE WITNESS:

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1 A. Based on the mother's testimony and based  
2 on the outcome, the mother came and got her child.  
3 The child went home.

4 Q. But the fact that the mother took the child  
5 home doesn't mean that the decision was made at the  
6 time of the call?

7 MR. STOFFERS:

8 Objection.

9 EXAMINATION BY MS. WISTNER:

10 Q. That fact alone --

11 A. She implied that she had to come to the  
12 school for her son. She didn't get additional  
13 history from the mother to complete the suicide risk  
14 assessment scale, or I forget the exact name of it,  
15 and had she bothered to ask the mother about those  
16 risk factors, she would have gotten a lot more  
17 information. She used the note right there and she  
18 either incompletely and/or incorrectly responded to  
19 questions in the risk scale, and the answers were  
20 blatantly available within that note. So a  
21 reasonable person would not assume that she wanted  
22 crisis intervention services for Matthew. She sent  
23 him home.

24 She recklessly handled this situation about  
25 his well-being. It started from the moment one when

1 I can look at the list of documents.

2 As you can see, there are thousands of  
3 pages on the table, so I can't remember  
4 everything specifically.

5 EXAMINATION BY MS. WISTNER:

6 Q. Let me have you look at what's been marked  
7 as McIntyre Deposition Exhibit No. 2.

8 Do you recall reviewing that document and  
9 formulating your opinion?

10 MR. STOFFERS:

11 Note an objection. Bill Tiedemann did  
12 not fill it out.

13 MS. WISTNER:

14 Did I say Bill Tiedemann?

15 MR. STOFFERS:

16 Yes.

17 MS. WISTNER:

18 I'm sorry. Bill Stencil.

19 THE WITNESS:

20 I may have seen this, and if I did see  
21 it, what I think it refers to is the  
22 situation with the transportation, but I'm  
23 not recalling those details specifically.  
24 I guess there was an officer that came to  
25 the school to assist with transportation

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1 because mom couldn't come in.  
2 EXAMINATION BY MS. WISTNER:  
3 Q. From your review of the records, you're  
4 also aware that the principal at the school was  
5 notified of this situation before Matthew went home,  
6 correct?  
7 A. It depends on which source she used, but,  
8 yes, it was suggested that the principal was  
9 notified. Of what, it's not specific.  
10 Q. And the assistant principal?  
11 A. Depending on which source you believe, yes  
12 or no.  
13 Q. Well, you reviewed the depositions of  
14 Micheline Jackson and Judith Leveckis?  
15 A. Right.  
16 Q. They both indicated that before Matthew  
17 went home that he had written a note threatening  
18 suicide, correct?  
19 A. What they implied was they didn't  
20 appreciate the severity. Well, they were not made  
21 aware of the severity of the situation, so it's hard  
22 to say what specifically was said. Was there a  
23 child with a problem, possibly involving suicide?  
24 Yes. The other details, depending on which source.  
25 Q. When you say to someone "There's a problem

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1 involving suicide," is that not in and of itself  
2 severe?  
3 A. I believe it was that he wrote a note. It  
4 can be severe.  
5 Q. So a school psychologist would come in and  
6 tell a principal, "We have a student who wrote a  
7 note," does that make a note --  
8 A. About suicide?  
9 Q. Right. That and of itself is not a severe  
10 situation to a reasonable person?  
11 MR. STOFFERS:  
12 Objection.  
13 THE WITNESS:  
14 If in the school policy there's the --  
15 the crisis protocol, then it's severe  
16 enough to warrant intervention on that  
17 level and to follow the protocols. Was it  
18 severe enough in this case to warrant a  
19 school psychologist to release the child?  
20 That's a different question.  
21 EXAMINATION BY MS. WISTNER:  
22 Q. You indicate in your report that Fran  
23 McIntyre breached the standard of care by leaving  
24 the school building for 25 minutes before meeting  
25 with Matthew, correct?

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1 A. Correct.  
2 Q. And you also indicate that that is not a  
3 proximate cause of Matthew's death, correct?  
4 A. Correct.  
5 Q. In a situation where a school psychologist  
6 is confronted with a student who has written a note  
7 referencing suicide, would it be appropriate for the  
8 school psychologist to make sure the student is  
9 secure or watched by an adult?  
10 MR. STOFFERS:  
11 Okay. Go ahead.  
12 THE WITNESS:  
13 In lieu of assessment or --  
14 EXAMINATION BY MS. WISTNER:  
15 Q. No. Before an assessment can take place?  
16 A. Based on the school policy, if the note was  
17 found before the school psychologist was alerted,  
18 the child's safety should have been taken into  
19 consideration and his safety should have been  
20 assured.  
21 Q. And one way that safety can be assured is  
22 make sure the student is secured and watched by an  
23 appropriate adult, correct?  
24 A. Correct.  
25 Q. If a school psychologist is confronted with

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1 a student who has written a suicide note, is it  
2 appropriate for the school psychologist to contact  
3 the parent and tell the parent about the suicide  
4 note?  
5 A. Yes.  
6 Q. Is it appropriate conduct for the school  
7 psychologist to ask the parent to come to school?  
8 A. Yes.  
9 Q. Is it appropriate conduct by the school  
10 psychologist to verify that the student has been  
11 hospitalized or seen by a psychiatrist?  
12 A. To get additional history?  
13 Q. Yes.  
14 A. Yes.  
15 Q. Is it appropriate conduct for the school  
16 psychologist to verify that the parent had contacted  
17 the hospital based on finding out that the student  
18 had written a suicide note?  
19 MR. STOFFERS:  
20 Note my objection.  
21 THE WITNESS:  
22 I'm having trouble with that one  
23 because that's not what public school  
24 policy indicates.  
25 It's a good idea for the parent to

64 (Pages 250 to 253)

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1 contact the hospital, it's appropriate for  
2 the parent to be used as the vehicle for  
3 communicating with mental health crisis  
4 people or hospitals.

5 EXAMINATION BY MS. WISTNER:

6 Q. It's not appropriate to have the parent be  
7 the vehicle'?

8 A. Right. The parent may be a vehicle, but  
9 per the policy, the ancillary data should be  
10 obtained by the crisis team, or if it becomes too  
11 much to handle and outside of the scope of practice,  
12 then that should, the Mental Health Services should  
13 be called, the crisis team, one of the crisis teams  
14 should be called.

15 Q. If a school psychologist is confronted with  
16 a student who has written a suicide note, is it  
17 appropriate for the school psychologist to verify  
18 that the student has already been a client of a  
19 crisis intervention team?

20 A. Yes.

21 Q. And is it appropriate for the school  
22 psychologist to make sure that the student's parent  
23 has already been in touch with that crisis  
24 intervention team concerning this more recent  
25 suicide note?

