Doc. 386 Att. 39

SM Exhibit CI

1	
_	

C. LAMSTEIN-REISS, M.D.

- 2 4

- A. That I gave that feedback to Dr. Ciuffo, not necessarily. That if something that was part of our evaluation that I gave feedback to the officer, yes, that's documented.
- Q. I'm not asking about your feedback with the officer. I am asking about your feedback to the physician who referred the patient or the person to you. That's all I am focusing on. Can we stay focused on that?
- A. Yes. This says treatment recommended. I recommended a treatment with a psychologist and medication evaluation with a psychiatrist.
- Q. I understand that. I can read that just as clearly as you can --
 - A. I'm not clear --
- Q. But the problem is that you came back after the break and you told me that you not only recommended this, but you recommended some other things, long-term therapy and a psychiatrist and I'm trying to clarify in my mind, whether or not there's

- (rage 145
1	C. LAMSTEIN-REISS, M.D.
2	him, right?
3	MS. PUBLICKER METTHAM:
4	Objection.
5	Q. Am I correct about that, you
6	weren't recommending it?
7	MS. PUBLICKER METTHAM:
8	Objection.
9	A. I recommended that to deal with
10	issues other than the physical symptoms of
11	stress.
12	Q. Were you recommending on April
13	15, 2009 long-term therapy for Schoolcraft,
14	yes or no?
15	A. Yes.
16	Q. Were you recommending ~-
17	A. That was one of my two
18	recommendations three recommendations.
19	Q. Were you recommending were
20	you recommending that Schoolcraft take any
21	kind of medication as of April 15, 2009?
22	MS. PUBLICKER METTHAM:
23	Objection.
2 4	A. I never make such
2 5	recommendations.

1	C. LAMSTEIN-REISS, M.D.
2	Q. So the answer to my question is,
3	no, you didn't make a recommendation?
4	A. Correct, because it's outside my
5	scope of practice.
6	Q. Well, whether it's inside or
7	outside your scope of practice, you
8	understand that it's a possibility that
9	somebody could do something even though it's
L O	outside of the scope of their practice.
L 1	That's a possibility; isn't it?
L 2	MS. PUBLICKER METTHAM:
L 3	Objection.
L 4	A. Could somebody do something
L 5	outside their scope of practice, sure
L 6	Q. All right, okay, did you
L 7	recommend
L 8	A. I can give you plumbing advice,
19	I'm not a plumber. You could listen to it
2 0	or not listen to it.
21	Q. All right, well, did you
22	recommend that Schoolcraft take antianxiety
2 3	medication at any time on or before
2 4	April 15, 2009?
2 5	MS PUBLICKER METTHAM

1	C. LAMSTEIN-REISS, M.D.
2	Objection.
3	A. I did not because it would be
4	outside of my scope of practice to do so.
5	Q. Where in your notes is the
6	reference to you recommending that
7	Schoolcraft go see a psychiatrist?
8	A. I would have to refer to my
9	notes.
10	Q. And if you could use the
11	exhibit, that will be more helpful.
12	A. I'll find it it would be
13	easier for me to find it here. Then I will
14	find the exact page through here. The same
15	page number that included that telephone
16	contact with Dr. Ciuffo.
17	MS. PUBLICKER METTHAM: So that
18	is NYC2997.
19	A. Correct.
2 0	Q. Where on that page?
21	A. Under where it says feedback
22	given to MOS.
23	Q. The middle of the page, the top
2 4	of the page, the bottom of the page?
2 5	A. About a quarter of the way down.

1	C. LAMSTEIN-REISS, M.D.
2	Provided MOS with psycho education. In that
3	paragraph.
4	MS. PUBLICKER METTHAM: I will
5	just note for the record it's also
6	found on the document bearing Bates
7	Number D306.
8	A. It may be also in here too, but
9	that's
10	Q. What's the date of this entry?
11	A. April 13, 2009.
12	Q. Where did you see that date? Is
13	that on the prior page?
14	A. Yes.
15	Q. At the top where the f-i-f-t
16	something O Adrian Schoolcraft?
17	A. Say cont for c-o-n-t, like
18	continuation of F/F meaning face-to-face
19	with DO Adrian Schoolcraft on 4/13/09.
20	MS. PUBLICKER METTHAM: And
21	again, this page is NYC2996 and NYC
22	or I'm sorry D305.
23	Q. Can you read the entry that
24	you're referring to feedback given to MOS,
25	after that what does the entry say?

