In the Superior Court at Anchorage, Alaska

Media No.: 3AN6

3AN6108-196

Judge: W. Morse [telephonic @ API]

Date:

Thursday, November 06, 2008

Clerk: T. Smallwood

Case Title:

IN THE MATTER OF:

Name of Minor(s):

Case Number:

W.B.

3AN-08-1252PR

Type of Proceedings:

Hearing to address medication / Status of hospitalization

Parties Present:

Assistant Attorney General:Laura Derry / Erin Pohland

Psychiatrist

Petitioner:

Linda David [NP]

Attorney for Mr. Bigley Respondent, Mr. Bigley

James Gottstein [Present, in part]

Others Present:

Mr. Jonathan Hughes, Guar

Court Orders/Master Recommends:

Summary of Proceedings:

Court continues hearing to 11-10-08 @ 8:30 a.m. - 1:30 p.m.

Exhibit F admitted / Exhibit E not admitted

8:35:38 AM

On record

Court

-calls case

8:35:49 AM

-conducts roll call [summarizes who is present]

-from yesterday, have three copies of CDs and lognotes

8:36:41 AM

Unidentified Party [Gottstein ?]

-just served a copy of protective order yesterday... not sure if this issue is mute

Unidentified Party [Derry / Pohland ?]

-responds

8:37:16 AM

Court

-motion to strike clarified w/ protective order...

Unidentified Party [Gottstein ?]

-am seeking clarification on what it is that I can do here ...for example, am I permitted to respond to motions: motion to strike and protective order

Court

-what was done w/ those two motions yesterday / comments

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8:39:10 AM Unidentified Party [Derry / Pohland ?]

-States' position summarized

8:39:39 AM | Court

-let's take this up later...addresses Gottstein

8:39:52 AM Unidentified Party [Gottstein ?]

-comments

8:40:38 AM | Court

-need to use time today and try to get through the witnesses...

Unidentified Party [Gottstein ?]

-will be requesting a settlement conference

Unidentified Party [Derry / Pohland ?] -not sure of that purpose / request

8:41:40 AM Unidentified Party [Gottstein ?]

-timing of / scheduling of witnesses addressed

8:43:03 AM Unidentified Party [Derry / Pohland ?]

-addresses clerk / Court - RE: clarification on yesterday's lognote...my title and who I represent,

for the record -calls witness

8:43:28 AM Witness Sworn/Affirmed:

Khari, Kahnaz

8:43:58 AM | Direct Examination by Derry

(my medical school / education and training summarized

(I am board certified psychiatrist / have treated Mr. Bigley...not able to discuss medications w/ me (in his case, what medications were prescribed / addressed...unfortunately, in his case, his

thinking process / rationale was limited in his ability to engage w/ me

(medications: level [s] of injection versus oral / when medication take effect and when begun /

taken

(oral form in morning / injections - 25 mmg, initially

8:48:15 AM | PAUSE

[Court addresses W.B. – admonishes to be quiet during proceedings] - ? [inaudible]

8:48:47 AM (if he had any side effects to the medications at that time

(looking at the chart - some mild form of dementia ...not really sure...cannot at this point... I did

not directly see / report side effects

8:49:33 AM (when on Rispadone...injections / how often

(if that medication helped him: if that is indicated on the [his] chart: addressed

(I have evaluated him since Oct. 20, 2007...actually, yes...on daily basis including weekends to

evaluate his state of mind; yes, Saturdays are my days off

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(medications' effect on him addressed: escalated anger / upset him

8:51:29 AM (no, he has no insight – if he knows if he has a mental illness

(he has had a lot of anger...

8:52:11 AM (he has requested to talk to me / expressions of anger, yelling, etc...recalls conversation w/ him,

in summary

8:54:10 AM (no, he does not ... cannot assimilate facts about his illness

(having ability to be rational...that doesn't exist...makes sounds that are not understandable /

sounds not possible to engage in conversation

(yes, he was in an assisted living facility...

8:57:32 AM (no, he does not really make sense / he does think that...medications' side effects...impacts his

brain; then he makes other statements that do not have anything to do w/ medications and side

effect

8:58:25 AM (what I think will happen if he is not treated w/ full spectrum of what API can provide...addressed

(he has a severe schizophrenia [? - inaudible]...prognosis can become worse...explains

(placing him in position where it can be difficult

Gottstein

-objection...have not been provided with ...[inaudible?]