1 appropriate for the school psychologist to ask the  
2 student about the feelings that led to the writing  
3 of the note?

4 A. Yes.

5 Q. Is it appropriate for the school  
6 psychologist to ask the student if he or she ever  
7 attempted suicide before?

8 A. Yes. But there's a little more to that  
9 question. If there was training, then one would  
10 assume that that history would be taken in more  
11 detail from both the parent and the child. Not only  
12 attempts, but thoughts, plans, et cetera, especially  
13 in this case because that note clearly states plan,  
14 intent, available methods, pervasive hopelessness  
15 and multiple stressors.

16 Q. If a school psychologist is confronted with  
17 a student who has written a suicide note, is it  
18 appropriate for the school psychologist to let their  
19 supervisor in the school administration know that  
20 there's been a suicide threat?

21 A. Per protocol, yes.

22 Q. If a school psychologist has been  
23 confronted with a student who has threatened  
24 suicide, is it appropriate for the school  
25 psychologist to ask the student's parent and the

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1 MR. STOFFERS:

2 Objection. Go ahead.

3 THE WITNESS:

4 Well, there are two things. If you're  
5 saying that she made sure that they were in  
6 touch, I'm not so sure that's true. Again,  
7 it depends on how much weight you give to  
8 the data. But the general answer to the  
9 question is what I said before, it is not  
10 good practice for the -- and against policy  
11 for the school psychologist to use the  
12 parent as a vehicle for data in that  
13 capacity. The school has more expertise in  
14 child development. It has a fiduciary  
15 responsibility to that child and cannot  
16 turf that to the parent.

17 The policy doesn't say call the parent  
18 and have them make all the contact and  
19 discussions. It suggests that additional  
20 data should be obtained, and if there are  
21 questions or concerns, call Mobile Crisis  
22 Services.

23 EXAMINATION BY MS. WISTNER:

24 Q. If a school psychologist is confronted with  
25 a student who has written a suicide note, is it

1 student about any follow-up, psychiatric or  
2 psychological care that's going on?

3 A. To obtain that piece of history, yes.

4 Q. To find out if there is any ongoing care?

5 A. Yes.

6 Q. And is it appropriate for the school  
7 psychologist to encourage the parent and the student  
8 to get appropriate care?

9 A. Yes.

10 Q. If a school psychologist is confronted with  
11 a student who has written a suicide note, is it  
12 appropriate for the school psychologist to find out  
13 if the student -- well, and the school psychologist  
14 knows that the student has previously been  
15 hospitalized, is it appropriate for the school  
16 psychologist to find out if the student is willing  
17 to go back to the hospital?

18 A. Yes.

19 Q. Is it appropriate for the school  
20 psychologist to obtain a promise from the student  
21 not to commit suicide?

22 A. It's reasonable.

23 Q. Is it appropriate for the school  
24 psychologist to tell a parent of a student who has  
25 written a suicide note to watch the student

65 (Pages 254 to 257)

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1 carefully and to not leave him alone?  
2 A. In general or in this case?  
3 Q. In general.  
4 A. In general, if it's a low risk situation,  
5 and after consultation one determines that it's  
6 appropriate for the child to return home, then, yes.  
7 Q. Let me turn your attention to your report  
8 on Page 10. In Paragraph 3 you give an opinion that  
9 Ms. McIntyre erred when she completed the suicide  
10 risk scale, and you indicate that this error was  
11 quote reckless, shows disregard for Matthew's right  
12 and safety. What do you mean by "reckless"?  
13 A. The gravity of the consequences of not  
14 completing the suicide risk scale appropriately and  
15 completely was not fully appreciated given the  
16 irreversibility of death. It's not something you  
17 can walk back on and retrieve or turn around, so she  
18 knew or should have known that by using that scale  
19 as part of her determining factors that there was an  
20 obligation to make a reasonable effort to complete  
21 it, and she did not.  
22 Q. In your review of the records, did you find  
23 any evidence that Ms. McIntyre acted with bad faith?  
24 MR. STOFFERS:  
25 Objection.

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1 EXAMINATION BY MS. WISTNER:  
2 Q. At any time?  
3 MR. STOFFERS:  
4 Objection.  
5 Go ahead.  
6 THE WITNESS:  
7 What do you mean by "bad faith"?  
8 EXAMINATION BY MS. WISTNER:  
9 Q. Are you familiar with the legal standard of  
10 care for a school psychologist or an employee of a  
11 school district in the state of Ohio?  
12 A. Part of that includes following established  
13 policies and procedures, as far as that goes, yes.  
14 Q. Do you have any concept of the concept of  
15 bad faith under Ohio law?  
16 A. No. No, I don't in terms of a legal  
17 definition.  
18 MR. STOFFERS:  
19 Objection. Go ahead.  
20 EXAMINATION BY MS. WISTNER:  
21 Q. Do you have any ability to distinguish  
22 legally between acts of negligence and acts of bad  
23 faith?  
24 MR. STOFFERS:  
25 Objection.

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1 THE WITNESS:  
2 I am not an attorney, so I would  
3 request that I not be required to respond  
4 to that.  
5 EXAMINATION BY MS. WISTNER:  
6 Q. You can't respond to that question?  
7 A. I'm not an attorney, that's not my area of  
8 expertise, and that's not why I'm being deposed as  
9 an expert.  
10 Q. Does that mean that you can't distinguish  
11 between the concepts or that you won't?  
12 MR. STOFFERS:  
13 Objection.  
14 THE WITNESS:  
15 I'm saying those are legal definitions  
16 that are outside of my area of expertise.  
17 EXAMINATION BY MS. WISTNER:  
18 Q. Are you familiar with the concept of  
19 malicious action under Ohio law?  
20 A. Again, I am not an attorney. That's out of  
21 my legal area of expertise.  
22 Q. Can you distinguish between a negligent act  
23 and a malicious act under Ohio law?  
24 MR. STOFFERS:  
25 Objection.

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1 THE WITNESS:  
2 Again, under Ohio law I am not an  
3 attorney and I am not a legal expert. That  
4 is not why I'm here. That is not my area  
5 of expertise.  
6 EXAMINATION BY MS. WISTNER:  
7 Q. Are you familiar with the concept of  
8 willful or wanton behavior under Ohio law?  
9 MR. STOFFERS:  
10 Objection.  
11 THE WITNESS:  
12 Again, I am not a legal expert, not an  
13 attorney. That is not why I'm here. It's  
14 out of my area of expertise.  
15 EXAMINATION BY MS. WISTNER:  
16 Q. So you can't distinguish between negligent  
17 conduct as opposed to willful or wanton conduct,  
18 correct?  
19 MR. STOFFERS:  
20 Objection. She's answered the  
21 question.  
22 THE WITNESS:  
23 That's for a trier of law to  
24 determine --  
25 EXAMINATION BY MS. WISTNER:

66 (Pages 258 to 261)

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1 Q. Are you familiar with the concept of  
2 reckless action under Ohio law?

