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IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

WENDY B. DOLIN Individually and as Independent Executor of the Estate of STEWART DOLIN, deceased,	}	No. 12 CV 6403
Plaintiff,		
vs.	}	Chicago, Illinois
SMITHKLINE BEECHAM CORPORATION D/B/A GLAXOSMITHKLINE, a Pennsylvania Corporation,		
Defendant.)	9:25 o'clock a.m.

VOLUME 18 A
TRANSCRIPT OF PROCEEDINGS
BEFORE THE HONORABLE WILLIAM T. HART

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1 (The following proceedings were had out of the
2 presence of the jury in open court:)

3 [REDACTED]
4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]

09:28:58

09:29:04

12 [REDACTED]

13 [REDACTED]
14 [REDACTED]

09:29:27

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 (The following proceedings were had in the
19 presence of the jury in open court:)

09:30:16

20 THE COURT: All right. Thank you very much, ladies
21 and gentlemen. Please be seated. And we will resume.

22 MR. BAYMAN: Thank you, Your Honor.

23 Good morning, ladies and gentlemen; counsel.

24

09:30:24

25

1 ANTHONY ROTHSCHILD, DEFENDANT'S WITNESS, PREVIOUSLY SWORN

2 DIRECT EXAMINATION (resumed)

3 BY MR. BAYMAN:

09:30:39

4 Q. Dr. Rothschild, right before we broke yesterday we were
5 discussing Mr. Dolin's first visit to Dr. Salstrom on
6 June 29th, 2010. And I believe you mentioned that Dr. Salstrom
7 gave Mr. Dolin some homework at that June 29th visit.

8 A. Yes. Yes.

9 Q. What did she ask him to do?

09:30:59

10 A. She gave him a questionnaire, what's in the called a DSM-4
11 questionnaire that asks about various symptoms that you see in
12 depression and also anxiety and she asked him to fill it out.

13 Q. Did he fill it out?

14 A. Not right away.

09:31:13

15 Q. Okay. We'll talk about that later.

16 Did Mr. Dolin tell Dr. Salstrom that he was seeing
17 another therapist?

18 A. Yes.

19 Q. And why would a conversation like that take place?

09:31:31

20 A. Ah, well, it's -- it's -- I think I mentioned this
21 yesterday, it's never a good idea to be seeing two therapists
22 at once. And it's good that he told Dr. Salstrom, and Dr.
23 Salstrom told him what I just said, that it's not a good idea
24 to be seeing two therapists at once.

09:31:50

25 Q. And what did Dr. Salstrom recommend?

1 A. Well, that he -- if he was going to be seeing Dr. Salstrom,
2 he should stop seeing the other therapist who was Ms. Reed.

3 THE COURT: We've been over this before now. We're
4 not going to go over material that's been gone over thoroughly
5 before. So, please keep that in mind.

09:32:06

6 BY MR. BAYMAN:

7 Q. Did Mr. Dolin stop seeing Ms. Reed?

8 A. No.

9 Q. Now, the jury heard Dr. Glenmullen testify that he didn't
10 share Dr. Salstrom's opinion that Mr. Dolin shouldn't seeing
11 both Dr. Salstrom and Ms. Reed and that lots of therapists
12 wouldn't have that opinion.

09:32:21

13 Do you believe Dr. Salstrom's advise was sound?

14 A. Yes, I do. And the vast majority of therapists that I know
15 would not recommend seeing two therapists at the same time. In
16 fact, Ms. Reed, the other therapist, told him the same thing.

09:32:41

17 Q. When did Mr. Dolin next see Ms. Reed after his initial
18 visit with Dr. Salstrom on June 29?

19 A. I think it was July 6th.

09:32:54

20 Q. Ah --

21 A. 2010.

22 Q. No. No. I'm sorry. When did he see Ms. Reed after
23 visiting with Dr. Salstrom?

24 A. Oh, I think it was like the next day.

09:33:06

25 MR. BAYMAN: Your Honor, permission to publish the

1 next entry in the timeline which is 7038-21.

2 MR. RAPOPORT: No objection.

3 (Exhibit published to the jury.)

4 BY MR. BAYMAN:

09:33:17

5 Q. Did you include the significant points from this visit on
6 the -- on this graphic?

7 A. Yes.

8 Q. Okay. And what was significant to you about the visit with
9 Ms. Reed on June 30?

09:33:30

10 A. Well, on June 30th Mr. Dolin explains to Ms. Reed that he
11 was seeing another therapist who used behavioral methods and
12 that Dr. Salstrom had asked him to discontinue seeing me,
13 that's Ms. Reed, and he was very anxious.

14 Q. What was Ms. Reed's reaction?

09:33:52

15 A. Well, Ms. Reed did not think that this form of therapy that
16 Dr. Salstrom provided, this cognitive behavioral therapy, this
17 here-and-now form of therapy was not a good idea for Mr. Dolin
18 because it can exacerbate anxiety, particularly in the
19 beginning. We talked about that yesterday, that Dr. Salstrom
20 had warned Mr. Dolin about that.

09:34:11

21 Ms. Reed thought it wasn't a good idea because -- in
22 fact, in her deposition she called it counter-indicated. I
23 think she meant contra-indicated, which means that it was not
24 advisable.

09:34:26

25 Q. What did -- what did Ms. Reed report about Mr. Dolin's

1 anxiety level on June 30?

2 A. That he was very anxious.

3 Q. When did Mr. Dolin next receive therapy after June 30,
4 2010?

09:34:39

5 A. It was in early July. July 6, I think. He went back to
6 see Dr. Salstrom.

7 MR. BAYMAN: At this point, Your Honor, permission to
8 publish DX 7038-22 which is the next entry in the timeline.

9 MR. RAPOPORT: No objection.

09:34:57

10 MR. BAYMAN: Put that up, please.

11 (Exhibit published to the jury.)

12 BY MR. BAYMAN:

13 Q. And this is July 6, 2010?

14 A. Yes.

09:35:00

15 Q. What did you find significant about this visit?

16 A. Well, there's -- there's a number of different things.
17 I'll try and separate them out.

18 So on July 6, 2010, Mr. Dolin tells Mr. -- Mr. Dolin
19 tells Dr. Salstrom that he's a bad lawyer and incompetent. And
20 this is what I was talking about yesterday, about his
21 longstanding feelings of insecurity working at Reed Smith.

09:35:16

22 So, he's telling her he's a bad lawyer, incompetent.
23 In the red there, Dr. Salstrom writes "client dysphoric," that
24 means depressed. "Dysphoric" is another word to say depressed,
25 "many worries expressed."

09:35:40

1 Q. Had Dr. Salstrom noted Mr. Dolin to be dysphoric at the
2 prior visit on June 29?

3 A. No.

4 Q. What's the significance of that?

09:35:49

5 A. Well, it just shows how he's continuing to deteriorate.
6 And I should point out, by the way, he's not on paroxetine yet,
7 that happens later. But he's continuing to deteriorate.

8 Q. How did these fears and anxieties compare to what Mr. Dolin
9 had reported to Ms. Reed in 2007?

09:36:08

10 A. They are the same, and Ms. Reed had pointed them out.

11 But I'd also like to talk about the purple, if I may?

12 Q. Yeah, I was going to turn to that next.

13 A. Okay.

14 Q. What's the significance of what you've put in purple there?

09:36:20

15 A. So, Dr. Salstrom gave Mr. Dolin this form to fill out on
16 June 29th. And he hadn't filled it out when he returned on
17 July 6. And she asked him why. And Mr. Dolin said:

18 "Client reported that he did not do the DSM
19 screening measure due to anxiety about what the
20 symptom profiles meant."

09:36:45

21 Now, we don't know from this note what he's
22 referring, but we will at the next visit, but at this point he
23 is not filling out because he's anxious about what the symptom
24 profiles meant.

09:36:58

25 MR. RAPOPORT: Objection, Your Honor. That was

1 undisclosed opinion; not in any report.

2 THE COURT: Proceed.

3 MR. BAYMAN: Thank you.

4 BY MR. BAYMAN:

09:37:07

5 Q. The jury -- the jury heard Dr. Glenmullen testify that Mr.
6 Dolin would wear his heart on his sleeve with his wife, his
7 therapists, and his friends and he was very open with them. Do
8 you agree with that?

09:37:25

9 A. No. Mr. Dolin, I mentioned this yesterday, he had a public
10 persona, but inside he was suffering and he didn't tell anybody
11 about it.

09:37:42

12 So, for example, he didn't tell Mrs. Dolin about the
13 fact that it was Mr. Iino's idea to move the younger Mr. Jaskot
14 with him as the co-leader. He told Mrs. Dolin that it was his
15 idea, he told other colleagues at work it was his idea when it
16 wasn't.

17 And we talked about yesterday about how he didn't tell
18 Dr. Salstrom at the first visit that he had suicidal ideations.

09:37:57

19 So I think he had a hard time often telling people
20 what was on his mind. So, saying that he had his heart on his
21 sleeve is not accurate.

22 Q. You mentioned yesterday that Mr. Dolin reported to Dr.
23 Sachman that he only took the sertraline for a few days in
24 2010.

09:38:14

25 A. Yes.

1 Q. Did Dr. Sachman prescribe another medication to treat Mr.
2 Dolin's anxiety?

3 A. Yes.

4 Q. And what was that medicine?

09:38:24

5 A. Paroxetine.

6 Q. Do Dr. Sachman's records explain why he prescribed
7 paroxetine to Mr. Dolin in 2010?

8 A. Yes, they do.

09:38:36

9 MR. BAYMAN: Your Honor, at this point permission to
10 publish Joint Exhibit 11 which is Dr. Sachman's record which is
11 already in evidence.

12 MR. RAPOPORT: No objection.

13 THE COURT: You may proceed.

14 (Exhibit published to the jury.)

09:38:46

15 BY MR. BAYMAN:

16 Q. I want you to take a look at that and tell us what this
17 means.

18 First of all, what of dose paroxetine did Dr. Sachman
19 prescribe for Mr. Dolin?

09:39:00

20 A. 10-milligrams a day.

21 Q. How does that compare with the dosage that he prescribed in
22 2005?

23 A. It's the same.

09:39:15

24 Q. And does the label tell you, as a prescribing doctor, what
25 the recommended starting dose is for Paxil?

1 A. It does.

2 MR. BAYMAN: Your Honor, I would like to publish from
3 Joint Exhibit 1 just a portion of the label. It's in evidence.

4 THE COURT: He can testify.

09:39:29

5 MR. BAYMAN: Go ahead.

6 BY THE WITNESS:

7 A. The recommended starting dose, the minimal effect of dose,
8 is 20-milligrams per day.

9 BY MR. BAYMAN:

09:39:36

10 Q. Okay. When did Mr. Dolin fill the paroxetine prescription
11 from Dr. Sachman based on your review of the records?

12 A. It was filled at Walgreens on June 27, 2010.

13 Q. Is there a corresponding medical record from Dr. Sachman
14 for June 27 prescription?

09:39:57

15 A. Not on June 27th. There's a record from July 8th.

16 Q. And is that the record we're looking at?

17 A. Yes.

18 Q. Did you note in Dr. Sachman's testimony why he said he
19 didn't record this until July 8?

09:40:10

20 A. Ah, I think he prescribed it over the phone and I think he
21 said he forgot to make a record. It wasn't clear to me why he
22 didn't record it at the time.

23 Q. Looking at this note, will you just interpret what this
24 means?

09:40:26

25 A. Well, I'll read it. I am trained to read doctors'

1 handwriting.

2 "Patient with increased work-related anxiety." So we
3 know he was having work-related anxiety.

4 "Did well on Paxil in the past," that's correct.

09:40:42

5 "Paxil 10-milligrams a day, call if problems, call
6 anyway in 10 days to 14 days." "Call in 10 days to 14 days."

7 Q. Do we know for sure when Mr. Dolin started paroxetine?

8 A. Well, we can't say for sure, but there's a notation in
9 Dr. Salstrom's records that he tells her he started it on

09:41:07

10 July 10, 2010, Saturday -- Saturday July 10.

11 Q. Do we know how many pills Mr. Dolin took?

12 A. No.

13 Q. Do we know how many pills were remaining in the pill
14 bottle?

09:41:18

15 A. No, because the bottle couldn't -- the bottle was
16 discarded.

17 Q. By Mrs. Dolin?

18 A. Yes.

19 Q. Let's talk about akathisia.

09:41:29

20 You understand that there's a claim that Mr. Dolin was
21 suffering from paroxetine-induced akathisia?

22 A. Yes, I understand that.

23 Q. The jury has seen the DSM-5 discussion of
24 medication-induced akathisia.

09:41:48

25 First of all, what is the DSM-5?

09:42:07

1 A. So, the DSM-5 is the Diagnostic and Statistical Manual,
2 Fifth Edition. It's what psychiatrists -- not just
3 psychiatrists, all doctors use to make diagnoses. It has all
4 the criteria for all the diagnoses. And so if I am treating a
5 patient with, say, generalized anxiety disorder and they move
6 into Chicago and I refer them to a psychiatrist here and I say,
7 "Mr. Smith has a generalized anxiety disorder," they know
8 exactly what I'm talking about.

09:42:20

9 Q. Is it --

10 THE COURT: Just slow down just a little bit, if you
11 would.

12 THE WITNESS: Sure. Sorry.

13 BY MR. BAYMAN:

09:42:28

14 Q. Is it reliable and used by practitioners in the field of
15 medicine?

16 A. Yes.

17 Q. Would it be helpful for us to look at the chapter that
18 addresses akathisia?

19 A. Yes. I think that would be educational.

09:42:35

20 Q. Turn to Tab 17 in your notebook, which is DX 1073.

21 MR. BAYMAN: Your Honor, move for permission to
22 publish this.

23 THE COURT: You may.

24 MR. BAYMAN: Thank you.

09:42:47

25 (Exhibit published to the jury.)

1 BY MR. BAYMAN:

2 Q. This -- is this the cover for the DSM-5?

3 A. Yes.

4 MR. BAYMAN: Could you pull up the chapter.

09:42:57

5 BY MR. BAYMAN:

6 Q. The jury has seen this previously. Is this the definition
7 that you were talking about?

8 A. Yes.

9 Q. Why does it mention neuroleptics in this in this passage?

09:43:23

10 A. Because neuroleptics are known to induce akathisia. And,
11 you know, in 99 percent of the cases of akathisia that I've
12 seen, and I've seen hundreds, are people who are on this class
13 of drug call neuroleptics.

14 Q. And what are neuroleptics? What conditions does that
15 treat?

09:43:38

16 A. Another word for them is antipsychotic medication. So,
17 they're used mainly in schizophrenia and bipolar disorder, a
18 little bit in depression sometimes too.

19 Q. Are they a different class of medications as SSRIs, like
20 Paxil or paroxetine?

09:43:52

21 A. Yes.

22 Q. This passage on medication-induced akathisia, what chapter
23 in the DSM-5 is this language contained in?

24 A. Well, it's contained in a chapter about medication-induced
25 movement disorders and other medication-induced side effects.

09:44:05

1 Q. Is there other language in that same chapter that would be
2 useful for us to look at?

3 A. Yes; I think so.

09:44:20

4 MR. BAYMAN: Your Honor, seek at this point to publish
5 another part of the chapter which is DX 1073.

6 MR. RAPOPORT: No objection.

7 (Exhibit published to the jury.)

8 BY MR. BAYMAN:

09:44:33

9 Q. Okay. Tell the jury what you consider important from this
10 language in the chapter.

11 A. Well, before I get to the yellow highlighted --

12 THE COURT: No, Doctor, please, just answer the
13 questions.

14 BY THE WITNESS:

09:44:41

15 A. Okay. We'll stick with the yellow.

16 THE COURT: You'll get a chance. Just stay with the
17 question.

18 BY MR. BAYMAN:

19 Q. Why is this language important.

09:44:48

20 A. So it says:

21 "Although these movement disorders are labeled
22 "medications induced" is often difficult to
23 establish the causal relationship between
24 medication exposure and the development of the
09:45:02 25 movement disorder, especially because some of

1 these movement disorders also occur in the
2 absence of medication exposure."

3 Q. Why is that important?

09:45:15

4 A. Well, you can get these movement disorders and not be on
5 the medication. In fact, the term "akathisia" was described
6 long before there were any of these medications.

7 Q. What else is important about the context of this?

09:45:39

8 A. That the title here, "Medication Induced Movement Disorders
9 and Other Adverse Effects of Medication," which is the title of
10 the entire chapter, there is no mention anywhere in this
11 chapter about suicide, about medication inducing suicide.

12 Q. Are you familiar with the predecessor to DSM-5 which was
13 DSM-IV-TR?

14 A. Yes.

09:45:56

15 Q. How does this discussion of akathisia in DSM-5, which was
16 adopted in 2013, different from the discussion of akathisia in
17 DSM-IV-TR which DSM-5 replaced?

09:46:22

18 A. So in the prior version, DSM-IV-TR, there was an appendix,
19 and the appendix included things that were recommended needed
20 further study.

21 And in that appendix it talked about SSRI's inducing
22 akathisia, and it actually I think also may have mentioned
23 suicide in that appendix, but it said it needed more research.

09:46:44

24 And by the time DSM-5 was put together, it was decided
25 to take it out. It didn't even need to be in the appendix,

1 didn't need to be in a section called future research. So, it
2 wasn't taken out, so you do not see mention at all of the SSRIs
3 in the DSM-5.

4 Q. And why is that significant?

09:46:58

5 A. Well, because the research by the time DSM-5 was published
6 in 2013, the evidence was that there was no relationship
7 between SSRIs, akathisia and suicide.

8 Q. You testified yesterday you treated patients with
9 akathisia; about how many?

09:47:20

10 A. Well, in the course of my career, I would say hundreds.

11 Q. And of those hundreds, were they taking any kind of
12 medication?

13 A. Yeah. 99 percent were on neuroleptic antipsychotic
14 medications.

09:47:38

15 Q. And why are the patients occur in patients on neuroleptic
16 or antipsychotic drugs?

17 A. Because antipsychotic drugs block Dopamine receptors, and
18 if you block Dopamine receptors one of the results would be
19 Parkinsonians, like Parkinson's disease or also akathisia.

09:47:55

20 Q. Do SSRIs, like paroxetine, have any direct effect on the
21 Dopamine symptom?

22 A. No.

23 Q. Is it -- is it acceptable practice in the psychiatric
24 community to give a medication, such as a neuroleptic or
25 antipsychotic even though it's known to cause akathisia?

09:48:15

1 A. Yes; because akathisia is not that complicated to treat.
2 You just give another medication and you can wipe out the
3 akathisia quickly.

09:48:28

4 Q. Is that an example of a risk-benefit calculus that you
5 talked about yesterday?

6 A. Yes. It's a risk, and it's something I need to inform my
7 patients about, but I reassure them that if it does happen they
8 should let me know immediately and I can do something about it.

