



John Kao &lt;jskao2681@gmail.com&gt;

**Youshock transcript**

4 messages

**soniaklrs@aol.com** <soniaklrs@aol.com>  
To: jskao2681@gmail.com

Fri, Dec 2, 2011 at 4:09 PM

Hello. The transcript for the sanity phase will be about 260 pages, this is just an estimate at \$2.50 a page. If you would like you can send me a check for \$400.00 now and the rest when I finish the transcript. The address is: Sonia K. Risting, CSR, Dept. 24, 400 County Center, Redwood City, Ca 94063. For Dr. Missett's testimony you can contact, Lorna Traube at 650-599-1685. She already knows about it. You can pay us separately, however, the transcript will be all together, since it was the sanity phase and it ended with Dr. Missett's testimony on the second day in the afternoon. I t will be two volumes for the two days. Hope this is making sense. If you have any questions my work number is 650-599-1772. Thank you.

Sonia Kolokouris Risting

**John Kao** <jskao2681@gmail.com>  
To: soniaklrs@aol.com

Fri, Dec 2, 2011 at 5:48 PM

Dear Sonia,

Thank you very much for your correspondence. I will send you payment in the amount below by express mail and will contact Ms. Traube on Monday. Our court date is January 30 of next year. As long as we have the transcript about a week in advance, it should be helpful to us.

I appreciate your consideration in this matter.

Sincerely,

John Kao

[Quoted text hidden]

**soniaklrs@aol.com** <soniaklrs@aol.com>  
To: jskao2681@gmail.com

Fri, Dec 2, 2011 at 10:12 PM

Hello. You will have the transcript for sure by the date you wanted. You don't have to send the check express mail, regular mail is fine. Thank you.

Sonia

[Quoted text hidden]

**John Kao** <jskao2681@gmail.com>  
To: soniaklrs@aol.com

Mon, Dec 5, 2011 at 4:26 PM

Dear Sonia,

Thank you for your messages. I just spoke with Ms. Traube by telephone. She will email me a separate bill as you indicated. I need to visit the court in the next day or so anyway, so I told her I would drop off payment in person to your mailboxes at court. You should be in receipt of the envelope Wednesday at the latest. I will also email you with confirmation.

Sincerely,

John Kao

[Quoted text hidden]



John Kao &lt;jskao2681@gmail.com&gt;

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**Youshock transcript**

2 messages

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**Lorna Traube** <28.traube@gmail.com>  
To: jskao2681@gmail.com

Mon, Dec 12, 2011 at 12:07 PM

Sorry for the delay. The bill for my portion of the hearing is \$60.00. Please make check payable to Lorna Traube, 400 County Center Dept. 28 Redwood City CA 94063. I will make arrangements with Sonia to deliver the transcript to you...Lorna

---

**John Kao** <jskao2681@gmail.com>  
To: lorna Traube <28.traube@gmail.com>

Tue, Dec 13, 2011 at 5:20 PM

Dear Ms. Traube,

Thank you for your correspondence. I will send payment in the amount below to you tomorrow. I am also in touch with Sonia by email.

Sincerely,

John Kao

[Quoted text hidden]

1 April 4, 2011

Redwood City, Ca

2 P R O C E E D I N G S

3 MORNING SESSION

4 THE COURT: We are here on the record outside  
5 the presence of the jury in the Youshock matter.  
6 Counsel are present along with Mr. Youshock.

7 MR. MCDOUGALL: Your Honor, I just wanted to  
8 get an indication from the Court on the proposed special  
9 instruction only in the sense if we are doing opening I  
10 want to make reference to the fact that is more on the  
11 quality than the quantity. I didn't want to raise  
12 anything to the jury that would be ruled to the  
13 opposite.

14 THE COURT: Miss Guidotti.

15 MS. GUIDOTTI: I am not -- literally, I just  
16 saw this a few minutes ago so I haven't had a chance to  
17 read those cases in terms of quality vs quantity. It's  
18 always been the law whether or not it comes in the  
19 instruction, it's the law. I completely agree it's the  
20 law, so whether that exact language comes in or not it  
21 would certainly be referenced to the jury.

22 THE COURT: All right. Thank you.

23 Good morning, folks. Welcome back. We will  
24 begin the sanity phase in just a moment, in the matter  
25 of People vs. Alexander Youshock, Case Number SC070984.  
26 The record will reflect that the members of our jury and

1 alternates are present, party and counsel are all  
2 present. And at this time, Mr. McDougall, do you wish  
3 to make an opening statement?

4 MR. MCDUGALL: Yes, thank you, Your Honor.

5 THE COURT: All right.

6 MR. MCDUGALL: This week was sort of all this  
7 case was all about. Obviously you aren't going to hear  
8 arguments of who done it in the guilt phase, you are not  
9 going to hear arguments in that in some way they were not  
10 pipe bombs that were brought, there was no chain saw.  
11 What was laid out before you certainly comes down this  
12 week to, this is what the case is all about regarding  
13 Alexander Youshock. In my mind, not guilty by reason of  
14 insanity seems to be a misnomer.

15 All of you have spent hours of deliberating  
16 conscientiously, impressively came up with your verdicts.  
17 To say that all of a sudden that gets wiped away in my  
18 mind is not what happens in a not guilty by reason of  
19 insanity and it's kind of a misnomer. The law is pretty  
20 clear, it's one particular jury instruction. The law as  
21 the judge will give to you says that the defendant, now  
22 Alexander Youshock and myself, now must prove something.

23 And what we must prove is that it was more  
24 likely than not. This is not beyond a reasonable doubt.  
25 I am not going to say that we have to go that far. We  
26 talked about that in jury selection, that the burden is

1 now on the defense, but that it's more likely than not you  
2 will hear some instructions regarding what that means, but  
3 it's not that there are ten witnesses or 15 witnesses that  
4 will come in to say he was sane and one or two to say he  
5 was not sane. What will be is how it affects you.

6           When you listen to the evidence over the next  
7 several days, the way that it impresses upon you from the  
8 witnesses as to the state of mind of Alexander Youshock,  
9 you will hear evidence that it's not a reasonable person  
10 standard in his mind necessarily because of the  
11 schizophrenia.

12           You can't consider evidence as a normal person  
13 would hear evidence. You need to hear it from the  
14 perspective of schizophrenia. The law is the defendant  
15 was legally insane if, number one, when he committed the  
16 crimes he had a mental disease or defect. Obviously we  
17 are going to be suggesting that's schizophrenia.

18           Number two, because in that disease or defect he  
19 was incapable of knowing or understanding, and this is  
20 where there is going to be some argument from the  
21 different experts, the nature and quality of his act,  
22 whether or not he understood, and you will hear the  
23 definition of quality as a lucid realization of the  
24 consequences.

25           Some of the experts will define what it means to  
26 say the quality of what you do by what they call a lucid

1 realization of the consequences, and also this is the  
2 second prong or second part of it. He was incapable of  
3 knowing or understanding that his act was morally or  
4 legally wrong. So you have all these different prongs,  
5 you have the lucid realization of what he was doing and  
6 how it would affect the people he was doing it to, whether  
7 or not he knew and understood that his act was morally  
8 wrong and legally wrong. So you have a moral aspect and a  
9 legal aspect.

10           You will hear that some things don't qualify as  
11 a mental disease or defect. This is where you get to this  
12 personality disorder that we heard during the guilt phase,  
13 if this was just a bad kid that didn't like people and  
14 wanted to hurt people, if it was he was someone who liked  
15 to bully and it's a personality disorder, what Dr. Gould  
16 called a schizoid personality disorder. That doesn't  
17 qualify, you need to have a mental disease or defect.

18           The defense will suggest to you that it was a  
19 schizophrenia. You may consider any evidence that the  
20 defendant had a defect or if you are satisfied that he had  
21 a mental disease or defect before he committed the crimes  
22 you may conclude that he suffered from the same condition  
23 when he committed the crimes. So, if you see evidence  
24 leading up to August 24th that he was suffering from  
25 symptoms of schizophrenia, you can conclude that at the  
26 time on August 24th he also had the same symptoms, same

1 disease, schizophrenia. You must still decide whether  
2 that mental disease or defect constitutes legal insanity.  
3 You absolutely can say that he had schizophrenia, but it  
4 didn't affect what he did on August 24th, that's one of  
5 the struggles you will have in this case.

6 MS. GUIDOTTI: Your Honor, I am going to  
7 object, this is argument.

8 THE COURT: Yeah, give an opening statement as  
9 to what you believe the evidence will show here.

10 MR. MCDUGALL: The other part of the jury  
11 instruction, if you find the defendant was legally  
12 insane at the time of the crimes, he will not be  
13 released from custody until the Court finds he qualifies  
14 for release under California law. Until that time he  
15 will remain in a mental hospital. He may not generally  
16 be kept in a mental hospital or out-patient program  
17 longer than the maximum sentence available for his  
18 crimes.

19 MS. GUIDOTTI: Excuse me, this is still  
20 argument.

21 THE COURT: It's what the evidence will show  
22 not the legal instruction.

23 MR. MCDUGALL: That's the jury instruction you  
24 will be struggling with. You will hear the evidence,  
25 that's the jury instruction on this part of the case.  
26 You are going to hear from Dr. Pablo Stewart. You guys

1 have all heard all the evidence in the guilt phase from  
2 different experts. Dr. Pablo Stewart will be called as  
3 the defense expert to talk about Alexander Youshock not  
4 being able to differentiate right from wrong because of  
5 the paranoia, the delusions, the hallucinations, the  
6 onset at 16 years old of schizophrenia.

7           The onset that was attacking Alexander  
8 Youshock when he started Hillsdale High School all the  
9 way up August 24, 2009, and thereafter. Dr. Stewart had  
10 in his disposal within nine days of the incident his  
11 interview of Alexander Youshock, not a year later, not a  
12 year and-a-half later, nine days afterwards, all the  
13 experts that you heard.

14           He will come in and tell you this morning that  
15 it was a product of that schizophrenia that did not  
16 allow Alexander Youshock at 17 years old to understand  
17 the difference between right and wrong.

18           The standard of proof more likely than not,  
19 you will hear experts talk about what it means to have a  
20 realization of the events that occurred on August 24th  
21 and I will stand before you again ask you to find him  
22 not sane. Thank you.

23           THE COURT: Thank you. Miss Guidotti.

24           MS. GUIDOTTI: Thank you, Your Honor. Good  
25 morning, ladies and gentlemen. It was almost a month  
26 ago that I stood here before you and told you the facts

1 that I intend to produce in the trial, in the guilt  
2 phase. And at this time and at that time, ladies and  
3 gentlemen, the defendant was presumed innocent which is  
4 no longer the state of affairs. At that time the People  
5 had the burden of proof. Things have changed  
6 considerably since that time.

7 At this point the defendant has been convicted  
8 and stands before you convicted of six felony counts.  
9 He is presumed to be sane under the law. And the  
10 defense has the burden of proof in this part of the  
11 trial to prove otherwise.

12 Something else that's different in this phase  
13 of the trial, ladies and gentlemen, is that you already  
14 heard much of the evidence that you will be relying on  
15 in returning your verdict in this case, and also you  
16 heard much of the evidence that the experts themselves  
17 will be relying on in rendering their opinions to you in  
18 this case.

19 In addition to the evidence that you already  
20 heard, ladies and gentlemen, you will be hearing the  
21 testimony of two independent Court appointed  
22 psychiatrists or psychologists, two Court appointed  
23 doctors. Those doctors were appointed in December of  
24 2010, just about three months ago, and it was their job  
25 to evaluate the sanity of the defendant on the night he  
26 committed these crimes.

1           Those two doctors are Dr. Jack Kline and  
2 Dr. Jeff Gould. Dr. Gould you already heard from, you  
3 heard from him in the guilt phase of this case. He was  
4 called by the defense and he was called to offer his  
5 opinion that the defendant suffered from schizophrenia.

6           And Dr. Gould will tell you, ladies and  
7 gentlemen, will testify in this portion of the case. He  
8 will be called by the prosecution at this time, and Dr.  
9 Gould will tell you, of course, again, that he believes  
10 the defendant suffers from schizophrenia and he will  
11 tell you that the defendant is high functioning, in the  
12 sense that all his executive functioning and cognitive  
13 process were intact when he committed the offenses on  
14 August 24th, 2009.

15           Dr. Gould will tell you that it is his  
16 professional opinion that the defendant knew the nature  
17 and quality of his acts when he committed these crimes  
18 on August 24th. He knew that the people that he was  
19 trying to kill were human beings. He knew that the  
20 chain saw, the pipe bombs and the knife were deadly  
21 weapons, weapons that were capable of committing those  
22 murders.

23           Dr. Gould will tell you that the defendant  
24 himself felt fully justified in killing the three  
25 teachers, Meghan Spalding, Andrew Hartig and Allie  
26 Pitts. But this is the important part. Dr. Gould will

1 tell you that the defendant knew that his acts were  
2 legally and morally wrong at the time that he committed  
3 those offenses within the generally accepted standards  
4 of society. Dr. Gould will tell you that he was capable  
5 of making that judgment and that he knew right from  
6 wrong, and that the evidence of that is evidence.

7 Ladies and gentlemen, you already heard the  
8 lies he told, the deception he engaged in, and his  
9 conduct specifically on that date. Then you will hear  
10 the testimony of Dr. Jeff Kline. Dr. Kline who you have  
11 not heard from yet in this case. Dr. Kline is a  
12 psychologist in Menlo Park and he also interviewed the  
13 defendant after he was appointed by the Court, and he  
14 administered some psychological tests to the defendant.

15 Dr. Kline will tell you that in his opinion  
16 that the defendant likely suffers from schizophrenia and  
17 that the defendant was then in the early stages of  
18 schizophrenia when he was planning and perpetrating  
19 these acts at Hillsdale High School.

20 Dr. Kline will tell you that the defendant,  
21 that in his opinion, the defendant knew the nature and  
22 quality of his conduct on August 24th of 2009, he knew  
23 that the people that he was, that he was trying to kill,  
24 were human beings, and that he knew the weapons he was  
25 using were lethal weapons capable of causing their  
26 deaths.

1           Dr. Kline will tell you that the defendant  
2 despite his psychological disturbances, they were really  
3 of low severity compared to people who are insane. He  
4 will tell you that the defendant has deep personality  
5 deficits and that he was in a narcissistic rage, and  
6 that he was seeking revenge when he committed his crimes  
7 August 24th. Dr. Kline will tell you that the defendant  
8 was sane, in his opinion.

9           So the two Court appointed doctors found the  
10 defendant, will tell you that the defendant knew that  
11 his conduct was legally and morally wrong on the date he  
12 committed those crimes and Dr. Kline will further tell  
13 you that the defendant's psychotic symptoms increased  
14 after his arrest and incarceration.

15           Finally, ladies and gentlemen, in this case  
16 you will have the opportunity to hear the testimony from  
17 Dr. James Missett. Dr. Missett is a Menlo Park  
18 psychiatrist. He is a nationally recognized expert in  
19 the area of risk assessment. He was brought in this  
20 case by the prosecution very shortly after these crimes  
21 occurred in August of 2009.

22           Dr. Missett is a teacher, teaches at Stanford  
23 University School of Medicine in the Department of  
24 Psychiatry and Behavioral Sciences. Dr. Missett you  
25 will learn has consulted for approximately a decade with  
26 the United States Secret Service in the area of risk

1 assessment, threats to the President, and he has  
2 expertise in the area of work place and school violence.  
3 Dr. Missett will tell you that it is his opinion that  
4 the defendant was sane when he committed these crimes on  
5 August 24th of 2009. Dr. Missett also will tell you the  
6 defendant knew the nature and quality of his actions.

7 He knew that the people that he was trying to  
8 kill were human beings. He chose his weapons, weapons  
9 that were capable of administering death, and  
10 Dr. Missett will additionally tell you that the  
11 defendant knew that what he was doing was legally and  
12 morally wrong, according to the generally accepted  
13 standards in society.

14 Dr. Missett will also tell you that he does  
15 not dispute that the defendant may be suffering from  
16 schizophrenia, but that it was not, that any mental  
17 illness he was suffering, was not of the type or  
18 severity that it would cause him to be insane.