3 A. I am not an attorney. That's not my area  
4 of expertise and I cannot respond to that question.

5 Q. And can you distinguish between negligent  
6 conduct and reckless conduct under Ohio law?

7 MR. STOFFERS:

8 Objection.

9 THE WITNESS:

10 I am not an attorney. That is not my  
11 area of expertise. I cannot respond to the  
12 question.

13 EXAMINATION BY MS. WISTNER:

14 Q. When you look at the training and  
15 experience of both Bill Tiedemann and Fran McIntyre  
16 would you agree with me that Bill Tiedemann is more  
17 of a specialist in crisis intervention than Fran  
18 McIntyre?

19 MR. STOFFERS:

20 Objection.

21 THE WITNESS:

22 In terms of their day-to-day  
23 activities, he has much more training and  
24 more expertise in the area.

25 EXAMINATION BY MS. WISTNER:

1 school and ask to come, they have to be invited?

2 MR. STOFFERS:

3 Objection.

4 THE WITNESS:

5 They cannot walk on school  
6 grounds without authorization.

7 EXAMINATION BY MS. WISTNER:

8 Q. But my question is: Do they have to be  
9 invited or can they call and ask to come?

10 MR. STOFFERS:

11 Objection. Foundation. Go ahead.

12 THE WITNESS:

13 Do they have to be invited or can they  
14 just request to call?

15 EXAMINATION BY MS. WISTNER:

16 Q. Can they make a request to come to the  
17 school?

18 MR. STOFFERS:

19 Objection. Speculation.

20 THE WITNESS:

21 It's hard to say. It depends on the  
22 particular circumstances. They can't just  
23 walk into the school.

24 EXAMINATION BY MS. WISTNER:

25 Q. If a person calls a child crisis

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1 Q. Have you testified in response to some of  
2 Mr. Conway's questions that Bill Tiedemann could not  
3 go to the school without some sort of invitation?

4 A. Without authorization.

5 Q. Are there some sort of magic words that  
6 you're looking for?

7 MR. STOFFERS:

8 Objection.

9 THE WITNESS:

10 In terms of policy and protocol, I  
11 don't look for magic words, but given the  
12 vulnerability of children, the interest of  
13 community safety, it's not appropriate for  
14 a mental health professional to walk into a  
15 school and insist on speaking with a child  
16 unless they have parental authorization  
17 and/or in this case unless the school  
18 invited them to do so.

19 EXAMINATION BY MS. WISTNER:

20 Q. When you say "the school invited them,"  
21 does that mean it's your opinion that if a social  
22 worker or -- if a crisis intervention specialist  
23 from the Mobile Crisis Unit has an ongoing  
24 relationship with a client who happens to be a  
25 student at a school, that that person can't call the

1 intervention specialist and tells that person that  
2 their child wrote a suicide note, could those words  
3 alone be interpreted as a request for services?

4 MR. STOFFERS:

5 Objection. Foundation.

6 THE WITNESS:

7 They can be interpreted as a request  
8 for feedback.

9 EXAMINATION BY MS. WISTNER:

10 Q. Feedback being distinguished from services?

11 A. Or intervention. Meaning there are things,  
12 -- say you're working on a suicide hot line, you're  
13 not going to go out and provide services beyond that  
14 which is available to the phone or by the phone.  
15 You may call the police, you may call an ambulance  
16 or you may advise people to call an ambulance or  
17 something to that effect, and that would be the  
18 extent of your services, or if you're defining  
19 services that way, then, yes, it could be construed  
20 as a request for services.

21 Unless the patient is eminently dangerous  
22 and about to die, such as someone having a heart  
23 attack or needing a life-threatening blood  
24 transfusion, you can't -- needing a blood  
25 transfusion for a life-threatening condition, you

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1 can't overstep those bounds without getting consent.  
2 Psychiatry mental health involves altering  
3 the mind, how people think, feel and perceive  
4 things, and, thus, it is important to provide  
5 appropriate informed consent whenever possible.  
6 Q. Would you agree with me, based on your  
7 review of the records, that both Ms. Morrison and  
8 Fran McIntyre indicated that it was their  
9 understanding as of the point in time when Matthew  
10 and the mother were going home from school that Bill  
11 Tiedemann was going to be doing a follow-up with the  
12 mother?

13 A. Could you repeat that?

14 MR. STOFFERS:

15 Objection.

16 (WHEREUPON, PRECEDING QUESTION WAS READ  
17 BACK BY THE COURT REPORTER.)

18 MR. STOFFERS:

19 Objection.

20 THE WITNESS:

21 Based on their depositions, they  
22 believed there had be some follow-up  
23 contact, but in terms of follow-up phone  
24 contact --

25 MS. WISTNER:

1 client in an outpatient clinic who came in and you  
2 weren't available to see the client immediately, and  
3 Dr. Y, was I think the iiaine you used, was seeing  
4 him, that you would defer to that doctor and allow  
5 that doctor to do the assessment.

6 Do you recall saying that?

7 MR. STOFFERS:

8 Objection. I don't think she  
9 testified to that.

10 THE WITNESS:

11 Not in those words. I said if the  
12 assessment was already in progress, I  
13 wouldn't walk into the room and stop the  
14 assessment and say, "This is my patient.  
15 I'm going to do the assessment."

16 EXAMINATION BY MS. WISTNER:

17 Q. But that's a situation where you're in a  
18 clinic. The patient -- your patient is in a clinic,  
19 correct?

20 A. I was having a crisis situation. The  
21 patient has called me, if I recall correctly, and  
22 told me or I've gotten a call saying that the  
23 patient is on his or her way to the emergency room.  
24 I am not the emergency room physician, but I am the  
25 physician of record. And in that situation, the

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1 You've answered.

2 MR. STOFFERS:

3 You're not going to cut her off in the  
4 middle of the answer.

5 MS. WISTNER:

6 She answered the question. I'm trying  
7 to shorten things. Move to strike and ask  
8 the question again. And this is just  
9 getting very lengthy.

10 MR. STOFFERS:

11 Well, she's going to finish her  
12 answers, whether you like it or not.

13 You're not going to cut her off.

14 EXAMINATION BY MS. WISTNER:

15 Q. You used the term "least restrictive  
16 alternative" in your responses to questions by  
17 Mr. Conway. Would you explain that?

18 A. Mental health, the concept of least  
19 restrictive alternative is pretty common based on  
20 the rights of the mentally ill to receive services  
21 in the environment that least restricts their  
22 freedoms, autonomy and their ability to function as  
23 rationally informed and healthful individuals.