9:00:54 AM

Court

-inquires of A.G. – if discovery has been provided / was there a request for providing...?

Derry

-an essay / summation of her opinion and what she knows ...if a single study ...explains / no

specific reference...

9:02:02 AM

Court

-addresses Gottstein

Gottstein

-remarks

Derry

-object [ed]

PAUSE

Derry

-basis of objection: timeliness factor

Court

-inquires / comment

9:03:22 AM

Derry continues to inquire of witness

(one article / basis of profession - information ...

Court

-am going to overrule the objection ...remarks explained

Derry

-l can inquire of her general knowledge on ... RE: foundation / education and knowledge,

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familiarity

Gottstein

-I ought to be able to look at the study that she is referring to ...

Court

-will let her testify to what her general knowledge is...what she can address...

9:05:31 AM

-written testimony addressed and I just want to see them...

Court

-my concerns...

9:06:09 AM

Gottstein

-and I am not asking for that

Court

- -continues w/ comments...
- -asks witness to spell the medication referenced in testimony

Derry continues direct exam

(Riscrpadone [inaudible-?] – Witness spells medication for Court

(brand name...

9:08:24 AM

PAUSE

9:08:33 AM

(whether or not...effects of not being on medication : addressed – information based on articles from different journals...a bunch of them out there; how many I read a month: I try to keep up on whatever... explains w/ titles of journals; four or five times a week ...

9:10:22 AM

Gottstein

-objection...clarifies w/ Court on how to correctly object or when permitted to cross examine her ...on issues / objections

Court

-[inaudible] comments

(yes...for the last six months...not on medications

(again, the overall understanding ...if not on medications / treatment...poor mental health; more violent; more aggressive conduct; being more [likely to be] victim of [a] crime

Gottstein

-asks witness to repeat last portion of answer

9:12:20 AM

(being involved in crime / victim

(some level of having some ability to be in community / case manager / state of mind (his access is limited if he does not receive medications / his basic needs, for example, shelter

Derry

-no further questions

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9:15:36 AM

Cross Examination by Gottstein

(In one of his charts, yes, it said it was "mild"

(effect on brain – addressed / level of condition – effect

(medications – on brain: addressed / receptors

(motor movement, if effected by medication [s]: addressed – yes ...but on other parts of the brain / what parts are not impacted

(there are lots of studies / articles out there...would be happy to help you find some

Gottstein

-addresses Court...RE: if she should / required to provide studies - results of

Derry

-remarks [inaudible]

Court

-remarks [inaudible]

Gottstein

-continues to cross examine witness

Derry

-objection...is there a question or are you testifying?

Court

-clarifies how questions are to be posed

9:19:25 AM

Cross Examination by Gottstein, continues

(yes / Rispardol – addressed

(he took that and then he stopped ...no, I don't know why he stopped

9:21:40 AM

Derry

-objection, mischaracterization of testimony

Court

-overruled

9:22:00 AM

(prognosis ... if it declines / if not stable ...

(I do read articles / I am busy, right...if I read the whole article or just the abstract: well, it depends – explains w/ clarification...every case is different ... I do read articles ... explains if I focus on one thing or several

(if I ever re-analyze the data: not sure what you mean by that

Gottstein

-explains w/ example...

9:25:29 AM

9:26:45 AM

(I try to look at the / all of the variables that they are looking at...

(if he does not take the medication – addressed: it will have a worse functional outcome : clarifies w/ explanation

(his ability to be engaged in community / his state of mind: addressed

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(also, his safety within the community addressed

Derry

-objection

Court

-overruled

(no, I was not present during May hearing / testimony (I did not read her transcript – evidence

Derry

-objection, not filed

Gottstein

-I did file it

Court

- -admonishes parties
- -remarks / may answer question if she has knowledge...

9:29:01 AM

(I did recall reading something about what she was talking about / talked about... (if his current functioning was effected by taking psychotropic drugs: addressed (first of all, my familiarity of Dr. Jackson addressed (second, if she actually had physical observation of patients addressed / the validity of ...

Gottstein summarizes testimony of this witness compared to Dr. Jackson

Derry

-objection, calls for speculation

(he is not benefiting from being on medication / his level of functioning – decline (if there is anything in Dr. Jackson's testimony that I dispute ...

Derry

-objection, speculation

Court

-if she can remember then she may answer...