09:48:43

9 Q. And is that -- and do you prescribe those because the
10 benefit of the treatment from the neuroleptic or antipsychotic
11 outweighs the risk?

12 A. That's correct. Anytime you are prescribing a medication
13 you are weighing the risks -- the benefits versus the risks and
14 that goes into the equation.

09:48:57

15 Q. Do you always treat akathisia when you see it?

16 A. Yes.

17 Q. Why?

09:49:09

18 A. Well, it -- it -- it's an unpleasant thing for a person to
19 be constantly moving around and unable to sit still. And I
20 must tell you, when I'm in the office with a patient with
21 akathisia, it makes me nervous just to watch them. You know,
22 it's just the constantly moving.

09:49:25

23 And so, I remember back in the day when I ran the
24 inpatient unit at McLean Hospital, I would -- if I came in the
25 morning and I saw a patient with akathisia I would yell at the

1 resident because it's so easy to treat that there's no reason
2 to -- to, you know -- and it's so obvious when it occurs. It
3 shouldn't be really happening for very long.

09:49:43

4 Q. Now you say it's obvious when it occurs. Can akathisia be
5 limited to inner restlessness?

09:50:01

6 A. No; I've never -- I've never seen a case like that. You
7 can get inner restlessness, but that would be in the context of
8 a person constantly moving and you ask them, "do you feel
9 restless inside" and some will say yes, some will say no. But
10 inner restlessness in the absence of the movements I've never
11 seen, and I've never seen it defined that way.

12 Q. In fact, what is the name of the chapter we just looked at
13 called?

09:50:12

14 A. It's called "movement disorders." Movement, moving,
15 movement disorders.

16 Q. Okay. Does akathisia only exist on patients taking
17 medication?

18 A. No.

09:50:25

19 Q. Do people on placebo, based on your review of clinical
20 trials, do they report symptoms of akathisia?

21 A. Yeah. I mean, that's interesting, you see people in
22 clinical trials, people on the sugar pill do get akathisia. It
23 happens.

09:50:41

24 Q. And why does it happen if they're not taking any
25 medication?

1 A. Well, you know, this gets to something we talked about
2 yesterday, the power of the mind. When people take a placebo,
3 they get all kinds of side effects, including akathisia.

4 But I think the point is is that, you know, say you're
09:50:56 5 doing a clinical trial in depression and somebody gets
6 akathisia, it shows that maybe it's the depression that's
7 causing it, or maybe anxiety too. I mean, I think there's a
8 lot of times people get akathisia when they're not on a
9 medication.

09:51:11 10 Q. You mentioned akathisia has been around a long time?

11 A. Yes.

12 Q. Has it been around since before SSRIs, like Paxil or
13 paroxetine ever came on the market?

14 A. Oh, yes. Before any of these medicines came on the market.

09:51:24 15 Q. Have you ever treated any patient with akathisia who didn't
16 have obvious outward visible manifestations of akathisia?

17 A. No.

18 Q. Now, the definition we just looked at spoke of subjective
19 complaints. Those are complaints reported by the patients?

09:51:48 20 A. Yes.

21 Q. Are those complaints in patients with akathisia accompanied
22 by obvious outward manifestations that other people would
23 recognize?

24 A. Yes. Like I said, it's obvious. You don't have to be a
09:52:01 25 doctor to recognize someone is constantly moving and unable to

1 sit still.

2 Q. Is inner akathisia alone, without outer restlessness,
3 recognized in the medical community?

4 A. No.

09:52:12

5 Q. Is there any kind of scale or measurement that's used in
6 your practice by psychiatrists to assess whether a patient has
7 akathisia?

09:52:34

8 A. Yes, we -- there's a scale called the Barnes Akathisia
9 Rating Scale which I use all the time. Not in my clinical
10 practice because, again, I don't need a scale, but in research.
11 When we do research we administer the Barnes Akathisia Rating
12 Scale to quantify how much akathisia somebody is having.

13 Q. Can you just briefly describe that scale and how it works?

09:52:54

14 A. Well, it's actually quite short scale. The first question
15 you have to assess is, does the person have movements; that's
16 the objective, that comes first.

09:53:15

17 And, for example, on the scale normal, fidgety
18 movements, that doesn't count. You would get a zero if you --
19 you know, if you're like me right now tapping my foot, that's a
20 zero. But if you start having a person unable to sit still --
21 and, actually, you know the way you administer the scale is,
22 you observe the patient for two minutes. You have them stand
23 up, you have them sit down, you have them stand up again, but
24 the whole observation period is two minutes. Because if it
25 doesn't happen in two minutes, they don't have akathisia.

09:53:34

1 And then if they do have the movements, then you ask
2 them, "are you aware of the movements." Some people aren't,
3 actually. But if they say yes, then you say, "how much does it
4 bother you," and then you rate that as sort of mild, moderate
5 severe.

09:53:50

6 But you can't do the rating of -- of how do you feel
7 inside unless they first show that they're actually moving
8 around.

9 Q. To be clear, do you need the scale to determine whether a
10 patient has akathisia?

09:54:02

11 A. No. I mean, it is so obvious when someone isn't able to
12 sit still that you don't have to be in the healthcare
13 profession. You would know that the person would be pacing
14 around this courtroom if they had akathisia. They would not be
15 not able to sit like anybody here is sitting.

09:54:19

16 Q. So why do you use a rating scale?

17 A. Well, because in research I want to quantify how bad it is.

18 Q. When a patient has akathisia does it usually manifest
19 itself with consistent symptoms or with different symptoms?

20 A. Consistent.

09:54:34

21 Q. If a patient paced one day, would akathisia typically
22 manifest itself as pacing another day?

23 A. Yes, but they wouldn't -- there would no break in between.
24 They would be constantly pacing, right?

25 Q. And --

09:54:46

1 A. But let me -- let me answer it this way: If I put them on
2 a medication to stop the akathisia, and they forgot to take it
3 or they stopped taking it and the akathisia came back, it would
4 be the same.

09:54:59

5 Q. It would be pacing?

6 A. Yes.

7 Q. The jury has heard Dr. Glenmullen testify that akathisia
8 can wax and wane. When a patient has akathisia, does it come
9 and go or wax and wane?

09:55:10

10 A. No, it is always there. In two minutes you would see it.

11 Q. Dr. Glenmullen has also testified that akathisia has an on
12 and off switch, do you agree with that?

13 A. No, it doesn't. Always there.

09:55:27

14 Q. Is sitting and tapping one's leg a physical manifestation
15 of akathisia?

16 A. No, that would be considered a normal fidgety movement.
17 That in and of itself would not be called akathisia.

18 Q. If someone is able to sit still at lunch for an hour, do
19 they have akathisia?

09:55:40

20 A. No.

21 Q. If someone is pacing, does that mean they have akathisia?

22 A. Not necessarily.

23 Q. Is there any evidence that you've seen in this case of Mr.
24 Dolin developing akathisia at any time while he was known to
25 have taken paroxetine, including when he the took it for that

09:55:52

1 year, from 2005 to 2006?

2 A. No.

3 Q. Have you seen any evidence that Mr. Dolin developed
4 agitation at any time while he was taking paroxetine in 2005 or
5 2006?

09:56:09

6 A. No.

7 Q. Have you seen any evidence Mr. Dolin developing akathisia
8 at any time when he took sertraline, either from 2007 to 2009
9 or in June of 2010?

09:56:19

10 A. No, there's no evidence of that.

11 Q. Have you seen any evidence that Mr. Dolin developed
12 agitation at any time while taking sertraline?

13 A. No.

14 Q. Is there any evidence that you have seen in the case of Mr.
15 Dolin developing obsessive suicidal thoughts like those
16 described in the Teicher paper that the jury has heard about?

09:56:32

17 A. No.

18 Q. Let's look back at Mr. Dolin's next visit.

19 Did Mr. Dolin see Dr. Salstrom again after July 6,
20 2010?

09:56:50

21 A. Yes. He saw her the last time on July 12th, 2010.

22 MR. BAYMAN: Permission to publish 7038-22.

23 (Exhibit published to the jury.)

24 BY MR. BAYMAN:

09:57:03

25 Q. When was this relative to Mr. Dolin's passing?

1 A. So this was on Monday and Mr. Dolin committed suicide on
2 July 15, which would've been Thursday.

3 Q. What do Dr. Salstrom's notes say about that visit that were
4 significant to you and a psychiatrist?

09:57:23

5 A. Well, a couple of things. Let's take the red first.

6 "He's dysphoric," that means depressed.

7 "Client easily gets distracted by worried thoughts."

8 So that would mean he has poor concentration. He's easily
9 distracted.

09:57:42

10 "Client is stuck in his worry/ruminations and then
11 avoids." So that he worries so much, he avoids, you know,
12 getting things done, or meeting with people; things he needs to
13 do.

09:57:57

14 So if you look over the course of these visits, he's
15 continuing to get worse.

16 And then the purple, so this is the answer to why he
17 didn't fill out the questionnaire, it says:

18 "Client arrived not having done his DSM
19 screening.

09:58:13

20 So he still hadn't done it. But he tells Dr.
21 Salstrom:

22 "He avoided due to fear of his passive suicidal
23 thoughts. Client was scared of what this
24 meant."

09:58:22

25 If you look back to the visit before that and he says

1 the same thing, didn't fill it out because of anxiety about
2 what the symptom profiles meant.

3 And I created a visual so we can see what symptoms
4 he's specifically talking about, because he's talking about
5 suicidal thinking.

09:58:45

6 Q. Okay. We'll pull that up in a minute.

7 I just want to note, this is July 12th. Does the
8 July 12th visit say that Mr. Dolin said anything about the
9 paroxetine that had been prescribed by Dr. Sachman?

09:59:02

10 A. Yes. So, he tells Dr. Salstrom that he started the
11 paroxetine last Saturday. So that would've been July 10th.

12 Q. Did he report any side effects to Dr. Salstrom that he was
13 feeling from the paroxetine?

14 A. No.

09:59:17

15 Q. Did he report that he was feeling worse from the
16 paroxetine?

17 A. No.

18 Q. Now you, mention that he for the first time gave an answer
19 for why he had not previously completed the questionnaire?

09:59:37

20 A. Yes.

21 Q. Why is that significant?

22 A. Because, as we'll see, it had to do with not wanting to
23 answer questions about suicidal thinking.

24 Q. What do you consider significant about Mr. Dolin's failure
25 to complete the questionnaire at any time prior to third visit?

09:59:51

10:00:17

1 A. Well, to me he had -- it shows us that he had the suicidal
2 thinking on July 6th, 2010, that's when he said, I can't fill
3 this out because of that the symptom profiles might mean. And
4 that means he had -- to me, that means he had suicidal thinking
5 on July 6th and that's before he started paroxetine. And
6 actually what we'll show is the questionnaire actually asks,
7 "how have you been feeling over the two weeks prior," so it
8 might even be earlier than July 6.

10:00:35

9 Q. You mentioned that the screening form--and we're going to
10 look at that in a second--asks questions about whether someone
11 has suicidal thoughts. Does the form engage the intensity of
12 those thoughts?

13 A. No.

10:00:54

14 Q. Dr. Glenmullen has testified that Mr. Dolin's suicidal
15 thoughts on July 12 were mild and that he had no plan or
16 intent. Do you agree with Dr. Glenmullen?

17 A. No. I don't know how you could know whether they were
18 mild, moderate or severe. The questionnaire just tells you
19 that he had them.

10:01:07

20 Q. Did -- did Mr. Dolin actually complete the questionnaire
21 while he was at Dr. Salstrom's office on July 12?

22 A. At the end of that. I think it was at the end of the visit
23 he completed it.

24 Q. And did you review his answers to those questions?

10:01:25

25 A. Yes, I did.

1 Q. And were there any answers on the questionnaire that you
2 found to be significant?

3 A. There were several.

4 Q. Would it be helpful to take a look at the questionnaire?

10:01:35

5 A. Yes, I can point it out.

6 MR. BAYMAN: Your Honor, permission to publish DX 3139
7 which is the questionnaire.

8 MR. RAPOPORT: Is it in its entirety?

9 MR. BAYMAN: Yeah.

10:01:46

10 MR. RAPOPORT: Then no objection.

11 (Exhibit published to the jury.)

12 BY MR. BAYMAN:

13 Q. Is that the questionnaire that Mr. Dolin --

10:02:00

14 MR. BAYMAN: Can you pull it up a little higher to see
15 the top.

16 BY MR. BAYMAN:

17 Q. Is that Mr. Dolin's questionnaire?

18 A. Yes.

19 Q. Which answers did you think were particularly significant?

10:02:12

20 A. Well, I would like to focus first on question 16 and
21 question 19.

22 Q. Okay.

23 A. So -- and let's do 19 first.

24 Q. Okay. What's significant about that?

10:02:25

25 A. (Reading:)

1 "Did you have thoughts of suicide even though
2 you would not really do it?"

3 He answered "yes."

4 On 16:

10:02:34

5 "Did you frequently think of dying in passive
6 ways, like going to sleep and not waking up?"

7 He first answered "yes" but then changed it to "no."
8 I'm not sure why.

9 But to the number 19 question:

10:02:48

10 "Do you have thoughts of suicide?"

11 His answer was "yes."

12 Q. And during what time period, over what time period was he
13 asked?

14 A. During the past two weeks.

10:02:58

15 MR. RAPOPORT: Objection, Your Honor. We need to see
16 the entire form to see this in context.

17 MR. BAYMAN: Okay.

18 MR. RAPOPORT: We need to see the two weeks doesn't
19 modify the 19.

10:03:13

20 THE COURT: I don't hear you, sir.

21 MR. RAPOPORT: Yeah. Forgive me. I'll get closer to
22 the microphone.

23 My objection is that as a rule of completeness, we
24 need to see a little bit higher than what was being shown to
25 see that the two weeks doesn't modify 19.

10:03:26

1 BY MR. BAYMAN:

2 Q. What is the heading?

3 A. (Reading:)

4 "... during the past 2 weeks"

10:03:35

5 Q. And what --

6 A. (Reading:)

7 ".... did you have thoughts of suicide even
8 though you would not really do it."

10:03:43

9 It does include the past two weeks, that's the way
10 the scale is done.

11 Q. You are familiar with these scales?

12 A. Yes.

13 Q. Do you administer these scales to your patients?

14 A. Yes.

10:03:51

15 MR. RAPOPORT: Your Honor, forgive me. It's the
16 reference to "every day in the last few weeks" that modify some
17 of these questions but not all of them and was being show in
18 part.

10:04:02

19 THE COURT: The jury has seen this before, and it's in
20 evidence. Let's proceed.

21 MR. BAYMAN: Thank you, Your Honor.

22 BY MR. BAYMAN:

23 Q. You said Mr. Dolin completed the questionnaire that day on
24 the 12th. Based on his unwillingness to fill out the

10:04:13

25 questionnaire on July 6th, for how long do you believe he had

1 been having suicidal thoughts?

2 A. At least as of July 6 and maybe going back two weeks from
3 there, before July 6.

4 Q. Had Mr. Dolin started taking paroxetine as of July 6?

10:04:27

5 A. No.

6 Q. Based on your experience as a practicing psychiatrist and
7 interview people with suicidal thoughts, do patients often have
8 suicidal thoughts for a matter of weeks before they act on
9 them.

10:04:42

10 A. Yes, that would be pretty common. People often who are
11 thinking of committing suicide think about it for weeks and
12 weeks and weeks. They have it as an option that they want to
13 keep.

10:04:57

14 And, you know, having talked to people who have done
15 this and should've been dead but they survived, when you asked
16 them about it, they'll tell you that they've been thinking
17 about it for weeks and weeks and weeks. They were ambivalent,
18 they weren't sure they wanted to do it, they were worried about
19 the implications of it. They kept it to themselves and didn't
20 tell anyone, but then something often happened that, you know,
21 "why did you do it on that particular day," they said they were
22 often -- something happened in the context of having been
23 thinking about it for a while.

10:05:14

24 Q. You testified yesterday, that in your opinion, Dr. Salstrom
25 had started her treatment of Mr. Dolin. Is there -- on

10:05:28

1 June 29th. Is there other information in the records that
2 shows that Dr. Salstrom had actually started her cognitive
3 behavioral therapy with Mr. Dolin?

4 A. Yes.

10:05:46

5 Q. What is that evidence?

6 A. Well, there's the homework assignments. She was giving him
7 the values and goals worksheets.

10:06:02

8 She also in her handwritten notes wrote some things
9 about what a cognitive behavioral therapist would do, sort of
10 these incomplete sentences that you ask the person and they
11 give an answer, you know, as to, you know, "if I'm in this
12 situation I would" and so forth.

13 Q. Would it be helpful to look at Dr. Salstrom's notes?

14 A. Yes. Yes.

10:06:16

15 MR. BAYMAN: Pull it up. It's Joint Exhibit 10 which
16 is already in evidence.

17 (Exhibit published to the jury.)

18 BY MR. BAYMAN:

19 Q. What's -- what's the significance of this record?

10:06:32

20 A. Well, this record is actually -- she wrote after Mr. Dolin
21 passed away.

22 MR. BAYMAN: Can you pull that up, the date.

23 BY THE WITNESS:

24 A. It was August 5th, 2010.

10:06:45

25 But Dr. Salstrom had gotten a phone call from Mrs.

1 Dolin. But if you can go back down I can explain.

2 BY MR. BAYMAN:

3 Q. Okay.

4 A. So, Mrs. Dolin tells Dr. Salstrom she had found in Mr.

10:07:00

5 Dolin's briefcase a certain phrase he had written to the values
6 and goals -- actually, the second one, "the values and goals
7 worksheet." So that is a homework assignment that cognitive
8 behavioral therapists give people.

9 You may recall that Mr. Dolin's main problem was

10:07:18

10 work-related anxiety, that's why he was giving Dr. Salstrom
11 for, and she would give him this homework sheet. So, that's
12 another piece of evidence that she was doing cognitive
13 behavioral therapy.

14 Q. By the way, are you trained in psychotherapy?

10:07:32

15 A. Yes.

16 Q. Now, what did you find significant in the language about a
17 certain phrase that he had written "I don't want to as a
18 barrier to a task such as calling a client"?

19 A. So, the values and goals worksheet would say "I don't want
20 to" and then the person, Mr. Dolin, would complete it. And he
21 wrote "as a barrier to a task such as calling a client." And
22 apparently Mrs. Dolin was wondering whether he had actually
23 written that before he left the office to commit suicide.

10:07:50

24 Q. Is that in the notes?

10:08:10

25 A. Yes.

1 Q. Okay.

2 A. Further down.

10:08:27

3 She asked the therapist if the therapist had a copy of
4 the worksheet, explained to her that the worksheet was -- but
5 actually, what I was just reading about, calling a client. But
6 Mrs. Dolin asked Dr. Salstrom if she had another copy of it,
7 and she thought maybe he had written it in his office just
8 before he killed himself.