24 Q. You gave an example to Mr. Conway, and it  
25 was an example where you said that if you had a

1 emergency room physician's job is to do the  
2 evaluation and perhaps consult with me because I  
3 know the patient best or to arrange a follow-up or  
4 to get additional history. But if I went on down to  
5 the emergency room to see if the patient arrived,  
6 and the patient was being evaluated, I wouldn't walk  
7 in and say, "You need to stop. This is my patient,  
8 I'm going to do the evaluation," because at that  
9 point that assessment is the responsibility of that  
10 clinician doing the evaluation.

11 Q. And the situation you've described is one  
12 where your client is in a hospital in the emergency  
13 room, correct?

14 A. In a crisis situation, in a crisis setting,  
15 yes.

16 Q. The situation we're dealing with is where  
17 the client is at school?

18 A. The client is at school in a crisis  
19 situation and being evaluated by a person who has  
20 protocols, policy and procedures to follow, as well  
21 as an optioii of contacting the crisis person for  
22 Mental Health Services just like that emergency room  
23 doc.

24 MS. WISTNER:  
25 Move to strike.

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1 EXAMINATION BY MS. WISTNER:

2 Q. In this situation, yes or no, we're dealing  
3 with a situation where the client was physically at  
4 school, correct?

5 A. Yes. On December 8th?

6 Q. Yes. On December 8th.

7 If one of your clients had a crisis  
8 situation at school and you were told by the parent  
9 that the student was being seen by a psychologist,  
10 would you personally believe that? Would you  
11 personally assume that was a clinical psychologist?

12 MR. STOFFERS:

13 Objection. Foundation. Hypothetical,  
14 complete hypothetical and speculation.

15 THE WITNESS:

16 It would depend on the situation. If  
17 it's in the school where I know there are  
18 crisis intervention services and mental  
19 health services at the facility, then I  
20 would ask who it was and then go from  
21 there.

22 If I know that they have an  
23 arrangement with my program or a similar  
24 organization to provide crisis intervention  
25 services, I might respond differently. I

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1 child at the school on December 8th, but she did  
2 have contact with the mother and provided an  
3 outpatient appointment.

4 Q. I mean Bill Tiedemann didn't have direct  
5 contact with the child either. I guess I'm trying  
6 to figure out who you were asked to offer an opinion  
7 on.

8 MR. STOFFERS:

9 Objection. She's testified to that.  
10 She's testified at length about that, about  
11 Geri Beard-Chaney, come on. She gave you  
12 opinions about Geri Beard-Chaney.

13 MS. WISTNER:

14 I'm not asking for any opinions about  
15 Geri Beard-Chaney. I'm trying to figure  
16 out who she was asked to give an opinion  
17 on.

18 EXAMINATION BY MS. WISTNER:

19 Q. Can you tell me who you were asked to give  
20 an opinion on?

21 MR. STOFFERS:

22 Objection. Asked and answered.  
23 She talked about Lightbody, talked about  
24 Chaney, Tiedemann and she talked about  
25 McIntyre.

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1 might defer to their expertise, if I know  
2 that they are capable of having that  
3 expertise.

4 If it's a school psychologist, I would  
5 ask that they call me and not release the  
6 youth and/or contact the emergency room.

7 EXAMINATION BY MS. WISTNER:

8 Q. This is kind of a very basic question which  
9 I should have asked you at the outset.

10 You testified before that you were asked to  
11 review this case and offer an opinion as it pertains  
12 to Bill Tiedemann, correct?

13 A. His role in the situation that led to  
14 Matthew's death.

15 Q. Were you also asked to review the case and  
16 offer an opinion as it pertained to Fran McIntyre?

17 A. That I'm not a hundred percent sure of  
18 except as it relates to the December 8th, so I guess  
19 it would possibly be yes, because those two parties  
20 are the main two parties involved.

21 Q. Well, you testified that you weren't asked  
22 to offer an opinion as to the actions of Geri  
23 Beard-Chaney, and she was involved on December 8th,  
24 correct?

25 A. She did not have direct contact with the

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1 MR. CONWAY:

2 I think what she's asking is when was  
3 she asked by --

4 MR. STOFFERS:

5 She didn't ask that question.

6 THE WITNESS:

7 I was asked to review the records to  
8 formulate an opinion about Mr. Tiedemann's  
9 role in this situation and to address --  
10 possibly to address how Fran McIntyre's  
11 role interdigitated in this process, how  
12 all this fit together. To do that, since  
13 Mr. Tiedemann was the first mental health  
14 professional involved with Matthew's care,  
15 it behoved me to review the whole record to  
16 see the course of illness, what the  
17 risk factors were, et cetera, and what led  
18 up to the December 8th crisis, also what  
19 followed it.

20 EXAMINATION BY MS. WISTNER:

21 Q. Did Mr. Stoffers ask you to offer an  
22 opinion on the conduct of Fran McIntyre?

23 MR. STOFFERS:

24 Objection. That's just been asked and  
25 answered.

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1 THE WITNESS:

2 As I said before, it would be  
3 reasonable to assume that that was part of  
4 the request because it fits into  
5 Mr. Tiedemann's role on the 8th. It's a  
6 critical part of that. So while I can't  
7 recall specifically, it would be reasonable  
8 to assume that, that that was requested.

9 MS. WISTNER:

10 I have no more questions at this  
11 point.

12 EXAMINATION BY MR. PHILIPP:

13 Q. Good afternoon, Dr. Williams. My name is  
14 Jonathan Philipp. We met off the record. I  
15 represent Dr. Lightbody in this case. I would  
16 like to ask you a few questions.

17 First of all, you have testified concerning  
18 certain concerns you have over the fact that the  
19 Saint Luke's social work records have not been  
20 produced in this litigation.

21 Do you recall that testimony?

22 A. Yes, I do.

23 Q. Are you familiar with the Saint Luke's  
24 record retention policy concerning social work  
25 records?

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1 MR. PHILIPP:

2 Can you read back my question?

3 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY  
4 THE COURT REPORTER.)

5 THE WITNESS:

6 In a state hospital system as far as I  
7 know, yes. As far as Saint Luke's being --  
8 is it Saint Luke's or St. Vincent's?

9 MR. STOFFERS:

10 Saint Luke's.

11 THE WITNESS:

12 Being a different entity, Saint  
13 Luke's, I'm not familiar with the  
14 records.

15 EXAMINATION BY MR. PHILIPP:

16 Q. Specifically, are you aware of whether the  
17 social worker department in Saint Luke's maintained  
18 its records separate and apart from the medical  
19 records of patients?

20 A. No, I am not.

21 Q. Mr. Conway asked you several questions  
22 concerning Dr. Lightbody's interaction with Matthew  
23 Morrison on the date of discharge, November 19th.

24 Do you recall that series of questions?

25 A. Vaguely.

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1 A. No, I am not.