1	C. LAMSTEIN-REISS, M.D.
2	A. Sure. Provided MOS with psycho
3	education on mind body connection and urged
4	him to see a psychologist who specializes in
5	that. He agreed. Also, recommended a
6	medication evaluation with a psychiatrist
7	instead of his primary care physician, but
8	he declined, preferring to avoid meds if
9	possible.
10	MR. CALLAN: Off the record.
l 1	(Discussion off the record.)
12	Q. Is there a reference in your
13	notes to you recommending that he do
14	long-term therapy?
15	A. I believe there is. Let me find
16	it. I don't see it my notes. However, it's
17	very clear in my mind. The initial
18	interview and I may have if I did mention
19	it in the subsequent interviews, it will be
2 0	on the recordings.
21	Q. So you don't see a reference in
22	your file recommending long-term therapy; is
2 3	that right?

I don't, because that was not

24

25

what was most important for the fitness for

1	C. LAMSTEIN-REISS, M.D.
2	duty evaluation. It was for his own
3	personal benefit.
4	Q. So, it wasn't that important; is
5	that what you're saying to me?
6	MS. PUBLICKER METTHAM:
7	Objection.
8	A. To the decision about at what
9	point we would return him to full duty work
10	whether or not he dealt with those issues
11	would not have been an issue, as far as
12	fitness for police duty. For his own
13	personal life satisfaction, it would have
1 4	been helpful.
15	Q. What did Schoolcraft have to do
1 6	in order to return to full duty?
17	MS. PUBLICKER METTHAM:
18	Objection.
19	A. He would have, you know, he
2 0	would have needed to have been assessed as
21	being psychologically fit for full duty. My
2 2	biggest concerns would be that he was
23	asymptomatic for a period of time. I would
2 4	have felt much better about returning him

had he done the stress management training

1	C. LAMSTEIN-REISS, M.D.
2	to know that should stressful when
3	stressful things happen with his life again
4	that these symptoms would not reoccur. We
5	need a significant period of time to know
6	that things really are calm and it's
7	possible. It's not something that I had
8	discussed with supervisors at that point,
9	but it's possible that we might have been
LO	able to return him to full duty without
L 1	being able to speak to the doctor who
L 2	prescribed the Seroquel. Some doctor
L 3	thought he needed an antipsychotic and it
L 4	would not be prudent of us to give someone
L 5	back their gun in position of police
L 6	authority without knowing why that was.
L 7	Q. Well, did you ever find out why
18	some physician prescribed Seroquel?
19	A. The officer refused to allow me
2 0	to obtain that information.
21	Q. Who was it that prescribed
2 2	Seroquel?
2 3	A. Dr. Sure.
2 4	Q. How do you know that Dr. Sure
2 5	prescribed Seroquel?

1	C. LAMSTEIN-REISS, M.D.
2	A. Because Officer Schoolcraft told
3	me that he did and that Officer Schoolcraft
4	told me he was not sure why it was
5	prescribed.
6	Q. Don't you, as a doctor reviewing
7	the fitness for duty of a police officer,
8	have a right to gain access to his medical
9	file?
10	A. No. We do not have a right to
11	do that without his written permission. We
12	do have a right to say that the person
13	cannot be cleared to go back to full duty if
1 4	we don't have it. But he is not required to
15	release his personal medical information if
16	he does not want to.
17	Q. So am I correct that you would
18	not have returned Schoolcraft to full duty
19	without getting a release from him to talk
20	to Dr. Sure about why Sure prescribed
21	Seroquel?
22	MS. PUBLICKER METTHAM:

make those decisions by myself and I had not

I don't know because I do not

23

24

25

Objection.