10:08:45

9 Q. Do you find it significant that Mrs. Dolin wondered if Mr.
10 Dolin had written this on the worksheet in his office just
11 before killing himself?

12 A. Yeah. It makes you wonder whether there was something
13 written on there about work, or about something else, just
14 before he left the office.

10:08:59

15 MR. RAPOPORT: Objection, Your Honor; speculation.

16 THE COURT: Yes. Sustained.

17 MR. RAPOPORT: Move to strike.

18 THE COURT: It may go out.

19 BY MR. BAYMAN:

10:09:08

20 Q. Did you find it surprising that Mrs. Dolin called Dr.
21 Salstrom to ask if she had copy of the values and goals
22 worksheet?

23 A. Yes.

24 Q. Why?

10:09:18

25 A. I mean, it's kind of an unusual question. I mean, what

1 difference does it make if Dr. Salstrom has a copy or not.

2 MR. RAPOPORT: Objection, Your Honor. Speculation and
3 relevance.

4 THE COURT: Sustained, yes.

10:09:27 5 MR. RAPOPORT: Move to strike.

6 THE COURT: It may go out.

7 BY MR. BAYMAN:

8 Q. What's the -- was a copy of the values and goals worksheet
9 found in Dr. Salstrom's records?

10:09:35 10 A. No.

11 Q. Was the values and goals worksheet the same DSM
12 questionnaire that we showed a minute ago that Mr. Dolin filled
13 out?

14 A. No, it's something different.

10:09:43 15 Q. How do you know that?

16 A. Well, I mean, I can just tell from this note it's a
17 cognitive-behavioral-therapy type homework assignment and it's
18 not a symptom checklist like the DSM-4.

10:09:58 19 MR. RAPOPORT: Objection, Your Honor. Relevance and
20 speculation.

21 THE COURT: Sustained. It's speculative.

22 MR. RAPAPORT: Move to go out.

23 THE COURT: Yes, it may go out.

24 BY MR. BAYMAN:

10:10:01 25 Q. Do you know the difference between values and goals

1 worksheet and a DSM questionnaire?

2 A. I do.

3 Q. Is the values and goals worksheet the same thing as a DSM
4 questionnaire?

10:10:09

5 A. No.

6 Q. Looking down in the note, do we know what else Mr. Dolin
7 said on that worksheet?

8 A. Ah, I mean, Mrs. Dolin is -- is asking about and -- and Dr.
9 Salstrom says that "he had a barrier to a task such as calling
10 a client."

10:10:34

11 Q. Do we know sitting here today what else Mr. Dolin wrote
12 down on that worksheet?

13 MR. RAPOPORT: Objection to the form. This could only
14 be an opinion if it were --

10:10:46

15 THE COURT: Yes, this is all speculation. It may go
16 out.

17 MR. BAYMAN: No, I'm not asking him what he wrote.
18 I'm asking do we know if he wrote anything else on the
19 worksheet.

10:10:56

20 THE COURT: No, the worksheet speaks for itself. He
21 didn't write this. This is a doctor's note. We don't have the
22 worksheet. It's all speculation. It may go out.

23 BY MR. BAYMAN:

24 Q. Have you seen the worksheet?

10:11:08

25 A. No.

1 Q. Why not?

2 MR. RAPOPORT: Objection, Your Honor. He just
3 persists.

4 THE COURT: Why not?

10:11:13

5 BY MR. BAYMAN:

6 Q. Why haven't you seen the worksheet?

7 THE COURT: Sustained as to why.

8 BY MR. BAYMAN:

9 Q. What happened to the worksheet?

10:11:17

10 MR. RAPAPORT: Objection.

11 THE COURT: Do you know what happened to the
12 worksheet? You can answer that question.

13 BY THE WITNESS:

14 A. I know it was destroyed.

10:11:19

15 BY MR. BAYMAN:

16 Q. By whom?

17 A. Mrs. Dolin.

18 THE COURT: How do you know how that?

19 THE WITNESS: I saw it in her testimony.

10:11:36

20 THE COURT: Oh, okay.

21 BY MR. BAYMAN,

22 Q. So, sitting here today, we don't have the worksheet, so we
23 don't know what else Mr. Dolin may have written on the
24 worksheet?

10:11:45

25 A. No.

1 Q. But we do know from Dr. Salstrom's records that at least
2 Mrs. Dolin had a worksheet and called her with some questions
3 about what Mr. Dolin wrote on the worksheet?

4 A. That's correct.

10:11:57

5 Q. The worksheet that she founded in Mr. Dolin's briefcase?

6 A. That's correct.

7 Q. And she asked whether Mr. Dolin might've filled this out on
8 the day he committed suicide?

9 A. That's what she asked Dr. Salstrom.

10:12:09

10 Q. All right. I want to turn you back to the DSM
11 questionnaire.

12 Did any questions on this form, the questionnaire,
13 address whether Mr. Dolin was experiencing symptoms that could
14 represent akathisia?

10:12:24

15 A. Well, there are -- there are questions on here that help us
16 to answer that question, yes.

17 Q. Which ones?

18 A. Ah, just blow it up a little.

19 There's a question about -- about movement.

10:12:38

20 Number 9.

21 MR. BAYMAN: Pull up 9.

22 BY THE WITNESS:

23 A. (Reading:)

24 "During the past two weeks did you feel very
25 jump any physically restless, have a lot of

10:12:49

1 trouble sitting calmly in a chair nearly every
2 day for the past two weeks."

3 And Mr. Dolin answered "no."

10:13:03

4 Q. Why, in your opinion, is this a question addressing
5 akathisia on this depression questionnaire?

10:13:19

6 A. Because if someone had akathisia, they would've said "yes."
7 They would've felt jumpy, they would've felt restless, they
8 would've have trouble sitting calmly in a chair. To me, this
9 is just another piece of -- this is from Mr. Dolin himself that
10 he did not have akathisia.

11 Q. What's the significance to the timing of this form to the
12 claim of akathisia that Mr. Dolin allegedly experienced before
13 his death?

10:13:38

14 A. Well, if you -- if you take that he filled out the form on
15 July 12th, 2010, then you would go back two weeks, that would
16 take you back to June 28th, 2010, that's before he started
17 paroxetine. He didn't start paroxetine until July 10th.

18 Q. Did Mr. Dolin's answer on the questionnaire raise any
19 questions about his diagnosis to Dr. Salstrom?

10:14:02

20 A. Yes.

21 MR. BAYMAN: Bring up the full questionnaire, please.

22 BY MR. BAYMAN:

23 Q. Tell me what makes you think that?

10:14:18

24 A. Well, she wrote on the form "MDE," so that stands for major
25 depressive episode. So she was questioning whether he might

1 also have that diagnosis in addition to generalized anxiety
2 disorder.

3 Q. And how is -- what is the difference between major
4 depressive disorder and major depressive episode, MDD versus
5 MDE?

10:14:37

6 A. Well, they're really the same thing. I mean, a major
7 depressive episode is one episode, and the disorder would be
8 people who, you know, would have more than one episode.

9 I mean, she wasn't 100 percent sure. She did write in
10 her notes "rule it out," so she hadn't come to a conclusion
11 yet, but she was -- she was wondering whether he also suffered
12 from that.

10:14:51

13 Q. In your opinion as a practicing psychiatrist who's treated
14 patients with anxiety and depression, did Mr. Dolin's answers
15 to the questionnaire provide some evidence that would support
16 that he had been suffering from a major depressive episode
17 prior to July 12?

10:15:03

18 A. Yes. It's suggestive of that.

19 Q. Did Dr. Salstrom review the completed DSM-4 questionnaire
20 that Mr. Dolin filled out that day?

10:15:18

21 A. Not that day.

22 Q. When did she do it?

23 A. After he passed away.

24 Q. Did you find any evidence that Dr. Salstrom reached out to
25 Dr. Sachman about what Mr. Dolin had reported to her?

10:15:29

1 A. She did not.

2 Q. Did you review Dr. Sachman's testimony specifically about
3 what he said he would do if he was -- had known Mr. Dolin was
4 having suicidal thoughts?

10:15:42

5 A. I did.

6 Q. What did he say?

7 A. Dr. Sachman testified that if he had known Mr. Dolin had
8 suicidal thoughts he would've sent him to an emergency room for
9 an evaluation or taken him himself to the emergency room for an
10 evaluation.

10:15:56

11 Q. Now, before we move on I'd like you to assume that the jury
12 has heard Mr. Dolin experienced some insomnia after he started
13 taking paroxetine.

14 Does the DSM questionnaire suggest whether Mr. Dolin
15 was having sleep issues before July 10?

10:16:10

16 A. It does.

17 Q. Would it be helpful to -- what question would that be?

18 A. It's number 7. So this would be:

19 "... during the past two weeks did you sleep at
20 least 1 to 2 hours less than usual nearly every
21 day of the past two weeks?"

10:16:24

22 And he answered "yes."

23 Q. So, what does that tell you?

24 A. Well, let's say he filled this out at the visit that date,
25 which would be July 12th. "Nearly every day" goes back to

10:16:37

1 June 28. So he would be having insomnia nearly every day
2 starting June 28th.

3 Q. And that would include before he started taking paroxetine?

4 A. Correct.

10:16:50

5 Q. Now, the jury has heard some claims that Mr. Dolin was
6 having difficulty concentrating in connection with his legal
7 work in the last week of his life.

8 Did Mr. Dolin report any information on the form that
9 would be pertinent to that?

10:17:06

10 A. Yes. The form asks about it.

11 Q. Which questions?

12 A. It's -- if you could blow it up there.

13 It's number 14, and, to some extent, 15.

14 "... during the past two weeks did you have

10:17:21

15 problems concentrating nearly every day of the
16 past two weeks."

17 He answered, "yes."

18 And also decision-making:

19 "... was decision-making more difficult than

10:17:32

20 normal nearly every day for the past two weeks?"

21 He answered, "yes."

22 So he clearly was having concentration problems and
23 problems making decisions which are symptoms you see in people
24 suffering from anxiety also depression.

10:17:44

25 Q. The jury has heard Dr. Glenmullen claim that the last week

1 of his life was the first time that Mr. Dolin let a client's
2 questions go unanswered.

3 Do Dr. Salstrom's notes from July 12 support that
4 opinion?

10:17:59

5 A. Ah, well Dr. Salstrom's notes that he was having problems
6 predate the last week.

7 MR. BAYMAN: Can we pull up JX 10-05.

8 BY MR. BAYMAN:

10:18:25

9 Q. What is it on there that makes you think that his problems,
10 his avoidance tendencies went back farther than just the last
11 week of his life?

12 A. Well, this note says that:

13 "... client has many avoidance tendencies
14 especially at work. Client is stuck ..."

10:18:42

15 quote/unquote, "... in his worry/ruminations and
16 then avoids them."

17 She puts stuff in quotes, so this must've come from
18 Mr. Dolin saying this.

10:18:55

19 Q. Based on that note, was Mr. Dolin report a new problem that
20 had just started that day?

21 A. No, this had been -- and we know from other sources, but
22 Mr. Dolin was reporting at that time this was a longstanding
23 problem.

10:19:10

24 Q. The jury has heard Dr. Glenmullen testify that Mr. Dolin's
25 therapy notes prior to July 12 reflected the same old thing and

1 that he had the same mixture of anxiety and depression that
2 went back to the 1980's. Do you agree with him, that this was
3 the same old thing?

4 A. No, I do not.

10:19:28

5 Q. Why not?

6 A. Well, clearly it's not the same old thing. I mean, he was
7 a lot worse symptomatically from his anxiety, and also he may
8 now have depression.

10:19:41

9 And as we talked about yesterday, there were all these
10 external events happening at work that were not going on
11 3 years prior or - you know, it was just -- his fears that he
12 always had regarding work were coming true because of all the
13 things that were happening at work.

14 Q. Were the stresses in 2010 the same as they were in 2007?

10:20:04

15 A. No. No comparison.

16 Q. Is there any evidence that Mr. Dolin was experiencing
17 akathisia based on this visit to Dr. Salstrom on July 12?

18 A. No.

10:20:19

19 Q. Based on your review of her testimony, in your opinion,
20 would Dr. Salstrom had been able to notice Mr. Dolin had been
21 pacing?

22 A. Yes.

10:20:33

23 Q. Based on your review of her testimony, in your opinion, if
24 Mr. Dolin had been exhibiting any other anxious behavior, such
25 as tapping his leg, would Dr. Salstrom have noticed and

1 recorded it?

2 A. Yes. She testified to that.

3 Q. In your -- okay. You said yesterday that during the last
4 week of his life Mr. Dolin had some difficulties with some
5 clients. Which clients?

10:20:50

6 A. Well, there were two. One was a company called Standard
7 Parking and the other was the Miniart Corporation.

8 Q. Let's take them one at a time, starting with Standard
9 Parking.

10:21:01

10 THE COURT: Haven't we been over this?

11 MR. BAYMAN: But I think this is significant to his
12 opinions on what this means, Your Honor.

13 THE COURT: We don't have to go over this business
14 over again and again. Just get to his opinion.

10:21:13

15 MR. BAYMAN: Sure.

16 Pull up DX 3064 which is in evidence.

17 (Exhibit published to the jury.)

18 BY MR. BAYMAN:

19 Q. The jury has seen this e-mail.

10:21:30

20 Are you familiar with it?

21 A. Yes.

22 Q. And the jury has -- has heard testimony from his law
23 partner, Edward Walsh, who was the lawyer who filed the
24 lawsuit --

10:21:41

25 MR. WISNER: Objection, Your Honor. He's just

1 ignoring your instruction.

2 THE COURT: Ask his opinion. We've seen this so many
3 times, sir.

4 BY MR. BAYMAN:

10:21:50

5 Q. Have you seen any indication of akathisia from Mr. Dolin's
6 interaction with Mr. Walsh?

7 A. No.

10:22:09

8 Q. What did you as a psychiatrist, in your opinion, consider
9 significant from Mr. Walsh's report on their interactions on
10 Monday, July 12?

11 A. Mr. Walsh described Mr. Dolin as his usual self and he
12 didn't notice anything out of the ordinary.

13 Q. Had Mr. Dolin found out about the Standard Parking issue
14 before going to visit Dr. Salstrom on Monday evening?

10:22:23

15 A. Yes, the -- the e-mails came in the morning and he saw Dr.
16 Salstrom later that -- later that day in the evening.

10:22:42

17 Q. Based on your opinion as a psychiatrist who has treated
18 patients with anxiety and depression, can a new serious stress
19 like this, by itself, cause a change in the patient's outlook
20 or demeanor?

10:22:58

21 A. Absolutely. I mean, if I'm treating a patient like Mr.
22 Dolin, who the whole focus of the treatment is his work-related
23 anxieties and his fears of failure and his feelings of
24 incompetence and insecurity. And then two things, two major
25 things happen at work, this one, the Standard Parking where

1 he's afraid, as he says in the e-mail, that they're going to
2 lose the client. This is his, Mr. Dolin's most important
3 client. My understanding is, they pay a million dollars in
4 fees a year to Reed Smith. It's his most important client and
10:23:17 5 he's worried that he's going to lose the client. I mean, that
6 would be a major factor.

7 And the other one, the Miniatic Corporation is important
8 because there he had to face them and --

9 Q. And we're going to get to that.

10:23:28 10 THE COURT: He's going to get to that. Just wait.

11 BY MR. BAYMAN:

12 Q. On Monday evening after the visit with Dr. Salstrom, did
13 Mr. Dolin reach out to anyone else at Reed Smith in an attempt
14 to address the Standard Parking situation?

10:23:41 15 A. Yes. So, he gets home -- yeah, on his cell phone he's --
16 he's clearly making a lot of phone calls to people at Reed
17 Smith after the visit with Dr. Salstrom.

18 Q. How do you know how that?

19 A. I reviewed his phone records.

10:23:55 20 Q. Did you assist us in preparing a graphic showing Mr.
21 Dolin's phone calls?

22 A. Yes.

23 Q. On Monday night, July 12.

24 A. Yes.

10:24:03 25 MR. BAYMAN: At this point, Your Honor, this is

1 Tab 11, permission to publish Defense Exhibit 3173.

2 MR. RAPOPORT: No objection.

3 (Exhibit published to the jury.)

4

10:24:25

5 MR. BAYMAN: Pull that up, please. Go to the page.

6 (Brief pause).

7 BY MR. BAYMAN:

8 Q. Who did Mr. Dolin attempt to call Monday evening from his
9 cell phone?

10:24:36

10 A. He calls Kathleen Donohoe, James Hultquist, John Iino. He
11 also called Mr. Sacks from Standard Parking and he also called
12 Edward Walsh.

13 Q. Mr. Hultquist and Ms. Donohoe, where did they work?

10:25:02

14 A. Well, they worked at Reed Smith. Ms. Donohoe is I think
15 out in California and Mr. Hultquist is in Chicago.

16 Q. How long were each of these calls?

17 A. Well, all of these calls were very short. One minute or
18 two minutes.

10:25:15

19 Q. Do you see any evidence that Mr. Dolin actually spoke with
20 these individuals?

21 A. No. I mean, it makes you think they weren't reachable or
22 he left --

23 MR. RAPOPORT: Objection, Your Honor. He's way
24 outside of his field here.

10:25:23

25 THE COURT: That's speculation, isn't it?

1 MR. BAYMAN: Well, I asked him if there is any
2 evidence --

3 BY THE WITNESS:

4 A. There's no have.

10:25:30

5 THE COURT: Do we have to speculate?

6 BY MR. BAYMAN:

7 Q. Are you familiar with the plaintiff's allegation --

8 MR. RAPOPORT: Wait. Wait. Pardon me. I think we
9 had a ruling. Could we move to strike that last piece?

10:25:40

10 THE COURT: Yes, it may go out.

11 BY MR. BAYMAN:

12 Q. Are you familiar with the plaintiff's allegation that Mr.
13 Dolin was pacing on the phone Monday evening?

14 A. Yes.

10:25:46

15 Q. Assuming that he was, in fact, pacing on Monday evening,
16 based on your professional experience, would it be unusual for
17 an individual who was anxious about a work issue to pace while
18 trying to reach people on the phone?

19 A. No.

10:26:04

20 Q. Even if someone is pacing on a phone call, does that mean
21 they had akathisia?

22 A. No. Lots of people pace when they are on the phone. I do
23 it. I mean, that, in and of itself, is not akathisia.

24 Q. Is it even evidence of agitation?

10:26:21

25 A. Not necessarily. I mean, lots of people pace when they

1 talk on the phone, particularly if it's an important issue.

2 MR. BAYMAN: Take that down, please, and pull up
3 defense exhibit 3064 which is admitted in evidence.

4 (Exhibit published to the jury.)

10:26:37

5 BY MR. BAYMAN:

6 Q. The jury has seen this e-mail from Mr. Dolin.

7 Are you familiar --

10:26:49

8 MR. RAPOPORT: Your Honor, I object to this as
9 cumulative. There's no opinion question pending. It's like --
10 like a repeating everything we've heard already.