2 Q. And, in fact, that isn't among the  
3 materials that were supplied to you in your review,  
4 correct?

5 A. Right.

6 Q. You are familiar that Saint Luke's is no  
7 longer in business, correct?

8 A. I've heard that.

9 Q. You are familiar with laws in Ohio and  
10 other states concerning the retention of medical  
11 records on patients?

12 A. Yes.

13 Q. Are you aware, one way or another, of  
14 whether those laws concerning retention of medical  
15 records also apply to social work records?

16 A. As far as I've seen in my experience  
17 working in the state of Ohio, yes. The social work  
18 as part of the record, their billable part of the  
19 record, they are part of the comprehensive treatment  
20 review, psychiatrist and other mental health  
21 specialists depend on them to help move the  
22 treatment ahead. There's critical information about  
23 developmental and social history in those notes,  
24 especially regarding youth. I would expect to see  
25 them as part of the record.

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1 Q. It happened a while ago. In your response  
2 to those --

3 You reviewed Dr. Lightbody's deposition in  
4 preparing your report and preparing for this  
5 deposition today, correct?

6 A. Yes, I did.

7 Q. Are you familiar with Dr. Lightbody's  
8 testimony in his deposition that he is almost  
9 certain that he did see Matthew on the 19th of  
10 November?

11 A. I believe it was alluded to.

12 Q. And in the questions that Mr. Conway asked  
13 of you, he specifically limited those questions to  
14 medical records and what was or was not in medical  
15 records, correct?

16 A. Correct.

17 Q. In your report, you indicate that  
18 Dr. Lightbody remained Matthew's physician for  
19 emergency purposes only, correct?

20 A. Correct.

21 Q. And, in fact, in preparing your report, you  
22 reviewed the aftercare treatment plan that  
23 Mrs. Morrison signed?

24 A. Yes, I did.

25 Q. Is it that aftercare treatment plan that

70 (Pages 274 to 277)

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1 formed the basis for your statement that he remained  
2 Matthew's physician for emergency purposes only?

3 A. If I recall correctly, there was a  
4 statement there and a phone number with  
5 Dr. Lightbody's name.

6 Q. And the phone number was directly to the  
7 Department of Psychiatry?

8 A. I don't know specifically who would have  
9 picked up the phone, but it's reasonable to assume  
10 that it was some type of place that would have  
11 access to Dr. Lightbody.

12 Q. Do you recall specifically that it was the  
13 Department of Psychiatry at Saint Luke's Hospital?

14 A. Not a hundred percent sure.

15 Q. Well, I'm not going to ask you to go  
16 through, but I'm going to ask you to assume that  
17 that's what the aftercare treatment plan states.

18 Are you aware that the aftercare treatment  
19 plan indicates that Dr. Lightbody is to be contacted  
20 in case of an emergency and in case of additional  
21 suicidal ideations?

22 A. I recall seeing that.

23 Q. The plan was for Matthew to be seen as an  
24 outpatient at Applewood, correct?

25 A. The plan was sort of confusing. What was

1 additional concerns and need immediate follow-up or  
2 because the time frame, that the longer the patient  
3 is out and away from mental health treatment, the  
4 lower the likelihood of follow-up.

5 Q. The aftercare treatment plan, would you  
6 agree that the time between Matthew's discharge and  
7 his first appointment at Applewood, the aftercare  
8 treatment plan provided an outlet for contact with  
9 Dr. Lightbody?

10 A. In a crisis situation, yes.

11 Q. You would agree that that method to contact  
12 Dr. Lightbody in the event of a crisis situation is  
13 a reasonable step for a psychiatrist to take in  
14 assuring that there will be some coverage between  
15 discharge and linkage to an outpatient facility?

16 A. Either that or an emergency room contact.

17 Q. You were asked several questions very early  
18 on in the deposition and you responded referring to  
19 the treatment team at Saint Luke's. I just need to  
20 ask you a couple of questions about that testimony.

21 I think you would agree, and I think you  
22 may have even testified that it is the  
23 responsibility of the psychiatrist, in this case,  
24 Dr. Lightbody, to establish the discharge treatment  
25 plan; in other words, what is to be done?

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1 said on the paper was Applewood, but then I get the  
2 other name of the other facility that was also  
3 mentioned because of some discrepancy about whether  
4 or not he would be appropriate for Applewood because  
5 of the severity of his diagnosis. So there were two  
6 facilities that were tossed around.

7 Q. But in the end, Applewood was decided upon,  
8 correct?

9 A. I believe as a matter of record, yes.

10 Q. I think you testified earlier something to  
11 the effect that, one, it is unrealistic to expect to  
12 have an outpatient appointment in three or four  
13 days?

14 A. Correct.

15 Q. And, two, that it is realistic to expect an  
16 outpatient appointment would be 22 days --

17 A. Well, --

18 Q. -- or so based upon your experience?

19 A. The possibility of two weeks would be  
20 reasonable, within that two-week time frame, but it  
21 is very difficult to get an appointment sooner. And  
22 I don't have enough fingers and toes to count the  
23 number of battles you have with getting sooner  
24 appointments for patients when they're needed or are  
25 stable enough to go home, but you have some

1 A. Yes. In collaboration with other members  
2 of the treatment team.

3 Q. In this case in collaboration with other  
4 members of the treatment team, Dr. Lightbody decided  
5 that the outpatient treatment would take place at  
6 Applewood?

7 A. Yes.

8 Q. Correct?

9 A. Yes.

10 Q. I believe you also testified that while the  
11 physician is responsible for forming the plan, that  
12 it is the social worker that is ultimately in charge  
13 of implementing the plan or actually assuring that  
14 the linkage takes place, am I correct?

15 A. In terms of the follow-up appointment, it's  
16 usually either the social worker, the case manager  
17 or other designee. That doesn't usually fall on the  
18 physician because it's a team effort. Different  
19 responsibilities are delegated to different team  
20 members.

21 Q. Just so that we're also on the same page,  
22 you were not asked to and will not, at trial, give  
23 an opinion as to the legal responsibilities that  
24 Dr. Lightbody may or may not have over the actions  
25 of Geri Beard-Chaney?

71 (Pages 278 to 281)

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1 A. Can you repeat that?  
2 Q. Let me ask it to you a better way. Okay.  
3 Am I correct that you were not asked to and  
4 you will not give the opinion at trial as to the  
5 legal responsibility Dr. Lightbody has for Geri  
6 Beard-Chaney's actions or inactions?  
7 A. That is not part of my role, not what I was  
8 requested to do.  
9 Q. You also gave some testimony in response to  
10 Mr. Conway's questions regarding alternatives that  
11 were available to Dr. Lightbody on November 19th,  
12 and one of them was to keep him hospitalized longer,  
13 and then another one was to, I think, adjust  
14 medications.  
15 Do you recall that testimony?  
16 A. Yes. I recall that.  
17 Q. You also testified, if I'm correct, that in  
18 1991 the consensus would have been to keep Matthew  
19 hospitalized, but in 1998 the consensus would be to  
20 discharge him?  
21 A. The trend is toward shorter  
22 hospitalization, so it would be more likely for  
23 Matthew, he had a nine-day hospitalization, that  
24 would not be unheard of in this day and age or in  
25 1998 because probably at this point it's shorter.