19 Dr. Missett will tell you that in his belief  
20 the defendant knew what he was doing was legally and  
21 morally wrong based on some factors that you already  
22 know about in this case. One, the carefulness of the  
23 defendant's preparations to commit these crimes.

24 Second, his awareness that he needed to keep  
25 his preparations secret. Third, the fact that he feared  
26 somebody would find out what he was doing or stopped him

1 from doing it. Fourth, the weapons that he chose that  
2 were particularly lethal. And five, the defendant's  
3 recognition that he was wrong in lying to his mother and  
4 stealing from his father. Those are all significant  
5 factors that Dr. Missett relied upon, and will tell you  
6 about their importance in the determination of sanity.

7 Ladies and gentlemen, that is the evidence  
8 that I expect that I will produce when we get to the  
9 prosecution part of the case and at the end of this  
10 case, ladies and gentlemen, I will come back before you  
11 and I will be asking you to find consistent with the  
12 testimony of Dr. Gould, Dr. Kline and Dr. Missett, that  
13 the defense will not have met their burden of proof,  
14 they will not have been able to prove the defendant was  
15 insane, and I will be asking you then to find the  
16 defendant sane. Thank you very much.

17 THE COURT: Thank you, Ms. Guidotti. All  
18 right. Folks, as I mentioned to you earlier, the  
19 presentation of evidence in this case is somewhat  
20 reversed from when it was in the guilt phase. In this  
21 phase the defense will present their evidence. So at  
22 this time, Mr. McDougall, do you wish to call a witness?

23 MR. MCDUGALL: Yes. Dr. Pablo Stewart.

24 |||

25 |||

26 |||

1                                   PABLO STEWART, M.D.

2                   called as a witness by and for the  
3                   Defendant, having been first duly  
4                   sworn was examined and testified as follows:

5                   THE CLERK: Will you please state your name,  
6                   spelling your first and last name, for the record?

7                   THE WITNESS: My name is Dr. Pablo, P-a-b-l-o,  
8                   Stewart, S-t-e-w-a-r-t.

9                   THE COURT: Sir, in a moment here, the lawyers  
10                  may want to ask you some questions. I would ask you if  
11                  you would please try to listen carefully to the  
12                  questions asked of you and answer them to the best of  
13                  you ability. If you don't understand the question the  
14                  way they have phrased it, let them know that, they can  
15                  rephrase or restate the question.

16                  It's important that only one of us speak at a  
17                  time so the court reporter can take everything down.  
18                  Please make sure you allow the lawyer to complete their  
19                  question before you start to answer. I have asked them  
20                  to do the same.

21                  Finally, if while one of the lawyers asks you  
22                  a question, if the other lawyer starts to object to the  
23                  question being asked, please just wait to give your  
24                  answer until I tell you it's okay to do so.

25                  THE WITNESS: I just realized I left my other  
26                  pair of glasses, if I can get to those, Your Honor. I

1 apologize.

2 THE COURT: Don't apologize, that's fine.

3 THE WITNESS: Excuse me, Your Honor.

4 THE COURT: No problem. Just listen carefully  
5 to the questions the attorneys will ask and answer them  
6 to the best of your ability. If at any time you don't  
7 understand the question the way they phrased it let them  
8 know, they will rephrase or restate the question. We  
9 obviously need to have a clear record, so only one of us  
10 can talk at the same time.

11 Please make sure to allow the attorney to  
12 complete their question before you begin your answer.  
13 The same has been asked of the attorneys. If you need  
14 to refer to anything to refresh your recollection, let  
15 the attorney know what it is you need to refer to.

16 And finally, if while you are being asked a  
17 question by one of the lawyers, if the other lawyer  
18 starts to object to that question being asked, please  
19 wait to give your answer until I tell you it's okay to  
20 do that. You may proceed.

21 MR. MCDOUGALL: Thank you.

22 DIRECT EXAMINATION

23 BY MR. MCDOUGALL:

24 Q Doctor, what do you do for a living?

25 A I am a psychiatrist.

26 Q Talk a little bit how you became a

1 psychiatrist in terms of your education.

2 A My education began at the United States Naval  
3 Academy. I graduated in 1973 with a degree in Chemistry  
4 and mechanical engineering. After that I served as an  
5 infantry officer in the United States Marine Corps for  
6 five years. Upon completion of my military service I was  
7 accepted at medical school, University of California, San  
8 Francisco, where I graduated with an M.D. degree in 1982.  
9 At that point I began a four-year training program in  
10 internal medicine and psychiatry.

11 Q Where was that?

12 A University of California, San Francisco.

13 Q When you completed that, did you begin working  
14 in your field?

15 A Then upon completion of my residency program at  
16 UCSF in 1986, I took a job on the faculty, again at the  
17 medical school in San Francisco, Department of psychiatry  
18 and I was running an in-patient psychiatric unit at San  
19 Francisco General Hospital. I did that for approximately  
20 five years.

21 Q And are you a member of any organization as part  
22 of your field?

23 A The main organization that I belong to is, again  
24 I continue to be on the faculty of University of  
25 California in San Francisco, I have been on this for  
26 25 years.

1           Q     As part of your work, do you supply testimony on  
2 behalf of defense or prosecution in terms of work?

3           A     Well, my work consists of a variety of things.  
4 My faculty work at UCSF, and in addition, I have what I  
5 call a consultant practice in the general area of  
6 forensics, but that forensics involves cases such as this  
7 where I work predominantly for defense, although I have  
8 been called to work for the prosecution. I also do work  
9 for the U.S. Department of Justice and other agencies as  
10 far as prison conditions, prison and jail psychiatric  
11 conditions and I am often a plaintiff expert when jails  
12 and prisons have problems providing adequate psychiatric  
13 care.

14          Q     In terms of your work at the university, what  
15 are some of the things you do for the university in terms  
16 of your faculty assignments?

17          A     Well, probably for about the last ten years the  
18 majority of my work has been in supervising psychiatric  
19 residents at UCSF. The residents start off in the first  
20 year and it's about 17, 16 of them broken up in groups. I  
21 have eight of them, and I am one of several supervisors  
22 they have over the course of their four years. I stay  
23 with eight psychiatric residents during the entire course  
24 of the four years. We meet on a regular basis, discuss  
25 cases, discuss production, development, anything you might  
26 imagine would come up in their careers.

1 Q Since you have completed your residency, have  
2 you had in your field opportunity to deal with people  
3 suffering from schizophrenia?

4 A Yes, even including my residency. Again my  
5 training was at UCSF. There are three major hospitals  
6 that are involved in the training of psychiatric  
7 residents. There is the University Hospital, there's a  
8 big campus in Parnasus, we have a general hospital, San  
9 Francisco General Hospital.

10 Out of those four years I spent approximately a year  
11 and-a-half at San Francisco General Hospital working in  
12 acute psychiatric wards there. We deal with the street  
13 population of San Francisco which predominantly is over  
14 represented with mental health cases such as  
15 schizophrenia. If you have been in the Opera, you have  
16 seen a few of my old patients.

17 MR. MCDOUGALL: At this time, I would offer  
18 Dr. Stewart as an expert in the clinical and forensic  
19 psychiatry.

20 THE COURT: Any inquiry?

21 MS. GUIDOTTI: No, Your Honor. Thank you.

22 THE COURT: All right. Dr. Stewart will be  
23 deemed an expert of those areas, folks, of clinical and  
24 and forensic psychiatry. You may then proceed.

25 MR. MCDOUGALL: Thank you.

26 |||

1 BY MR. MCDOUGALL:

2 Q Doctor, do you recall when you first got  
3 involved in the case of Alexander Youshock?

4 A Yes, I do.

5 Q And was it requested of you to get involved for  
6 the issues of determining whether or not there were some  
7 issues regarding a sanity at the time of August 24th,  
8 2009?

9 A When I was first involved I was asked to do a  
10 forensic mental health evaluation based on some initial  
11 findings. As it became clear there was serious mental  
12 health illness in the case, I was asked to do a sanity  
13 evaluation.

14 Q You were hired by myself as part of the defense  
15 team for Alexander Youshock, is that correct?

16 A Correct.

17 Q When you were first asked to do a mental health  
18 evaluation, and ultimately to render an opinion regarding  
19 sanity, what were some of the first steps you took to get  
20 prepared to do that?

21 A The first things that I think are important to  
22 do is see the person, and also review as much materials as  
23 are available, and early on in this case, I am talking  
24 about within days of being arrested for the crime back in  
25 August of 2009, I was given police reports. I think those  
26 were the ones that were initially available to me and then

1 I went to go see him when he was at the juvenile hall.

2 Q Do you recall the day when you went to see him?

3 A The first day I went to see him was on  
4 September 9th, 2009.

5 Q Describe a little bit about your observations of  
6 Alexander Youshock when you first met him on that day?

7 A Well, when I first met Mr. Youshock on that day  
8 I was struck by his youth. He was 17 years old, but you  
9 could have fooled me, he looked a lot younger than that.  
10 He was fairly small stature, his voice -- I remember the  
11 one thing that sticks out in my mind it was very difficult  
12 to even hear him speak, and we were in a private room at  
13 juvenile hall, his voice was low volume, I had to  
14 encourage him to speak up.

15 Q What did you undertake to do, what was the  
16 purpose of this first meeting?

17 A The first meeting was to begin my psychiatric  
18 assessment, and psychiatric assessment involves  
19 interviewing the individual involved and just see how he  
20 presents in listening to his story, but also observing him  
21 if he is displaying any signs of mental illness. So I was  
22 also listening for symptoms and for signs of mental  
23 illness. That's what I was doing the first two visits I  
24 saw him.

25 Q And were you able to observe in this first two  
26 visits any of those signs that you were looking for?

1 A Well, again I would just qualify that is when --

2 MS. GUIDOTTI: Objection, non responsive.

3 THE COURT: I don't know what it's going to be  
4 yet, so just restate your question.

5 BY MR. MCDOUALL:

6 Q Why don't you go ahead and tell us what you  
7 observed in the first couple of meetings, if you need to  
8 qualify that following, you can do that.

9 A Again, as I was saying I observed an exceedingly  
10 withdrawn young man that had a hard time making contact  
11 with me, as you would make contact with someone sitting  
12 there talking. This thing about psychiatric evaluation  
13 you can get a little carried away. You can sit there  
14 listening and then observing trying to see what behavior  
15 he is demonstrating and listening to the story. That's  
16 the examination, he was exceedingly withdrawn, he was  
17 talking to me about psychotic symptoms.

18 Q Following that first meeting, did you go visit  
19 him again, a second time?

20 A Yes, I went back and followed up. My first  
21 visit was on September 3rd, 2009, and my next visit was  
22 September 9th, 2009.

23 Q And again during that second visit, are you  
24 attempting in any way to observe if there is any  
25 differences from the first to the second, is that part of  
26 your interviewing purpose?

1           A       Well, its important to be able to see someone  
2 over an extended period of time, at various times, to see  
3 if in fact his initial presentation was the same as the  
4 second, if there is any issues of malingering, if he is  
5 consciously falsely presenting himself and reporting  
6 things that are sort of outrageous that I wouldn't  
7 believe, I would sit there observing him. I found that he  
8 was consistent in our two visits. He remained withdrawn  
9 and I had the clinical impression that he was hearing  
10 voices at that time.

11           Q       Now, I want to focus a little bit this week that  
12 you were there, September 3rd to September 9th. You  
13 mentioned the word malingering. When you use the phrase,  
14 what do you mean by malinger?

15           A       Malingering has specific definition in mental  
16 health. That is, the conscious presentation, false  
17 presentation of symptoms for secondary gain. So it's when  
18 a person is trying to constantly present themselves in the  
19 way they are toward a time of secondary gain.

20           Q       Did you tell him while you were there the first  
21 time?

22           A       Yes.

23           Q       Do you recall what you told him?

24           A       I told him that I was hired by the defense and I  
25 would be doing a mental health evaluation on him.

26           Q       After advising him and telling him why you were

1 there during those first two meetings, did you sense at  
2 all or receive any information from him that he was  
3 malingering or trying to tell you something for his  
4 benefit?

5 A In all of my visits with Mr. Youshock, I had six  
6 of them over the course of the last 20 months, I never had  
7 a sense that he was malingering, from my own personal  
8 interactions with him and subsequently, subsequent to my  
9 first two visits that he had neuro psychological testing  
10 which also documented that in fact he wasn't malingering  
11 or psychological test which was consistent with my  
12 subjective findings.

13 Q Did he during these two first visits ever  
14 present to you things that you weren't asking for. For  
15 example, did he ever present to you without asking about  
16 hallucinations. Did he ever tell you about any of them,  
17 any examples like that, that he was offering not while you  
18 were questioning him.

19 A No, it was quite the opposite. It was very  
20 difficult for him to even answer the questions that I was  
21 asking, and it wasn't from lack of cooperation. It was  
22 because he was clearly psychotic and he was having  
23 difficulty connecting with me.

24 Q Is that something that's an example of  
25 malingering where you have seen with people that are  
26 trying to create a defense where they would provide things

1 you weren't looking for or in some way suggest things  
2 ahead of time?

3 A That is something that I certainly encounter in  
4 my work, where people have a notion of what I want to hear  
5 and so they will tell me about Martians or little green  
6 beings, all kinds of other stuff that really is way out  
7 there, especially when I don't ask for it, and that did  
8 not occur at all during any of my interactions with Mr.  
9 Youshock.

10 Q In your field, is that a concern that in some  
11 way you are being played or you are being worked to get a  
12 defense?

13 A Well, as part of an objective comprehensive  
14 mental health evaluation, which I believe I provided in  
15 this case, I am always thinking about whether or not the  
16 person was trying to misrepresent a story. And especially  
17 given the overwhelming stakes involved in this case, we  
18 talked about, gave the definition of malingering as  
19 behavior that you would falsify basically to achieve a  
20 secondary gain. There's huge secondary gain, I don't need  
21 to go over that for everyone, I am sure they are aware of  
22 that. So malingering, I entered into the situation  
23 needing to be convinced and that I am not being played.

24 Q How about your own background going in those  
25 first two meetings with Alexander Youshock. Did you go in  
26 looking to extract information in some way? Was it your

1 goal to create a defense on behalf of the defense team?

2 A No, I don't go in with a particular idea in  
3 mind. I don't go in thinking, all right here's a 17-year  
4 old kid and this is the same age onset for schizophrenia,  
5 and therefore, we are going to try to create this  
6 diagnosis and I am going to ask particular questions, that  
7 I have this in mind, and then therefore later we are going  
8 to use as an insanity defense. I go there with a blank  
9 slate, basically to see what the guy presents and to learn  
10 his story from there.

11 Q Have you had opportunity where you have been  
12 hired as an expert where you have gone back to whoever has  
13 hired you and said, it's not there, you know, the signs,  
14 the symptoms, the evidence isn't sufficient for "X" or  
15 whatever they were pursuing.

16 A There are times that I work with attorneys and  
17 it's occurred both in the defense and prosecution side  
18 where there will be a very strong suggestion to me, such  
19 as like we are hoping that you find him to be this, or we  
20 are hoping that your evaluation will result in this  
21 finding, and you know, I am taken back by that quite  
22 frankly, but then I proceed with my evaluation.

23 I will often come back and say, sorry I can't help  
24 you out on that, or no, he is not psychotic, or no, there  
25 is no evidence of possible traumatic stress disorder or  
26 whatever the particular question was presented, and there

1 are also cases where I am not given sort of a hint about  
2 what people are looking for, and I will go back and say, I  
3 am sorry I found nothing here as far as mental illness  
4 goes.

5 Q How about myself when I spoke with you, did I  
6 ever give you any hints or suggestions of where I wanted  
7 you to go?

8 A No, quite the opposite. It was, go see what the  
9 guy has.

10 Q After you met with him the first two meetings,  
11 what else then did you attempt to gather to continue our  
12 analysis of Alexander Youshock?