9:32:39 AM

(level of psychosis / what can occur ...one of the hypothesis - recalled, summarized

Derry

-objection, foundation

Court

-comments

(I would need to find out specifically...article being referenced (yes, if discharged – role of case management [confirmed] (late Jan of 2007 [confirmed]

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Gottstein

-have document - marked as Exhibit E

PAUSE

9:39:51 AM

(no, I did not / have not seen this

Derry

-objection, not relevant

Court

-it's not being offered / admitted

9:40:19 AM

Gottstein

-paragraph C if that is what you just said...right?

Derry

-objection, relevance

Court

-overruled

9:40:50 AM

(10-24-07 : clarification of what I was trying to say [summarized] ... beyond that, I do not have any other knowledge

Gottstein

-reads aloud, in part, from document

Derry

- -objection, relevance, foundation, she said she already did not know
- -Mr. Gottstein should not be reading this document...

Court

-only used to refresh memory / not to be used as hearsay

Gottstein

-this has been filed / this affidavit

Court

-it hasn't been offered

Gottstein

- -I know that I filed it
- -the date that was done

Court

-it's not being offered...your filing does not mean it has been offered

Gottstein

-I believe I have submitted this as part of evidence on the 28th when this was filed...

Court

-to be clear: procedures for filing documents versus offering exhibits...

9:44:22 AM

Gottstein

-okay, so I move to have this affidavit offered and admitted

Derry

-objection, not relevant

9:44:51 AM

Gottstein

-responds

Court

- -relevant but is hearsay [clarifies appropriate objection basis]
- -the individual is not here for cross examination of this document

PAUSE

Gottstein

-okay, so I actually raised this on Oct. 28

Court

- -your filing documents does not make the documents admissible...clarifies procedures
- -the pile of stuff that you've filed has not been offered ... explains

Gottstein

-okay...um...

9:47:43 AM

PAUSE

9:48:19 AM

Gottstein

-approaches witness w/ document marked Exhibit F

(yes, it shows list of admissions / discharges – dates

Gottstein

-will be moving

Derry

-will object to this document

Court

- -as I understand what Mr. Gottstein is attempting to do here: summarized
- -to merely clarify / confirm dates of discharge and admission dates

Derry

-with that limited parameter, no objection

Court

-Exhibit F is admitted

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-objection to question

Court

-[inaudible] clarifies w/ Mr. Gottstein...how question should be asked / provides example

9:50:53 AM

(yes, I see that entry [as addressed by Mr. Gottstein] (number of days 4-25 to 6-4: difference of days addressed (I'm not sure (6-26-08 to 6-30-08: next span of days – yes, four

Derry

-does he want her to do that now?

Gottstein

-provide a summary of reasons of admission / discharges

Derry

-would object

9:52:48 AM

Court

-comments / what is being asked / what is useful...how did he do back then as compared to now: what the chart[s] should indicate

Derry

-would it be appropriate for her to look back in the charts / her familiarity...to summarize

Court

-clarifies what is being requested

-can take a break and have her review the charts then and be able to have a summation for her response when we go back on record

Off Record Subject to Call

10:25:14 AM

On record

10:25:24 AM

Dr. Kahnaz

(dates of when on medication addressed / 20 day commitment

Derry

-objection

Court

-ask a question

10:28:01 AM

(in his case...he could not be given medication - why / explained

10:28:44 AM

(June 25 - came to evaluation / why he came to the facility

(Aug. 1st – was in correctional facility / case was dropped / found to be not restorable

(yes, API found that he did not meet criteria

10:31:06 AM

(Sept 22 - admitted ex-parte status : explained / involuntary commitment for further evaluation

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(I would need to review documents to confirm who filed for commitment

(basically, in the community - his safety and for others / was gravely disabled and unable to care for himself - why admitted into facility

(clinician has obligations to know what has to be done / Statutes addressed...if he does not fully meet the criteria then I would have to respect that and let him go

Derry

-objection, that was already answered

Gottstein

-I don't think it was

PAUSE

10:33:28 AM

(what it says here: patient continues to call Office of Public Advocacy / yelling ... cannot identify plan ...his demeanor and status summarized in notes [reads directly aloud, in part]

10:35:44 AM

(during the 9-22 period, if psychotropic drugs were not authorized...[reviews notes for June 25 / Aug. date1