11 MR. BAYMAN: I'm getting ready to ask his opinion. I
12 think I need to show him the document first before I ask his
13 opinion.

14 THE COURT: All right. Ask the opinion.

10:27:00

15 MR. BAYMAN: Thank you.

16 BY MR. BAYMAN:

10:27:12

17 Q. As a practicing psychiatrist, in your opinion, is it
18 significant to you that Mr. Dolin made statements to his
19 colleagues that "this situation presented a nightmare and that
20 we are hanging on with this client by our fingernails."

21 A. Yes. It shows a degree of upset Mr. Dolin had regarding
22 this situation.

10:27:28

23 Q. In your opinion as a psychiatrist who's treated patients
24 with anxiety and depression, was Mr. Dolin concerned about
25 losing Standard Parking as a client?

1 A. Yes.

2 Q. Did he tell anyone that?

3 MR. RAPOPORT: Wait. Objection, Your Honor. It's
4 complete speculation.

10:27:36

5 THE COURT: Overruled. He may answer.

6 MR. BAYMAN: Thank you.

7 BY THE WITNESS:

8 A. He told Mrs. Dolin. And then, of course, he told lots of
9 people at Reed Smith too.

10:27:47

10 BY MR. BAYMAN:

11 Q. The jury has heard Dr. Glenmullen say that Mr. Dolin, based
12 on what Mr. LoVallo testified, was only using this kind of
13 language to get the attention of his colleagues. Do you agree
14 with that interpretation?

10:28:04

15 A. No. No.

16 Q. Why not?

17 A. First of all, Mr. Dolin, for what I learned about him from
18 all the depositions and his therapy records, he was described
19 as a straightforward business-like to-the-point person and not,
20 you know, dramatic, or something like that.

10:28:20

21 And furthermore, I mean, this was Mr. Dolin's biggest
22 client. And if he was worried about losing the client and the
23 million dollars a year in fees they paid to his company, he was
24 worried about that. That was very upsetting to him. It was a
25 big deal.

10:28:42

1 Q. The jury has heard from Mr. LoVallo and has seen his e-mail
2 exchange with a partner named Jim Gallatin at Reed Smith.

3 Are you familiar with that.

4 A. Yes.

10:28:55

5 MR. BAYMAN: Permission to publish DX 3064, the
6 Gallatin e-mail, which is already in evidence.

10:29:12

7 MR. RAPOPORT: Your Honor, I want to object at this
8 point to the leading nature of this question and this line of
9 questions. The doctor is not really saying his own views about
10 anything because he's just being led through a bunch of
11 documents.

12 MR. BAYMAN: I'm just trying to speed this up, Your
13 Honor, as you instructed me to do to avoid being cumulative.

14 THE COURT: I'm glad to hear that.

10:29:24

15 MR. BAYMAN: And I'm trying to get to his opinion.

16 THE COURT: That I'm glad to hear.

17 MR. BAYMAN: Thank you.

18 THE COURT: Proceed.

19 MR. BAYMAN: Pull it up.

10:29:29

20 BY MR. BAYMAN:

21 Q. You've seen this e-mail?

22 A. Yes.

23 Q. And you've seen Mr. LoVallo's response to this e-mail?

24 A. Yes.

10:29:43

25 Q. What is the significance to you, as a psychiatrist who

1 treats patients, about this e-mail exchange?

2 A. Well, so this is all in the context of Mr. Dolin being
3 upset and asking for help and the assurance that this can't
4 happen again.

10:30:02

5 But what Mr. LoVallo is pointing out to Mr. Gallatin
6 is that there are a few clients who pay us 7 figures on a
7 consistent basis annually and Standard Parking is one of them.

10:30:25

8 This is in response to people saying, well, this is
9 barring major revenue damage, you know, we're not going to fix
10 this, but Mr. LoVallo is pointing out that this actually could
11 be major revenue damage, at least to the Chicago office.

12 MR. BAYMAN: Pull up the Gallatin e-mail, please,
13 Mr. Holtzen.

10:30:39

14 MR. RAPOPORT: Your Honor, I do object to the last Q
15 and A in the sense that this doesn't require any special
16 expertise of the testimony that is being given. He is
17 testifying as a lay person about his reaction to a variety of
18 business circumstances. I think it's inappropriate.

10:30:57

19 THE COURT: I think it does go beyond the range of
20 what one would expect.

21 BY MR. BAYMAN:

22 Q. Well, in your opinion, if one of your --

10:31:09

23 MR. RAPOPORT: Forgive me. We're going on to another
24 question, but I think that was a ruling, and if it was, I would
25 move to strike the last answer.

1 THE COURT: It may go out.

2 Proceed.

3 BY MR. BAYMAN:

10:31:25

4 Q. You mentioned Mr. LoVallo's e-mail said "barring revenue
5 damage," where did that language come from?

6 MR. RAPOPORT: Objection, Your Honor. It's a
7 follow-up question to what's --

8 THE COURT: Sustained. It's already been shown.
9 Let's proceed. Let's get to his opinions.

10:31:32

10 BY MR. BAYMAN:

11 Q. What's the significance to you, as psychiatrist who treats
12 patients with anxiety and depression, that this issue was still
13 going on a couple of days before and even the day before Mr.
14 Dolin's suicide?

10:31:47

15 A. Well, as a psychiatrist, I mean, this is important that the
16 issue had not blown over or -- it was -- it was still going on.
17 It was still going on for Mr. Dolin, and that's what's
18 important, and he was very concerned about it. And it didn't
19 end on Monday. It was still going on two days before he
20 committed suicide.

10:32:06

21 Q. If one of your own patients had an issue of this nature
22 arise on top of preexisting level of anxiety or depression of
23 the type Mr. Dolin was already experiencing, would it cause you
24 additional concern?

10:32:20

25 A. Yes.

1 Q. Why?

2 A. Because all we -- all we know about Mr. Dolin, if he was my
3 patient and he has these longstanding fears that he's a failure
4 and incompetent, and then now things are actually really
5 happening, and he comes into my office and says, "I'm worried
6 about losing my most important client," I mean, I would be
7 worried about him.

10:32:33

8 MR. RAPOPORT: Objection, Your Honor. That's personal
9 reaction. It's not his patient.

10:32:46

10 THE COURT: Your objection comes a little late.
11 Proceed.

12 MR. RAPOPORT: I agree.

13 BY MR. BAYMAN:

14 Q. The jury heard Mr. LoVallo say that the work stresses that
15 Mr. Dolin was experiencing were nothing that Stewart should
16 have taken his life over. Do you agree with that?

10:32:58

17 MR. RAPOPORT: Objection, Your Honor. It's not clear
18 that that's an opinion based on --

19 THE COURT: Wait a minute. Wait a minute. Let me get
20 that last question.

10:33:09

21 (The Court reading the realtime feed.)

22 THE COURT: Whether he agrees or not is not relevant.
23 Proceed with another question.

24 BY MR. BAYMAN:

25 Q. Well, in your opinion, would it be fair to say that work

10:33:25

1 stresses were nothing that Stewart should've taken his life
2 over?

10:33:51

3 A. Well, you know, Mr. LoVallo, or anyone who says that,
4 hasn't had the opportunity to review Mr. Dolin's mental health
5 records and his history. And, you know, while in retrospect,
6 there's never any good reason to kill yourself, I mean, you can
7 understand if you put yourself in Mr. Dolin's position how he
8 was feeling, that this would've had a major impact on his
9 psyche and how he was feeling.

10:34:14

10 MR. RAPOPORT: Objection, Your Honor. That's
11 speculation. Mr. Dolin is not here to speak for himself, and
12 this doctor is way beyond his field in trying to do it for him.

13 MR. BAYMAN: Dr. Glenmullen gave a lot of opinions
14 about what --

10:34:26

15 THE COURT: It may stand.

16 Proceed, please.

17 BY MR. BAYMAN:

18 Q. You said the Standard Parking issue was still going on?

19 A. Yes.

10:34:32

20 Q. Are you familiar with another exchange that Mr. Dolin had
21 with another law partner at Reed Smith, Edward Witt, about
22 Standard Parking?

23 A. Yes.

24 Q. And have you reviewed that e-mail exchange?

10:34:48

25 A. Yes.

1 Q. Have you relied on it for purposes of your opinions in this
2 case?

3 A. Yes.

4 Q. Turn to Tab 13 in your book. This is Defense Exhibit 3064

10:35:04

5 C.

6 Would it be helpful to take a look at that exchange?

7 A. Yes.

8 MR. BAYMAN: Your Honor, I move for permission to
9 publish DX 3064 C and move for its admission into evidence.

10:35:17

10 MR. RAPOPORT: Hang on.

11 (Brief pause).

12 MR. RAPOPORT: Your Honor, I object. There are a
13 series of things here and some of them would be inadmissible
14 hearsay. We would not object to showing this under Rule 703,
15 but for substantive admission we do object.

10:35:44

16 THE COURT: Well, we'll reserve ruling on it.

17 You may proceed.

18 MR. BAYMAN: Thank you, Your Honor.

19 THE COURT: You may show it.

10:35:53

20 MR. BAYMAN: Okay. Let's put it up.

21 (Exhibit published to the jury.)

22 BY MR. BAYMAN:

23 Q. What did you find significant about Mr. Witt's e-mails --

24 THE COURT: What is this?

10:36:04

25 MR. BAYMAN: This is an e-mail --

1 BY MR. BAYMAN:

2 Q. Is this an e-mail from Edward Witt of --

3 THE COURT: Wait. Wait. Let the witness tell us.

4 BY THE WITNESS:

10:36:13

5 A. So --

6 THE COURT: What is it?

7 THE WITNESS: Well, it's an e-mail from -- from Mr.
8 Witt --

9 THE COURT: To whom?

10:36:22

10 THE WITNESS: To a number of other people at Reed
11 Smith, including Mr. Dolin.

12 THE COURT: Is Mr. Dolin included?

13 MR. BAYMAN: Yes.

14 BY THE WITNESS:

10:36:29

15 A. Yes. The point I would make --

16 THE COURT: Just a minute.

17 MR. BAYMAN: He is the second one.

18 THE COURT: Okay. All right.

19 Mr. Witt writes to Mr. Dolin on July 14th, okay.

10:36:36

20 BY MR. BAYMAN:

21 Q. And July 14 was when?

22 A. Well, that's the point I was trying to make --

23 THE COURT: The day before. We do know the date.

24 BY THE WITNESS:

10:36:46

25 A. The day before.

1 BY MR. BAYMAN:

2 Q. At 5:00 o'clock.

3 A. Late afternoon, early evening.

4 Q. Okay. What did you find significant about Mr. Witt's
5 e-mail?

10:36:55

6 A. Well, you got to put this into context. Mr. Dolin is
7 asking for reassurances that this can't happen again with his
8 major client, Standard Parking. And Mr. Witt is basing saying
9 it isn't clear that there is an automatic way of preventing
10 this from happening, and it's unlikely if they do what is
11 called a conflict search on the word "parking" that this would
12 prevent it.

10:37:13

13 Q. How did Mr. Dolin respond to Mr. Witt?

14 A. Well, he said -- he responded by saying:

10:37:31

15 "...can you think of any way for us to try and
16 make sure that something like this doesn't
17 happen again regarding Standard Parking."

18 And that was at 6:05 p.m.

19 Q. In your opinion, was Mr. Dolin still focused on Standard
20 Parking as of 6:05 p.m. on July 14th?

10:37:45

21 A. Yes.

22 Q. Was Mr. Witt able to reassure Mr. Dolin that this would not
23 happen again with Standard Parking?

24 A. No.

10:37:56

25 Q. What did he say in his e-mail?

1 A. He says:

2 "We can try and maybe there's a way to stop it
3 but also looking for other ideas."

4 Certainly there's no reinsurance that it can't happen
5 again.

10:38:09

6 Q. In your opinion, does this suggest to you that the Standard
7 Parking issue had blown over for Mr. Dolin as of Wednesday
8 evening, July 14th?

9 A. No, it had not blown over.

10:38:19

10 Q. In your review of the Reed Smith materials, in any of the
11 exchanges with others about Standard Parking, did you see any
12 evidence that Mr. Dolin was given reassurances that this
13 conflict situation wouldn't happen again with Standard Parking?

14 A. No, he was not given reinsurance.

10:38:38

15 Q. Based on your experience as a practicing psychiatrist, how
16 would an incident like this impact someone with Mr. Dolin's
17 mental state at the time?

18 MR. RAPOPORT: Objection, Your Honor. This should be
19 specific to this case.

10:38:51

20 THE COURT: Sustained.

21 BY MR. BAYMAN,

22 Q. Okay. Based on your experience as a practicing
23 psychiatrist, how would an incident like this impact Mr. Dolin
24 given his mental state at the time?

10:38:59

25 A. Well, it certainly wouldn't relieve his anxiety. He would

1 be still worried that it might happen again.

2 Q. Looking back at the events of that week, was there anything
3 you found significant about Mr. Dolin's evening on Tuesday
4 July 13?

10:39:16

5 A. Yes.

6 Q. What was that?

7 A. Well, he spent a couple of hours with Dr. Sachman. Mr. and
8 Mrs. Dolin went to pay a call at a friend's house and then they
9 went out to dinner.

10:39:34

10 Q. How long did Mr. Dolin spend with Dr. Sachman that evening?

11 A. I think it was about two hours.

12 Q. If Mr. Dolin had akathisia that evening, in your opinion
13 would he -- would he be able to sit still during dinner?

14 A. No.

10:39:47

15 Q. You reviewed Dr. Sachman's testimony. As a medical doctor,
16 was Dr. Sachman trained to spot symptoms of akathisia?

17 A. Yes; he said that.

18 Q. As a practicing physician, if Mr. Dolin had akathisia that
19 evening, in your opinion would you have expected Dr. Sachman to
20 notice it?

10:40:08

21 A. Yes. I'm sure Dr. Sachman said he would've noticed it if
22 he had seen it. And like I said before, you don't have to be a
23 doctor to know someone has akathisia. They would not be able
24 to sit still.

10:40:20

25 Q. What did Dr. Sachman report about Mr. Dolin's behavior that

1 evening?

2 A. Dr. Sachman testified that Mr. Dolin was calm. He didn't
3 see any signs of agitation or akathisia.

10:40:35

4 In fact, Dr. Sachman said if Mr. Dolin had akathisia,
5 then Dr. Sachman himself had akathisia. He said that Mr. Dolin
6 was calmer than himself, Dr. Sachman.

7 Q. What else did Dr. Sachman say about that dinner that you
8 found significant?

10:40:57

9 A. Well, Dr. Sachman testified that neither Mr. Dolin or Mrs.
10 Dolin said there were any issues with the paroxetine.

11 Q. Did Dr. Sachman indicate whether Mr. Dolin was helping him
12 solve a problem that evening?

13 MR. RAPOPORT: Objection, Your Honor. It's just
14 leading, this question and many others.

10:41:10

15 THE COURT: Don't lead, sir.

16 MR. BAYMAN: Okay.

17 BY THE WITNESS:

18 A. Yes. Well, as I said --

10:41:19

19 THE COURT: Wait a minute, sir. You got to give us
20 time to go through our legal pleasantries here. Wait until
21 there is a ruling.

22 MR. BAYMAN: I'm sorry.

23 THE COURT: Please put another question.

24 MR. BAYMAN: Okay.

10:41:31

25 BY MR. BAYMAN:

1 Q. What else did Dr. Sachman say that he and Mr. Dolin
2 discussed that evening?

3 A. Well, as I said, Dr. Sachman said that Mr. Dolin was very
4 calm. And he even helped him with some problem or advise that
5 Dr. Sachman wanted Mr. Dolin to help him with.

10:41:47

6 Q. Did you see anything in Dr. Sachman's testimony that
7 indicated that Mr. Dolin was quiet that evening?

8 A. Yes; he may have been a little quiet.

9 Q. I want you to assume Mrs. Dolin testified that Mr. Dolin's
10 behavior balanced out on Tuesday evening.

10:42:01

11 Does the fact that Mr. Dolin appeared to be acting
12 normally on Tuesday impact your view of the pacing that was
13 described on Monday?

14 A. Well, again, I think the pacing was just because he was
15 talking on the telephone. He clearly didn't have it on
16 Tuesday, Tuesday evening. And if he had akathisia, again as
17 I've testified, it would be there all the time.

10:42:16

18 Q. Did Mr. Dolin or Mrs. Dolin express any concern to Dr.
19 Sachman that evening about how Mr. Dolin was feeling or acting?

20 A. No, no concerns.

10:42:36

21 Q. Is that significant to you?

22 A. Well, yes. You know, I think if Mr. Dolin was having a
23 problem with the medication he would've said something to his
24 doctor who was prescribing it.

10:42:48

25 And Mr. Dolin kept his suicidal thoughts and how he

1 was feeling inside. He didn't tell people about it. So, it's
2 not that surprising, in some ways. I mean, I think we can
3 conclude from it that he wasn't having any problems with the
4 medication.

10:43:05

5 Q. Did he report -- did Mr. Dolin report that he was feeling
6 bad in any way?

7 A. No.

8 Q. Now, you mentioned the second client, Miniatic. I said we
9 would get to it.

10:43:30

10 As an overview as a practicing psychiatrist who treats
11 patients with anxiety and depression, did you find the client
12 issues with the Miniatic company to be significant?

13 A. Yes, I did.

14 Q. Why?

10:43:40

15 A. Well, here was a situation where Mr. Dolin was going to
16 have to face someone very hostile. There was a man named Kevin
17 Miniatic who Mr. Dolin -- Mr. Kevin Miniatic had criticized Mr.
18 Dolin before. He had been upset with Mr. Dolin's billings. He
19 had been upset with Mr. Dolin's keeping of the minutes. And
20 they were having a big shareholders meeting scheduled for that
21 Friday, this would've been the day after Mr. Dolin committed
22 suicide, and Mr. Dolin was going to have to face Kevin Miniatic
23 at the meeting and answer questions.

10:44:03

24 Q. For how long had that Friday meeting been scheduled?

10:44:21

25 A. For several months.

1 Q. Have you reviewed the e-mail between Kevin Miniatt and Mr.
2 Dolin?

3 A. Yes.

10:44:36

4 Q. And we're not going to go through these in the interest of
5 time, but did you review e-mails in which Mr. Miniatt criticized
6 or made unflattering comments of Mr. Dolin?

7 A. I have.

10:44:55

8 Q. In your opinion as a psychiatrist who treats patients with
9 anxiety and depression, do you think these types of comments
10 had an impact on Mr. Dolin?

11 A. Yes. Because, you know, in the context that Mr. Dolin
12 already feels insecure and not feeling competent, and here's
13 this client who's e-mailing him in writing and criticizing his
14 work.

10:45:14

15 Q. The jury has heard that the vote that was scheduled for
16 July 16th was a vote to create a class of non-voting stock.
17 Was Kevin Miniatt opposed to that change based on your review of
18 the materials?