13 A After that then the investigation obviously  
14 picked up in earnest so there was a number of reports,  
15 there was just experience in juvenile hall that he was  
16 there being observed by the mental health staff because  
17 they were concerned about him being suicidal, they were  
18 concerned about him being psychotic, they were concerned  
19 about the fact that he was so paranoid that he lost  
20 16 pounds.

21 Q Did you have access to those juvenile hall  
22 records and the psychiatric and medical records during his  
23 time at juvenile hall?

24 A I did in preparation for my report, yes.

25 Q And were you provided the different evidentiary  
26 materials that were in this case. For instance, the

1 recordings, the DVD's, CDs and the other things that  
2 depicted Alexander Youshock of the events leading up to  
3 August 24th?

4 A Again as this case progressed I was given a  
5 steady stream of materials that were being discovered and  
6 provided to me such as the ones you talked about, medical  
7 records, school records, family medical records, his  
8 school records at his various schools, these sort of  
9 things.

10 Q When, after you completed the mental health  
11 evaluation portion of your process, do you recall when it  
12 was that you started to focus on the sanity issues  
13 relating to August 24th, 2009?

14 A I went back to see Mr. Youshock, and by now he  
15 had turned 18 and had been transferred to the Maguire jail  
16 facility here, just down the block, and so I saw him again  
17 in October of 2010. So it was about a year between when I  
18 first, my first time with him and my second time with him,  
19 and I saw him four more times over the course of the next  
20 six weeks starting October of 2010 and I ended in  
21 November 30th, 2010.

22 It was during those initial visits that now that I  
23 have the benefit of several other expert reports, and I  
24 had the benefit of his experience in juvenile hall, and I  
25 had the benefit of his experience in the Maguire jail  
26 facility, that I was better able to arrive at a final

1 psychiatric diagnosis, so that was part of that. And then  
2 after I convinced myself of the presence of this mental  
3 disease or defect, namely schizophrenia, then I started  
4 working particularly on the sanity phase.

5 Q During this first two visits in September of  
6 2009, were you aware of whether or not Alexander Youshock  
7 was under any kind of medications, anti psychotic  
8 medications?

9 A At the time of my visits in September of 2009 he  
10 was not taking any anti psychotic medication or anti  
11 depression medication. I believe he was when I first saw  
12 him, he was taking high blood pressure medicine that he  
13 didn't know the name of, and a nasal spray for allergies.

14 Q How about the months leading up to August 24th,  
15 2009. As you received information and spoke with him and  
16 looked at reports from family members, did it become aware  
17 to you whether or not he was taking any medication in the  
18 months leading up to August 24th, 2009?

19 A The months leading up to August 24th, 2009, I  
20 came to find out that he was not being prescribed any  
21 psychiatric medications during that time frame.

22 Q Why is that important?

23 A Well --

24 Q Meaning, if someone is suffering from a mental  
25 disorder, is looking at whether or not he is taking  
26 medications something that is significant before the event

1 as well as afterwards?

2 A Well, yes. I mean, when you are evaluating  
3 somebody and they are taking psychiatric medication, then  
4 you need to sort of extrapolate what they would look like  
5 in their native state. Seeing someone who has been on  
6 meds for six or seven months and doing your evaluation,  
7 then you don't get the same picture that you do when a  
8 person is not taking medication.

9 Q Did you notice that play an actual effect in the  
10 difference between your early visits and your later visits  
11 in 2010?

12 A Oh, it was significantly different.

13 Q What do you mean?

14 A Well, when I saw Mr. Youshock in September of  
15 2009, I felt that he was psychotic and that he had a  
16 little to no insight into the fact that he was psychotic  
17 which was a symptom of psychosis, that a person doesn't  
18 realize they are mentally ill.

19 And then I saw him a year later, and it was, he was  
20 started on this new they call it atypical anti psychotic  
21 medication Abilify, he started that May 24th, 2010. Then  
22 I saw him in October 2010, which is about five months  
23 later, and his mental status had significantly changed, he  
24 was high. The most striking thing is that he was able to  
25 engage with me in a conversation. He was much less  
26 withdrawn now, he certainly was a little withdrawn, but

1 not to the same extent. When I first saw him he was able  
2 to discuss with me psychotic symptoms that he had in the  
3 past and that now he realized were symptoms of an illness,  
4 although when I saw him in October, November of 2010, he  
5 was still experiencing psychotic symptoms.

6 Q You said you had an opportunity to examine other  
7 psychiatric or psychological reports and experts' opinions  
8 which contributed to your opinion in this case.

9 A Yes.

10 Q Do you recall whose reports or evaluations you  
11 considered in coming up with your own opinion?

12 A Oh, there is a lot of them in this case. There  
13 was a psychologist, Dr. Patterson, who was Court  
14 appointed, and he initially diagnosed Mr. Youshock with  
15 depression with psychotic features and then subsequently  
16 changed that to schizophrenia. There was a Dr. Berke, who  
17 is another Court appointed psychologist who diagnosed him  
18 with schizophrenia. There was a Dr. Wilkinson, a  
19 psychiatrist who diagnosed him in the early phases with  
20 schizophrenia. There was -- let me think, there is so  
21 many of them.

22 Q You said that there was a neuro psychological  
23 evaluation?

24 A There was a neuro psychological evaluation by  
25 Dr. Gregory who found that he had average to above average  
26 intelligence, but that he had other findings in neuro

1 psychological testing that were consistent with  
2 schizophrenia. I certainly reviewed Dr. Gould's report  
3 and Dr. Kline's report.

4 Q Leading up to your report and your evaluation  
5 and opinion, did you have an opportunity to speak or take  
6 a look at Dr. Al Fricke's report?

7 A I did, I also saw psychologist Dr. Fricke.

8 Q Why, what's the importance of looking at other  
9 reports before coming up with your own opinion?

10 A Well, I mean, you think about it. I think from  
11 a clinical medical standpoint, I am a physician doing an  
12 evaluation of somebody, I want to have as much input from  
13 everyone that I can. If my patient has seen other  
14 physicians or professionals, I certainly want that data.

15 I am not necessarily going to accept it, but I am  
16 certainly going to take that data into consideration to  
17 make the most accurate diagnosis that I can. Any patient  
18 should expect that from their physicians.

19 Q Okay. When you were reviewing their reports or  
20 doing your own evaluation and search through the  
21 materials, did you attempt to take a look at the family  
22 history for Alexander Youshock?

23 A Family history is usually one of the better  
24 predictors of mental illness, so I certainly looked at  
25 family history.

26 Q Were you able to find out anything about his

1 older sister, Amber Youshock?

2 A His older sister Amber had several psychiatric  
3 contacts, involuntary psychiatric hospitalization for  
4 suicide attempts actually, as well as being psychotic.

5 Q Did you become aware that there was a history of  
6 mental health including schizophrenia among extended  
7 family?

8 A Also with Mr. Youshock's father, he had several  
9 relatives, cousins, I believe, who had suffered from  
10 schizophrenia and had been institutionalized at a very  
11 young age.

12 Q What about school records. Did you see  
13 interviews with different teachers to see signs as early  
14 as 2006 and 7?

15 A I did have the opportunity to look at  
16 interviews, police interviews that occurred with the staff  
17 at Hillsdale High in particular, I am thinking of a couple  
18 of them.

19 Q Jeff Gilbert, I believe he was a principal or  
20 vice principal, in addition he was Mr. Youshock's  
21 counselor, so he had significant contact with him over the  
22 two years while Mr. Youshock was at Hillsdale High. He  
23 describes an almost textbook deterioration of someone who  
24 had the initial onset of schizophrenia. He talked about  
25 freshman year, although Mr. Youshock at that time was  
26 described as being withdrawn and didn't speak much and

1 didn't have a lot of friends, was able to do the work his  
2 freshman year to pass the classes that he was in, even  
3 talked about participating in the wrestling team. It was  
4 important that he maintain a 2.0, so he was able to do  
5 that initially, but then over the course of the end of his  
6 freshman year, beginning sophomore year, Mr. Youshock  
7 wasn't able to do that anymore.

8           And Mr. Gilbert described that he became more solemn.  
9 He started to, in his sophomore year to have a little edge  
10 to him, a little irritability, and that he even went  
11 Mr. Gilbert and e-mailed to Mr. Youshock's mother. He  
12 said that he described him as the most withdrawn and  
13 emotionless student he had ever seen, which given the fact  
14 that he works in public education, I am sure has seen  
15 thousands of students, that's significant.

16           Q       Why is it important to go back prior to the  
17 immediate month of August 24th, 2009?

18           A       Because I am trying to, one, establish a  
19 diagnosis, but also establish a mental state at the time  
20 that these crimes occurred. And so, schizophrenia isn't  
21 something that just one day you are normal and then the  
22 next day you are schizophrenic. The psychiatric  
23 literature is very clear about the onset and insidious  
24 slow onset in most cases of certain signs and symptoms of  
25 schizophrenia, and initially you don't necessarily see the  
26 overt psychotic symptoms that a lot of us have come to

1 associate with schizophrenia. You see people, again my  
2 City of San Francisco, unfortunately we have a lot of  
3 street people who are psychotic. You see someone talking  
4 to themselves, carrying on conversations with lamp posts,  
5 things like that. Those things get in our mind that  
6 person is mentally ill.

7 Yes, that person is mentally ill, but schizophrenia,  
8 you can just have delusions that aren't apparent to anyone  
9 else. You have social withdrawal that is obviously  
10 apparent and was noted, so we are seeing again the  
11 development of this illness over the course of several  
12 years that predated the crimes of August 24th, 2009.

13 Q Now, when you had received information about  
14 Alexander Youshock's personality and attitude and demeanor  
15 while at Hillsdale, did you question Alexander Youshock  
16 about it when you met with him. Here's the information we  
17 are getting from the teachers, tell us about your side of  
18 what was occurring at Hillsdale.

19 A Yes, I did speak with him.

20 Q And did it appear that -- strike that. Did he  
21 attempt to determine with Alexander Youshock and talking  
22 to him during these six meetings where this extreme hatred  
23 or animosity stemmed from?

24 A Once. I asked him that at our first or second  
25 visit, I asked about that. He talked about -- exactly  
26 what he said, he had this hatred toward certain teachers

1 at Hillsdale High School. It wasn't readily apparent to  
2 me at that time what that was about. I certainly had a  
3 hunch that it was due to psychotic symptoms and it was due  
4 to a mental illness, but I wasn't sure, you can't be sure  
5 just on one visit like that or two visits, you have to see  
6 him over an extended period of time.

7 As I went back to see him a year later, October,  
8 November 2010, he's been on anti psychotic medications for  
9 five months, he is able to tell me a little more about  
10 this hatred, but what was notable to me is that he really  
11 wasn't able to explain it in a way that was satisfactory  
12 to myself or I believe to himself.

13 He would say things like, I just hate them because  
14 they were singling me out. How were they singling you  
15 out? Well, they wanted me to work in groups, they wanted  
16 me to do my homework, they wanted me to give a  
17 presentation in front of a class.

18 It's okay, that's like normal high school stuff, how  
19 does that elicit such hatred. Then I became more  
20 convinced that in fact his reaction to these benign  
21 requests on the part of his teachers was due to his  
22 underlying psychotic illness.

23 Q Now, is that your theory or is that based on  
24 some sort of literature or the materials in your  
25 expertise, where are you getting that theory from?

26 A Well, I mean, it's not a theory. In fact, I

1 just qualified that it's my observation, it's consistent  
2 with the record in this case, that in fact he had these  
3 very strong feelings about certain teachers at his school.  
4 Chemistry teacher, English teacher, Mr. Gilbert, I think  
5 one other teacher also.

6 So the record shows that he reported that to me, and  
7 then I go back and look, read the police reports, the  
8 police interview reports of interviewing these teachers,  
9 the Chemistry teacher, English teacher said he never  
10 displayed any anger towards me. He never had any tough  
11 interactions, but yet Mr. Youshock was persistent in this  
12 fact that they were signalling him out, running his life.

13 From the teacher's standpoint they didn't experience  
14 that, they didn't experience him that way, which knowing  
15 now that he is schizophrenic and understanding the  
16 development of the illness, it's real clear to me that in  
17 fact that was, his reaction was part of the illness.

18 So it isn't sort of a theory, I guess you want to  
19 call it a theory, it's consistent with literature on  
20 schizophrenia where they talk about delusions, and  
21 delusions tend -- you can have any sort of delusion. Mr.  
22 Youshock had several types of delusions, but he had,  
23 clearly he had persecutory delusion or paranoid delusion.

24 Q Certainly. That's what I was asking, based on  
25 your experiences with different patients or in your  
26 clinical evaluations or in the literature from the DSM-IV

1 or other articles, does schizophrenia have symptoms that  
2 would explain that dynamic that there would be an extreme  
3 hatred for such a benign reason such as, do your homework,  
4 pass this test, kind of actions?

5 A Yes, I am sorry I didn't appreciate your  
6 question earlier. In fact, the DSM-IV TR is very clear  
7 that a person can have delusions of persecution or  
8 paranoia. It's important to remember what the meaning of  
9 the word, paranoia is. It is a falsely held belief that  
10 people are out to get you.

11 If people are out to get you, that's not paranoia,  
12 but if you are having benign interactions with teachers  
13 and then you are interpreting that they are ruining your  
14 life, they are picking on you, they are singling you out  
15 and then you have the constellation of the rest of the  
16 illness, that's the persecutory delusion which is  
17 consistent with schizophrenia.

18 Q Was Alexander Youshock ever able to specifically  
19 define from the first meeting you met with him until six  
20 meetings later, was he able to articulate anything  
21 regarding his hatred related to these actions?

22 A No, he wasn't. Again, I tried to answer earlier  
23 he wasn't able to get past that initial response of they  
24 are against me, they are singling me out. How were they  
25 doing that? Well, they all hated me, they didn't like me,  
26 they were making me do the work. Didn't get past that.

1           Q       I want to talk a little bit about your  
2 diagnosis. So in terms of coming up with your opinion,  
3 step one is you want to define in your ability what the  
4 patient, the person is suffering from in terms of mental  
5 health disorder. Did you do that in this case?

6           A       Yes.

7           Q       What was your conclusion, step one, as in terms  
8 of a diagnosis?

9           A       Diagnosis. My diagnosis was that he was  
10 suffering from schizophrenia paranoid type.

11          Q       Okay. Now, let's talk a little bit, briefly, we  
12 heard a little bit about this in the guilt phase, Doctor.  
13 What do you mean, a type of schizophrenia?

14          A       Our current understanding of the illness, and  
15 remember that schizophrenia is a generically determined  
16 biologically based brain illness, it's not something that  
17 people choose to be. It isn't a split personality like a  
18 lot of people think it is, that there can be different  
19 symptom presentations like paranoia.

20                 There's also a type of schizophrenia called  
21 disorganized. There's a type of schizophrenia that's  
22 called undifferentiated. So we are looking at major  
23 symptoms and we try to cluster them in a certain  
24 diagnostic category because they may have treatment  
25 implications and prognostic implications for the  
26 individual.

1 Q Are there disagreements within a diagnosis of  
2 schizophrenia as to what type of schizophrenia it is?

3 A Yes. And you know I think the field is moving  
4 in the direction that these old style, these are old style  
5 definitions from the very beginning that are going to fall  
6 on the wayside, the reason we appreciate schizophrenia as  
7 a brain illness, and it has any numbers or waves that can  
8 potentially be presenting.

9 Q Do you see in this case amongst all the  
10 evaluators, Court appointed and otherwise, within the  
11 diagnosis of schizophrenia, that there were some slight  
12 differences in terms of the type and sub-type of  
13 schizophrenia?

14 A I believe there was. I think there were several  
15 people that called it paranoid schizophrenia and other  
16 people, Dr. Wilkinson said it was schizophrenia at the  
17 early stages. And to me the most important thing is that  
18 every mental health expert in this case agreed that he is  
19 schizophrenic. The particular sub-type really doesn't  
20 make a difference as far as what we are talking about  
21 today.

22 Q Once you were able to or during the process of  
23 determining that it was schizophrenia, did you try to look  
24 at when it started? Did you try to date it in terms of  
25 Alexander Youshock as to when the symptoms and signs  
26 started coming out?