10:36:33 AM

(Sept 30th – what brought him into facility...even though he was showing the

symptoms...addresses dates when medication was denied / when commitment was denied

10:39:53 AM

PAUSE

10:40:02 AM

Court inquires of witness

PAUSE

(June 26 – Dr. Maile in notes / role (when I was involved - clarified / recalls my role

10:41:03 AM

Cross Examination by Gottstein, continues

(this was / had been on Taku Unit, yes: designation of floor - who is assigned there

(if he is eligible for / eligibility for Katmai Unit – addressed

(no, not at this point, I do not want / recommend him going there

10:42:30 AM

10:43:56 AM

(Title 12: familiarity of / purpose of - if most people not on psychotropic drugs - who are on Title

(I am primary psychiatrist, yes

(I don't know what percentage of patients are on psychotropic drugs

(June 26- if he was given psychotropic drugs

Derry

-objection, asked and answered

Court

-remarks [inaudible]

Unidentified Voice

-addresses Court...specific drug [s] or all drugs...clarification of question

10:44:57 AM | (what he was given / basis for ... he was offered it and he didn't take it

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(he was given ... medication for May 6th ...

Court / Gottstein

-June 26th

Derry

-were on the wrong page, Your Honor

10:46:06 AM

PAUSE

10:46:13 AM

(no...

PAUSE

[Witness reviews document further]

(no, I don't see...6-26 to 6-30: no

Unidentified Voice

-what does I.M. mean? Emergency?

10:47:30 AM

Gottstein inquires of witness (no I.M. medications: what that means

Court

-[inaudible] comments

-[inaudible] directs witness to look at chart on her own [?]

10:48:58 AM

(what that means...as situation arises...if further evaluation needed... (case by case...each is different

Derry

-inquires / dates / question...clarification

10:49:47 AM

(in emergency situations...what I.M. means – explains (yes, could be [mean] emergency

Gottstein

-I am confused...could you tell me what "no I.M. medication" means ...when written in chart

10:50:46 AM

(explains - different forms of medication: liquid, tablet / pill, ...

10:51:09 AM

Derry

-clarification ...

Gottstein

-thought I.M. meant same ...just trying to understand...I apologize

-continues cross-exam

10:51:49 AM

(what I.M. is: addressed...

10:52:28 AM

(distinction of oral medication / I.M. medication - explained

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-objection, mischaracterization of ...

10:53:57 AM

(by Statute, authorization – medications addressed: when appropriate – patient may benefit

Derry

-objection, calls for speculation as to what Dr. Wolf testified to...

10:55:58 AM

(refusing medications and any other treatment options...role of staff – to make sure no other breakdowns occur or safety of others is at risk...

Derry

-objection, relevance

Court

-what is the relevance?

Gottstein

-want to know what the procedure is

Court

-what difference does it make?

-Lay the foundation

10:57:57 AM

(in the admissions, if he has refused medications

Derry

-objection...explains

Court

-if she knows...

10:58:27 AM

(he may have resisted but not sure on exact...

Derry

-objection, asked and answered

Court

-remarks

Cross Examination by Gottstein continues

10:59:22 AM

(no, I do not know

(date 6-30 addressed: if he was given medications

Court

-no medications on 6-30

Gottstein confirms w/ witness...

-if he was on Title 12 then...

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-objection, asked and answered

11:00:53 AM

Court

-dates to be addressed...[inaudible] comments

-need to confirm whether the DOT transfer...[inaudible]...find out whether or not ...given emergency medications

-if he could have been committed / Supreme Court ... [inaudible]

-beginning w/ April 25th date...what I have in my notes here

11:02:27 AM | -summation of dates: actions that were taken

[directs witness to confirm]

11:03:32 AM

PAUSE

[Witness reviews notes]

(May 25 to June 4: notes – yes, May 5 / 6 [?], medication he received: one emergency medication received by injection

(medication for period of time: how long

11:05:39 AM (other date – different medication taken [spells name for Judge]

11:06:18 AM (the other date – other drug administered [spells name for Judge]

(has a longer time ... oral: 72 hours and I.M. has about 24-48 hours...injection

11:07:36 AM (other medication spelled for Judge...