19 A. He was.

10:45:29

20 Q. In your opinion, was Mr. Dolin expecting Kevin Miniatt to
21 voice his opposition at that meeting?

22 A. Yes.

23 Q. Based on your review of the materials, was Kevin Miniatt
24 going to be traveling from where to attend the meeting?

10:45:51

25 A. I believe he lived in Arizona. So yes, he would be

1 traveling.

2 Q. Besides Kevin Miniatt being difficult, in your opinion, was
3 there any reason for why that upcoming meeting was a source of
4 stress for Mr. Dolin?

10:46:09

5 A. Well, besides having to face Mr. Miniatt, they had asked him
6 to prepare questions -- answer questions in advance of the
7 meeting, and Mr. Dolin hadn't done that.

8 Q. How do you know that?

10:46:30

9 A. From some e-mails from a person named Susan Kolavo and also
10 Ms. Kolavo's testimony.

11 Q. Okay. Did you review the deposition of Susan Miniatt
12 Kolavo?

13 A. I did.

14 Q. And was she a shareholder and board member of Miniatt, Inc.?

10:46:43

15 A. Yes.

16 Q. Did Ms. Kolavo speak with Mr. Dolin about the July 16th
17 meeting during the week of July 12th?

18 A. Ah, yes, she did.

19 Q. When did she speak with him?

10:46:57

20 A. On Wednesday, July 14th.

21 Q. And what was she -- what was she seeking?

22 A. Well, she was seeking to find out what was happening with
23 the answers to the questions that Mr. Dolin was supposed to
24 complete.

10:47:13

25 Q. Based on your review of her testimony, had Ms. Kolavo

1 expected Mr. Dolin to answer her questions prior to July 14th?

2 A. Yes.

3 Q. Had he answered those questions?

4 A. No.

10:47:25

5 Q. The jury has not heard from Mrs. Kolavo during the trial
6 although Dr. Glenmullen showed some excerpts of her testimony.

7 For illustration purposes and to focus the discussion,
8 did you also assist us in pulling together some Q and A's from
9 Mrs. Kolavo's testimony that you considered significant to your

10:47:49

10 opinions in the case?

11 A. Yes, I did.

12 Q. And did you do it for some other witnesses not testifying
13 live?

14 A. Just a few.

10:47:58

15 Q. Okay. Do you believe that review of those questions and
16 answers would be helpful to the jury in understanding your
17 opinions in the case?

18 A. Yes, I think so.

19 Q. Turn to Tab 19 in your notebook.

10:48:10

20 Does the testimony in defense exhibit 7039 include the
21 information that you have relied on in forming your opinions in
22 this case?

23 A. It does.

24 MR. BAYMAN: Your Honor, at this point we would move
25 for permission to display defense exhibit 7039 for

10:48:26

1 demonstrative purposes.

2 MR. WISNER: No objection.

3 THE COURT: Proceed.

4 MR. BAYMAN: Tab 19, Your Honor.

10:48:38

5 THE COURT: Proceed.

6 (Exhibit published to the jury.)

7 BY MR. BAYMAN:

10:48:51

8 Q. Tell us -- this shows -- is this what you found to be
9 significant from Ms. Kolavo's testimony about her interactions
10 with Mr. Dolin that week?

11 A. Yes.

12 Q. How did Ms. Kolavo characterize Mr. Dolin's demeanor during
13 the July 14th phone call?

14 A. She described him as preoccupied, but not agitated.

10:49:08

15 Q. In your opinion as a practicing psychiatrist, is that being
16 preoccupied unusual for someone suffering from anxiety or
17 depression?

18 A. No. And we know from Dr. Salstrom's questionnaire that he
19 had concentration troubles. And so somebody with concentration
20 troubles, they would come across as preoccupied.

10:49:30

21 Q. Did Mr. Dolin answer Ms. Kolavo's questions during that
22 telephone call?

23 A. Well, she answered the questions, but not the questions she
24 wanted answered before the meeting.

10:49:46

25 Q. What else is significant about that phone conversation

1 based on your review of Mrs. Kolavo's testimony?

2 A. Just a couple of things. If you scroll down to the middle,
3 it was not a routine meeting. It was a special meeting, that
4 the second question, actually. It was a pretty big deal to the
5 shareholders, it was a big meeting.

10:50:06

6 If you go, scroll down further, the reason that she
7 still had questions is because Mr. Dolin hadn't done what they
8 wanted him to do, answer the questions.

9 And to the shareholders view, this vote is important.

10:50:27

10 So this was a big meeting and Mr. Dolin was supposed
11 to go to the meeting, he was going to have to answer the
12 questions in front of the shareholders, and he was going to be
13 facing Kevin Miniat.

14 Q. Now, Mr. Dolin not answering the questions that Mrs. Kolavo
15 had asked him to answer before the meeting, was that avoidance
16 behavior consistent with what Mr. Dolin had reported to Dr.
17 Salstrom?

10:50:47

18 A. Yes.

19 Q. And did Ms. Kolavo expect Mr. Dolin to be present at that
20 meeting?

10:51:05

21 A. Yes.

22 Q. Now, the jury heard Dr. Glenmullen, in his review of
23 Ms. Kolavo's testimony, say that the issues with the Miniat
24 company were much ado about nothing.

10:51:14

25 Do you agree with that?

1 A. No.

2 Q. Why not?

3 A. Several reasons. I think he was petrified to go based on
4 the notes, based on what he the told his therapist. And also,
5 he wanted someone to come with him. He asked Mr. LoVallo to go
6 with him to the meeting.

10:51:26

7 MR. BAYMAN: Can you pull up the last Q and A, the
8 very bottom.

9 BY MR. BAYMAN:

10:51:44

10 Q. Did Ms. Kolavo based on your review of her testimony,
11 consider this vote to be much ado about nothing?

12 A. No. No. She described it further up as a big deal and it
13 was very important to the shareholders.

10:52:05

14 Q. Did Mr. Dolin see Ms. Reed again after the July session
15 with -- July 12th session with Dr. Salstrom?

16 A. Yes.

17 Q. When did she -- when did he see Ms. Reed next?

18 A. He saw her the evening before he committed suicide.

19 Q. July 14th?

10:52:22

20 A. Correct.

21 Q. Now, how did that session come about?

22 A. Ah, Mr. Dolin called Ms. Reed that morning of July 14th and
23 asked if he could come see her for an appointment.

10:52:41

24 Q. Based on your review of Ms. Reed's testimony and records,
25 was it typical that Mr. Dolin would call in the morning for an

1 appointment that very same evening?

2 A. No; not typical.

3 Q. What's in the significance of that to you as a practicing
4 psychiatrist?

10:52:53

5 A. Well, if a patient calls me and says, "I need to see you
6 right away," it usually means something is really wrong.
7 They're not doing well. It's a sign again of his continued
8 slide over the last weeks.

10:53:13

9 Q. And based on your review of Ms. Reed's records and
10 testimony in the past, did they have regularly scheduled visits
11 that they -- that were spaced apart?

12 A. Yes.

13 MR. BAYMAN: Your Honor --

14 BY MR. BAYMAN:

10:53:27

15 Q. And you've reviewed Ms. Reed's records from July 14th?

16 A. Oh, yes.

17 MR. BAYMAN: Your Honor, permission to publish DX
18 7038-18.

19 THE COURT: 38 what?

10:53:41

20 MR. BAYMAN: 7038-18. It's the next one in the
21 timeline.

22 THE COURT: All right.

23 MR. RAPOPORT: No objection. It's demonstrative.

24 THE COURT: Proceed.

10:53:53

25 MR. BAYMAN: I'm sorry. This is demonstrative, excuse

1 me. Not in the timeline.

2 BY MR. BAYMAN:

3 Q. Did you prepare a summary of the entries from that session
4 with Ms. Reed that you found to be significant?

10:54:05

5 A. Yes. What I found significant is on this slide.

6 Q. Tell us about what you find significant about these entries
7 from Ms. Reed's record of July 14th.

8 A. Well, Ms. Reed wrote that Mr. Dolin was very upset and
9 anxious. He was worried about failing Wendy and getting fired.

10:54:23

10 He was, again, highly anxious and more depressed. He was
11 facing a difficult meeting at work, that's the Miniatt meeting
12 scheduled for July 16th.

13 "We looked at his anxiety about family issues
14 and contrasted them with the facts."

10:54:37

15 " He denied any thoughts of suicide when
16 asked."

17 "He did have a wish to not wake up, no plan."

18 And then:

19 Anxiety was lower by the end of the session with Ms.
20 Reed.

10:54:52

21 Q. Did some of Mr. Dolin's comments on July 14th echo the
22 comments he made to Ms. Reed back in 2007?

23 A. Yes. Again, it's work-related anxieties and issues.

24 Although, as I said, the stresses in 2010, and particularly

10:55:09

25 this week, were much different and much greater than they were

1 back in 2007.

2 Q. The note says "he denied any thoughts of suicide when
3 asked." Did Mr. Dolin express passive suicidal thoughts to
4 Ms. Reed on the evening of July 14th?

10:55:31

5 A. Well, he said he had a wish to not wake up. So that would
6 be considered a passive suicidal thought.

7 THE COURT: All right. Let's take a recess now.

8 MR. BAYMAN: Thank you, Your Honor.

9 (The following proceedings were had out of the
10 presence of the jury in open court:)

10:56:06

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

11:20:38

15 [REDACTED]

16 [REDACTED]

17 (The following proceedings were had in the
18 presence of the jury in open court:)

19 THE COURT: All right. Thank you very much, ladies
20 and gentlemen. Please be seated. We'll resume.

11:21:59

21 You may proceed, sir.

22 MR. BAYMAN: Thank you, Your Honor.

23 BY MR. BAYMAN:

24 Q. Doctor, before the break we were talking about the visit
25 with Sydney Reed on July 14th.

11:22:06

1 Was July 14th the same day that Mr. Dolin had the
2 phone call with Ms. Kolavo that we talked about just before the
3 break?

4 A. Yes.

11:22:21

5 Q. I forgot to ask you, but Ms. Kolavo testified that Mr.
6 Dolin sounded disparing in that call. In your opinion as a
7 psychiatrist, would that be a surprise to you given his anxiety
8 and his stresses at work?

9 A. No.

11:22:43

10 Q. Okay. Can we pull up --

11 This is this -- and we were talking about his wish to
12 wake up, no plan. In the prior visit with Ms. Reed had he
13 expressed -- and was that June 30th?

14 A. I'm sorry. This was the July 14th?

11:23:13

15 Q. Right. The prior visit.

16 When was the last time he saw Ms. Reed?

17 A. June 30.

18 Q. June 30. And had he expressed any thoughts of suicide in
19 that visit?

11:23:21

20 A. No.

21 Q. And was he taking paroxetine at that visit?

22 A. No.

23 Q. Dr. Glenmullen testified that what Mr. Dolin was expressing
24 by way of suicidal thoughts on July 14th was still fairly mild.

11:23:44

25 Do you agree with that?

1 A. I don't see how one could know how mild they were. Ms.
2 Reed didn't note whether they were mild, moderate or severe, so
3 there's no way to know how bad they were.

11:24:05

4 Q. Was there any evidence from Ms. Reed's notes or testimony
5 as to whether Mr. Dolin was suffering from symptoms of
6 akathisia or agitation during the July 14th visit?

7 A. No, nothing in her records. And in her testimony, she
8 testified she didn't see any signs of constant movement or
9 akathisia.

11:24:19

10 Q. What else did Ms. Reed note that she found significant?

11 A. Ah, well she noted that his anxiety was lower by the end of
12 the meeting. So she was able to sort of during the session
13 calm him down.

11:24:41

14 Q. Now, are you aware that Mrs. Dolin testified that Mr. Dolin
15 was tapping his leg that Wednesday night?

16 A. Yes.

17 Q. Does Mrs. Dolin's report that he was tapping his leg
18 Wednesday night mean that he had akathisia?

11:24:58

19 A. No. Tapping one's leg is a normal fidgety movement, and in
20 and of itself would not mean akathisia. And you could not say
21 someone has akathisia just from a tapping foot.

22 Q. Have you seen any other evidence to support the plaintiff's
23 claim that Mr. Dolin was experiencing akathisia or agitation on
24 Wednesday, July 14th?

11:25:14

25 A. No.

1 Q. Did the tapping of the leg that Mrs. Dolin reported occur
2 before or after the visit with Sydney Reed?

3 A. It would've been after.

11:25:36

4 Q. Did Ms. Reed give Mr. Dolin anything to take with him the
5 night of Wednesday, July 14th?

6 A. Yes, she gave Mr. Dolin a tape, a meditation tape to help
7 relax him, and, I think, to help him sleep before he goes to
8 bed.

11:25:51

9 Q. What is the significance of that to you as a practicing
10 psychiatrist?

11 A. Well, she hadn't done that before, so it's just another
12 indication that he wasn't doing well and was continuing his
13 slide downward. She was trying to help him out.

11:26:06

14 Q. Now, you've reviewed Ms. Reed's handwritten notes of that
15 session?

16 A. Yes.

17 Q. Did Ms. Reed also prepare a typed document about the
18 July 14th visit the day after Mr. Dolin's suicide?

19 A. Yes, she did.

11:26:16

20 Q. Do we know why she prepared a typed summary of the
21 July 14th visit on July 16th after Mr. Dolin committed suicide?

22 A. No.

23 MR. BAYMAN: Let's publish this. This is from Joint
24 Exhibit 9 already in evidence. It's JX 9-19.

11:26:45

25 (Exhibit published to the jury.)

1 MR. BAYMAN: All right. Let's blow that up.

2 BY MR. BAYMAN:

3 Q. There some things that you found in the typewritten summary
4 of the July 14th visit that she prepared on July 16th to be
5 significant?

11:26:57

6 A. Yes. I've highlighted them in yellow. There is a number
7 of things that are actually important.

8 Q. All right. Let's walk through at least the first entries
9 and why you found them to be significant, in your opinion.

11:27:10

10 A. So, the first thing is:

11 "3 years ago Stu went there a crisis at work and
12 in the family."

13 And then she notes that:

14 "This time, it sounded very similar. He felt
15 anxious, very anxious, and called on the 14th to
16 set up an appointment. He had been seeing a
17 behavior therapist, that's Dr. Salstrom, who
18 asked him to stop seeing me. I had tried to
19 explain that I wasn't sure that was the best
20 idea, but since Wendy had gone to her and had
21 gotten over her phobia, he, Mr. Dolin, wanted to
22 try."

11:27:24

11:27:37

23 Q. Why is that significant to you?

24 A. Well, Ms. Reed is saying she didn't think the cognitive
25 behavioral therapy was a good idea. And she testified that

11:27:54

1 because Mr. Dolin was so anxious, she didn't that he would be
2 able to handle the cognitive behavioral therapy, because, as
3 you may recall, it forces people to confront their fears and it
4 can make people worse before they feel better.

11:28:09

5 Q. Okay.

6 A. Skip down a couple of paragraphs:

11:28:23

7 "His fear was that he was having a nervous
8 breakdown. We looked at his fears, that he was
9 a failure as a husband and father. Two, because
10 he was about to be fired at work, and because he
11 was like his father and brother who he believed
12 -- who believed had failed in their '50s."

13 Q. What is the significance of those entries, in your opinion?

11:28:40

14 A. Well, a nervous breakdown is a term people use a lot. My
15 patients have used it. I mean, it's just a sign that he's not
16 doing well and he's feeling like he's falling apart.

11:28:57

17 It's also important to look at what his fears were,
18 the failure -- that he was a failure as a husband and a father.
19 I think, you know, that was tied into his feelings of failures
20 at work. As she points out in the next line, that he was about
21 to be fired at work.

11:29:11

22 Now, on my review, I don't think he was actually going
23 to be fired, but he had the fear. And with all the things
24 going on with his clients and his performance being down, I
25 mean, he had this fear that he always had, but it was really

1 worse now.

2 Q. Okay. What next is significant to your opinion?

3 A. (Reading:)

4 "We looked at the interactions and anger in his
5 wife 3 years ago which sounded very similar."

11:29:24

6 So that's a -- that suggests there was some issues
7 between him and Mrs. Dolin. It's not very specific. And it
8 happened also 3 years ago, but it was also happening now, very
9 similar.

11:29:43

10 Q. And she said "I drew family diagram to point out all the
11 sources of anxiety in his wife's family."

12 A. Yes.

13 Q. What's in the significance of that?

14 A. Well, there were things going on. I mean, Mrs. Dolin's
15 father was very ill. There had been issues about financial
16 support for Mrs. Dolin's parents and Mr. Dolin feeling that
17 Mrs. Dolin's siblings weren't helping enough, I mean I think
18 that may refer to that."

11:29:54

19 Q. Okay. What next is significant to you for purposes of your
20 opinion?

11:30:12

21 A. Well, the next paragraph talks about the work:

22 "... work was confusing. The fact was he had
23 made more money in the first half of the year as
24 he had made last year, why would he be fired."

11:30:23

25 And then I think this is important:

1 "Friday, what Friday. There was to be a meeting
2 with a client he respected that had lost money.
3 He needed to go to the meeting and apologize and
4 suggest what they should do from here. Yes, he
5 had difficult clients before. After talking it
6 through, he said he thought he would be able to
7 do it. We discussed strategies for not
8 isolating himself at work, which colleagues
9 could he talk with."

10 Q. What is the significance of that entry?

11 A. So, this makes inference to that meeting we talked about
12 before the break, the Miniat meeting where he was going to be
13 confronted by Kevin Miniat.

14 I think she may be confusing a little the two clients
15 here. The Standard Parking was the one that he was worried
16 about losing the money. But suffice it to say, she's noting
17 how -- how worried he is about work, he was going to have to
18 apologize.

19 The Miniat meeting, he hadn't done what he was
20 supposed to do in preparation for that meeting. And then
21 there's also -- I think she suggested to him maybe to talk to
22 some colleagues about this.

23 Q. And do we know from the evidence that he talked to Mr.
24 LoVallo the following morning?

25 A. Yes. As I said earlier, he asked Mr. LoVallo to go with

1 him to the meeting.

2 Q. All right. Next paragraph, what is significant about that
3 for purposes of your opinions?

11:31:47

4 A. Well, this is more -- more comment about his relationship
5 with Mrs. Dolin:

6 "... he felt disconnected from his wife. We had
7 talked earlier about keeping her out of his
8 anxiety about work. In fact, he was talking to
9 her about work I later found out."

11:31:58

10 Q. Now, Dr. Glenmullen testified that his feeling disconnected
11 from his wife was a complete misperception because Mr. Dolin
12 was actually close to his wife. Would you agree with that?

13 A. Well, this is what Ms. Reed wrote. I mean, you could be
14 close to someone and still yourself feel disconnected from him.