1           A       Yes, because we have the scientific literature  
2 that talks about age of onset, 18 to 25 norm for men, but  
3 in my experience, it can come on earlier, it can come on  
4 later. We try to see if in fact what he is presenting,  
5 what is consistent with this notion we have this illness  
6 we call schizophrenia.

7           Q       And let me go back a little bit within  
8 schizophrenia. I think in your report you talk about  
9 different stages or different points within the disease.  
10 Is there different terms that describe that process?

11          A       There are, and the literature is pretty clear on  
12 this. A couple of terms I don't know if the jury has  
13 heard, this pre-morbid stage followed by a prodromal stage  
14 followed by the acute stage.

15          Q       Why don't you go ahead and talk about each of  
16 those three briefly. We heard parts of it, but not in  
17 detail.

18          A       It's clear when you step back from a particular  
19 case and you observe the development of a case  
20 longitudinally that the illness did not begin when the  
21 person started displaying or reporting psychotic symptoms.  
22 So in this case, Mr. Youshock had psychotic symptoms  
23 fairly consistent, starting at least as early as March of  
24 2009, and there is suggestion that they began earlier, but  
25 certainly March of 2009 everybody is pretty much in  
26 agreement that's when they started.

1           But prior to that time, he had a variety of symptoms  
2 that now we can appreciate were pre-morbid and prodromal  
3 phases of schizophrenia, his noted social withdrawal early  
4 on, his academic difficulties that he had, his I would  
5 call it inability to appropriately socialize with  
6 individuals; these are all part of the illness.

7           And then as Mr. Gilbert describes in his report to  
8 the police, that freshman year he was sort of doing okay,  
9 watching him because he was on the edge of passing. Then  
10 sophomore year he got worse. That's how one can look at  
11 the development from pre-morbid stage to the prodromal  
12 stage. In the prodromal stage is when you start having  
13 significant impairments in your behavior that are coming  
14 to the notice of other people.

15           Q       And then the last stage, what was after  
16 prodromal?

17           A       It's pre-morbid before the illness. The term  
18 really means you are having symptoms and then the  
19 prodromal, the symptoms start to pick up, then you have  
20 the acute or psychotic phase when you start having  
21 significant psychotic symptoms.

22           Q       Doctor, from a more pessimistic view, how do you  
23 as an expert explain the chicken and the egg theory, which  
24 is March of '09 Alexander Youshock decides he wants to  
25 take certain steps against Hillsdale and that's when the  
26 symptoms start, with the view that you are going back in

1 time with your diagnosis and picking out evidence that  
2 supports your diagnosis versus the other version, which is  
3 obviously you are looking at all the signs and creating  
4 diagnosis. Very bad question, but do you understand my  
5 point? How do you explain whether or not you are not  
6 simply looking back in time and picking out pieces of  
7 evidence to support your opinion?

8 A That's a good question, and how I would answer  
9 that is that I have the benefit of looking to the future,  
10 so we know what was happening, we know what happened on  
11 August 24th, 2009, we have a pretty good idea what was  
12 going on in the time prior to that, but we will have  
13 documented evidence by mental health professionals of what  
14 occurred afterwards.

15 So, it isn't as if that there was some stuff  
16 suggestive of mental illness back in March of 2009, and  
17 maybe a little bit before that, he was having what we call  
18 pre-morbid symptoms. Now, I am trying to stretch some  
19 behavior making it schizophrenia, but I also have the  
20 benefit of what has occurred since he's been in custody,  
21 where he was described as being psychotic and paranoid, as  
22 in Juvenile Hall where they referred him for psychotropic  
23 medication evaluation. Then he went to the Maguire  
24 facility here in the adult jail, he was there for a few  
25 months, then was started on anti-psychotic medication and  
26 got better.

1           So we have that information also, which then makes my  
2 interpretation of these past events much more confident in  
3 my interpretation given the fact that I know what happened  
4 in the future. For me this has been from a purely  
5 clinical standpoint, has been a very interesting case,  
6 because I don't often get all these graded observations  
7 that I can be very convinced about the diagnosis.

8           Q       What sort of symptoms or signs were you looking  
9 for in terms of creating this schizophrenia diagnosis,  
10 particularly the paranoid type, what were you looking for  
11 in the past and future?

12          A       Well, and again if I can just qualify that by  
13 saying I wasn't looking for anything in particular, but  
14 what was presented to me was the fact that Mr. Youshock  
15 was talking about paranoia, and this whole thought about  
16 the hatred for the teachers certainly now is clear that it  
17 was persecutory delusions behind this, but at the time I  
18 wasn't sure.

19          So I was looking for other evidence outside the  
20 school experience for paranoia, and he is talking about  
21 his mother trying to poison him over an extended period of  
22 time, that was confirmed by my interview with his mother.  
23 There was reports by him that he felt there were cameras  
24 in his room, that there were people watching him. He  
25 didn't want to go out because he was afraid people were  
26 watching him.

1           There was this incident that occurred in his  
2 neighborhood in the time leading up to August 24th, 2009,  
3 where there evidently was a fire in one of the homes or  
4 the apartments near where he was living and Mr. Youshock  
5 said there were police there.

6           Mr. Youshock reported to me that the police were  
7 setting these fires in the neighborhood so they can  
8 observe him. They were watching him. This is clearly a  
9 paranoid symptom, so he came up with some independent  
10 corroboration of what I was seeing with his relationship  
11 with the school teachers.

12           Q       Can those symptoms of paranoia simply be  
13 explained as someone doing something wrong and afraid of  
14 being caught, no different than someone who is stealing a  
15 cookie from the cookie jar and afraid his mom is looking  
16 out for him all the time?

17           A       Maybe, if it was just one example, but he had  
18 significant fears that his mother was going to poison him.  
19 He wouldn't eat, he started preparing his own food and  
20 then the other things about the police setting fires,  
21 these sort of things. So, it's my opinion, it nicely  
22 corroborated all these symptoms.

23           Q       Did you have an opportunity to view the videos  
24 with the transcripts, the interviews done by the police  
25 immediately after his arrest?

26           A       Yes.

1           Q       Did you happen to see evidence of paranoia  
2 during that interview immediately after his arrest?

3           A       I believe, he was concerned that the police were  
4 going to kill him during these interviews, that police  
5 obviously wear guns. He was afraid police were going to  
6 shoot him, he needed to be reassured that was not  
7 happening.

8           Q       Subsequent to his arrest during his time at  
9 Juvenile Hall and then going into Maguire, did he continue  
10 to have, show signs of paranoia?

11          A       At Juvenile Hall he had significant issues that  
12 came to the attention of the clinical staff there. Mr.  
13 Youshock on a good day was weighing 140 when he was first  
14 arrested, and at Juvenile Hall he lost 16 pounds. For  
15 some of us it would be a good deal, for him it was a huge  
16 weight loss. His reported reasons was that he was afraid  
17 the food there was being poisoned and he wouldn't eat. So  
18 there was that and that was clearly documented in the  
19 records at Juvenile Hall.

20          Q       Did you take a look at the mental health, at the  
21 medical records in Juvenile Hall to see if it was  
22 explained in another way by the treating psychologists or  
23 that perhaps he was not eating or didn't like the food?

24          A       Again, I think you can take a couple or three  
25 skipped meals and not like the food, I am sure the food is  
26 not the best, but over extended period of time it resulted

1 in a significant weight loss. They felt it was more than  
2 his volitionally not wishing to eat a meal.

3 MR. MCDUGALL: Your Honor, this may be a good  
4 time to take a break.

5 THE COURT: Ladies and gentlemen, we are going  
6 to take our morning recess at this point. I ask you to  
7 please keep in mind that admonition I have been giving  
8 to you, that it's your duty not to converse amongst  
9 yourselves or anyone else on any subject connected with  
10 this trial, not to form or express any opinion until the  
11 case is finally submitted to you. Wear your juror  
12 badges. We will start up at 20 minutes to the hour.

13 (Whereupon, a recess was taken.)

14 THE COURT: Thank you, folks, we are back here  
15 on the record. Everyone is present, doctor is on the  
16 stand. You may continue with your direct examination.

17 MR. MCDUGALL: Thank you.

18 Q Doctor, I briefly want to ask you, during your  
19 clinical practice and working on faculty as well as when  
20 you have been hired as a forensic expert, have you had an  
21 opportunity to look into how schizophrenia is understood  
22 and dealt with by the patients themselves as the disease  
23 is beginning to take onset and take control of the person?

24 A Yes.

25 Q Obviously an awareness of what's happening to  
26 themselves, is that something that in your field you try

1 to look at the person's awareness of the disease?

2 A You do try to take, to make note of whether the  
3 person has any insight into their particular mental  
4 condition because there's a particular symptom of  
5 schizophrenia that's called anosognosia, that is when the  
6 person doesn't have the ability to see that they are  
7 mentally ill, that you have that symptom, you have a much  
8 poorer prognosis, so yes.

9 Q In terms of your field, can someone control,  
10 absent medications, can they control the disease in terms  
11 of their physical or mental abilities to control it?

12 A No, to answer your question. It's just like any  
13 other chronic genetically determined medical illness. In  
14 this case schizophrenia happens to be a brain illness.  
15 You can look at any genetically determined illness, you  
16 don't choose to have cancer, you don't choose to have  
17 heart disease, you have it because you are genetically  
18 programmed for it.

19 Q What factor, if any, does age play in terms of  
20 your diagnosis and ultimately on whether or not it  
21 affected Alexander Youshock on August 24th.

22 A Age?

23 Q Of Alexander Youshock.

24 A As with most medical illnesses you learn what  
25 the age of onset was or what the particular type of  
26 condition you are looking at. For example, I didn't

1 consider that he has Alzheimer's disease, for example,  
2 although it's theoretically possible, it's very unlikely  
3 given the fact that Alzheimer's is an illness you see in  
4 older individuals. So his age did alert me to look at  
5 particular things, but it didn't particularly force me to  
6 a particular diagnosis.

7 Q In terms of age and the diagnosis, can you talk  
8 a little bit about the process you went through to  
9 determine if it was schizophrenia versus some other  
10 personality disorder?

11 A First of all, I just qualified this  
12 schizophrenia, it's not another personality disorder. It  
13 would be schizophrenia versus having a personality  
14 disorder. Briefly on that, at the age of 17 certainly a  
15 person's personality is not formed, for one thing, so you  
16 really can't have a disorder of something that's still not  
17 in formation.

18 Yet in looking at Alex's symptoms one would think, is  
19 it possible this can be a personality disfunction and the  
20 answer to that is, absolutely not. That is not due to  
21 personality disorder because when you look at the  
22 DSM-IV-TR, which is a diagnostic manual we use in  
23 psychiatry, it is real clear in the discussions of  
24 personality disorder, you don't arrive at this diagnosis  
25 first, if in fact it's better explained by another mental  
26 illness. The fact that he is withdrawn, the fact that he

1 has a highly irritable edge to him, the fact he stays up  
2 all night playing video games or lays in the shower for  
3 hours at a time at home or does other things that may  
4 imply a personality disorder, if in fact you have a  
5 diagnosis of schizophrenia it negates the whole  
6 personality disorder argument.

7 Q Briefly, you've heard of elements of a  
8 personality disorder that they are fixed or they are  
9 continuous over a period of time. Is there a difference  
10 between a diagnosis of schizophrenia and diagnosis of a  
11 personality disorder when there's some evidence of whether  
12 or not it's been fixed over a period of time?

13 That was a bad question perhaps. Let me withdraw  
14 that question. Is a personality disorder something you  
15 would see at an earlier age than say high school?

16 A No.

17 Q Would there be a fixed aspect of say a schizoid  
18 personality disorder lasting longer than say -- strike  
19 that. What are the other differences that we would notice  
20 in Alexander Youshock, schizophrenia versus trying to  
21 quantify him as a bad kid or some sort of personality  
22 problem?

23 A You wouldn't see the presence of psychotic  
24 symptoms, that's the biggest difference here. That the  
25 behavior that a schizophrenic displays certainly can be  
26 consistent with behavior that's associated with other

1 personality disorders.

2 But if it's explained by schizophrenia, then it  
3 removes personality disorder from that, from the  
4 diagnostic consideration, and also it's clear it isn't  
5 just myself that's diagnosed him as being psychotic.  
6 Every health professional that has seen him as the people  
7 at Juvenile Hall have, the people at Maguire facility have  
8 all found he is suffering from some form of psychosis.

9 Q How does isolation play a role in the symptoms  
10 of schizophrenia, particularly in this case with Alexander  
11 Youshock?

12 A It's interesting because it's a dual edge nature  
13 of this, in that his particular form of schizophrenia is  
14 predominated by negative symptoms. Just think of it as  
15 withdrawing into yourself, he didn't want to have any  
16 contact, he even talked about cutting his tongue out at  
17 one point so he wouldn't have to talk. That's the extent  
18 of his negative symptoms.

19 So isolation actually in one sense would be  
20 preferable for him, but at the same time isolation would  
21 then not give him any what I would call a non psychotic  
22 back drop to bounce against. You know, he has reported to  
23 me since he's been in a dormitory setting in Maguire jail  
24 he hears less voices.

25 And we see this very often with people, when they are  
26 around non psychotic people it helps them maintain a

1 certain degree of -- it sort of diminishes some of their  
2 psychotic symptoms.

3 Q What do you mean by negative symptoms.  
4 Obviously there are negative and positive symptoms of  
5 schizophrenia?

6 A Right. The negative symptoms are exactly what  
7 the word implies, a withdrawal into yourself. They almost  
8 call it, I have heard it described as an autism type  
9 symptom, it's not that you are autistic, but you are, you  
10 are internally preoccupied, everything is going on inside  
11 of you, you don't have any connection with the outer world  
12 and he certainly displayed that to me in my early visits.  
13 He still has that even though he's been on medications and  
14 it's clearly documented in the record that's what brought  
15 him to the attention of the people at Hillsdale High.

16 Q What are some of the examples of positive  
17 symptoms?

18 A Hallucinations, delusions which he doesn't have,  
19 which is disorganized thought processes. That's the type  
20 of positive symptoms, but he has delusions and  
21 hallucinations.

22 Q If you don't have one or two or three of the  
23 symptoms, would this mean that the diagnosis doesn't  
24 stand, do you have to have all the symptoms?

25 A No. DSM-IV-TR, the diagnostic statistical  
26 manual talks about you need to have two of five symptoms

1 that persist for at least a month in the acute phase, and  
2 last at least six months overall, and they are delusions  
3 or hallucinations, disorganized thought process,  
4 disorganized behavior or negative symptoms. He certainly  
5 has delusions and hallucinations, even if you argue when  
6 the hallucinations have come on, he certainly has  
7 delusions and negative symptoms.

8 Q We have heard a lot about disorganized thought  
9 characteristics of schizophrenia, particularly in  
10 Alexander Youshock. Is someone able to have organized  
11 thought and their mental abilities intact and still be  
12 suffering from schizophrenia?

13 A Clearly. Again that goes back to stereotype  
14 people who have mental illness in general, schizophrenia  
15 in particular, where you have to be, you know, shouting to  
16 the light bulb about socialism in order to be  
17 schizophrenic. You can be quietly psychotic, you can't  
18 tell someone is psychotic by looking at them.

19 You can be suffering from severe delusions and not  
20 have it be readily apparent, and at the same time your  
21 thought process, which is a way your thoughts are  
22 expressed, can be absolutely organized. I mean, there was  
23 this movie a few years ago, the Beautiful Mind movie, this  
24 guy was plagued with these horrible paranoid delusions  
25 that were really paralyzing his life, at the same time he  
26 has this gift mathematically and could express himself

1 clearly.

2 Q Does the presence of organized thought indicate  
3 the stage of schizophrenia, meaning, can you be in the  
4 acute stage or even the prodromal stage as you described  
5 it and still have organized thoughts?

6 A You can have organized thoughts throughout the  
7 entire course of your schizophrenia. Organized or  
8 disorganized thoughts are just one of the five criteria,  
9 so you can have very organized thoughts, but still be very  
10 schizophrenic.

11 Q You talked about Alexander Youshock's kind of  
12 built up in high school, this classic kind of digression.  
13 Were you aware at what he was doing at West Bay High  
14 School after he left Hillsdale High School?