(yes, all three of those drugs are psychotropic

11:08:28 AM | Court continues to inquire of witness

-if he would have been kept in / at API longer: addressed

11:09:05 AM

(as a clinician, obligations to be followed...if he would stay / leave: what must be considered (by Statute, criteria must be met versus obligations to maintain / consider public safety and stability

Court inquires of witness

11:10:42 AM

-June 26 – 30: addressed / notes and courses of action taken

-if he met commitment criteria

-when API evaluated him...findings addressed

-was there ever a time when API was going to file ...

(I would say "yes" / provides explanation

11:13:54 AM

Court inquires of witness

-very basic level of medications...just to get him to calm down - example

-level [s] of course of action addressed...

11:14:33 AM

-API understanding of resistance of medications addressed / legal resistance – if influenced API to go seek authority whether to medicate

(yes

(if he had an aggressive attorney...

Derry

-comments to Court's last question...

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(as to his admission / factor of consideration ... aspects of the legal system... safety of the patient and symptoms need to be taken care of...

Court seeks clarification / confirmation...if API decided not to administer medication because of complainant issues / attorney involvement

11:19:59 AM

(if always exercise clinical judgment: addressed (medical team's actions...

11:21:10 AM

PAUSE

Court inquires of witness

-Aug. 25: reviews notes / course of action - disposition

-Sept. 24 - 30: - same

-Oct 8: same

-confirms w/ witness: course of action taken for dates as addressed in notes

11:23:53 AM

[Witness responds to Court's inquiry addressing dates]

11:26:05 AM

-inquires of witness: hypothetical scenario – in crisis / if emergency medications needed...what is done?

11:26:38 AM

11:27:19 AM

(explains procedure / course of action...to try to calm him down before medications administered (when the patient is considered not competent and not capable of understanding what is going on...it depends on what the situation is: explains.

11:30:13 AM

PAUSE

Court

-I appreciate your answers...just need to make some notes as to ...your answers

[Judge making notes of witness's testimony]

PAUSE

11:31:38 AM

Court confirms w/ witness...

-RE: course of action given hypothetical scenario posed

-RE: distinction of injection versus oral medication : if effects / outcomes are to be same

(depends on the type of medication / the time it takes to go into system

11:33:20 AM

PAUSE

11:34:11 AM

Gottstein continues to cross examine witness

11:36:26 AM

PAUSE

11:36:42 AM

(Aug dates addressed in notes / chart – courses of action

11:37:27 AM

(spells medication for Court

11:38:30 AM

(page 16 addressed

11:39:08 AM (Sept 30 admission – ex parte basis

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-objection, asked and answered

Gottstein

-remarks

Court

-confirms date addressed

Gottstein

-Sept. 30th

(yes

Derry

-objection, relevance

-what I thought this line of questioning was to be for...

Court

-[inaudible] remarks

11:40:33 AM

Witness reads aloud from notes directly...

11:43:01 AM

PAUSE

[Witness reviews notes]

11:43:31 AM

(was discharged - when

(page 18 addressed – Exhibit E

11:43:50 AM

Witness reads aloud from notes directly...

11:44:44 AM

(next page addressed: his request to leave...clarifies...this is when he was involuntarily...

Gottstein

-apologizes

-continues to inquire [RE: Oct. 8 admission]

11:45:33 AM

11:46:34 AM

(criteria – familiarity of

(page 20 addressed: contents – Providence, yes (status / reporting party: who it could be...clarified (patient's behavior noted, confirmed – yes (medications administered – status / why...

Derry

-objection...explains

(yes, it says "attempt" for / regarding API admission (what that means – explains / it says what it means (who signed the POA ... [reviews document]

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PAUSE

(signed by Dr. Baker...no, I don't know him (if I know if he is psychiatrist

Derry

-objection, speculation

Court

-responds

(I don't know what he means by that

11:50:17 AM

PAUSE

11:50:36 AM

(on his current admission: addressed – yes, POA (grounds for that: addressed – where he came from...whose name on document...

PAUSE

Derry

-If I may...Lisa Davis

11:51:38 AM

(why admitted: reads directly from document

(his behavior addressed

(treatment / course of action - outcome[s] addressed

(Mr. Bigley compared to others in facility

(he does [confirmed] - he has difficulty in maintaining housing

(if not welcome at shelter / assisted living arrangements – if that is an option

Derry

-objection, asked and answered...

