

1 C. LAMSTEIN-REISS, M.D.

2 It's actually teaching specific skills  
3 that's not as simple as just, it's not like  
4 just go talk about what's bothering you.

5 Q. When you wrote this entry, how  
6 much treatment did you anticipate would be  
7 required?

8 MS. PUBLICKER METHAM:

9 Objection.

10 A. That would be between him and  
11 the treatment provider. We don't mandate  
12 treatment. We never mandate. We recommend  
13 it.

14 Q. Okay, well, when you recommended  
15 treatment, how long a course of treatment  
16 were you recommending?

17 MS. PUBLICKER METHAM:

18 Objection.

19 A. I was recommending providers who  
20 do a certain type of therapy. I thought  
21 that would be most helpful to him and that  
22 would be between him and the provider.  
23 Typically, CBT tends to be a shorter course  
24 of treatment compared to other things.

25 Q. How long is the CBT course of

1 C. LAMSTEIN-REISS, M.D.  
2 medication. It's sometimes prescribed for  
3 other reasons, such as bipolar disorder.  
4 Sometimes it's given in addition to  
5 antidepressants, could be other off label  
6 uses. Typically, not the only medication  
7 prescribed unless that's -- other  
8 medications have tried and failed or given  
9 for psychosis or bipolar disorder.

10 Q. As April 15, 2009, did  
11 Schoolcraft present to you as somebody who  
12 was suffering from some sort of psychosis?

13 MS. PUBLICKER METHAM:

14 Objection.

15 A. I did not observe any psychotic  
16 symptoms. So it did not appear to me that  
17 he was psychotic.

18 Q. Did it appear to you at any time  
19 that he was psychotic?

20 A. Later on in the case I began to  
21 wonder if that was the case and I was not  
22 sure. That's one of the theories I have  
23 looking back on it.

24 Q. When did you start wondering  
25 about whether or not he was psychotic?

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A. When -- a few months later when I -- for example, I tell him something repeatedly and then he was still say he was wasn't sure what I was talking about or things like I have a whole conversation with him about something and then he tells the media something completely different --

Q. The media?

A. -- from our conversation. Then I don't know if that was intentional or if he wasn't able to comprehend our conversation. That didn't seem to be the case in the beginning. I don't know how to explain that.

I also informed by IAB that while he was in the hospital he told them he was either taking or was prescribed or was recommended a different antipsychotic medication and they thought he might be schizophrenic. I have no idea because I have not seen him since then. So I don't know. I really, I really have no idea, you know, what the accurate diagnosis is or what's going on.

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Q. My question is when did you start having these thoughts that maybe he was psychotic?

MS. PUBLICKER METTHAM:

Objection.

A. At some point after I stopped seeing him.

Q. Well that's sometime from October 27, 2009 and today, right? Can you be a little bit more specific about the time frame about when you first start becoming to believe that possibly he was psychotic?

MS. PUBLICKER METTHAM:

Objection.

A. At some point within the first few months after I stopped seeing him I wondered if that was a possibility. I really did not have any kind of clear opinion one way or the other because there was too many things I did not know and too much information I did not know and too many things that didn't make sense. So not sure.

Q. You never formed a conclusion or opinion about whether or not he was a

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2 psychotic?

3 A. Correct.

4 Q. To this day you don't have an  
5 opinion?

6 A. I do not. I have no idea.

7 Q. What was the information or the  
8 fact or the conversation that led you to  
9 believe that maybe there's some possibility  
10 that maybe he was psychotic?

11 A. It's -- I want to be -- like the  
12 type of psychotic symptoms I'm thinking of  
13 is maybe if there were delusions as opposed  
14 to hallucinations or anything like that.  
15 It's a bunch of little things. I now am  
16 hearing of two different doctors, two  
17 different psychiatrists who thought he  
18 needed an antipsychotic medication. That he  
19 repeatedly was saying things like I never  
20 told him why he got restricted when I did.  
21 Is that a lack of comprehension. I don't  
22 know. Sometimes when people have tape  
23 recorders all over their home and that kind  
24 of stuff, it could be that they're  
25 delusional. Maybe not. The only bit of

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2 brief information that I got from the  
3 hospital was that he had some strange  
4 beliefs, but they didn't think he was a  
5 danger to him himself or others.

6 So it's all those little things  
7 that makes me wonder and no close friends  
8 that he trusts to tell anything to, anything  
9 real personal to except his father. Like a  
10 lack of trusting people in that regard.

11 So it was a bunch all those  
12 little things together that makes me wonder  
13 if that is that what's going on or part of  
14 what's going on and that's not something I  
15 had thought during the three times I saw  
16 him. It seemed to be -- except for the  
17 missing part about why a doctor prescribes  
18 an antipsychotic, except for that, it seemed  
19 to be a much more simple thing of someone  
20 experiencing life stresses and having  
21 physical symptoms of stress that were  
22 bothersome and reaction to that.