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1 Q. Is part of the reason for shorter  
2 hospitalizations the shifting of public policy  
3 toward least restrictive alternatives?  
4 A. That is a part of the reason.  
5 Q. In addition to the two alternatives that  
6 you gave, would you agree -- I think it may be  
7 implicit, would you agree that the third alternative  
8 would have been to -- was to discharge Matthew with  
9 an understanding that he would be followed up as an  
10 outpatient?  
11 A. Yes. Either way, if you discharged him,  
12 there should have been that understanding.  
13 MR. PHILIPP:  
14 That's all I have.  
15 MR. CONWAY:  
16 I have a few questions.  
17 RE-EXAMINATION BY MR. CONWAY:  
18 Q. When you refer to the treatment team,  
19 Dr. Lightbody was the leader of the treatment team  
20 as the Medical Director of the Adolescent  
21 Psychiatric Unit, correct?  
22 MR. PHILIPP:  
23 Objection.  
24 THE WITNESS:  
25 I don't know if his title was

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1 treatment team leader, and I say that  
2 because in some hospital settings a  
3 treatment team leader may be a social  
4 worker --  
5 EXAMINATION BY MR. CONWAY:  
6 Q. Who is the ranking medical personnel on the  
7 treatment team, in your opinion, the psychiatrist or  
8 the social worker?  
9 A. The ranking medical personnel would be the  
10 psychiatrist.  
11 Q. He would have the final say as to any  
12 medical treatment that is going to be offered to a  
13 patient, correct?  
14 A. Unless he's overwritten by powers above.  
15 Q. Well, we don't have a situation where  
16 anybody is above Dr. Lightbody since he's the  
17 medical director of the Adolescent Psychiatric Unit.  
18 correct?  
19 MR. PHILIPP:  
20 Objection.  
21 THE WITNESS:  
22 Correct.  
23 EXAMINATION BY MR. CONWAY:  
24 Q. When it comes to medical care and  
25 treatment, Dr. Lightbody has the final say; is that

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1 correct?  
2 MR. PHILIPP:  
3 Objection.  
4 MR. CONWAY:  
5 You can answer.  
6 THE WITNESS:  
7 In theory, yes.  
8 EXAMINATION BY MR. CONWAY:  
9 Q. The Mobile Crisis Team and Bill Tiedemanii  
10 were members of the treatment team as well, correct?  
11 MR. STOFFERS:  
12 Objection.  
13 MR. PHILIPP:  
14 Objection.  
15 MR. STOFFERS:  
16 Foundation.  
17 THE WITNESS:  
18 I'm not sure if you call them members.  
19 Perhaps guest of the treatment team would  
20 be more appropriate.  
21 EXAMINATION BY MR. CONWAY:  
22 Q. Did they have a role to play in your  
23 opinion at the time of Matthew's discharge up until  
24 the point where he received a follow-up consultation  
25 with Applewood?

72 (Pages 282 to 285)

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1 MR. STOFFERS:  
2 Object. Asked and answered before.  
3 Go ahead.  
4 THE WITNESS:  
5 Repeat the question.  
6 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY  
7 THE COURT REPORTER.)  
8 THE WITNESS:  
9 The role they played was a phone call  
10 or two to check in on him and that was how  
11 they found out he was out of town.  
12 EXAMINATION BY MR. CONWAY:  
13 Q. Now, was it the expectation of the  
14 treatment team at the time of Matthew's discharge  
15 that the Mobile Crisis Team would have a role to  
16 play in the care and treatment of Matthew up until  
17 the time he --until linkage was made with  
18 Applewood?  
19 MR. PWILIPP:  
20 Objection.  
21 MR. STOFFERS:  
22 Objection. Lack of foundation.  
23 MR. PHILIPP:  
24 And vague.  
25 MR. CONWAY:

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1 note with the diagnosis and such, they  
2 don't agree with Dr. Lightbody's.  
3 Therefore, I would surmise that it's  
4 reasonably plausible that he did not have  
5 access to the discharge instructions.  
6 EXAMINATION BY MR. CONWAY:  
7 Q. The suicide case you were involved with,  
8 where you were named as a party defendant, correct?  
9 MR. STOFFERS:  
10 Objection.  
11 EXAMINATION BY MR. CONWAY:  
12 Q. That case settled?  
13 MR. STOFFERS:  
14 Objection.  
15 THE WITNESS:  
16 The state settled the case.  
17 EXAMINATION BY MR. CONWAY:  
18 Q. You were a named party in the case?  
19 MR. STOFFERS:  
20 Objection.  
21 THE WITNESS:  
22 I don't remember the specific details.  
23 EXAMINATION BY MR. CONWAY:  
24 Q. What was the patient's name, the  
25 plaintiffs name in that case?

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1 You can answer.  
2 THE WITNESS:  
3 I don't recall seeing anything on the  
4 discharge note that said that Mobile Crisis  
5 Services or Mental Health Services for the  
6 Homeless was to have a specific role, but I  
7 could be mistaken.  
8 EXAMINATION BY MR. CONWAY:  
9 Q. The Mobile Crisis Team was aware that  
10 Dr. Lightbody's discharge plan included the fact  
11 that he should be contacted in an emergency,  
12 correct?  
13 A. Correct.  
14 MR. STOFFERS:  
15 Objection.  
16 THE WITNESS:  
17 I'm sorry. Did you say mobile Crisis,  
18 or did you say --  
19 (WHEREUPON, PRECEDING QUESTION WAS READ BACK BY  
20 THE COURT REPORTER.)  
21 MR. STOFFERS:  
22 Objection.  
23 THE WITNESS:  
24 I'm not certain of that because when I  
25 look at Mr. Tiedemann's note, his enclosure

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1 A. Carol Ann Bell.  
2 Q. Carol Ann Bell?  
3 A. Yes.  
4 Q. What facility did she commit suicide in?  
5 A. Ohio Women's Reformatory.  
6 Q. At Maryville?  
7 A. Yes.  
8 Q. She was a prisoner there at the time?  
9 A. Yes.  
10 Q. What year did she commit suicide?  
11 A. June, 2000.  
12 Q. How much was paid out in settlement of that  
13 case?  
14 A. I don't have those records. I've requested  
15 information about that case, but have not received  
16 anything.  
17 Q. You were represented by an attorney in that  
18 case?  
19 A. The Attorney General's Office.  
20 Q. Do you remember who the Attorney General  
21 was that represented you?  
22 A. No, I don't.  
23 Q. Do you think it would have been reasonable  
24 for Bill Tiedemann to have discussed Matthew's  
25 situation with the Mobile Health Services'