Court

-inquires of Gottstein

Gottstein

-it was a different question

Court

-[inaudible] response

12:01:39 PM

Cross Examination by Gottstein continues

(if he has successfully been released on "passes" basis

(forensic patient - status

(yes, he could / should use intensive case management

(yes, if he has someone in the community - if useful to him: depends on his ability to create and

maintain a healthy bond - explains further

12:04:07 PM (when he was stable - [if] I had taken him out to lunch: addressed

(he would benefit from any kind of support

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(if and when he begins to become hostile : if it's possible that someone with him could help deescalate his behavior – addressed

Derry

-can we take a short break

Court

-inquires of Mr. Gottstein / time left for examination?

Gottstein

-response [inaudible – 15 minutes?]

Court

-will be off record until 12:15

12:06:08 PM O

Off record subject to call

12:20:26 PM

On record

Court Judicial Assistant on record w/ parties -discusses scheduling of next hearing

Judge Morse

[addresses judicial assistant]

12:35:44 PM

Monday, Nov. 10: 8:30 - 1:30 continued hearing [confirmed w/ judicial assistant]

Parties discuss other matters:

12:38:16 PM

RE: confidentiality of proceedings / log notes and CD addressed – clarifies Court's ruling versus procedures

Court

-in court clerk labeled log notes as confidential / technically, correct procedure

-discusses matter further as addressed w/ parties...

Derry

-request all of this to be confidential

12:39:40 PM

-explains why

Court

-[inaudible] comments

12:41:06 PM

Gottstein

-addresses Court

12:41:34 PM

Court

-addresses Mr. Gottstein's comments

-protective order [RE: deposition / witnesses / pleadings]

12:41:53 PM

-clarification

Clerk

-addresses parties to confirm we have been on record since judicial assistant's presence

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Clerk

-judicial assistant has since left the courtroom

12:44:16 PM

Cross Examination by Gottstein resumes

(that is what I said ...

Derry

-objection, calls for speculation

Court

-overruled

12:44:51 PM

(why he was pretty agitated - [inaudible]

Clerk asks witness to speak up...voice is fading...

(what I did [recalled / summarized]

12:45:49 PM

PAUSE

12:46:06 PM

(Exhibit B addressed, page 5: contents of

Derry

-objection

-witness merely signed off on this... explained

Court

-overruled

12:47:08 PM

(content of what this says: addressed

Derry

-objection, relevance

Gottstein

-what question is relating to

Court

-ask another question ...[rephrase? – inaudible]

(patient – being non compliant : why – how addressed [course of action] (my obligations to the patient / treatment – benefits of

Derry

-objection, relevance

12:49:45 PM

(again...I do understand what his condition was...explains / medications - clarified

Gottstein

-my role as his attorney: representing his rights

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-objection, relevance

Court

-[inaudible] remarks

Derry

-objection, form - compound question

(both applies: your role as attorney

Derry

-objection

-may I speak to witness privately for a moment?

Court

-no

Derry directly addresses witness

Court

12:52:01 PM

-admonishes Ms. Derry: you cannot talk to your witness as she testifies...I can remove you from courtroom / proceedings and I will do that...

Derry

-apologizes

12:52:41 PM

Cross Examination by Gottstein, continues

Derry

-objection, asking her to comment on legal issues...explains further

Court

-why is this important?

12:54:25 PM

Gottstein

-asking to find out how he / this is being treated differently

Court

-[inaudible] move on [?]

12:54:57 PM

(why I did not sign document: clarifies why

12:55:39 PM (if I hav

(if I have assessed him for any possible brain damage: addressed

(if no specific neuro psych evaluation done

Derry

-objection, already answered

(what I did / did not do - clarified

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-objection, mischaracterization of witness's testimony

12:59:16 PM

(his brain / cranium – condition of ... imaging ... overview of what the image is at: addressed (Exhibit B, page 12: addressed

Derry

-objection, relevance

Court

-[inaudible] remarks

12:59:47 PM

Gottstein

-continues cross exam

Derry

-objection, relevance

Court

-what is the relevance?

Gottstein

-trying to show records / documents are not accurate

Derry

-affidavit indicates contents are true and correct copy...here

1:00:43 PM

Court

-remarks

-document that has added comments...[inaudible]

Gottstein

-would you like me to submit a copy w/o added comments

1:01:26 PM

Redirect Examination by Derry

(yes

Gottstein

-note that she is leading but will not object

Court

-l am perfectly capable of knowing when leading questions are being asked

Derry

-would you like me to re-phrase?