1	C. LAMSTEIN-REISS, M.D.
2	you were the psychologist that had seen
3	Schoolcraft when he called?
4	MS. PUBLICKER METTHAM:
5	Objection.
6	A. I don't believe he did. What
7	happens is they call the sick desk
8	supervisor, who looks up and sees who is on
9	duty and they call whoever is on duty.
10	Q. So on October 31, 2009, you
11	happened to be on pager duty?
12	A. Correct.
13	Q. So Captain Lauterborn called the
14	sick desk and he was looking for somebody
15	from the psychological evaluation services?
16	MS. PUBLICKER METTHAM:
17	Objection.
18	A. Psychological evaluation
19	section. Although, the psychological
20	services section, which does pre-employment
21	screening, they also do pager duty. He was
22	looking for a department psychologist to
23	give him a call to consult about the
24	situation.
25	Q. Did you tell Captain Lauterborn

	100
1	C. LAMSTEIN-REISS, M.D.
2	you had evaluated and met with Schoolcraft?
3	A. Yes.
4	Q. And told him that during the
5	conversation that you had with him on
6	October 31st?
7	A. Yes.
8	Q. What else did you tell Captain
9	Lauterborn?
LO	A. He was asking me if there was
11	any reason to be concerned about the fact
12	that he went AWOL and that he seemed to be
13	upset and said he had stomach pains and
14	should they be concerned, do they need to go
15	look for him, make sure he's okay.
16	Typically, in that situation they do. He
17	said he wasn't sure they wanted to suspend
18	him, because they thought this was more of a
19	psychological problem as opposed to a
20	disciplinary one and so he wanted to consult
21	with me.
22	I told him that as of the last
23	time I saw him, which was a few days
0.4	andian I had no mangan to think he was a

Never

danger to himself or others.

_
٦.
-1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

C. LAMSTEIN-REISS, M.D.

expressed thoughts of suicide. It didn't seem to be anything that serious that would lead me to be concerned. However, he had also never acted like that before. He never went AWOL, leaving even though he was told to stay and was now saying he had stomach pains, while being visibly upset. So I did not know if that meant something new happened that led him to be so upset that he was acting in a different manner going AWOL and that kind of stuff and led to a reoccurrence of stomach pains badly enough that he did that or maybe the stomach pains never went away to begin with and I wasn't sure and that my evaluation is -- even though, I was not saying this person is suicidal, he's had these thoughts, you must -- it was nothing like that. I had no reason to think he was, except my evaluation was only as good as the last time I saw them.

So if something happened since then or they're acting different since then, that may be different. And so I thought he

L	

C. LAMSTEIN-REISS, M.D.

2

absolutely did need to find him and make

3

sure that he was okay.

5

Was your sharing of information Q. about Schoolcraft with Lauterborn a

6

violation of Schoolcraft's privacy?

7

MS. PUBLICKER METTHAM:

8

Objection.

9

10

11

This is -- they're not Α. No. treatment records. Whenever they come to our office before they -- before I allow them to open their mouth on all, I make sure that they know that the interview is on the record only within the department and only on a need to know basis, so within that it

12 13 14

15

24

25

is on the record. 16

So in this case, someone is AWOL and they're upset and they leave and they say their stomach hurts and they're acting in that manner, I deemed there was a need to know, for him to know some basic information about why he was on restricted duty. Not information like, you know, whether or not his father used -- had any kind of drug problem, whether or not he's had sex in the

1	C. LAMSTEIN-REISS, M.D.
2	last few years. I mean, like that's not his
3	business. He doesn't need to know that.
4	That does not relate to the situation at
5	hand.
6	What did relate was issues of do
7	we need to be concerned about this guy and
8	so I released information that I deemed
9	pertinent to that, while keeping everything
10	else as confidential. Like I said, even
11	though it's on the record within the
12	department, it's an NYPD evaluation. It's
1 3	not private treatment records. Not
14	everything needs to be known to be given
15	out rather.
16	Q. The entry here says that Captain
17	Lauterborn kept you informed throughout the
18	night; is that right, he did that?
19	A. Correct.
20	Q. Did he tell you that he spoke
21	with Schoolcraft's father?
22	A. I would have to reference my
23	notes, but I believe he did. Yes, he
2 4	definitely did.