11:32:20

15 Maybe he didn't feel comfortable talking about things that were
16 on his mind with her.

17 Q. In your opinion, did Ms. Reed advise him not to talk to
18 Mrs. Dolin about issues at work?

19 A. Yes, that's what she says.

11:32:32

20 Q. But what does the record indicate about whether he was
21 doing so or not?

22 A. He was doing it. He was talking to Mrs. Dolin about some
23 of the anxiety.

11:32:44

24 Q. Okay. What about the next paragraph that's significant for
25 purposes of your opinion?

1 A. So:

2 "Mr. Dolin was concerned about the way was
3 feeling. Very anxious and depressed. One day
4 he felt like he didn't want to wake up anymore,
5 but he was able to get out of bed and go to
6 work. I asked him if he was afraid that he was
7 going to hurt himself. He looked offended by
8 the question and indicated he was not. I
9 explained that in combination of anxiety and
10 depression, I needed to ask these questions."

11 Q. What is the significance of those entries for purposes of
12 your opinion?

13 A. Well, the first thing is, he did say to her that he didn't
14 want to wake up anymore. So that's, you know, a sign of a
15 person not feeling that life is worth living anymore.

16 She asks him directly if he was going to harm himself,
17 that's the standard question you would ask. He denied it. I
18 mean, in fact he looked offended by the question. And that
19 happens. I mean, a lot of people get offended by the question.
20 Although, that doesn't mean that they're not thinking about it,
21 they sometimes just react to the question that way. But he
22 denied it. But he -- you know, she was worried enough at this
23 visit to ask him -- about him to ask him these questions.

24 Q. In your experience in treating patients with anxiety and
25 depression and doing these psychological autopsies of suicide

1 victims that you mentioned, have you seen other cases where
2 people have been -- who go on to commit suicide when asked and
3 denied they were suicidal?

11:34:22

4 A. Well, yes. Unfortunately that happens a lot. I mean,
5 obviously -- obviously, if he had told her I'm thinking of
6 killing myself," or told anyone, they probably would've taken
7 steps to stop him. I mean, you know, if -- if he had told her
8 I have thoughts, you know, of killing myself, she probably
9 would've -- taken steps to hospitalize him or call Dr. Sachman.

11:34:40

10 Im sure she would've done something.

11 But so you see that all the time when you look, in
12 retrospect, to the psychological autopsy, the person didn't
13 tell anyone. Because if they had, the person would've stopped
14 them. They would tell the family member, they would've taken
15 steps to get them help, and usually they would end up being
16 hospitalized on a psychiatric inpatient unit.

11:34:53

17 Q. But in your opinion, on July 14th, did he express passive
18 suicidal thoughts?

11:35:09

19 A. Yes, he had passive suicidal thoughts. That would be, "I
20 don't want to wake up anymore." I mean, that would be called a
21 passive suicidal thought.

22 An active one is when you say, "I have a plan to go
23 home and I have a gun and I'm going to shoot myself," that
24 would be an active plan.

11:35:19

25 A passive one is, "you know, if I died in my sleep and

1 I had a heart attack, that wouldn't bother me," that's sort of
2 a passive suicidal thought.

3 Q. All right. What next is significance for purposes of your
4 opinions in the case?

11:35:30

5 A. Well, she said:

6 "We talked about what he could be doing to lower
7 his anxiety similar to 3 years ago. He would
8 commit to exercising frequently."

9 Q. Why is that significant?

11:35:43

10 A. Well, people often exercise who suffer from depression and
11 anxiety. There is some evidence that it helps. And Mr. Dolin
12 was doing that. In fact, the morning he died he was
13 exercising. So that's not -- it's a good suggestion and -- and
14 -- and it's not unusual.

11:36:06

15 Q. All right. What next is significant about that entry?

16 A. (Reading:)

17 "We made a list of what he could be doing for
18 himself to feel he had some control over his
19 life. Not isolating at work, exercising, doing
20 stress reduction exercises, recognizing the
21 anxiety in his wife and family due to the
22 pending death of his father-in-law. I suggested
23 we stay in touch and that he call me Thursday
24 evening to report how he was doing."

11:36:21

11:36:37

25 Q. What is the significance of that?

11:36:53

1 A. Well, there's a couple of things. One is, the fact that
2 she says to him "give me a call Thursday evening" indicates to
3 me that she was worried about him. I mean, I do that with my
4 patients. I'm not going to wait until the next appointment, i
5 say, "just give me a call just to check in to see how you're
6 doing."

11:37:11

7 Q. Had you seen any prior records from Ms. Reed where she had
8 told Mr. Dolin to give her a call between sessions?

11:37:27

9 A. No. No. And, you know, the not isolating at work, there's
10 evidence that he was -- Mr. Dolin was doing that.

11 And -- and -- and then the rest of this is exercise,
12 relaxation techniques, that's things to help him.

13 I guess his wife and family were very anxious about
14 the pending death of his father-in-law, that was another stress
15 that was going on.

11:37:46

16 Q. Okay. If Dr. Glenmullen testified that when people were in
17 a nosedive they feel alienated and don't know what's happening
18 to them. Do you agree with that characterization as it
19 pertains to Mr. Dolin on July 14th?

20 A. No.

21 Q. Why not?

11:37:56

22 A. Mr. Dolin clearly knew what was happening to him and he was
23 very bothered by it. I mean, whether it's the Standard Parking
24 situation, whether it's the upcoming meeting with the Mini
25 shareholders and facing Kevin Mini at the meeting. I mean,

1 he knew exactly what was happening to him. And he was, you
2 know, trying to take steps whether in therapy or at work to try
3 and get help with this.

11:38:14

4 Q. Did Ms. Reed make any mention of Mr. Dolin pacing or being
5 agitated on July 14th?

6 A. No.

7 Q. While we're talking about this typed note Ms. Reed
8 prepared, was this the only time Ms. Reed typed up her notes
9 after Mr. Dolin passed away?

11:38:30

10 A. No.

11 MR. BAYMAN: Pull up Joint Exhibit 9-02.

12 (Exhibit published to the jury.)

13 BY MR. BAYMAN:

14 Q. When were these notes typed up?

11:38:42

15 A. March 16th, 2011.

16 Q. Look at --

17 MR. BAYMAN: Pull up, please, JX 9-006.

18 BY MR. BAYMAN:

19 Q. When were these notes typed up?

11:38:54

20 A. Early October 2012.

21 Q. Do we know why Ms. Reed typed up her notes on these later
22 occasions?

23 A. Yes, I believe she was asked to do this by Mrs. Dolin.

24 Q. And did you review all of Ms. Reed's notes, the handwritten
25 and the typed up ones, even those -- including those that were

11:39:14

1 typed up after Mr. Dolin's death?

2 A. Yes, I reviewed them. All of them.

3 Q. All right. I want to turn you to July 15th.

4 Have you reviewed the events of July 15th in Mr.
5 Dolin's life?

11:39:33

6 A. Yes.

7 Q. And in part of your work and your research and in your
8 questioning patients who have attempted suicide and failed,
9 have you similarly gone through and analyzed their activities
10 leading up to the suicide attempt?

11:39:49

11 A. Yes.

12 Q. And in your -- and in conducting your psychological
13 autopsies of people who actually committed suicide, have you
14 talked with friends, families, and others to try to recreate
15 the events of the person's last day?

11:40:04

16 A. Yes.

17 MR. BAYMAN: Permission to publish DX 7038-19,
18 July 15th.

19 MR. RAPOPORT: No objection.

11:40:18

20 MR. BAYMAN: Thank you.

21 (Exhibit published to the jury.)

22 BY MR. BAYMAN:

23 Q. Tell us what this is?

24 A. So this is a timeline put together by my review of all the
25 materials in this case of Mr. Dolin's actions on the day he

11:40:29

1 died.

2 Q. All right. You indicate on the timeline Mr. Dolin
3 exercised that morning. Does that surprise you?

11:40:50

4 A. No. I mean, Mr. Dolin exercised. He was -- Ms. Reed
5 encourage him to exercise. And if he was feeling bad from
6 anxiety and depression, which he was, the hope would be that
7 the exercising would help.

11:41:08

8 Q. Now, Dr. Glenmullen has testified that someone who is
9 planning to commit suicide wouldn't bother to exercise. Based
10 on your experience that we just talked about, would you agree
11 with him?

12 A. No. I mean, people who commit suicide usually go through
13 their usual activities. They don't start announcing that
14 they're going to commit suicide.

11:41:24

15 And as I said earlier, many, many people, most people
16 who've made serious suicide attempts who've I had the
17 opportunity to talk will tell me that they've been thinking
18 about this for weeks. They've been struggling with for this
19 weeks, then usually something happens that's sort of like the
20 tipping point for them and they decide to do it.

11:41:42

21 So, it's not unusual for someone to do their usual
22 activities on the day they try and commit suicide or commit
23 suicide.

11:41:59

24 Q. In your psychological autopsies, when you've interviewed
25 family members of people who committed suicide, what have they

1 told you about whether or not people follow -- or did not
2 follow their routines up to the time they're committing the
3 suicide?

11:42:12

4 A. The families say that the people usually follow their
5 routines, and when it happens, it's a total shock to them.

6 Q. You state that Mr. Dolin took the metric train to work that
7 day. How do we know that?

8 A. Because after he committed suicide his car was found in the
9 Glencoe station parking lot.

11:42:27

10 Q. Did Mr. Dolin routinely take the Metra train to work based
11 on your review of the testimony in the case?

12 A. Not always, but frequently, yes.

13 Q. Did Mr. Dolin ever -- did you see any evidence that Mr.
14 Dolin ever took an L train or a subway train to work?

11:42:39

15 A. No.

16 Q. Now, Mr. Dolin stopped at Starbucks that morning, you say.
17 How do we know that?

18 A. From a credit card receipt.

11:42:52

19 Q. Then you mentioned the meeting with Mr. LoVallo. Why did
20 he meet with Mr. LoVallo that morning?

21 A. So, he met with him for about 45 minutes. And he was
22 asking Mr. LoVallo to come with him -- to come with him to the
23 Miniatt meeting that was scheduled for the next day.

24 Q. Did Mr. LoVallo agree to go to that meeting with Mr. Dolin?

11:43:13

25 A. No.

1 Q. Why not?

2 A. Mr. LoVallo said he didn't think it was a good idea, might
3 bring too much attention if two lawyers showed up, and he said
4 Mr. Dolin should go on his own.

11:43:24

5 Q. Now, do you attach any significance to Mr. LoVallo's
6 decision not to accompany Mr. Dolin to the meeting?

7 A. Well, we know that Mr. Dolin was very worried about going
8 to the meeting and he was going to get a lot of flack from
9 Kevin Miniati. So he was looking for support.

11:43:40

10 When Mr. LoVallo said, "I don't think it's a good
11 idea," I mean, he basically was told "no" and he was on his
12 own. So, you know, that must have -- it's not what Mr. Dolin,
13 I think, wanted.

11:43:55

14 Q. But did Mr. LoVallo say that Mr. Dolin ultimately said okay
15 and he agreed with that decision?

16 A. I'm not sure he had a choice. I mean, he -- I think Mr. --
17 Mr. Dolin asked and he was told, "no," and that was that.

18 Q. How long did Mr. Dolin meet with Mr. LoVallo?

19 A. I think about 45 minutes.

11:44:11

20 Q. What did Mr. LoVallo note about Mr. Dolin's appearance that
21 day?

22 A. Ah, Mr. LoVallo testified that Mr. Dolin was well-dressed,
23 well-groomed. He was calm and in control, not agitated, not
24 pacing, not sweating. Mr. Dolin didn't have any trouble

11:44:30

25 sitting still, according to Mr. LoVallo.

1 Mr. Dolin told Mr. LoVallo he had a good night's
2 sleep. And Mr. LoVallo testified that he didn't notice
3 anything out of the ordinary about Mr. Dolin that morning.

11:44:49

4 Q. Did Mr. LoVallo make a comment about how Mr. Dolin looked
5 that day compared to earlier in the week when he was dealing
6 with the Standard Parking issues?

7 A. Mr. LoVallo did say he seemed to have trouble
8 concentrating. He didn't seem to be processing things as well
9 as he usually did.

11:45:03

10 Q. And does that surprise you?

11 A. No.

12 Q. Do you attach any significance to that?

11:45:16

13 A. Well, we already know Mr. Dolin was having concentration
14 problems and trouble making decisions. And those are symptoms
15 of anxiety and depression, we know that from the -- the
16 therapist's records, so that doesn't surprise me.

17 Q. Is there any evidence from Mr. Dolin's interaction with Mr.
18 LoVallo that morning that suggests Mr. Dolin had symptoms of
19 akathisia or agitation?

11:45:32

20 A. No.

21 Q. Now, I ask you to assume Mr. LoVallo said the issues with
22 Miniatt were pretty standard and the Standard Parking issue had
23 blown over. What is your reaction to that?

24 A. I would disagree.

11:45:45

25 Q. Why?

1 A. Well, maybe they weren't to Mr. LoVallo, but they weren't
2 to Mr. Dolin. I mean, Mr. LoVallo didn't know about Mr.
3 Dolin's feelings of inferiority and his worries about work.
4 Mr. LoVallo didn't review the therapy records like I did.

11:46:02

5 Mr. LoVallo didn't even know he was seeing a
6 therapist. So, you know, maybe from Mr. LoVallo this wasn't an
7 issue, but it was clear to me that these issues were still
8 going on and they were having a major impact on Mr. Dolin.

9 Q. Did you review the police report in the case?

11:46:16

10 A. Yes.

11 Q. What did Mr. LoVallo tell the police?

12 A. Mr. LoVallo actually told the police after Mr. Dolin's
13 death that -- Mr. LoVallo said there were two issues going on,
14 issues going on with two major clients, and he told the police
15 that they may have been part of the reason Mr. Dolin committed
16 suicide.

11:46:33

17 Q. Did Mr. LoVallo indicate the clients were upset, his
18 comment to the police?

19 A. Could you repeat the question?

11:46:47

20 MR. BAYMAN: Want to read that back.

21 (Question read.)

22 BY THE WITNESS:

23 A. Yes. Mr. LoVallo told the police that these two clients
24 were upset.

11:47:01

25 BY MR. BAYMAN:

1 Q. Did Mr. Dolin that morning then receive an e-mail from
2 Susan Kolavo?

3 A. Yes, he did.

4 Q. What did she say in that e-mail?

11:47:11

5 A. Well, she said they were going to postpone the vote at the
6 meeting on Friday, but that Mr. Dolin would be there in person
7 to answer the questions for the shareholders.

8 Q. Before that e-mail was there any indication that Mr. Dolin
9 knew that the client planned to postpone the vote that Friday?

11:47:31

10 A. No.

11 Q. Why was the vote postponed?

12 A. Well, it was postponed because Mr. Dolin hadn't answered
13 the questions that the shareholders were asking, and they still
14 had a lot of questions and they needed them answered before
15 they could have a vote.

11:47:48

16 Q. In that 8/14 a.m. e-mail from Ms. Kolavo to Mr. Dolin and
17 others, were there any other non-family members or employees
18 who were copied on that e-mail and planning to attend the
19 mediation?

11:48:08

20 A. Yes.

21 Q. Who?

22 A. Two peoples, one is named Andrew Keet and the other Gary
23 Skunk.

24 Q. Who were those people?

11:48:17

25 A. My understanding is that they were -- one is a psychologist

1 who gets involved in helping family-run businesses work out
2 issues and the other person has a more business background,
3 again specializing in helping family businesses work out
4 problems and issues.

11:48:35

5 Q. Based on your review of Ms. Kolavo's testimony, why was a
6 clinical psychologist coming to the meeting?

7 A. Well, it sounded like it was going to be a very contentious
8 meeting. The shareholders were not all in agreement, and it
9 sounds like there were many things that were going to come up
10 that they would need the help of Mr. Dolin, the psychologist,
11 the business consultant.

11:48:56

12 Q. Have you reviewed the telephone records, as well as the
13 testimony from Mr. Jaskot about his calls with Mr. Dolin that
14 morning?

11:49:13

15 A. Yes I have.

16 Q. Are those the -- Mr. Jaskot was on the 9:00 o'clock call
17 and 9:45 call?

18 A. Right. So the 9:00 o'clock call was a conference call.
19 There were other people on the line.

11:49:26

20 In addition, then after that conference call, Mr.
21 Dolin had about an 11-minute call with Mr. Jaskot privately.

22 Q. How did Mr. Jaskot describe how Mr. Dolin was sounding and
23 acting on those calls?

24 A. Mr. Jaskot testified that Mr. Dolin was rational, he was
25 coherent, not anxious or nervous, and there was nothing

11:49:44

1 different in his speech pattern, Mr. Dolin's speech pattern,
2 that was different than usual on either of the calls.

3 Q. Did Mr. Jaskot mention Mr. Dolin having any difficulty
4 concentrating or communicating on those calls?

11:50:03

5 A. No.

6 Q. Did he testify that he recalled anything unusual about Mr.
7 Dolin's behavior in those calls?

8 A. No; nothing unusual.

11:50:15

9 Q. Now, the next entry of the timeline shows a 10:20 call from
10 Sydney Reed. Why did Ms. Reed call Mr. Dolin?

11 A. So, Ms. Reed called Mr. Dolin that morning and advised him
12 to call his doctor for what she described as a "fast acting
13 anxiety medication."

11:50:33

14 Q. Are there medications that act more quickly than Paxil or
15 paroxetine or other antidepressants to relieve anxiety?

16 A. Yes.

17 Q. What's in the significance, in your opinion, to the fact
18 that Ms. Reed called Mr. Dolin that morning to suggest this?

11:50:50

19 A. Well, it struck me as -- as unusual. I mean, she'd just
20 seen him the night before, she didn't tell him to do this then.
21 I mean, she must have thought about it more after the visit,
22 slept on it and got worried, and then makes this phone call to
23 -- to Mr. Dolin to call your doctor and get an anxiety
24 medication.

11:51:04

25 Q. Had you seen any evidence from your review of the records

1 in the case where Ms. Reed had ever called Mr. Dolin at work
2 before?

3 A. No.

11:51:16

4 Q. And based on the review of the October 14th record, when
5 was she expecting to talk to Mr. Dolin next?

6 A. Well, she had told him to call on Thursday -- Thursday
7 night.

8 Q. Did you agree with the advice Ms. Reed gave Mr. Dolin?

11:51:34

9 A. Yes. I mean, you know, he was clearly suffering from
10 severe anxiety and I think a fast acting antianxiety medicine,
11 what we call benzodiazepines, Xanax, Ativan would be two
12 examples. They work within a half hour to an hour, and so they
13 probably would've helped.

11:51:55

14 Q. Did you see any evidence that it was typical practice for
15 Ms. Reed to follow up with Mr. Dolin following a session from
16 the day before?

17 A. I've not seen that before, no.

18 Q. What's the significance of that?

11:52:07

19 A. I mean, I just think it shows that how much she was worried
20 about him. And after thinking about -- about how he was doing
21 overnight, she picked up the phone and said get on an anxiety
22 medicine, presumably because he was so anxious.