15 A Yes.

16 Q And did you have a chance to look at the school  
17 records and the interviews with the teacher there,  
18 Mr. Tickel.

19 A Yes.

20 Q How do you explain the fact that once he was  
21 enrolled and working at West Bay his grades and his  
22 ability to do school work improved?

23 A Well, one, what I just clinically determined in  
24 my interviews with him, and that's been objectively  
25 observed by psychological testing, his I.Q. falls within  
26 above average range, it's not that the guy is stupid. He

1 also, that West Bay setting where he met with this one  
2 teacher for an hour, hour and-a-half a week and the rest  
3 of the time was able to work on his own was, you know,  
4 basically a good setting for him because he did well.  
5 Obviously the record shows he did well on this, but it  
6 doesn't say a thing about schizophrenia one way or the  
7 other.

8 Q Now, obviously, Doctor, a big part of your  
9 analysis at the request of the defense was to try to  
10 address his sanity leading up to and in particular of  
11 August 24th, 2009. Did you undertake that analysis?

12 A Yes.

13 Q And what was your ultimate -- ultimately what  
14 was your opinion of the sanity of Alexander Youshock on  
15 August 24th, 2009.

16 A I felt that on August 24th, 2009, due to his  
17 suffering from schizophrenia, he wasn't able to appreciate  
18 at that time the nature and quality of his actions, but  
19 that he didn't appreciate the wrongfulness.

20 Q Explain yourself, how you went about coming up  
21 with that conclusion.

22 A Well, throughout the course of my evaluation and  
23 through reading the other materials and talking to his  
24 mother and reading the other reports, it's clear that he  
25 was aware of that he had pipe bombs, he was aware that he  
26 had a chain saw, that he had a sword. It wasn't as if he

1 was delusional in thinking that the chain saw was a magic  
2 wand or something like that, for example. And he put them  
3 in his guitar case and took them to a place. He was aware  
4 of those sorts of action, and again I can't find anything  
5 in the record with Mr. Youshock that in fact he wasn't  
6 aware of that on a microscopic level. He knew it was a  
7 sword, he knew it was a pipe bomb, he knew it was a chain  
8 saw, however, when it comes to wrongfulness it was real  
9 clear to me that he did not think that it was wrong either  
10 in a subjective or objective standard.

11 Q Obviously he took steps to avoid his mother  
12 finding out or his sister, and he took steps to hide  
13 certain items when he went to Hillsdale. How do you  
14 explain your diagnosis that he didn't differentiate right  
15 from wrong with those steps, the physical actions he took?

16 A Again, I am qualifying, it's my opinion that he  
17 didn't appreciate the wrongfulness of his actions. This  
18 is where I think there's a real disconnect between the  
19 medicine and the law where clearly Alex Youshock is  
20 suffering from a very severe form of schizophrenia.

21 It's presented by delusions, questions of auditory  
22 hallucinations throughout this time, and he has this  
23 delusion, this persecutory delusion about these people at  
24 Hillsdale High School. Okay. Then we are left to look at  
25 his overt behavior. All right. So he didn't tell his mom  
26 I am going to Hillsdale High School to throw a few pipe

1 bombs. He didn't say -- he said I am going to make a  
2 video. But when we are looking at his behavior, we are  
3 looking at it from a non psychotic standpoint, and it's  
4 hard for us to understand what his motivations and  
5 thinking was. Well, that's a good thing because that  
6 means you are not psychotic. Okay. So, it's clear that  
7 he didn't, to me.

8         It's my opinion, that he did not think it was wrong  
9 to do what he did, but then looking at the objective facts  
10 that he tried to conceal this from his mother, these sort  
11 of things, that's where we look at it from a non psychotic  
12 linear point of view. It's where we sort of lose it, wait  
13 a minute, he is trying to avoid detection, therefore, he  
14 must know it's wrong.

15         I don't think you can go down those steps. That's  
16 the linear non psychotic assessment of what he did, but he  
17 is not linear, he is not non psychotic. He is exceedingly  
18 psychotic. So, thinking about what he did, you can't  
19 think about it in a non psychotic point of view, you think  
20 of it from the psychotic point of view. From the  
21 psychotic point of view, it's best that I can appreciate  
22 that and this comes from having evaluated thousands of  
23 psychotic individuals over the course of my career, it's  
24 clear to me that he did not think it was wrong.

25         Q         In talking with him in getting information  
26 specifically from Alexander Youshock, how well was he able

1 to discuss with you his differentiation between right and  
2 wrong in those days, and on August 24th during the  
3 interviews you had with him that first week after he was  
4 arrested versus say a year later under medication?

5 A It had changed, in that early on in May,  
6 September 2009 evaluation interviews with Mr. Youshock, he  
7 talked about hatred, he talked about being singled out, he  
8 talked about in terms of these persecutory delusions he  
9 had about his teachers and now moving forward a little  
10 over a year later, after he has been on a new atypical  
11 anti psychotic Abilify for at least five months and the  
12 dosages have increased during the course of this time, he  
13 had some insight into that. He was telling me, you know,  
14 my brain wasn't right, and the medicines helped me fix my  
15 brain, but yet he still couldn't explain to me besides the  
16 fact that he was being singled out, why he did that.

17 Q Did you ask him during any of these interviews  
18 whether or not the police would think what he was doing  
19 was wrong. Did you address with him the fact that law  
20 enforcement, that other people would think what he was  
21 doing was wrong?

22 A This, referring to one of my notes from our last  
23 visit with him, I don't remember asking that particular  
24 question.

25 Q Was he able to explain why he simply didn't stop  
26 his actions leading up to August 24th, knowing that his

1 mom would disapprove or a police officer would disapprove,  
2 why he didn't stop?

3 A No, he was unable to say that, but what he was  
4 saying is that he was planning to die that day, and that  
5 he was planning to have a police officer shoot him. He  
6 knew that much, but he also thought the police officer was  
7 going to shoot him when he was being interviewed after he  
8 was arrested.

9 Q Did you talk to him about the journal entries  
10 where he expressed feelings that he was God?

11 A Yes.

12 Q And what role, if any, did that play in terms of  
13 your analysis of what was going on in his mind on  
14 August 24th?

15 A Again, there was journal entries and also some  
16 of the videos that he made that talked about the grandiose  
17 delusions, one more piece of evidence for me to be  
18 convinced of the depth of his psychotic symptoms and the  
19 seriousness of his illness.

20 Q There has been, there may well be statements  
21 that the symptoms and the severity of his symptoms would  
22 come and go. Can you explain whether or not on  
23 August 24th it was just simply he wasn't suffering that  
24 day, but he may be suffering a week before? Can it happen  
25 like that?

26 A I don't understand how someone can say that, how

1 the symptoms can come and go. If you look at the course  
2 of schizophrenia over the years, yes, when symptoms get  
3 worse, symptoms resolve, but over this relatively short  
4 time frame that we are talking about March of 2009 to  
5 August 2009, and if we backtrack a little bit and see the  
6 progression that he demonstrated when he was still at  
7 Hillsdale High, that his illness was still ramping up, so  
8 it wasn't as if one day he had the symptoms, the other day  
9 he didn't have the symptoms.

10 Q We talked earlier about the fact that there was  
11 misinterpretation from Alexander Youshock's point of view  
12 of the benign actions of the teachers versus the extreme  
13 hatred and violence. Once that symptom of schizophrenia  
14 has taken over, what ability does the person have to  
15 control that? Can they turn back the clock, can they  
16 change that symptom themselves?

17 A Well, I think he has to a certain degree with  
18 secondary medication, he has, secondary to the fact that  
19 he takes seven and-a-half milligrams of Abilify which is a  
20 significant dose.

21 Q Absent medications, what abilities would someone  
22 have in the throws of these symptoms?

23 A This is one of the more frustrating aspects of  
24 working with people that are psychotic. A lot of times  
25 you can't give them medications because of laws that  
26 exist. So you are just trying to convince someone that

1 what they are thinking is inaccurate, and it's a losing  
2 proposition. It's almost impossible to talk someone out  
3 of their delusions because that is, as much as we all  
4 believe that we are in the courtroom today in Redwood  
5 City, that's our reality. The reality that he had on  
6 August 24th was that these people were out to ruin his  
7 life. The police were going to kill him this day and this  
8 is what he had to do. That was his reality just as much  
9 as this is our reality right now.

10 Q Did you ever talk to him or did he ever express  
11 to you understanding the effect of his actions would have  
12 on say Mrs. Spalding, or her mother, her father, or a  
13 loved one, or Mr. Gilbert, or anyone else from that  
14 school?

15 A No.

16 Q Did he ever show appreciation of the realization  
17 of what he was doing?

18 A He didn't. There was some writing, I believe,  
19 that he had about Mr. Gilbert that said he would feel  
20 guilty over what happened, but that was the extent that I  
21 found in my interviews and reviewing the materials.

22 Q Has that changed at all from that first day you  
23 met him, I believe, nine days after his arrest, until your  
24 first meeting with him?

25 A Again, he's gotten better, his illness is in  
26 treatment, he is being treated for it. Unfortunately,

1 everything had to occur in order for him to get treatment  
2 finally, but he is better clinically, he is not well, but  
3 he is better.

4 Q Is there any doubt in terms of your opinion at  
5 least in your field whether or not he appreciated the  
6 wrong of what he was doing on August 24th?

7 A There is no doubt, I don't have any doubt in my  
8 opinion that in fact on August 24th he didn't appreciate  
9 the wrongfulness of his actions.

10 MR. MCDUGALL: Thank you, that's all I have.

11 THE COURT: All right. Thank you. Miss  
12 Guidotti, cross-examination.

13 MS. GUIDOTTI: Thank you, Your Honor.

14 CROSS-EXAMINATION

15 BY MS. GUIDOTTI:

16 Q Good morning, Dr. Stewart.

17 A Good morning.

18 Q Now, you first visited with the defendant, you  
19 said, nine days after he was arrested, isn't that correct?

20 A September 3rd, I think maybe nine, ten days.

21 Q And at the time that you visited him you said  
22 that he was, it was clear to you that he was psychotic?

23 A After my second visit with him I had some  
24 indications during the first visit, but I wasn't  
25 absolutely sure.

26 Q And the indications that you had on your first

1 visit with him were all negative symptoms, isn't that  
2 right?

3 A There were some negative symptoms, he also  
4 reported some positive symptoms.

5 Q So the ones that you actually observed were  
6 negative symptoms, correct?

7 A Yes, as well as what is called responding to  
8 internal stimuli, which is what occurs when someone is  
9 hearing voices, they will be acknowledging or interacting  
10 with this noise or voices that are going on in their head.  
11 I suspected he was doing that my first two visits.

12 Q And the reason that you suspected that he was  
13 doing that was simply that he was slow to respond to your  
14 questions, right?

15 A Not just that he was slow to respond to my  
16 questions, but it wasn't just that. He was slow, that  
17 made me think he might be responding to internal stimuli.

18 Q Did you ask him if he was hearing voices?

19 A Yes.

20 Q And he denied it, correct?

21 A Correct.

22 Q And have you found him to be a reliable  
23 historian from your conversations with him?

24 A Around certain issues he is very reliable.  
25 Around appreciating the extent of his own mental illness  
26 especially before he was properly treated, you couldn't

1 necessarily count on all the stuff he was telling you.

2 Q So during this visit, despite the fact that he  
3 denied hearing voices, and despite the fact that you  
4 didn't see him interacting with other voices, nonetheless  
5 you felt it was your clinical impression, you felt that he  
6 was hallucinating, is that right?

7 A No. The second part of your question I think is  
8 not what my experience was, that he did not hear voices,  
9 but I had a clinical observation of him. I had the sense  
10 that he was responding to internal stimuli, I thought he  
11 was hearing voices during those first two visits.

12 Q Is it possible, Dr. Stewart, that he was simply  
13 slow to answer your questions?

14 A He was slow, it wasn't possible it was actual  
15 fact he was slow in answering my questions, but in  
16 addition to this I felt he was responding to internal  
17 stimuli.

18 Q You had no other indication that he was  
19 responding to internal stimuli other than the delay in his  
20 responses, isn't that true?

21 A No, that's not my memory of what happened.

22 Q Did you hear him responding to hallucinations?

23 A No, no. He wasn't verbalizing his response, but  
24 you don't always see that when a person is responding to  
25 internal stimuli.

26 Q So other than a delay when answering your

1 questions, what caused you to conclude that he was  
2 internally preoccupied?

3 A By observing him, it appeared that he was, it  
4 appeared that he was having, he was being distracted from  
5 the conversation with me by other things that were going  
6 on in his brain.

7 Q Well, do you know that it was other things that  
8 were going on in his brain?

9 A That's the only way they happen.

10 Q Well, could it have been external stimuli, could  
11 it have been hearing other people in the facility?

12 A Not during the time of my interview with him.

13 Q So he couldn't have heard anybody else?

14 A Well, again this is now September of 2009. We  
15 had a private room that was off the main area, so it  
16 wasn't as if we were in a housing unit. I have been in  
17 different visiting rooms in Juvenile Hall, it wasn't like  
18 there was a lot of people walking back and forth, we were  
19 pretty private. I don't believe he was responding to  
20 external stimuli.

21 Q Could it be thinking, preoccupied by things he  
22 was thinking, isn't that true?

23 A Yes.

24 Q Doesn't mean necessarily that he was  
25 hallucinating at the time, correct?

26 A It doesn't necessarily mean that.

1 Q Now, Dr. Stewart, you indicated that he was so  
2 paranoid that he lost 16 pounds while at Juvenile Hall,  
3 correct?

4 A Yes.

5 Q Are you aware of other reasons for his weight  
6 loss?

7 A Besides not eating?

8 Q Well, one would assume that not eating would  
9 cause weight loss.

10 A Yeah, that was the reason for his weight loss,  
11 he wasn't eating.

12 Q Are you aware that he also expressed that he  
13 didn't like the food?

14 A Yes.

15 Q Are you aware that he expressed that he was  
16 watching his salt intake because of high blood pressure?

17 A Yes.

18 Q Are you aware that he also said that he rarely  
19 ate breakfast or lunch?

20 A Yes.

21 Q And are you aware that he said he didn't have an  
22 appetite?

23 A Correct.

24 Q And that wouldn't surprise you that somebody  
25 wouldn't have an appetite when they were facing serious  
26 charges?

1           A       Not necessarily.  You are 17 years old, you are  
2 hungry all the time.

3           Q       So being depressed because you are in Juvenile  
4 Hall for serious offenses would not disturb your appetite?

5           A       Oh, potentially.

6           Q       So it cannot be said, can it, Dr. Stewart, that  
7 it's exclusively the paranoia that caused him to lose  
8 weight?

9           A       It wasn't just my assessment that said that, it  
10 was the assessment of the psychiatrists there at Juvenile  
11 Hall where he was referred to because of this weight loss.  
12 He was referred to this doctor for a psychotropic  
13 medication evaluation.  They wanted to put him on anti  
14 psychotic medication because the staff felt that the  
15 weight loss was due to a psychotic illness.  They had done  
16 a lot of dietary intervention, given him milk shakes, that  
17 sort of thing.  But at the end of the day he was still  
18 losing weight, then they referred him to the psychiatrist  
19 because that's what they felt.

20          Q       And it's your testimony this morning, your  
21 testimony, that he was so paranoid in Juvenile Hall that  
22 he lost 16 pounds?

23          A       Yes.

24          Q       And so it wasn't necessarily due, all due to  
25 paranoia, was it?

26          A       That was my opinion, it was due to paranoia.

1 Q You indicated that his mother was trying to, he  
2 said his mother was trying to poison him, correct?

3 A That's what he reported, that's what his mother  
4 reported also.

5 Q And you are aware also, aren't you, that he got  
6 food poisoning from something that she cooked for him  
7 shortly before this came about, correct?

8 A That may have occurred, yes.

9 Q And in fact, Mrs. Youshock told you that when he  
10 said that she was trying to poison him she thought he was  
11 kidding, right?