Q. Did he tell you that

1	C. LAMSTEIN-REISS, M.D.
2	about discussing this delayed entry with
3	anybody?
4	MS. PUBLICKER METTHAM:
5	Objection.
6	MR. KRETZ: She's answered that.
7	MR. SMITH: I think she has
8	A. I only recall at some point
9	at some point I reviewed all my notes with
10	IAB
11	Q. But you don't have a
12	recollection sitting here today
13	A. No.
14	Q of discussing?
15	A. I don't recall if that was
16	before or after I made that entry.
17	Q. Do you have a recollection
18	sitting here of discussing the delayed entry
19	with IAB?
20	MS. PUBLICKER METTHAM:
21	Objection.
22	A. No. I recall discussing the
23	full case and that would have been part of
24	it if that conversation was after that date.
25	O. All right, thank you. I think I

1	C. LAMSTEIN-REISS, M.D.
2	understand what you're telling me. Did you
3	ever speak with anybody from the media about
4	Schoolcraft?
5	A. No. We never speak to the
6	media.
7	Q. Okay. So you never spoke to
8	anybody from the media about Schoolcraft,
9	right?
10	A. Correct.
11	Q. Continue reading the delayed
12	entry.
13	THE WITNESS: Do you have where
14	I left off?
15	Q. The first sentence ends with in
16	writer's memory.
17	A. Undersigned.
18	Q. Undersigned's memory, right.
19	Can you go on from there?
2 0	A. From there, Captain Lauterborn
21	asked if MOS was suicidal or depressed
22	because he needed to know how concerned they
2 3	should be about MOS's safety given his going
2 4	AWOL, not answering phone calls, not
2 5	answering door of home, but his car was

1 C. LAMSTEIN-REISS, M	S, M.D
------------------------	--------

I informed captain that I there, et cetera. last saw MOS at PES on 10/27/09 and at that time he looked okay and reported being asymptomatic. At no time had he ever expressed thoughts of suicide, but he also never went AWOL before and acted the way he was acting on 10/31/09. My assessment of his suicide risk is only as good as the last If something happened after time I saw him. and led him to be so upset that he left work without permission an hour before the end of his tour, said he had stomach pains, et Then I am unable to say with any cetera. reasonable amount of certainty that he is not at risk for suicidal ideation under present circumstances.

I provided captain with basic information about reason MOS was on restricted duty. That he had significant physical symptoms of stress insomnia, GI symptoms, cardiac symptoms, et cetera. Unclear if MOS was reporting openly on 10/27/09 when he said all of his symptoms went away without treatment. Motivation to

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

1	
+	

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

20

21

22

23

24

25

C. LAMSTEIN-REISS, M.D.

minimize is that he did not want to be psychological restricted duty. He was open during initial evaluation, but denied any and all symptoms in subsequent monitoring sessions. When also expressed being upset about being on psychological restricted duty. His reporting on 10/31/09 that he had stomach pains severe enough to warrant leaving work before end of tour without permission suggests either the symptoms never did go away or they reoccurred on 10/31/09 due to his being really upset about something. It is also possible that there was medical cause for the stomach pain, but the angry manner in which he left work suggests a psychological cause and I signed my name.

19

MS. PUBLICKER METTHAM: D284

and --

MR. OSTERMAN: 2890.

Q. Had you, when you prepared this note, any thoughts that there was going to be litigation about what happened to Schoolcraft on October 31, 2009?

1	C. LAMSTEIN-REISS, M.D.
2	MS. PUBLICKER METTHAM:
3	Objection.
4	A. I don't remember. I would have
5	to refer to my full notes, including
6	redacted information.
7	Q. When did it first occur
8	A. I don't recall.
9	Q. You don't recall?
10	A. I don't recall.
11	Q. Had you been named as a
12	defendant in those two lawsuits Howard and
13	Nelson as of the time of this delayed entry?
14	MS. PUBLICKER METTHAM:
15	Objection.
16	A. Howard this more recent than
17	that. Actually, I am really not sure. I
18	think I don't remember the dates of those
19	when they first started.
20	Q. Have you ever made a delayed
21	entry like this in a patient's file or file
22	like this?
23	MS. PUBLICKER METTHAM:
2 4	Objection.
25	A. Yes.