23 Now I have no idea what to  
24 believe with not being able to interview him  
25 and get full records from any treatment

1 C. LAMSTEIN-REISS, M.D.  
2 providers. I really have no opinion one way  
3 or the other. Something I wonder. I really  
4 have no idea.

5 Q. What were the facts or the  
6 conversations or the events that led you to  
7 first believe that possibly Schoolcraft was  
8 antipsychotic or is psychotic?

9 MS. PUBLICKER METHAM:

10 Objection.

11 A. The first time I wondered that  
12 was when I saw him in -- I think it was  
13 October 27. On or about October 27th and I  
14 said, you know, I know your dad said we  
15 never told why you were restricted, maybe  
16 you just never wanted to tell him, it's not  
17 his business and he said yeah, why am I.  
18 That was the first time that made me  
19 question because we notice that sometimes  
20 people who don't understand something pretty  
21 basic after a period of time it could be  
22 that they have a thought disorder. I no  
23 longer think that because the reason I now  
24 know that he was taping and I think maybe he  
25 just wanted me to say it on tape. So I no

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2 longer think that was a thought disorder,  
3 but then later on I reread the file and  
4 putting different things together I could  
5 see a possible hint that maybe he -- maybe  
6 there was some kind of paranoid delusions.

7 Q. Well, when did you reread the  
8 file where you started forming this belief?

9 MS. PUBLICKER METHAM:

10 Objection.

11 A. I would say within the first few  
12 weeks after I stopped seeing him. When I  
13 heard that the hospital prescribed an  
14 antipsychotic or recommended an  
15 antipsychotic and according to Schoolcraft  
16 telling IAB, who told me, that they thought  
17 he might be schizophrenic, as well as  
18 hearing that, you know, he had tape  
19 recorders everywhere. That's something that  
20 paranoid delusional people do and something  
21 that people could do for other reasons, but  
22 it would lead one to question.

23 Q. All right, so, was it when IAB  
24 told you about what they believe occurred at  
25 Jamaica Hospital, is that when you first



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started believing that possibly there was some psychotic issue with Schoolcraft?

MS. PUBLICKER METHAM:

Objection.

A. I don't remember what specifically led to my starting to think that again. I know it's that IAB -- one part is that IAB told me that Officer Schoolcraft told them that the hospital thought he was psychotic.

Q. We've got the back up.

A. That was not IAB's opinion. That was --

Q. I'm confused. When did you first. Let me rephrase this question.

When was the first time the possibility and when as for date, your time of some sort of reference based on time; when for the first time, did you, in your mind, believe that there was a possibility that Schoolcraft had some sort of delusional or psychotic thoughts?

MS. PUBLICKER METHAM:

Objection.

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2 A. I believe I answered that. I  
3 will answer it again, see if I'm more clear.  
4 The first time I wondered that was October  
5 27, 2009.

6 Q. All right, okay. That's an  
7 answer to my question I don't need anymore  
8 explanation. I would like to ask a follow  
9 up to that if you don't mind?

10 A. Sure.

11 Q. Did you make any entry of that  
12 thought in your file?

13 A. I did not.

14 Q. Do you have entries for your  
15 meeting with the Schoolcraft on October 27,  
16 2009?

17 A. I do.

18 Q. And you've read them recently;  
19 is that right?

20 A. Yes.

21 Q. In fact, you've read them twice;  
22 you read them yesterday and you read them  
23 about two weeks ago, isn't that right?

24 A. Yes.

25 Q. And you also listened to the

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2 Q. I believe it was a Saturday.

3 A. Then I was the off that day.

4 Q. So your regular tour -- or I  
5 don't know tours, but to some people that  
6 that's a shorthand for some people. Your  
7 regular hours were Monday through Friday 9  
8 to 5 sometimes 10 to 6; is that right?

9 A. Correct.

10 Q. Okay, you can keep reading,  
11 thank you.

12 A. Firearm removal coordinated by  
13 Deputy Inspector Mishula, M-i-s-h-u-l-a, and  
14 other names, I don't know if I'm spelling  
15 them right. So you can guess. And carried  
16 out by Sergeant Mc Loon of absence control  
17 and P.O. Tomasio of medical bills, Sergeant  
18 Gallini ran the firearm check, two firearms  
19 ID and shield vouchered at medical division.  
20 Shield was in locker. Two guns were at home  
21 and ID card was on his person. MOS  
22 cooperative, but doesn't want restricted  
23 duty and I signed my name.

24 Q. What's the circle after  
25 restricted duty? Is that a circle?