12 A I don't remember exactly what she said about  
13 that.

14 Q Do you have some recollection that she made a  
15 comment like that to you?

16 A Possibly, I don't remember right now.

17 Q And you are also aware, aren't you, that he was  
18 eating the food that she was purchasing for him, correct?

19 A Yes.

20 Q Now, would you agree, Dr. Stewart, that there  
21 were some issues that you characterized as paranoia that  
22 had an awful lot to do with his concerns about being  
23 caught for his planned activities?

24 A I am not sure exactly what you are referring to.

25 Q Well, in the journal there were a lot of  
26 references to his fear of being observed, correct?

1 A Correct.

2 Q He talked in his journal about being afraid that  
3 his mother was on to him, right?

4 A Correct.

5 Q He talked about the fear that she was going to  
6 figure out that he was making bombs, right?

7 A Yes.

8 Q And he expressed his concerns that the police  
9 were on to him as well, right?

10 A He expressed concerns about the fire, that the  
11 police were causing fires so they can observe him.

12 Q And you recall also there was an episode where  
13 he was greatly concerned while he was doing a  
14 reconnaissance walk to Hillsdale High School, he was  
15 stopped by the police, right?

16 A Yes.

17 Q And there were other incidents where he was  
18 concerned that he was going to be found out for what he  
19 was doing, correct?

20 A Correct.

21 Q Now, with regard to the issue of his concern  
22 that he was being monitored, isn't it entirely possible,  
23 Dr. Stewart, that that was an outgrow of the concern about  
24 being caught for what he was going to do?

25 A Yes, but the concern for being caught was a  
26 delusionary based concern, so all of it stemmed from his

1 psychosis.

2 Q My point being, that the concerns were about  
3 being caught and prevented from carrying out his massacre  
4 on the school, right?

5 A Yes, that were due to his underlying psychotic  
6 delusions.

7 Q I understand that. My point is simply, these  
8 paranoias that you are describing were about his fear of  
9 being caught, correct?

10 A In the psychotic frame work, yes.

11 Q Okay. Now, did you watch the interviews of the  
12 defendant, did you watch the recordings of the defendant  
13 being interviewed at the San Mateo Police Department?

14 A Yes.

15 Q Two, three hours et cetera of those?

16 A Something like that.

17 Q Okay. You would agree he looked considerably  
18 different at that time than he does today, wouldn't you?

19 A How exactly do you mean?

20 Q In appearance.

21 A He had facial hair.

22 Q Right. Now, you testified earlier that he  
23 indicated that he was, that he had this paranoia of the  
24 police?

25 A He was paranoid of the police, yes.

26 Q And you said that that was because he expressed

1 that he was afraid they were going to shoot him, correct?

2 A In fact, he was hoping that they would shoot him  
3 at Hillsdale High School. Later on he was concerned they  
4 were going to shoot him during the interrogation.

5 Q Would you agree, Dr. Stewart, that that one  
6 comment that he made to the officer, "I was afraid you  
7 were going to shoot me", that was the only evidence of his  
8 fear of the police?

9 A The only objective evidence, yes.

10 Q In fact, did you watch the videos when he was in  
11 the room alone?

12 A I watched the entire ones. I think there  
13 appears a time when he was alone.

14 Q Did you pay attention to his behavior when he  
15 was in the room alone?

16 A Yes, I certainly haven't put all that to memory.

17 Q There was nothing that jumped out to you, was  
18 there, about his conduct when he was in the room alone?

19 A There was nothing that, yes, there was no, as he  
20 has always presented, there hasn't been overt objective  
21 symptoms that he displays of being psychotic.

22 Q And for example, if a person was afraid the  
23 police were going to kill them while they are in this  
24 enclosed room, you would expect to see some manifestation  
25 of that fear, wouldn't you?

26 A See, again, you can't, I can't necessarily

1 answer that one way or the other because as a non  
2 psychotic individual, and I am in a room being held by  
3 people that are afraid if they are going to kill me, yeah,  
4 I may be displaying particular behavior that one can say,  
5 oh, look, he is clearly afraid he is going to get killed.  
6 When someone is psychotic, you can't necessarily say, look  
7 his behavior there wasn't a concern, you can't say that.

8 Q You didn't see any conduct while he was in the  
9 interview room that would indicate fear, did you?

10 A I've never seen any objective evidence of his  
11 being psychotic in the entire 20 months I have been in  
12 contact with him.

13 Q I am not asking about outward evidence of  
14 psychosis. I am asking, did you see any evidence that he  
15 was afraid?

16 A Well, you know, obviously it was a police  
17 interrogation video. It wasn't the best quality, but I  
18 agree, I didn't see any objective, I didn't see any  
19 objective evidence of that.

20 Q He looked fairly relaxed in that room?

21 A I don't know about relaxed, but he certainly  
22 didn't look terrified.

23 Q He looked preoccupied with his sore arm,  
24 remember that?

25 A Yes.

26 Q And when the officers would come in and out of

1 the room, he never jumped when the door started to open,  
2 did he?

3 A I don't believe so.

4 Q Okay. Now, do you recall, Dr. Stewart, that the  
5 defendant accepted a glass of water from the officers?

6 A I believe, he did.

7 Q Now, does that indicate to you that he was not  
8 afraid of being poisoned by the officers?

9 A It indicated he was thirsty, if anything.

10 Q If he was afraid the officers were going to kill  
11 him, wouldn't it be unusual for a person, for a person to  
12 accept something to drink from them?

13 A Not necessarily.

14 Q So your testimony then is that a person who is  
15 afraid of being killed by someone would have no hesitation  
16 about taking water from them?

17 A I am not a psychotic person. If someone who is  
18 as psychotic as Mr. Youshock was on August 24th, and had  
19 been for the months leading up to that time, you can't.  
20 All we can say is that was his behavior on that day, and  
21 the behavior you are describing of the police interviews,  
22 you are describing accurately, I agree with you he  
23 appeared overtly calm, he accepted water, he was concerned  
24 about an injury that had occurred where he had been  
25 tackled by the school people at Hillsdale High. That's a  
26 psychotic individual displaying that behavior. So we

1 can't again generalize it to people who are not psychotic.

2 Q Dr. Stewart, would you agree that a person who  
3 is schizophrenic does not lose all sense of reason?

4 A How do you mean reason?

5 Q A person who is schizophrenic does not lose  
6 their ability to make decisions, to observe their  
7 surroundings, and react in relation to them?

8 A In the most general sense, people with  
9 schizophrenia certainly make decisions and are in an  
10 environment that maybe they can react to their  
11 environment. However, if their particular delusions or  
12 psychotic symptoms are such that interferes with their  
13 ability to do that, then it does impair their ability to  
14 sit there and experience what you described.

15 Q But as you already described, Mr. Youshock was  
16 able to operate in certain realms of his life quite  
17 adequately, isn't that correct?

18 A Well, he was able to operate in certain realms  
19 of his life, I don't know about adequately necessarily.

20 Q So his conduct, his abilities at West Bay High  
21 School, would you agree that he was able to conduct  
22 himself adequately at West Bay?

23 A Yeah, based on the objective results of his  
24 school work there, he was able to adequately conduct  
25 himself.

26 Q So his schizophrenia did not consume his entire

1 life, did it?

2 A Well, yes. Schizophrenia is an either or thing.  
3 Either you are schizophrenic or you are not schizophrenic.  
4 So yes, schizophrenia was totally consuming him, but  
5 within the context of his being schizophrenic he was able  
6 to go to this special high school where he met with a  
7 teacher for an hour or so a week, then spent the rest of  
8 his time on the computer. That doesn't mean that  
9 schizophrenia wasn't impacting his life at that point.

10 Q But he was able to conduct himself certainly  
11 adequately in and sometimes proficiently in his life  
12 despite the fact that he had schizophrenia, correct?

13 A Yes.

14 Q As we already said, he was able to do well in  
15 school, correct?

16 A He was able to attend that special school.

17 Q And he was able to do the school work to the  
18 extent that he was able to earn all A's, correct?

19 A I believe so.

20 Q And he was able to conduct himself in that  
21 school work to the extent that he was able to make up two  
22 years of school in a period of nine months, isn't that  
23 correct?

24 A Yeah, that's what I said, that's what the school  
25 gave him credit for.

26 Q You are aware it's an accredited school?

1 A Yes.

2 Q Are you intending to demean the curriculum in  
3 that school?

4 A I don't know that school, the particulars of  
5 that school, so I am not able to give you an opinion about  
6 that.

7 Q And he was able to adequately engage in the  
8 making of his animations, correct?

9 A Yes.

10 Q Now, when you met with the defendant, is it fair  
11 to say that -- excuse me for one moment, doctor. How  
12 would you describe his ability to his executive  
13 functioning?

14 A You have to give me, you have to give a little  
15 more than that, give me the context, I can give you a  
16 better answer.

17 Q Would you agree that his ability to cognitively  
18 process that was intact on August 24th?

19 A I am not trying to mince words, how you mean  
20 cognitively may be different than what I mean cognitively.

21 Q The term executive functioning skills, you know  
22 what I am talking about, don't you?

23 A Yes.

24 Q Now, on August 24th of 2009, was he capable of,  
25 how were his executive functioning skills?

26 A Well, if you look at what happened and the

1 reasoning behind it, his executive functions were horrible  
2 that day. If you think of executive functioning as taking  
3 in data and then incorporating that data in a way to come  
4 up with behavior that's in your best interest, then it  
5 wasn't very well --

6 Q Wasn't very well what?

7 A Excuse me, the executive functioning wasn't  
8 functioning very well that day.

9 Q Was he able to make plans on August 24th, 2009?

10 A To a certain extent, yes.

11 Q Was he able to change plans when necessary?

12 A I am not exactly sure what you are referring to.

13 Q Well, for example, when his chain saw failed, he  
14 then abandoned it and went on to another weapon. That's  
15 an example of executive functioning, isn't it, changing  
16 plans when necessary?

17 A In that case, that's an example of executive  
18 functioning that's based on psychotic delusions. That's  
19 what we are talking about executive functioning.

20 Q What is psychotic about having your weapon fail  
21 and then using another one?

22 A Well, the whole premise is psychotic that he is  
23 there because of seemingly benign interactions that he had  
24 with teachers over a couple of years period, that then  
25 went on to develop this delusional context in which he  
26 feels that they were wronging him and singling him out.

1 That's the psychotic context that I am talking about.

2 Q Well, I will move on now to what was happening  
3 August 24, at Hillsdale High School.

4 A And that was what was going on, on that day.

5 Q On that day when his chain saw failed and he  
6 made a decision to utilize a different weapon, that was  
7 not a psychotic act, was it?

8 A If you isolate out that particular series of  
9 actions then, and totally ignore the context in which they  
10 are occurring, then I agree with you that's a non  
11 psychotic act.

12 Q Now, would you agree, Dr. Stewart, that the  
13 defendant never expressed any fear of being in physical  
14 harm from the teachers at Hillsdale High School?

15 A Correct.

16 Q That was never a component of what he was  
17 experiencing, correct?

18 A Based on my interviews with him or the materials  
19 I reviewed, I didn't find any of that.

20 Q And certainly he didn't feel that way when he  
21 was at school there, correct?

22 A Well, see, we don't know what he felt when he  
23 was at school there, because he was psychotic when he was  
24 at school there.

25 Q Did he express to you that he was physically  
26 afraid of teachers?

1 A He never expressed that to me.

2 Q Did he ever express to anyone, to your  
3 knowledge, involved in this case that he was afraid  
4 physically of the teachers?

5 A Not that I am aware of.

6 Q And certainly then having had no contact with  
7 the teachers in the year following his departure from  
8 Hillsdale, he never expressed a fear of them in that  
9 subsequent year, did he?

10 A Not that I am aware of.

11 Q Now, you began interviewing the defendant, as we  
12 said before, a couple of weeks after his arrest, and  
13 during those interviews you found him to be alert and  
14 fully oriented to person, place, time and events, didn't  
15 you?

16 A Correct. He knew who he was and what day it  
17 was, and that he was at Juvenile Hall.

18 Q He knew why he was at Juvenile Hall, correct?

19 A Yes.

20 Q He was not confused at all about what he had  
21 done or why he was there, was he?

22 A I don't remember if I asked that particular  
23 question, if you were confused about why he was there. He  
24 was certainly aware of the reasons that he was at Juvenile  
25 Hall.

26 Q And you noted that his thought process was

1 intact, didn't you?

2 A Correct.

3 Q And you also noted that he was much worse when  
4 you saw him in October of 2010, than when you interviewed  
5 him shortly after his arrest, correct?

6 A Much worse?

7 Q Yes. That he was much worse in October 2010  
8 than he was a year earlier, isn't that right?

9 A When I saw him in October of 2010, he had been  
10 on meds for a while. In fact, his thoughts were much more  
11 organized, he was able to talk about some of the psychotic  
12 symptoms, so I am not sure exactly what you are referring  
13 to in my notes. If you point it out I will address that.

14 Q Well, page 15, you write.

15 A Excuse me, is that on October --

16 Q This is your report, page 15. "It was clear to  
17 me that Alex's level of disability relating to his illness  
18 had increased in the intervening year even though he had  
19 entered more fully into mental health treatment that time  
20 period and was on psychotropic medications."

21 A Yes.

22 Q So he was in fact much worse a year after his  
23 arrest than when you first had seen him.

24 A What I was referring to there was that his  
25 illness had progressed from the time that I initially saw  
26 him until that time.

1 Q Okay. So nonetheless he was alert and coherent  
2 in his presentation to you when you first saw him?

3 A Yes.

4 Q So, you indicated, Dr. Stewart, that it was  
5 clear to you that the defendant understood the nature and  
6 qualifications of his conduct on August 24th, correct?

7 A Yes.

8 Q And by that you mean that he knew that these  
9 were human beings that he was trying to kill, right?

10 A I don't know if I asked him that particular  
11 question. What I was referring to when I said that  
12 earlier was that he was aware, that he was aware of what  
13 he had. The chain saw was in fact a chain saw it wasn't a  
14 magic wand, that the pipe bombs were pipe bombs and not  
15 something else. That's what I was referring to, I don't  
16 know if I specifically asked him that question, "did you  
17 think the teachers were human beings on August 24th". I  
18 don't think I asked him that.

19 Q Why wouldn't you ask him that question, wouldn't  
20 that be important to you?

21 A As far as what goes?

22 Q In terms -- well, let's back up then. You were  
23 in October and November of 2010, at that point, you were  
24 exploring the possibility of an insanity defense, isn't  
25 that true?

26 A Correct.

1 Q And up to that point you had not seen him for an  
2 an entire year, correct?

3 A Correct.

4 Q We are talking four, five months ago now, right?

5 A Yes.

6 Q All right. And when you are re-evaluating  
7 someone to determine if they meet the criteria of insanity  
8 under the law, you are looking at three things. One, do  
9 they have a mental illness, correct?

10 A Correct.

11 Q And the second prong that you are looking at is  
12 whether or not they understood the nature and quality of  
13 their activities, correct?

14 A Correct.

15 Q So, in coming to the opinion as to whether or  
16 not he understood the nature and quality of his conduct,  
17 wouldn't it be important to you to know if he realized  
18 that they were human beings that he was trying to kill as  
19 opposed to combats?

20 A Yes.

21 Q But you didn't ask him that question, is that  
22 right?

23 A No, what I said was, I didn't ask him that  
24 particular question. It was clear from everything that we  
25 were doing there that there was no indication that he said  
26 that these are Martians that he needed to eliminate from

1 the planet or some other sort of delusionary based issue.  
2 He was talking about them being his former teachers, then  
3 he got stuck in this persecutory delusional narrative that  
4 he couldn't get off. I didn't ask him that particular  
5 question, there wasn't any question in my mind what he  
6 felt about these people.

7 Q So, okay. So you didn't ask the question  
8 because you didn't have to ask the question, you already  
9 knew the answer, correct?

10 A Basically, I intuited it from everything else.

11 Q That he knew these were human beings?

12 A Yes.

13 Q And that if in fact he stabbed them, chopped  
14 them up with a chain saw, or threw a pipe bomb at them,  
15 they would likely be dead, correct?