Gottstein

-no

1:02:25 PM

(no

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1:02:33 PM

(why he released from API: explained

(he did not meet the criteria as stated in Statutes / one of the reasons, yes – that his treatment

would not benefit him

(how well people sleep in jail / being homeless; when hungry

1:03:35 PM (yes, he refuses any forms of physical exams when he is at API

(conducting tests on him for determination of brain damage: capability of [when at API]

1:04:22 PM (distinction of P.O. – Oral or by mouth

(I.M. - by injection

(Emergency: means crisis ... explains

(merely asking one to take a pill or give someone impression that they are empowered, removing

one from stimuli: yes...all examples of de-escalating conduct / demeanor (once out of crisis, one can be given medication – yes, with clarification

1:06:03 PM (they are able to process what is being done – when no longer in crisis

(depends on their level of engagement / what level of control is: yes, you could talk to the patient

(case by case ... depends

Gottstein

-objection...distinction of what medication we are addressing here

Derry

-will rephrase

1:07:16 PM

(what it looks like when one is in crisis: one is highly agitated, they may hitting their head against the wall, yelling and screaming / not hearing what is being told; not connecting...

1:08:03 PM

(Oct 20-22: when he was admitted: his behavior recalled: yelling and screaming / defecating...

(he was banging the door / wall[s] ...even the staff not able to intervene

1:09:06 PM

(he has been represented by Mr. Gottstein / refusing medications, yes but I am not sure on the

exact date [s]

(yes, he has been in non compliance, time period for 2008

(how many times he has been in / admitted to API just for 2008

1:10:00 PM

Witness reviews documentation...

(he has been at API for ten times, yes

(he has come to API because he was not medicated

Gottstein

-objection, need foundation

1:10:50 PM

(explains further

Derry

-no further questions

Court

-[inaudible] comments

1:11:16 PM

-inquires of witness [RE: medications]

(Medications addressed...

(side-effects addressed / some can be quite disturbing to patients; examples: weight gain,

hypertension, light headiness / dizziness; ...

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1:14:06 PM

Court

-continues inquiry of witness re: oral versus injection of medication

(impact / effects of medications – when / how used – re: methods of (if any sequential order of how medications are administered: addressed – oral, first...then, injections...[examples: various forms of medications addressed / situations and outcomes]

Court

-continues to inquire re: period of medications taking effect on patients [addressed]

1:18:44 PM

(explains when forms of medications administered / previous history, if any...

(it takes about 8-10 weeks before he would be out of the hospital before he would have some level of stability

1:19:59 PM

(Taku Unit - assignment of

(long term care / case management - role of

1:23:27 PM

(addresses when patient would benefit from placement of services – i.e. long term involvement / case management

1:24:10 PM (if n

(if medicated and stabilized and ready to be discharged: what criteria would be necessary / looked for: I work in two units / the individuals served in each unit ...levels of mental illness (when they do get discharged...criteria that staff addresses: engagement w/ community / services / facilities / case manager / guardian ...

1:26:06 PM

(medical supervision – if and when available / monitoring, if provided (API – its level of involvement: described / case manager, clinician...roles of

Court

-have no other questions

1:26:56 PM

Re-cross Examination by Gottstein

(if he is offered to stay longer, yes (why / if he is not given chances – addressed

Court

-charts / notes to show when discharged, admission – involuntary - , etc...

1:27:59 PM

(for him...what he is experiencing / how long he would be able to stay (at some point, yes...if API would say "enough is enough"

1:29:26 PM

Re- Cross Examination by Gottstein continues

(his condition [s] addressed: RE: if I know [knew] why he quit taking medications / why admitted (if still delusional

(I believe based on my evaluation of him ... his actions versus if he is actually delusional

Derry

-objection...facts not in evidence

(I am glad that you asked that question...[recalls] I had a patient who had been institutionalized for years...he continues to have active psychosis

(he has taken more charge of his life now that he is / has been released into community, it is amazing that he is not still institutionalized...

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(Taku Unit is not jail / not set up as jail setting; distinction of facility / unit [s] explained (how persons are treated there...! have never worked in a correctional facility so I cannot answer that wu

Gottstein

-no other questions

Court

-will resume Monday at 8:30 a.m.

Clerk

-addresses parties...have gone off record and will now disconnect unless someone has anything else to add....confirms w/ parties...

Judge / Parties

-confirms nothing to add...

1:34:17 PM

Off record