23 Q. Did Dr. Dolin follow Ms. Reed's advise and contact Dr.
24 Sachman that morning?

11:52:24

25 A. No.

1 Q. In your professional opinion, what's in the significance of
2 Mr. Dolin's decision not to contact Dr. Sachman?

3 A. Well, I don't know why he didn't call him, but, ah -- ah --
4 I mean, you know, there was this -- Dr. Sachman wasn't just his
5 doctor, he was also his friend, and I think that sometimes that
6 can prohibit people from telling --

11:52:40

7 THE COURT: Well, you're speculating now.

8 BY MR. BAYMAN:

9 Q. Ah --

11:52:49

10 THE COURT: You don't know why.

11 BY MR. BAYMAN:

12 Q. Based on your review of Dr. Sachman's testimony, do you
13 have an opinion what Dr. Sachman would have done had Mr. Dolin
14 called him?

11:53:02

15 MR. RAPOPORT: Objection.

16 THE COURT: Sustained as to what he would've done if
17 Mr. Dolin called him.

18 MR. BAYMAN: Yes, sir.

19 THE COURT: Sustained.

11:53:08

20 BY MR. BAYMAN:

21 Q. Next on your timeline you note that he had a series of
22 calls with Ronald Spielman. Who was Ronald Spielman?

23 A. Ronald Spielman was a good friend of Mr. Dolin and also a
24 client.

11:53:26

25 Q. Did you review his testimony?

1 A. I did.

2 Q. The jury has not seen Mr. Spielman's testimony. Did you
3 prepare some things from Mr. Spielman's testimony that you
4 found significant for your opinions in the case?

11:53:44

5 A. Yes; just a few things.

6 MR. BAYMAN: Go to Tab 19, if you would.

7 BY MR. BAYMAN:

8 Q. Did you prepare some Q and A's taken from Mr. Spielman's
9 testimony that you found to be significant?

11:54:13

10 A. Yes.

11 MR. BAYMAN: Your Honor, permission to publish 7039-2.

12 MR. RAPOPORT: As demonstrative, no objection.

13 MR. BAYMAN: Yes, as demonstrative.

14 (Exhibit published to the jury.)

11:54:26

15 BY MR. BAYMAN:

16 Q. What did you find significant from Mr. Spielman's testimony
17 about his interaction on the phone that day with Mr. Dolin?

18 A. Well, Mr. Spielman said that Mr. Dolin's speech was not
19 hurried or excited in any way and he didn't notice anything --

11:54:46

20 I mean, he sounded normal, that's the first one.

21 When he was asked whether Mr. Dolin sounded anxious,
22 or nervous or stressed, Mr. Spielman said he didn't recall
23 anything that wasn't "wasn't indicative of my normal
24 conversations with Stewart."

11:55:10

25 He said:

1 "Absolutely clear and thinking clearly."

2 "Was he thinking rationally?"

3 "Yes."

4 "And was he making sense?"

11:55:23

5 "He was making so much sense that we had made
6 an appointment to speak later in the day."

7 Q. Now, the jury has also heard Mr. Dolin went to lunch that
8 day with a business associate, Terry Schwartz, and they have
9 seen Mr. Schwartz's testimony by videotaped.

11:55:45

10 Have you reviewed Mr. Schwartz's testimony?

11 A. I have.

12 Q. Is there anything to suggest from Mr. Schwartz's testimony,
13 in your opinion, that Mr. Dolin was experiencing akathisia
14 during lunch?

11:55:57

15 A. No. Mr. Schwartz testified that Mr. Dolin sat for an hour
16 eating lunch in his chair and was calm, not pacing, not
17 agitated, and not moving around.

18 Q. Was there anything from your review Mr. Schwartz's
19 testimony, in your opinion, that suggested that Mr. Dolin was
20 acting unusual at all?

11:56:14

21 A. No.

22 Q. Instead, what did Mr. Schwartz report that you found to be
23 significant for your opinions in the case?

24 A. Well, I mean, there's a lot of things. I mean, that he
25 wasn't jumping around, that he was able to sit still in the

11:56:25

1 chair. There was no evidence that he had akathisia. There was
2 nothing unusual the way he shook his hands. His hands weren't
3 jittery. It was -- it was just a normal -- a normal lunch.

11:56:45

4 He didn't appear to be in a hurry. He didn't seem
5 excited. He didn't get up from the table and pace around. I
6 mean, it was just a normal -- a normal -- Mr. Schwartz said
7 that Mr. Dolin was just acting his normal sense -- normal self
8 and there was absolutely no evidence at all that he had
9 akathisia.

11:57:00

10 Q. Did you consider significant that Mr. Dolin followed
11 through with his plan to have lunch with Mr. Schwartz if he was
12 going to commit induced?

11:57:15

13 A. Well, my understanding is that they did this on a regular
14 basis and this had been scheduled for a while. So it's not
15 unusual. Again, as I said earlier, people who commit suicide
16 often go through their usual activities. If you look back at
17 the day they commit suicide, they very often have done it, just
18 like Mr. Dolin.

19 Q. And how long was the lunch?

11:57:31

20 A. About an hour.

21 Q. Now, the jury has heard from plaintiff, Mrs. Dolin, that
22 they had -- she and Mr. Dolin had a joke that if he had a last
23 meal it would be pizza and hotdogs and certainly not -- not
24 salad.

11:57:46

25 As a psychiatrist who has experienced interviewing

1 patients who have attempted suicide, do you consider
2 significant that he didn't have a big, heavy last meal?

11:58:04

3 A. Ah, I've never -- I mean, I've talked to hundreds of people
4 who attempted suicide, I've never heard of that, someone having
5 a last meal. I've just never heard of it. Like someone who is
6 on death row or something? No, I've never heard of that.

7 Q. I want you to assume that Mr. LoVallo testified that Mr.
8 Dolin forwarded an e-mail from Kevin Miniati to Mr. LoVallo
9 while Mr. LoVallo was at lunch that Thursday.

11:58:23

10 A. Yes.

11 Q. And that Mr. Dolin also tried to call Mr. LoVallo and left
12 a message for Mr. LoVallo to call him about the e-mail; okay.

13 A. Right.

11:58:42

14 MR. BAYMAN: I'd like to publish DX 3209, which is
15 already in evidence.

16 (Exhibit published to the jury.)

17 BY MR. BAYMAN:

18 Q. Now, the jury has seen this e-mail chain. What is the
19 e-mail at the bottom?

11:58:55

20 A. So the e-mail at the bottom was the e-mail earlier that
21 morning from Ms. Kolavo saying that the -- that the vote of the
22 shareholders was being postponed but they were still going to
23 have the meeting and Mr. Dolin was going to be there in person
24 to answer questions from the shareholders.

11:59:17

25 And as we know, he would've had to face Kevin Miniati

1 who was likely to give Mr. Dolin a rough time.

2 Q. Did Mrs. Kolavo indicate that they were still -- that the
3 shareholders had unanswered questions?

4 A. Yes.

11:59:29

5 Q. And who -- who -- who was to answer those questions?

6 A. Mr. Dolin.

7 Q. Now, what did Kevin Miniati do in response to this e-mail
8 from Ms. Kolavo?

11:59:45

9 A. So Mr. Dolin has the lunch with Mr. Schwartz, goes back to
10 his office and sees this e-mail. And this e-mail says, from
11 Kevin Miniati:

12 "... this is not acceptable. I have scheduled
13 two days out of my office to vote on this
14 proposal. I expect a vote as scheduled at 8:00"
15 in caps.

11:59:54

16 MR. BAYMAN: Can you blow up that top e-mail.

17 BY MR. BAYMAN:

18 Q. What time did Mr. Dolin receive this e-mail?

19 A. Well, he would've seen it when he got back from lunch --

12:00:13

20 Q. Okay.

21 A. -- with Mr. Schwartz. When he went back to the office
22 after lunch.

23 Q. Now, knowing that Mr. Dolin saw the e-mail and forwarded
24 the e-mail to Mr. LoVallo and asked Mr. LoVallo to call him

12:00:26

25 about it, as a psychiatrist, would you consider this e-mail to

1 have been significant and had an impact on Mr. Dolin?

2 A. Absolutely.

3 Q. Why?

4 A. Well, he was -- we know he was very worried about going to
5 this meeting the next day facing Mr. Miniatt. Mr. Miniatt has
6 already, in the e-mail, getting -- getting revved up. And I
7 actually think this is the thing that tipped him over the edge.

8 MR. RAPOPORT: Objection.

9 BY MR. BAYMAN:

10 Q. Is it significant to you that Mr. Dolin reached out to Mr.
11 LoVallo about this issue?

12 A. Yes.

13 Q. Why?

14 A. I think he was trying to ask him again to come with him to
15 the meeting, as he had done earlier that morning.

16 Q. What time did Mr. Dolin leave his office that day?

17 A. It's reported he left the office at 1:15 p.m.

18 Q. And how far was it from Mr. Dolin's office to the
19 Washington Blue line subway station?

20 A. Several blocks.

21 Q. What do we know about Mr. Dolin's -- how do we know he left
22 at 1:15?

23 A. Ah -- ah -- ah, I learned that from something Mrs. Dolin
24 had written, ah -- that she was told that by the security
25 camera seeing him leave.

1 Q. Have you seen the security camera footage?

2 A. No.

3 Q. Was that -- is it your understanding that footage was not
4 available and discarded before the case?

12:02:04

5 MR. RAPOPORT: Objection, Your Honor. There's no such
6 evidence.

7 THE COURT: Sustained.

8 BY MR. BAYMAN:

9 Q. Well, what did you understand happened --

12:02:09

10 THE COURT: Disregard it.

11 BY MR. BAYMAN:

12 Q. What do you understand happened to the security video?

13 MR. RAPOPORT: Objection, Your Honor. He doesn't
14 know.

12:02:17

15 THE COURT: Sustained.

16 MR. RAPOPORT: There isn't even proof there is a
17 video.

18 BY MR. BAYMAN:

19 Q. What do we know about Mr. Dolin's activities between 1:15
20 and his arrival at the train station?

12:02:29

21 A. Well, we know that he had at some point discarded his cell
22 phone.

23 MR. RAPOPORT: Objection, Your Honor.

24 MR. BAYMAN: Your Honor, Mr. Wisner is laughing and
25 making comments back here. Can I ask him not to do that?

12:02:44

1 THE COURT: I can't see him.

2 MR. WISNER: Sorry, Your Honor. He is making stuff
3 up.

12:02:57

4 MR. BAYMAN: He's making stuff up, Your Honor. I'll
5 connect it up.

6 MR. RAPOPORT: Objection, Your Honor. There's
7 absolutely no evidence of discard.

8 THE COURT: All right. Stop it. Proceed. Put
9 another question.

12:03:04

10 MR. BAYMAN: Okay.

11 BY MR. BAYMAN:

12 Q. Have you reviewed the phone records from Mr. Dolin's cell
13 phone?

14 A. Yes.

12:03:09

15 Q. And what did you find out after -- by looking at those cell
16 phone records?

17 A. That after Mr. Dolin passed away, a call and a text were
18 sent from his cell phone.

12:03:27

19 Q. And what does that suggest to you about what Mr. Dolin did
20 with his cell phone?

21 A. That he must've discarded it somewhere and someone else
22 picked it up and made a call and a text.

23 Q. And you've reviewed those phone records?

24 A. I have.

12:03:38

25 MR. RAPOPORT: Objection, Your Honor. Speculation.

1 THE COURT: Yes, the fact that someone else made a
2 call, proceed.

3 MR. BAYMAN: Do we have it? Find me the record of the
4 cell phone.

12:03:51

5 I'll move on while we get those records.

6 BY MR. BAYMAN:

7 Q. As someone who has interviewed patients who have attempted
8 suicide, what, in your opinion, is significant that Mr. Dolin
9 did not have his cell phone with him at the time of his death?

12:04:09

10 MR. RAPOPORT: Objection, Your Honor. It goes back to
11 the last one and I'm sure if you sustained it.

12 THE COURT: You confuse me now. Did he have a cell
13 phone or not?

14 MR. BAYMAN: He did not, Your Honor.

12:04:14

15 THE COURT: Okay. Proceed.

16 BY MR. BAYMAN:

17 Q. What is the significance that his cell phone was not on his
18 person at the time of his death?

12:04:25

19 A. Ah, this is very common, actually, when people commit
20 suicide, that they discard, and particularly people who jump in
21 front of trains, they discard their belongings often before
22 they jump.

12:04:45

23 MR. RAPOPORT: Just a little bit late there, Your
24 Honor, but I object to the total speculation, including the
25 part about his being --

1 THE COURT: Let's stick with the facts in this case
2 and not speculate.

3 BY MR. BAYMAN:

12:04:52

4 Q. Have you yourself walked from the Reed Smith office to the
5 Washington Street subway station?

6 A. Yes.

7 Q. Why did you do that?

12:05:11

8 A. I wanted to retrace or learn a little bit about the path
9 that Mr. Dolin had to take so that would better inform me about
10 what happened.

11 Q. To get from the office to the train station, did Mr. Dolin
12 have cross a number of streets?

13 A. Yes.

14 Q. Is that significant to you in your opinion?

12:05:26

15 A. Yes.

16 Q. Why?

17 A. Because my understanding that the plaintiff's experts have
18 raised this irresistible impulse, and I don't think there's any
19 evidence for that.

12:05:41

20 In fact, if you had an irresistible impulse, you could
21 have thrown yourself at any of those intersections in front of
22 a speeding car or truck. I would have to be careful when I've
23 waited at the lights because some of those -- and there were
24 several of those intersections.

12:05:55

25 And the second thing I noticed was that there was

1 another station, I think it was called the Washington/Wells
2 station, it's -- you have to walk up up to what I think was
3 called the L, it was closer.

12:06:10

4 And so if somebody had an irresistible impulse, why
5 would you walk all the way to the Washington Blue station
6 several blocks when there was, you know, ample opportunity to
7 throw yourself in front of a vehicle before that.

8 Q. I've now found the cell phone record.

12:06:49

9 Could you turn to Tab 11 in your book, and turn to
10 page 7 of 18.

11 A. Mine aren't quite numbered that way -- oh, I'm sorry. I
12 was on that page.

12:07:05

13 Q. You showed portions of these cell phone records earlier
14 when you showed the calls Mr. Dolin made on that Monday
15 evening?

16 A. Right.

17 Q. Now, turn to the very -- it's the very last page, the back
18 of the last page.

19 A. Yes.

12:07:11

20 Q. And I think at the upper right-hand corner it's page 7 of
21 18.

22 A. Yes.

12:07:26

23 Q. Are those the cell phone records from Mr. Dolin -- calls
24 made from Mr. Dolin's cell phone that you reviewed in this
25 case?

1 A. Yes.

2 MR. BAYMAN: Your Honor, ask for permission to publish
3 this page.

12:07:35

4 MR. RAPOPORT: Your Honor, the exhibit is incomplete,
5 but I don't have any objection to this page being published.

6 MR. BAYMAN: Thank you.

7 THE COURT: Proceed.

8 (Exhibit published to the jury.)

9 BY MR. BAYMAN:

12:07:45

10 Q. Could you go -- all right. Tell us what this is?

11 A. These are the records of the text -- text messages, text
12 and pictures.

13 Q. And what time of day?

12:08:06

14 A. One is at 2:33 p.m., one was incoming and outgoing at 4:51
15 p.m.

16 Q. Would that have been before or after Mr. Dolin committed
17 suicide?

18 A. After.

12:08:15

19 Q. What, in your opinion, does this evidence tell you about
20 whether Mr. Dolin discarded his cell phone prior to committing
21 suicide?

22 MR. RAPOPORT: Objection, Your Honor. This is some
23 kind of a forensic opinion. It's certainly way outside the
24 scope of this witness's expertise.

12:08:27

25 MR. BAYMAN: He testifies he looks at these things

1 when he does psychological autopsies, Your Honor.

2 MR. RAPAPORT: He's not a forensic expert.

3 THE COURT: Wait. The phone was never discovered?

4 MR. BAYMAN: No, sir.

12:08:35

5 MR. RAPOPORT: The phone was not discovered in the
6 train station or anywhere else.

7 THE COURT: But the point is that a call was made on
8 the phone later in the day?

9 MR. BAYMAN: Text message, Your Honor, yes, sir.

12:08:49

10 Later in the day after Mr. Dolin's death. They disputed that
11 he discarded his cell phone.

12 MR. RAPOPORT: It doesn't mean he discarded it. It
13 could've been picked up by anybody in the subway station and
14 this witness doesn't know what he's talking about.

12:09:08

15 THE COURT: I think this is too speculative. This may
16 go out.

17 MR. BAYMAN: Okay.

18 BY MR. BAYMAN:

19 Q. We know, don't we, that Mr. Dolin could've made and
20 received these texts?

12:09:15

21 A. No.

22 Q. All right. Getting back to Mr. Dolin's events going to the
23 train station.

24 Now, you said you walked the route. You are not
25 suggesting you knew the exact route Mr. Dolin took, are you?

12:09:34

1 A. No. I think there are a couple of different ways you could
2 get there, but it was clear to me that that other L station,
3 the Washington Blue was -- Wells, Washington and Wells was
4 closer.

12:09:50

5 Q. So he passed -- he would've passed a closer station?

6 A. He would've, I think, known there was a closer station or
7 even passed it.

12:10:06

8 Q. Okay. And I know you don't know the exact route he took
9 the to subway station, but there are some things that you do
10 know. Can you walk me through them?

11 A. Well, we know he took a credit card with him to buy a
12 ticket at the Washington Blue station, and we know that from
13 the credit card records.

12:10:31

14 He took -- he didn't take his wallet, but he just took
15 the card. I mean, I actually went into the station myself and
16 had to buy the -- you have to use the machine and have to buy a
17 ticket and then you go down onto the platform.

18 Q. Now, did you see evidence that he bought a ticket?

19 A. Yes; there was a credit card record of that, a receipt.

12:10:47

20 Q. Did you find that significant?

21 A. Yes. Well, I mean, you know, if someone has, again, a
22 quote/unquote irresistible impulse, you know, I actually have
23 trouble working that bloody machine. I mean, if you had
24 akathisia, why would you buy a ticket. I mean, you just jump
25 over the thing and run down.

12:11:00

1 It's just, to me, this was deliberate and planned. I
2 mean, he had -- he had to think, "I need the card to get, to
3 buy the ticket, buy the ticket and get on the platform." It
4 took some -- you know, it was premeditated. He had planned
5 this out ahead of time.

12:11:21

6 Q. Was this the subway station Mr. Dolin would have taken to
7 get to or go home from work?

8 A. No.

9 Q. As a psychiatrist who's interviewed people who attempted
10 suicide, is that fact significant to you?

12:11:38

11 A. Yes. Well, yes, I mean people -- I've talked to people who
12 have thought about doing this and got on the platform and then
13 were stopped. They wanted to do it at a place where no one
14 would recognize them, they wouldn't run into somebody that they
15 knew.