16 A Yes.

17 Q And that dead meant that they weren't coming  
18 back, right?

19 A Correct.

20 Q You had no questions about his ability to  
21 understand and appreciate that concept, correct?

22 A Right, correct, that's what I stated in my  
23 report.

24 Q Now, you indicate that he did not appreciate the  
25 wrongfulness of his conduct, correct?

26 A Correct.

1 Q And you said on your direct testimony that it  
2 was real clear to you that he didn't think it was wrong to  
3 do this?

4 A Correct.

5 Q So, and you indicated that he didn't think it  
6 was subjectively wrong, meaning his own opinion, is that  
7 right?

8 A Correct.

9 Q And it's your testimony then that you did not  
10 believe the defendant understood that it was objectively  
11 wrong?

12 A Correct.

13 Q And when we say objectively wrong, that's what  
14 we are focusing on, under the law, right?

15 A I believe so, in this case, yes.

16 Q In every insanity case that's what we are  
17 focusing on, objectively?

18 MR. MCDOUGALL: I am being going to object,  
19 Your Honor, beyond the scope.

20 THE COURT: Sustained.

21 BY MS. GUIDOTTI:

22 Q Objectively means that whether or not he knew  
23 that society deemed it wrong, correct?

24 A That's my understanding of the objective  
25 standard, yes.

26 Q Now, there is a considerable amount of

1 information in this case, isn't there, Dr. Stewart, that  
2 indicates that he knew that society would deem it wrong to  
3 kill his teachers?

4 A I don't believe there is.

5 Q Now, what is it, Dr. Stewart, that you look at  
6 when you are making that determination of whether or not a  
7 person knows that what they are doing is wrong?

8 A Well, first of all, as you reminded me, reminded  
9 everybody, that the first prong of the insanity is mental  
10 disease or defect. So, if we don't have a mental disease  
11 or defect all this other stuff is academic discussion.  
12 That's the first thing that I determine, whether or not he  
13 has a mental disease or defect, is that going to  
14 significantly impair his ability to either appreciate the  
15 wrongfulness of his actions or the nature and quality of  
16 his actions.

17 Q Now, going on to the third prong, whether or not  
18 he knew that what he was doing was legally or morally  
19 wrong, under the standards of society, what are the things  
20 that you are looking at under that prong?

21 A Again, that prong can't be taken in isolation,  
22 it has to be taken in context of his mental illness. His  
23 mental illness is such that he has difficulty appreciating  
24 wrongfulness based on delusions as Mr. Youshock suffered  
25 from then. That's the type of information that I look at.

26 Q Well, there are some objective criteria, are

1 there not, that you look at in making that assessment?

2 A You obviously have some for me, what are they?

3 Q Are there some objective criteria that one takes  
4 into consideration when making that assessment,  
5 Dr. Stewart?

6 A The objective criteria that I looked at are  
7 whether or not his mental illness is such to a degree that  
8 it could be impacted, that's the first, and what more can  
9 you look at that's the basis of this.

10 Q Dr. Stewart, you are not suggesting, are you,  
11 that anyone who is psychotic cannot appreciate the  
12 wrongfulness in their conduct?

13 A No, I didn't say that.

14 Q So there are certainly people who are even  
15 severely psychotic that are able to appreciate the  
16 wrongfulness of their conduct, correct?

17 A Theoretically there are, yes.

18 Q Not in reality, just in theory?

19 A Well, again, I am going on my own personal  
20 experience that when someone is severely psychotic as  
21 Mr. Youshock was, it brings to question whether or not  
22 they had the ability to appreciate the wrongfulness of  
23 their actions.

24 Q So Dr. Stewart, you are saying then that simply  
25 being extremely psychotic makes you insane, is that what  
26 you are saying?

1           A       Remember that insanity is a legal term. Okay.  
2       So when you look at the severity of his mental illness,  
3       then that brings us to the prongs that you are discussing  
4       here.

5           Q       When you are determining whether a person knows  
6       that what they are doing is wrong, do you look for  
7       evidence that they are hiding or being deceptive?

8           A       I certainly note all that, yes.

9           Q       Because typically that is something that's  
10      indicative of knowledge of wrongfulness, right?

11          A       Not necessarily. That goes back to what I have  
12      been saying all morning.

13          Q       Do you recall in the defendant's journal that he  
14      spoke several times in the journal and in the interview  
15      about genocide?

16          A       I believe so.

17          Q       And he talked about how it was wrong to kill  
18      people just because perhaps of your religious beliefs, do  
19      you remember that?

20          A       I don't remember that offhand, but it sounds  
21      like something I reviewed.

22          Q       So there is an acknowledgement that genocide,  
23      that killing of people is wrong, correct?

24          A       I believe so, yes.

25          Q       And in fact on March 23rd in his journal he said  
26      I don't kill because I believe in something different than

1 other people, do you remember that?

2 A Can you say that again, please?

3 Q Yes. His journal, March 23rd of 2009, he makes  
4 a comment, I don't hate or try to kill someone because  
5 they believe in a different fiction book, referring to the  
6 Bible, do you recall that?

7 A Yes, yes.

8 Q So that indicates, does it not, the defendant's  
9 knowledge that trying to kill someone is wrong?

10 A Well, actually I am glad you reminded me of the  
11 contents of that quote because he is talking about  
12 religious genocide, so I would think he felt that to kill  
13 someone based on religious reasons would be wrong.

14 Q And the killing is wrong, correct?

15 A Well, based on what you read me, you can't say  
16 that. What you can say is that killing because of  
17 religious reasons is wrong, based on what you read.

18 Q Would you agree that he knew that it was wrong  
19 to lie?

20 A I am not sure actually.

21 Q April 7th, 2009, in his journal he talks about  
22 lying to his mother because it's the only way he can get  
23 her to buy chemicals. Does that indicate to you that he  
24 knew it was wrong to lie to his mother?

25 A Again, I don't believe that quote goes to wrong  
26 about that. He had something he wanted to do and he

1 needed to represent certain things to his mother.

2 Q April 8th, he writes, "my mom doesn't seem to be  
3 fond of the chemicals I am mixing together, I think she  
4 knows something is wrong." The use of the word, wrong,  
5 doesn't that indicate to you that he knew that he was  
6 doing something wrong?

7 A Again, I don't think you can necessarily just  
8 assume that.

9 Q When he talks about having the chemicals hidden,  
10 Dr. Stewart, why would a person have to hide evidence if  
11 they didn't know it was wrong?

12 A I can't answer that question.

13 Q Because that's indicative of the person knowing  
14 that it's wrong, correct?

15 A Not necessarily.

16 Q So hiding something does not indicate to you  
17 that he knew it was wrong?

18 A Not necessarily.

19 Q How about when he says about his mother, "she  
20 really doesn't seem to like it, so I have decided to make  
21 rock candy, I haven't told her what it does." Does that  
22 sound like he is trying to keep this information from his  
23 mother?

24 A I don't know, I can't answer that based on that  
25 quote.

26 Q April 9th. "I spoke to my dad, something with

1 him, he doesn't want me to have gun powder." Does that  
2 indicate to you that the defendant was well aware that his  
3 father didn't want him to have gun powder?

4 A That's what it says in there. His dad didn't  
5 want him to have it.

6 Q Does this indicate to you, Dr. Stewart, that he  
7 knew that there was something wrong with having gun  
8 powder?

9 A Not necessarily.

10 Q April 27th. "I am going to buy the chemicals my  
11 parents don't want me to have." Does that indicate to you  
12 that he is aware that he shouldn't have these chemicals?

13 A He is aware that his parents didn't want him to  
14 have it.

15 Q Aren't his parents a reflection of society?

16 A Well, that's a pretty big leap, you know. I  
17 don't know if you can say that.

18 Q Aren't his parents one indication of society's  
19 views on things?

20 A His parents are what his parents feel about it.  
21 I don't like to have my children eat chocolate bars, it  
22 doesn't mean they are wrong.

23 Q July 29th. "I hate this country, guilty of war  
24 crimes, international crimes and genocide, a country that  
25 got rich off kidnapping and forcing people into slavery, a  
26 country that murders civilians during war." And he talks

1 about a U.S. soldier in Iraq that kills a kid and shooting  
2 every taxi driver. Does that indicate to you,  
3 Dr. Stewart, that the defendant knows that killing is  
4 wrong?

5 A I don't think you can say that based on that  
6 quote.

7 Q July 31st. The defendant talks in his journal  
8 about not wanting to take resolutions on public  
9 transportation. Does that indicate to you that he was  
10 aware that he was doing something dangerous?

11 A What's the resolution?

12 Q The defendant in his journal refers to  
13 resolutions as gunpowder or pipe bombs. Not taking them  
14 on public transportation, that would indicate, would it  
15 not, that he was aware of this dangerousness and that it  
16 would be wrong to kill people with it?

17 A Again, from a non psychotic standpoint you might  
18 be able to say that. You can't necessarily assume that's  
19 based on the severity of his mental illness.

20 Q August 12th, where he says, "Amber is not  
21 responsible for this, I am." Does that indicate to you,  
22 Dr. Stewart, that he knows there's something wrong with  
23 what he is doing?

24 A That's a pretty general quote, so it's hard to  
25 tell what exactly he is referring to.

26 Q August 22nd. He says, "the problem is, I don't

1 want to make black powder in front of my mom. Oh, well, I  
2 guess I will have to lie to her." Once again, does that  
3 indicate to you, Dr. Stewart, that he has to hide this  
4 from his mother because she would disapprove?

5 A Yes.

6 Q August 23rd, "I will have to lie to my mom for  
7 the last time, she'll be heart broken." Does that  
8 indicate, Dr. Stewart, that his mother would not approve?

9 A I think it indicates that he is planning to die  
10 the next day.

11 Q How about the part about lying to his mother?

12 A What's the question?

13 Q Does that indicate to you that he knows, he is  
14 aware he is doing something wrong?

15 A He is aware that he needs to lie to his mother.

16 Q In order to keep her from knowing what he was  
17 doing?

18 A Yes.

19 Q And that would indicate that he knew he was  
20 doing something wrong, doesn't it?

21 A See, again, I am sorry, I keep going back to --  
22 I am not really sorry, it's the same answer when you apply  
23 a non psychotic linear thought processes to these quotes,  
24 then I can absolutely see how you would arrive at your  
25 conclusions, but that's not the case, that's not the  
26 milieu that we are working in.

1 Q Would you agree, Dr. Stewart, that there is a  
2 difference between whether or not he thought he was  
3 justified in killing people and whether he knew it was  
4 wrong, society would deem it wrong?

5 A Can you say that question again, please?

6 Q Would you agree that there is a difference  
7 between whether or not he personally thought he was  
8 justified in killing his teachers and whether or not  
9 society would deem it appropriate?

10 A I am sorry, I lost that. Again, I am not  
11 exactly sure of the question though.

12 Q If he thought that he was justified in killing  
13 his teachers that would be his subjective opinion that it  
14 was okay, correct?

15 A Okay.

16 Q But if he was aware that society would not  
17 approve, that would be the objective belief, correct?

18 A Yes. If he were aware that society would not  
19 approve and that would be consistent with his psychotic  
20 thought processes, then I would agree with you.

21 Q Would you agree that the fact that he hid the  
22 chain saw in the guitar case is evidence that he knew he  
23 would not be permitted on campus with it?

24 A I go back to my same answer, that based on his  
25 mental state, what I understand his mental state on  
26 August 24th, all of these scenarios that you are creating

1 can't be looked at objectively because of the degree of  
2 his psychosis.

3 THE COURT: Miss Guidotti, do you have more to  
4 go here?

5 MS. GUIDOTTI: A little bit, I can probably  
6 finish up --

7 THE COURT: All right.

8 MS. GUIDOTTI: -- fairly soon.

9 BY MS. GUIDOTTI:

10 Q The fact this defendant directed his mother to a  
11 site away from Hillsdale High School, that would indicate  
12 that he did not want her to know where he was going,  
13 wouldn't it?

14 A Again, my same answer applies that I have been  
15 saying.

16 Q The fact that he entered the school through an  
17 area that he believed was not being guarded, that is  
18 evidence that he did not want people to know what he was  
19 doing, he didn't want to be stopped, right?

20 A Possibly.

21 Q Would you agree he didn't want to be stopped,  
22 Dr. Stewart?

23 A Yes, I agree he didn't want to be stopped  
24 because he wanted to be killed that day.

25 Q And he wanted to kill teachers that day before  
26 he was killed, right?

1           A       Based on his psychotic delusions, yes.

2           Q       And Dr. Stewart, he knew that the police were  
3 going to be summoned that day, correct?

4           A       I believe so.

5           Q       And that indicates that he knew that what he was  
6 doing was against the law, doesn't it?

7           A       Not necessarily.

8           Q       Now, Dr. Stewart, when you interviewed the  
9 defendant on November 30th, you asked him, you wrote down  
10 in your notes this was -- I don't believe this was in your  
11 report, but in your notes of November 30th, do you recall  
12 writing down that the defendant mentioned something about  
13 not believing in the rule of law?

14          A       Can you tell me what page that is?

15          Q       Next to the last page of your notes.

16          A       Yes.

17          Q       And Dr. Stewart, that was after the defendant  
18 has been on an anti psychotic medication for six months,  
19 is that right?

20          A       Around that time, yes.

21          Q       And that's very similar to what he wrote in the  
22 journal on March 21st, 2009, where he wrote, quote, pardon  
23 my language, "fuck the law, I question authority and think  
24 for myself," correct?

25          A       Yes, because the question that I asked was not  
26 how he felt about it on November 30th, but rather now that

1 he was not psychotic, less psychotic, can you now remember  
2 exactly what you were thinking back before the incident,  
3 so it is very similar, you are right.

4 Q And finally, with regard to the defendant's side  
5 note, he indicated, "I haven't been very honest with any  
6 of you," correct?

7 A Yes.

8 Q So he on the day of the attack at Hillsdale High  
9 School acknowledged that he hadn't been lying, correct?

10 A Well, he said he hadn't been honest, right.

11 Q And it goes on to say, "I have lied, tricked and  
12 used all of you," correct?

13 A I believe so, yes.

14 Q And that indicates that he was well aware that  
15 he had lied, tricked and used people, correct?

16 A Okay. Now, on that one, I agree with you that  
17 you can say, based on this note that he said he lied,  
18 tricked and used people, yes.

19 Q And he also wrote you are probably angry with  
20 me?

21 A Yes.

22 Q And this indicates an awareness that he had lied  
23 and used deception and that people were going to be angry  
24 with him, correct?

25 A Based on what the note says, yes.

26 Q And that indicates that he knew that what he was

1 about to do was going to anger people, correct?

2 A Based on the note, yes.

3 MS. GUIDOTTI: I have no further questions.

4 THE COURT: Are you going to have any redirect?

5 MR. MCDUGALL: Just one question, actually.

6 REDIRECT EXAMINATION

7 BY MR. MCDUGALL:

8 Q Doctor, all these examples the prosecution has  
9 been giving you, you keep giving the same answer. Are you  
10 telling the jury whether or not this knowledge that the  
11 prosecutor impugns to these words is a product of his  
12 schizophrenia or rational thinking?

13 A What I hopefully have been answering the  
14 questions in that the assumption that the District  
15 Attorney is making is based on a non psychotic rational  
16 linear way of looking at things. That wasn't the case on  
17 August 24th, 2009.

18 MR. MCDUGALL: That's all I have. Thank you.

19 THE COURT: Anything else?

20 MS. GUIDOTTI: No, Your Honor, I don't.

21 THE COURT: May this witness be excused?

22 MR. MCDUGALL: Yes, Your Honor.

23 MS. GUIDOTTI: Yes.

24 THE COURT: All right, doctor, you are excused,  
25 you are free to go.

26 Ladies and gentlemen, we are going to take our

1 noon recess until 2:00 o'clock this afternoon. Keep in  
2 mind the admonition that I have been giving to you, that  
3 it's your duty not to converse amongst yourselves or  
4 anyone else on any subject connected with this trial,  
5 not to form or express any opinion until the case is  
6 finally submitted to you. We will see you folks back at  
7 2:00 o'clock. Thank you.