73 (Pages 286 to 289)

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1 psychiatrist on December 8th, 1998?  
2 MR. STOFFERS:  
3 Objection. Incomplete hypothetical,  
4 foundation.  
5 THE WITNESS:  
6 It was a possible option.  
7 EXAMINATION BY MR. CONWAY:  
8 Q. Do you think that would have been a  
9 reasonable option for Bill Tiedemann?  
10 A. It could have been reasonable. It could  
11 have been overkill.  
12 Q. What drawback would there have been to Bill  
13 Tiedemann for him to call the on-call psychiatrist  
14 at Mobile Health Services and discuss the case with  
15 that on-call psychiatrist prior to terminating  
16 Matthew's case?  
17 MR. STOFFERS:  
18 Objection.  
19 THE WITNESS:  
20 What drawback?  
21 EXAMINATION BY MR. CONWAY:  
22 Q. What drawback?  
23 A. Let me think. I can't think of anything  
24 specific that would be a drawback. When he  
25 reasonably thought that a mental health professional

1 sent you is here in this room?  
2 A. That I know of. Again, the records were  
3 locked up for four and a half months while I moved.  
4 Q. Do you believe that you as a psychiatrist  
5 are in a better position to evaluate the standard of  
6 care required of a school psychologist than a school  
7 psychologist would be?  
8 MR. STOFFERS:  
9 Objection. Argumentative.  
10 THE WITNESS:  
11 As it relates to the protocol and  
12 procedures of crisis intervention, I think  
13 I'm in a reasonably good position because  
14 I've worked with school psychologists  
15 before. I've reviewed school policies. I  
16 have participated in school postventions  
17 and collaborative efforts with school  
18 systems in the past. They ask us to review  
19 their policies. I've written suicide  
20 prevention policies and what's clear in  
21 this case is that it's not a question about  
22 whether it was a school psychologist or not  
23 in terms of the school policy, per se. I'm  
24 not talking about Mr. Tiedemann.  
25 Understanding, I'm talking about the school

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1 was seeing the child and that mental health  
2 professional had presented an organization that had  
3 a formal relationship or informal relationship with  
4 Mental Health Services as their primary resource for  
5 crises.  
6 Q. You've discussed various opinions here  
7 today. You've also discussed your opinions as they  
8 were found in your 12-page expert report of March  
9 28, 2002. Do you have any intention of offering any  
10 other opinions other than what we've covered today  
11 and what's contained in your report of March 28th,  
12 2002?  
13 MR. PHILIPP:  
14 Note my objection.  
15 MR. STOFFERS:  
16 Objection.  
17 THE WITNESS:  
18 At this point that's all I've been  
19 requested to do.  
20 EXAMINATION BY MR. CONWAY:  
21 Q. I would like to ask you some questions  
22 regarding conversations you'd had with Mr. Stoffers.  
23 Is all the correspondence, is it your  
24 understanding that all the correspondence with the  
25 exception of the one Page 1 of a letter Mr. Stoffers

1 policy, per se. It was that the policy  
2 the policy as followed or not followed by  
3 Ms. McIntyre on December 8th, 1998,  
4 showed disregard for Matthew's safety.  
5 EXAMINATION BY MR. CONWAY:  
6 Q. So you think you're in a better position --  
7 my question was very simple. You feel that you're  
8 in as good a position or better position to evaluate  
9 standard of care issues regarding school  
10 psychologists as a school psychologist?  
11 MR. STOFFERS:  
12 Objection again. It's argumentative  
13 and it's a compound question.  
14 THE WITNESS:  
15 What I said was that in terms of how  
16 the policy and procedure was followed, I'm  
17 in as good a position as any other  
18 clinician using that policy or familiar  
19 with that policy because it's in black and  
20 white. You do this, you do that, you do  
21 that, you do this, you do that.  
22 EXAMINATION BY MR. CONWAY:  
23 Q. I would assume -- I'm just kind of puzzled.  
24 There's a lawsuit that's been brought and were you  
25 aware of who the party defendants in this case were

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1 when you were first contacted by Mr. Stoffers?  
2 A. I believe it was --  
3 Q. Dr. Lightbody?  
4 A. Mr. Stoffers, Mental Health Services.  
5 Q. Mental Health Services and Bill Tiedemann  
6 as well as Dr. Lightbody, right?  
7 A. Right.  
8 Q. Dr. Lightbody, you knew at the very  
9 beginning was a psychiatrist, correct?  
10 A. Yes.  
11 Q. And you knew Bill Tiedemann was a social  
12 worker, correct?  
13 A. Crisis intervention worker with a social  
14 work degree.  
15 Q. Did Mr. Stoffers ever explain to you why he  
16 didn't want a social worker to evaluate Bill  
17 Tiedemann but wanted a psychiatrist to do so?  
18 MR. STOFFERS:  
19 Objection. You're now -- again, I  
20 guess clairvoyant on what I'm thinking.  
21 MR. CONWAY:  
22 Wait a second. I'm asking a question.  
23 MR. STOFFERS:  
24 Let me finish my objection.  
25 You're going pretty far here, Tom,

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1 I think what I was asked to do was  
2 review the case from a clinical perspective  
3 to see if I as a psychiatrist that has  
4 worked with all these disciplines had  
5 anything helpful to offer.  
6 EXAMINATION BY MR. CONWAY:  
7 Q. Then why wouldn't you have come up with an  
8 opinion regarding Geri Beard-Chaney and Dr. Richard  
9 Lightbody in your report then, if you were asked to  
10 look at everything?  
11 MR. STOFFERS:  
12 Objection.  
13 MR. PHILIPP:  
14 Objection.  
15 MR. STOFFERS:  
16 Asked and answered.  
17 MR. PHILIPP:  
18 Asked and answered.  
19 THE WITNESS:  
20 The focus of my review was from  
21 beginning to end the role of Mr. Tiedemann.  
22 EXAMINATION BY MR. CONWAY:  
23 Q. Did you talk with any social workers in  
24 arriving at your opinion regarding the standard of  
25 care for a social worker?