12:11:53

16 Q. Are you familiar with Mr. Pecoraro's testimony that Mr.
17 Dolin was pacing while he waited for the train to arrive?

18 A. Yes.

19 Q. In your -- based on your professional experience, would
20 pacing before he committed suicide reveal that Mr. Dolin had
21 akathisia or agitation?

12:12:08

22 A. No, not necessarily.

23 Q. Why not?

24 A. Well, first of all, Mr. Pecoraro had testified that Mr.

12:12:21

25 Dolin's pacing behavior was the normal kind of pacing behaviors

1 Mr. Pecoraro was used to seeing when people were waiting for
2 train. A lot of people pace when they're waiting for a train.

12:12:47

3 The other thing is pacing when -- before someone jumps
4 in front of a train is very common behaviors. In fact, pacing
5 before you jump in front of a train is so common that there are
6 several cities in United States and Canada they have installed
7 cameras on the platforms to alert the staff if they see someone
8 pacing.

12:13:04

9 Washington, D.C. has done that, in Toronto they've
10 done that. In fact, in Toronto they even put hotlines on the
11 platforms for like you see on bridges sometimes, like for
12 people to call.

12:13:21

13 But in these cities the staff are trained to look for
14 pacing on the platform because in studies of train suicides,
15 that's common behavior.

16 MR. RAPOPORT: Objection, Your Honor. I didn't
17 realize the answer was going there. I believe that this was
18 ruled out, the train evidence.

19 MR. BAYMAN: We're not going into any statistics --

12:13:31

20 MR. RAPOPORT: I object to the relevance to the last
21 answer which went beyond the scope. Even though the scope is
22 not my objection, the irrelevant nature of what was just
23 discussed is and I move to strike it.

24 THE COURT: It may stand.

12:13:44

25 MR. BAYMAN: Thank you, Your Honor.

1 BY MR. BAYMAN:

2 Q. Now, you've reviewed -- well, in your professional opinion,
3 is there any evidence to support the plaintiff's position that
4 Mr. Dolin experienced akathisia during the last week of his
5 life?

12:14:02

6 A. No, there's not.

7 Q. You've reviewed the testimony from several individuals
8 who've interacted with Mr. Dolin during that last week, isn't
9 that right?

12:14:14

10 A. Yes.

11 Q. Doctor, is there any evidence that Edward Walsh saw any
12 symptoms of agitation or akathisia in Mr. Dolin the last week
13 of his life?

14 A. No.

12:14:32

15 MR. WISNER: Your Honor, I just object. This is a
16 cumulative summary here.

17 THE COURT: We've been through all this, sir. This is
18 not final argument. You'll have a chance at final argument to
19 present this, but we're not going to go through all this again.

12:14:44

20 BY MR. BAYMAN:

21 Q. Did any of the people on the list that I just showed offer
22 any evidence that Mr. Dolin had akathisia or agitation during
23 that last week of his life?

24 MR. RAPOPORT: Same objection.

12:15:02

25 THE COURT: Same ruling.

1 BY MR. BAYMAN:

2 Q. What about Mr. Pecoraro, doesn't his testimony provide
3 evidence of akathisia or agitation?

12:15:17

4 A. No. Mr. Pecoraro said it was the normal kind of behaviors
5 he's used to seeing when he's watching people waiting for a
6 train.

7 Q. What about Mrs. Dolin herself, doesn't the pacing and the
8 tapping of the leg mean that he had akathisia or agitations?

12:15:35

9 MR. WISNER: Objection. Asked and answered 20 minutes
10 ago, at least.

11 THE COURT: It's been covered.

12 BY MR. BAYMAN:

13 Q. All right. Doctor, is there contemporaneous evidence, that
14 is evidence from the same time from the last week of Mr.
15 Dolin's life, that Mrs. Dolin observed him having behavior that
16 looked like symptoms of akathisia?

12:15:47

17 A. No. In fact --

18 MR. RAPOPORT: Same objection, Your Honor.

12:16:01

19 THE COURT: The answer may stand at "no." It's
20 covered.

21 BY MR. BAYMAN:

22 Q. From your review of the materials and testimony, even after
23 Mr. Dolin's death did Mrs. Dolin tell others that Mr. Dolin's
24 behavior that week was unusual?

12:16:12

25 MR. RAPOPORT: Objection, Your Honor. It's outside

1 his field arguing the case.

2 THE COURT: No, he may answer the question.

3 MR. BAYMAN: Thanks.

4 BY THE WITNESS:

12:16:19

5 A. Yes, Mrs. Dolin told several people that she noticed
6 nothing unusual about Mr. Dolin in the week prior to his death,
7 including, you know, Mrs. Sachman.

8 BY MR. BAYMAN:

9 Q. Okay. Did you look at the testimony of Cheryl Sachman?

12:16:33

10 A. I did.

11 Q. Who is Cheryl Sachman?

12 A. She is Dr. Sachman's wife and a friend of the Dolins.

13 Q. Have you prepared a Q and A like you did with Mrs. Kolavo
14 and Mr. Spielman that shows what you felt was significant from
15 Mrs. Sachman's testimony?

12:16:54

16 A. Yes.

17 THE COURT: Mrs. Sachman testifies to what Mrs. Dolin
18 says?

19 MR. BAYMAN: That she didn't see anything unusual,
20 yes, sir. I think he can rely on that as an expert. It's
21 hearsay but he can rely on the hearsay.

12:17:04

22 MR. RAPOPORT: It's cumulative.

23 THE COURT: It's removed from Mr. Dolin to Mrs. Dolin?

24 MR. BAYMAN: No. It's what Mrs. Dolin told

12:17:18

25 Mrs. Sachman what she observed. He can rely on it. It seems

1 to me he can rely on it for purposes of his opinion and its
2 admission.

3 Could we pull up 7039.3 and publish.

12:17:39

4 MR. RAPOPORT: I'm sorry. I did have an objection to
5 that, but I didn't fully have it on the record.

6 MR. BAYMAN: Sure.

7 MR. RAPOPORT: It's multiple layers of hearsay, but
8 more importantly it's cumulative. We've heard this 20 times
9 already.

12:17:52

10 MR. BAYMAN: But not about what Mrs. Sachman says.

11 THE COURT: I don't think we've heard what
12 Mrs. Sachman said.

13 MR. BAYMAN: May I publish, Your Honor?

14 THE COURT: Yes.

12:17:59

15 MR. BAYMAN: All right.

16 (Exhibit published to the jury.)

17 BY MR. BAYMAN:

12:18:10

18 Q. All right. Walk us through what was significant to your
19 opinions in this case as a psychiatrist and expert witness
20 about Mrs. Sachman's testimony.

21 A. Well, the first -- the first part is basically that Mrs.
22 Dolin told Cheryl Sachman that she spoke with her husband on
23 the day of his death, and he had walked the dog.

12:18:32

24 And if you go down, we get more details. You know:
25 "Did Mrs. Dolin tell you that he sounded normal

1 during the phone conversation?"

2 "Yes, he did."

3 Q. That's the phone conversation --

4 THE COURT: I don't see this testimony --

12:18:42

5 MR. BAYMAN: It's go to the next --

6 THE COURT: Let's go to sidebar. This is getting a
7 little far off the track, I think.

8 (Proceedings heard at sidebar on the record.)

9 [REDACTED]

12:19:20

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

12:19:30

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

12:19:43

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

12:19:54

25 [REDACTED]

1 [REDACTED]
2 [REDACTED]
3 [REDACTED]
4 [REDACTED]
12:20:04 5 [REDACTED] [REDACTED]
6 [REDACTED]
7 [REDACTED] [REDACTED]
8 [REDACTED] [REDACTED] [REDACTED]
9 [REDACTED] [REDACTED]

12:20:19

10 (Proceedings resumed within the hearing of the
11 jury).

12 BY MR. BAYMAN:

13 Q. Doctor, were you asked to look into the issue of how much
14 paroxetine Mr. Dolin actually took in July 2010?

12:20:55

15 A. Yes.

16 Q. What did you look at to answer that question?

17 A. Well, I looked at the toxicology report on autopsy.

18 Q. I'm going to talk to you about that in minute.

12:21:09

19 Would another way to try to determine that be to look
20 at the pill bottle for the pills that Mr. Dolin took?

21 A. Sure. Yes.

22 Q. Were you able to do that?

23 A. No.

24 Q. Why not?

12:21:15

25 A. The pill bottle had been thrown out.

1 Q. By who?

2 A. Mrs. Dolin.

3 Q. Okay. Now, immediately following Mr. Dolin's death, was an
4 initial toxicology done?

12:21:29

5 A. Yes.

6 Q. And what was tested? What was tested for?

7 A. The usual things: Alcohol, opioids, cocaine metabolites.

8 Q. And who did that testing?

9 A. The Medical Examiner's Office.

12:21:48

10 Q. Now --

11 A. And they were all negative.

12 Q. Was a later toxicology analysis done of Mr. Dolin's blood?

13 A. Yes.

12:22:02

14 Q. Now, there's been some suggestion from Dr. Glenmullen that
15 because it was refrigerated, it was not preserved. Do you
16 agree with that?

17 A. No, when we do research, we freeze our samples. And if you
18 freeze them, they can be good for a long time. At least a
19 year, and if it's minus 70 degrees centigrade for more than
20 that.

12:22:21

21 Q. And when was that toxicology report done?

22 A. I think it wasn't until November of 2010, around that
23 time.

24 Q. And what substances were tested for in that toxicology?

12:22:33

25 A. Paroxetine.

1 Q. Was anything else tested for other than paroxetine?

2 A. No.

3 Q. And what blood sample was used for that toxicology
4 analysis?

12:22:51

5 A. Cavity blood.

6 Q. What's in the cavity blood?

7 A. Inside -- inside the body, usually in the abdominal area.

8 Q. Did that analysis show -- what did that analysis show
9 regarding how much paroxetine Mr. Dolin had taken?

12:23:10

10 A. 4.5 nanograms per milliliter, which is an extremely low
11 level of paroxetine.

12 Q. How low?

13 A. Well, it would be much less than having taken 1/30
14 milligram pill. I mean, we know from doing studies of people

12:23:34

15 taking just one pill and what the blood levels are. The 4.5 is
16 way below even what you would get with one pill of 30
17 milligrams.

18 Q. And Mr. Dolin was taking how much?

19 A. 10 milligrams.

12:23:44

20 Q. Is there any way from the toxicology report to know how
21 much paroxetine Mr. Dolin took?

22 A. Well, we know he didn't take very much. He probably took
23 one pill.

24 Q. Do we know -- do we have any way to know when that one pill
25 was taken?

12:24:02

1 A. Not precisely, but within the last 4 to 5 days.

2 Q. But you're not disputing that he had paroxetine in his
3 system when he died, are you?

4 A. No. No.

12:24:11

5 Q. Are you able to tell when he took the paroxetine?

6 A. Just within the last 4 to 5 days.

7 Q. The jury has heard Dr. Glenmullen give a significance to
8 the fact that a suicide note was never recovered and that
9 writing suicide notes is something people who intentionally
10 kill themselves would usually do.

12:24:38

11 Based on your professional experience and your
12 experience interviewing people who have attempted suicide, do
13 you agree with Dr. Glenmullen?

14 A. No, that's not. This has been studied, and in about 30 to
15 40 percent of people who commit suicide leave a note. So, it's
16 actually less than half leave a note.

12:24:51

17 Q. Now, the jury also heard Dr. Glenmullen testify that
18 somewhere in the half hour to hour before Mr. Dolin committed
19 suicide that a switch flipped in him. Based on your
20 professional experience, do you agree with that?

12:25:12

21 A. No.

22 Q. Why not?

23 A. Several reasons. First of all, there's nothing -- there's
24 nothing in the medical and psychiatric literature about a
25 switch flipping. I mean, I've never read that. It's never

12:25:24

1 been established.

2 And actually, if you look at the course of Mr. Dolin's
3 deterioration, it goes on for many, many, many weeks,
4 culminating in his -- in his suicide.

12:25:38

5 So, I don't think there's any evidence both in the
6 scientific literature for a switch flip or in the specific case
7 of Mr. Dolin.

12:26:01

8 Q. Now, Dr. Glenmullen also testified that even if Mr. Dolin
9 didn't have akathisia, Mr. Dolin had some other potential side
10 effect listed in the labeling, like agitation or irritability,
11 he said akathisia was shorthand. Do you agree with him?

12 A. No. I mean, we talked about the label, and the akathisia
13 is -- is not a shorthand for those other things. And I also
14 don't see any evidence that Mr. Dolin had agitation.

12:26:23

15 Q. Are symptoms such as agitation and insomnia, such as
16 insomnia Mr. Dolin had been experiencing before taking
17 paroxetine, can they be features of anxiety and depression?

12:26:47

18 A. Yes. They're very common symptoms in people who suffer
19 from generalized anxiety disorder, as well as people who suffer
20 from depression.

21 Q. You mentioned earlier that you're aware that Dr. Glenmullen
22 claims that Mr. Dolin had developed an irresistible urge of
23 impulse to committed suicide?

24 A. Right. I'm aware of that.

12:27:05

25 Q. Do you agree with you?

1 A. No.

2 Q. Why not?

3 A. I think, you know, if you look at the events of the day he
4 committed suicide, this was premeditated. He had to walk
5 several blocks. He could've thrown himself in front of a car
6 or a truck as he was walking there. There was a closer L
7 station. I mean, he could've gotten off the Metra train -- he
8 could've gotten off the Metra train that morning and got off
9 and thrown himself in front of the next train.

12:27:15

10 I mean, there's no evidence for an irresistible
11 impulse. And, you know, he discarded his cell phone. There's
12 a lot of thinking and premeditation that went into this.

12:27:37

13 MR. RAPOPORT: Objection to "discarded the cell
14 phone."

12:27:48

15 THE COURT: We still haven't established that. It's
16 missing, is all we know.

17 BY MR. BAYMAN:

18 Q. His cell phone was not found on his person, correct?

19 A. Correct.

12:27:56

20 Q. Have you seen any evidence that's consistent with a view
21 that Mr. Dolin had a paroxetine-induced irresistible impulse to
22 commit suicide?

23 A. No.

24 Q. Now, the jury has heard Dr. Glenmullen testify that Mr.

12:28:16

25 Dolin went over a cliff after he started taking paroxetine. Do

1 you agree with that opinion?

2 A. No.

3 Q. Why not?

12:28:28

4 A. I mean, we've been going through the records. I mean, it's
5 clear that Mr. Dolin was having serious difficulties,
6 work-related anxiety, dysphoria, before he ever started
7 paroxetine. I mean, the records are crystal clear in that
8 regard.

12:28:47

9 Q. Do you agree with Dr. Glenmullen that Mr. Dolin was
10 struggling to function?

11 A. Ah, well, he -- inside he was. I mean, he had all these
12 anxieties. I mean, to the outside world he put on his public
13 persona. He was having trouble concentrating and focusing, and
14 those are very common symptoms of anxiety and depression.

12:29:08

15 Q. To the extent that Mr. Dolin seemed preoccupied, can that
16 be due to anxiety and depression?

12:29:29

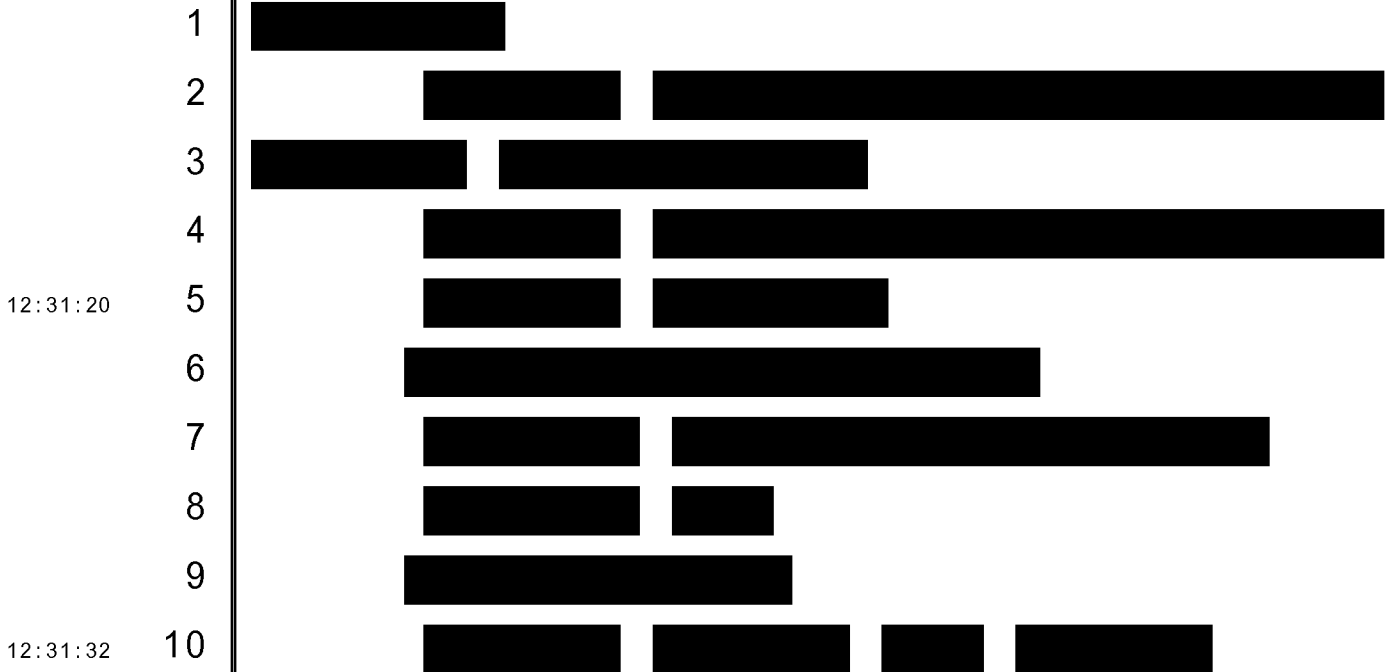
17 A. Yes. I mean, the trouble concentrating that occurs in
18 anxiety and depression is -- actually, when you ask people
19 about, "do you have trouble following a conversation or reading
20 a newspaper," so if you were with somebody with that problem it
21 would look like they weren't focusing on what you were talking
22 about.

23 Q. In your opinion --

24 A. Or preoccupied.

12:29:37

25 Q. In your opinion, was Mr. Dolin's trouble concentrating



(Luncheon recess taken from 12:30 o'clock p.m.
to 1:30 o'clock p.m.)

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I CERTIFY THAT THE FOREGOING IS A CORRECT TRANSCRIPT FROM THE
RECORD OF PROCEEDINGS IN THE ABOVE-ENTITLED MATTER

S/Blanca I. Lara

April 12, 2017