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1 suggesting what I'm thinking and why I did  
2 this or did that. If you want to ask what  
3 I talked about, go ahead, but to ask her  
4 what I was thinking or how I was looking at  
5 things --  
6 MR. CONWAY:  
7 Can you read back the question,  
8 please?  
9 (WHEREUPON, THE PRECEDING QUESTION WAS READ  
10 BACK BY THE COURT REPORTER.)  
11 MR. CONWAY:  
12 Bob, explain means talk.  
13 MR. STOFFERS:  
14 Explain means that somehow had a  
15 reason to tell her something.  
16 EXAMINATION BY MR. CONWAY:  
17 Q. I'm going to rephrase it and it's probably  
18 going to be verbatim to what I asked before.  
19 Did Mr. Stoffers ever explain to you during  
20 any of your conversations why he wanted you, a  
21 psychiatrist, to evaluate standard of care for Bill  
22 Tiedemann, a social worker?  
23 MR. STOFFERS:  
24 Objection.  
25 THE WITNESS:

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1 A. You mean in terms of consulting regarding  
2 this case?  
3 Q. Yes.  
4 A. Informally, yes.  
5 Q. Who did you talk to?  
6 A. Several.  
7 Q. What are their names?  
8 A. Let's see. There's Madge Winter,  
9 M-A-D-G-E, Tanya, Slawinski, S-L-A-W-I-N-S-K-I, Mary  
10 Gillette, G-I-L-L-E-T-T-E.  
11 MR. PHILIPP:  
12 Are you done yet?  
13 EXAMINATION BY MR. CONWAY:  
14 Q. Any other social workers that you consulted  
15 with?  
16 A. My sister.  
17 Q. Were all of these licensed social workers?  
18 A. Oh, yes.  
19 Q. Why did you feel that you had to go consult  
20 a social worker regarding social worker's standard  
21 of care?  
22 MR. STOFFERS:  
23 Objection as form, as to having to  
24 consult with a social worker.  
25 MR. PHILIPP:

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1 Same objection.

2 THE WITNESS:

3 I think you're making an assumption  
4 that I consulted them for that purpose.

5 EXAMINATION BY MR. CONWAY:

6 Q. Did you talk to them about this case?

7 A. In nonspecific terms, I may have referenced  
8 the case. But did I go and ask them what standard  
9 of care WAS, I don't think with this case, and it  
10 may not be true for others. I don't think that was  
11 necessary because in my training I was supervised  
12 for a number of years by social workers by choice.  
13 As I said before, I work as part of a  
14 multi-discipline team, therefore, I need to  
15 appreciate different languages and different  
16 perspectives globally in order to respond  
17 appropriately, communicate and effectively lead or  
18 manage treatment for youth in hospitals and other  
19 settings.

20 Q. Do you have an opinion as to whether  
21 Kirsten Hagesfeld deviated from the standard of  
22 care?

23 MR. STOFFERS:

24 Objection. Asked and answered.

25 EXAMINATION BY MR. CONWAY:

1 Do you recall making any notes concerning  
2 your review of those depositions?

3 A. Yes, I did. I outlined things I wanted to  
4 review again in the depositions.

5 Q. Did you type that up?

6 A. No.

7 Q. Those are handwritten notes?

8 A. Either highlighted or possibly handwritten.  
9 In terms of the earlier work I did on the case, it  
10 was more handwritten or in the margins.

11 Q. I also saw from your file that you have  
12 received the report of Ken DeLucca?

13 A. I believe so.

14 Q. Have you reviewed that report?

15 A. A while ago.

16 Q. I noted from your file that Mr. Stoffers  
17 asked you to review the report?

18 A. Yes.

19 Q. Did you report to Mr. Stoffers concerning  
20 your review?

21 A. I may have, but it was nonspecific, if I  
22 did.

23 Q. What in general have you said about the  
24 report?

25 A. Again, it's been a while, I don't recall

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1 Q. She's a social worker.

2 MR. STOFFERS:

3 Asked and answered.

4 Go ahead.

5 THE WITNESS:

6 In terms of her role, it would have  
7 been preferable that she discuss the case  
8 with Bill. However, she read his notes,  
9 she's familiar with his work, and if she  
10 had any additional questions, it would be  
11 reasonable to assume that in the  
12 supervisory capacity she knew how to reach  
13 him easily and she would have asked.

14 MR. CONWAY:

15 I don't think I have anything further.

16 MS. WISTNER:

17 I have a few more questions.

18 RE-EXAMINATION BY MS. WISTNER:

19 Q. Let me show you what's been marked as  
20 Exhibit No. 1. Those are some typewritten notes of  
21 your readings of the depositions?

22 A. Notes that were not proofed, yes.

23 Q. I have looked through that exhibit and I  
24 noted that there are no summary notes of the  
25 depositions of Bill Tiedemann or Fran McIntyre.

1 the details. I can say there's nothing striking in  
2 my mind that stood out like a sore thumb that would  
3 warrant me calling immediately to Mr. Stoffers to  
4 review or discuss.

5 Q. Do you know Dr. DeLucca?

6 A. No, I don't.

7 Q. Have you ever heard of him?

8 A. I've heard of plenty of Dr. DeLuccas.

9 Q. This particular one?

10 A. Not that I recall.

11 MR. PHILIPP:

12 I have no further questions.

13 Thank you very much.

14 MR. CONWAY:

15 You have the right to read this over  
16 and, in fact, I recommend that you do so.

17 MR. STOFFERS:

18 She'll read it.

19 (WHEREUPON, THE DEPOSITION WAS CONCLUDED.)  
20  
21  
22  
23  
24  
25



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WITNESS' ATTESTATION

I have read or have had the foregoing testimony read to me, pursuant to Rule 30(e) of the Federal Rules of Civil Procedure and/or Article 1445 of the Louisiana Code of Civil Procedure, and hereby attest that, to the best of my ability and understanding, it is a true and correct transcription of my testimony, with the exception of any attached corrections or changes, complete with reasons for changes, on the Witness' Amendment Pages;

I have in no way altered the printed transcript pages containing testimony herein. The integrity of this certified condensed transcript has been maintained in the identical form as it was received by me, with the exception of any changes on the Witness' Amendment Pages.

\_\_\_\_ Corrections  
\_\_\_\_ No Corrections

Signature: \_\_\_\_\_  
Date Cheryl D. Wills, M.D.

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CERTIFICATE

This certification is valid only for a transcript accompanied by my original signature and original raised seal on this page.

I, LINDA ARANGUREN, Certified Court Reporter in and for the State of Louisiana, as the officer before whom this testimony was taken, do hereby certify that CHERYL D. WILLS, M.D., after having been duly sworn by me upon authority of R.S. 37:2554, did testify as hereinabove set forth in the foregoing 302 pages;

That this testimony was reported by me in the stenotype reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is a true and correct transcript to the best of my ability and understanding;

That I am not related to counsel or to the parties herein, nor am I otherwise interested in the outcome of this matter.

\_\_\_\_\_  
LINDA ARANGUREN  
Certified Court Reporter  
Registered Merit Reporter  
(No. 805162)

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