8 (Whereupon, a recess was taken.)

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1 April 4, 2011

Redwood City, CA.

2 P R O C E E D I N G S

3 A F T E R N O O N S E S S I O N

4 THE COURT: Good afternoon, folks. We are back  
5 here on the record, party and counsel are present, the  
6 members of our jury and our alternates are also present  
7 and at this time, Mr. McDougall, do you have any further  
8 witnesses to call?

9 MR. MCDUGALL: No, Your Honor.

10 THE COURT: All right. So at this stage of the  
11 sanity proceedings the defense rests?

12 MR. MCDUGALL: Yes, Your Honor.

13 THE COURT: All right. On behalf of the  
14 People, do you wish to call any witnesses?

15 MS. GUIDOTTI: Yes, Your Honor. Our first  
16 witness is Dr. Jeffrey Kline.

17 THE COURT: Okay.

18 JEFFREY KLINE, M.D.,

19 called as a witness by and for the  
20 People, having been first duly  
21 sworn was examined and testified as follows:

22 THE CLERK: Will you please state your name,  
23 spelling your first and last name for the record?

24 THE WITNESS: Jeffrey Kline, J-e-f-f-r-e-y,  
25 K-l-i-n-e.

26 THE COURT: All right, Doctor, just please

1 listen carefully to the questions asked, answer them to  
2 the best of your ability. If at anytime you don't  
3 understand the question the way the attorney phrased it,  
4 let them know, they in turn will rephrase or restate the  
5 question. It's important that we have a clear record,  
6 meaning only one of us can talk at the same time so the  
7 court reporter can take everything down.

8           Make sure to allow the attorney to complete  
9 their question before you begin your answer, and the  
10 same is asked of the attorney. If you need to refer to  
11 something to refresh your recollection, let the attorney  
12 know what you need to refer to. Finally, if while being  
13 asked a question by one of the lawyers should the other  
14 lawyer begin to object to the question, wait until I  
15 tell you it's okay to give your answer. With that, you  
16 may then proceed.

17           MS. GUIDOTTI: Thank you.

18                           DIRECT EXAMINATION

19           BY MS. GUIDOTTI:

20           Q     Good afternoon, Dr. Kline.

21           A     Good afternoon.

22           Q     Can you please tell us what your present  
23 occupation is?

24           A     I am a clinical psychologist in the private  
25 practice.

26           Q     What city do you practice in?

1           A       Menlo Park.

2           Q       Can you tell us, please, about your educational  
3 background that qualified you to become a clinical  
4 psychologist?

5           A       I have a Doctorate in Clinical Psychology from  
6 the University of New Mexico. I did a two year fellowship  
7 at the University of California San Francisco after that.  
8 Since then I have become board certified in Forensic  
9 Psychology through the American Board of Forensic  
10 Psychology.

11          Q       Can you tell us what a clinical psychologist  
12 does, please?

13          A       Research, some of us. Some combination of the  
14 following research, psychotherapy, clinical practice  
15 consultation, evaluation, psychological testing.

16          Q       Is a fellowship a requirement following the  
17 earning of your degree?

18          A       No.

19          Q       It's something that's optional that's done?

20          A       Yes.

21          Q       And in your particular case, why did you choose  
22 to do a fellowship?

23          A       I wanted advanced training in the area of major  
24 mental disorders before I went into practice.

25          Q       Can you explain just briefly what forensic  
26 psychology is?

1           A       Yes.  It's the application of psychological  
2 principles, psychological research to legally related  
3 questions.

4           Q       Now, how did you become board certified in  
5 forensic psychology?

6           A       It's an option for psychologists to specialize  
7 in a particular area.  It requires thousands of pages of  
8 reading, a thousand hours of practical experience in the  
9 area of forensic psychology, one hundred hours of  
10 specialized training, a written examination and an oral  
11 examination.

12          Q       Now, what was your -- when you graduated with  
13 your PhD from the University of New Mexico, what was your  
14 dissertation on?

15          A       It was in the area of paranoid schizophrenia.  
16 It was titled, paranoid and non paranoid schizophrenic  
17 processing of facially displayed affect.

18          Q       Have you in fact published articles on  
19 schizophrenia?

20          A       Yes.

21          Q       How many?

22          A       Well, I did publish my dissertation in the  
23 Journal of Psychiatric Research.  I have also published a  
24 paper on training and treatment for individuals with  
25 severe mental disorders which include schizophrenic  
26 individuals.

1 Q Are you at the present time a member of the  
2 Santa Clara County Psychological Association?

3 A Yes.

4 Q And do you hold a particular position within  
5 that organization?

6 A I am the president elect of the Santa Clara  
7 County Psychological Association.

8 Q Now, are you also on the San Mateo County panel  
9 of forensic evaluators?

10 A Yes.

11 Q Can you please explain to the jury what the San  
12 Mateo County forensic evaluators is?

13 A It is a group of psychologists and psychiatrists  
14 that have had specialized training, that are on a list so  
15 the Court can draw from that list of evaluations that are  
16 needed.

17 Q So you are basically an independent examiner for  
18 issues where you are appointed by the Court?

19 A Yes.

20 Q If you have any prior involvement in that case  
21 do you then refuse to take that appointment?

22 A Yes.

23 Q And are you also on the San Mateo County Board  
24 of Forensic Evaluators, the committee?

25 A The advisory board, yes.

26 Q Thank you, that was the word I was looking for,

1 the advisory board. How do you get on the county panel of  
2 the forensic evaluators?

3 A I have been on it for over ten years. You just  
4 contact the Court and there's a procedure, they review  
5 your credentials and then you are approved to be on that  
6 panel.

7 Q Now, what percentage of your work comes from the  
8 San Mateo County panel of forensic evaluators?

9 A I have to give you an estimate. Half my  
10 practice I spend in my office doing psychotherapy, the  
11 other half is forensic evaluator. Juvenile, family and  
12 criminal court private attorneys hire me or I am on the  
13 Court panel. Court paneling maybe ten percent, 15 percent  
14 of my practice for the criminal panel in this county.

15 Q And for the panel when you are appointed by the  
16 Courts of this county, is one of your responsibilities to  
17 make recommendations or render opinions to the Court on  
18 issues of competence to stand trial?

19 A Yes.

20 Q Is one of your other roles to render opinions  
21 and recommendations on a person's sanity at the time they  
22 commit an offense?

23 A Yes.

24 Q Now, I'd like to ask you with regard to this  
25 case on December 14th of 2010, some almost four months  
26 ago, you were appointed by the San Mateo County Superior

1 Court to evaluate the defendant, Alexander Youshock?

2 A Yes.

3 Q And at the time that you were appointed by the  
4 Court, what were you asked to do?

5 A To examine the defendant with respect to his  
6 mental state at the time of the offense and to render an  
7 opinion with respect to whether he was insane or sane at  
8 the time.

9 Q Have you had any prior contact with the  
10 defendant?

11 A No.

12 Q By the way, do you see him here in Court today?

13 A Yes.

14 Q Where is he seated?

15 A Right here on the far right (indicating).

16 THE COURT: The record will reflect  
17 identification of Mr. Youshock.

18 MS. GUIDOTTI: Thank you.

19 BY MS. GUIDOTTI:

20 Q Had you had any prior knowledge of the case?

21 A No. Well, I might have heard in the newspaper  
22 back when it happened, I didn't know any details.

23 Q Now, when you are appointed by the Court to  
24 determine an opinion as to the sanity of a defendant, the  
25 issue of sanity relates to the mental state of the  
26 commission of the crime, is that correct?

1           A       Yes.

2           Q       Is there any difficulty in going back, assuming  
3 that you are appointed some months or possibly even years  
4 down the road, do you have any difficulty in going back in  
5 time and rendering an opinion as it relates to that time  
6 in the past?

7           A       Well, it can be difficult, it's a retrospective  
8 examination. You are examining somebody's mental state  
9 back in time, it can be -- it really depends on the  
10 quality and amount of information that you have  
11 surrounding the time of the offense.

12          Q       Now, in this particular case, can you tell us  
13 what materials that you were provided when you were  
14 appointed to evaluate this matter?

15          A       I have a huge list. Do you want me to list all  
16 of it, I am going to refer to my report.

17          Q       Actually, I would like you to go through with  
18 mercy on the court reporter for speed, if you can tell us  
19 all of the things that you did consider.

20          A       The San Mateo County Juvenile Contact Report,  
21 the Youth Center Records, which is the Juvenile Hall,  
22 transcripts of two police interrogations, the defendant's  
23 handwritten journal, diagrams, instructions, his suicide  
24 note and a letter found on the floor, I said in the  
25 bedroom in the report, that's not correct, they found it  
26 in his room at the Youth Services Center.

1           A transcript of quote, Youshock's manifesto, San  
2 Mateo police report, follow-up crime scene investigation  
3 documents, various evidence documents. For example,  
4 shipping and sale receipts, documents from the Department  
5 of Justice, the defendant's grade reports, school work  
6 papers, e-mails between his mother and his teachers.

7           Q       Let me do this. Let me group some things, see  
8 if we can make this more expedient for you. Did you look  
9 at medical records from both the Maguire facility and  
10 Juvenile?

11          A       Yes.

12          Q       And were you made aware of the computer forensic  
13 examination report?

14          A       Yes.

15          Q       The defendant's grades?

16          Q       Both Hillsdale High School, middle school,  
17 grammar school and West Bay High School?

18          A       Yes.

19          Q       Prior doctors' reports from Berke, Patterson  
20 Wilkinson and then current reports from Dr. Fricke,  
21 Dr. Gregory?

22          A       Yes.

23          Q       The investigative reports submitted from the  
24 defense?

25          A       Yes.

26          Q       A school shooter, a free assessment perspective

1 from the FBI?

2 A Yes.

3 Q Did you also review several hours of interviews  
4 of the defendant by police officers from the San Mateo  
5 Police Department that were conducted on the date of his  
6 arrest?

7 A Yes, I had transcripts of these and the actual  
8 video tapes. There was one audio tape, short one.

9 Q Then did you also have a chance to view  
10 different videos that the defendant had made experimenting  
11 with black powder, the Gilbert shooting gallery, et  
12 cetera, animations?

13 A Yes.

14 Q So from the documents that you received, did you  
15 feel that you had a sufficient amount of material that you  
16 would need in order to render your evaluation in this  
17 case?

18 A An unusually good amount of material.

19 Q This is a lot of material compared to what you  
20 typically get?

21 A Yes.

22 Q Before I forget, I would like to offer Dr. Kline  
23 as an expert in forensic psychology.

24 THE COURT: You wish to inquire?

25 MR. MCDUGALL: No questions, no objection.

26 THE COURT: He will be deemed an expert in that

1 field of forensic psychology.

2 MS. GUIDOTTI: Thank you.

3 BY M. GUIDOTTI:

4 Q Dr. Kline, when you are evaluating a person's  
5 mental state a particular day in the past, is it helpful  
6 to you to have hours of police interviews with the person  
7 from that very date?

8 A Absolutely.

9 Q Can you tell the jury, please, why that is  
10 helpful to you?

11 A Well, those are good because we can study them  
12 for any unusual thinking or behavior that's documented or  
13 transcribed from the defendant. Those interviews are  
14 typically conducted very soon after an offense, so they  
15 can be very helpful to try to understand from that  
16 singular source of information how the individual was  
17 thinking.

18 Q And in this case you also got something I assume  
19 that's fairly unusual, and that is a journal from the  
20 defendant?

21 A Yes.

22 Q How helpful did you find that journal,  
23 Dr. Kline, in rendering your evaluation?

24 A That was one of the most, one of the strongest  
25 pieces of data, data that I used in developing my opinion.

26 Q Now, was it important for you also, Dr. Kline,

1 to interview the defendant?

2 A Yes.

3 Q And can you tell us on how many occasions you  
4 met with him and when they were, when those interviews  
5 were?

6 A I will have to refer to my report; it was three  
7 occasions, December 27th, 2010, January 4th, 2011, and  
8 February 3rd, 2011.

9 Q Now, did you do both an interview of the  
10 defendant and some psychological testing?

11 A Yes.

12 Q Can you tell us how you split that up between  
13 those three visits?

14 A Interview first, I did two interviews. I  
15 believe, it was the first and last, so I did the interview  
16 testing in the middle and then a final interview the last  
17 time we met.

18 Q And where was it that you met with him for these  
19 interviews?

20 A At the Maguire correctional facility.

21 Q Did you also do the psychological testing there?

22 A Yes.

23 Q Now, psychological testing, is that something  
24 that is typically done by psychologists rather than  
25 psychiatrists?

26 A Yes.

1 Q It's something that you have specific training  
2 in, is that right?

3 A Yes.

4 Q What is the purpose of administering  
5 psychological tests to a defendant?

6 A Well, one aspect of this kind of evaluation you  
7 want to see how the individual is currently functioning.  
8 It may or may not have implications for the mental state  
9 at the time of the offense. Psychological testing can be  
10 good to document if there is things like brain damage,  
11 severe mental illness, and also if there is exaggeration  
12 or feigning of symptoms of mental illness.

13 Q Also known as malingering?

14 A Yes.

15 Q We have heard a little about that already, so I  
16 won't go into that with you. Now, you, on the first  
17 occasion you met with him, December 27th of 2010, how long  
18 did you spend with him on that date?

19 A Let me refer to -- I didn't bring my  
20 documentation on this. I can tell you my total amount of  
21 time I spent with him, I don't know exactly on that date,  
22 I didn't bring my notes.

23 Q What is the total amount of time you spent with  
24 him?

25 A Across the three occasions a total of 5.3 hours.

26 Q So your first interview was strictly interview,

1 not testing, correct?

2 A I am sorry, I don't have the exact whether I did  
3 testing that first time. I know I did an interview that  
4 was two hours long on that first occasion, that's typical.  
5 I typically do the interview and then come back for  
6 testing.

7 Q Why is that?

8 A Just time and fatigue and keeping the  
9 defendant's attention.

10 Q You are worried about his fatigue not yours?

11 A Both. Staying alert two to three hours is about  
12 my max in one sitting.

13 Q So what is it that you do, Dr. Kline, when you  
14 first meet with someone who is basically a stranger to  
15 you, for the purpose of this evaluation?

16 A Well, I introduce myself. I tell the individual  
17 the purpose of my being there, who asked me to be there,  
18 whether it's Court order or not, what we are going to be  
19 doing, approximately how long it would take, and then I  
20 ask them their understanding of why we are getting  
21 together and after I have explained it to them.

22 Q Can you tell us to the best of your memory and  
23 based on your habit, what it is that you recall that you  
24 said to the defendant, when you met with him in this case?

25 A Well, my name is Dr. Kline. I am a  
26 psychologist, I have been appointed by the Court to do an

1 evaluation with respect to your mental state at the time  
2 of the offense you are accused of. What you tell me, what  
3 I gather from you is not confidential, it's not private.  
4 I summarize it and my report goes to the Court. It may or  
5 may not have implications for what my final opinion is or  
6 what the Court finally decides. What else. We are doing  
7 some psychological testing, then I usually ask, what is  
8 your understanding of why we are getting together.

9 Q And do you recall what the defendant said about  
10 his understanding about why you are getting together?

11 A Yes, I can tell you, I can quote that for you.  
12 "You are here to evaluate whether at the time --

13 MR. MCDOUGALL: I am going to object if the  
14 witness is reading from the report, I can see he is  
15 reading otherwise test the memory.

16 THE WITNESS: I was reading from a transcript  
17 from the interview that I have.

18 MS. GUIDOTTI: Are these your notes you are  
19 referring to?

20 THE WITNESS: Yes, I don't need to refer to  
21 them unless you want an exact quote.

22 MR. MCDOUGALL: I just had some concerns the  
23 witness is reading, that's all.

24 THE COURT: Sure, that's fine. Why don't you  
25 approach for a moment.

26 (Whereupon, off the record discussion took

1 place.)

2 THE COURT: All right. Thank you. Okay, you  
3 can go ahead and ask your next question here, Ms.  
4 Guidotti.

5 MS. GUIDOTTI: I am not sure I heard what his  
6 response was to you.

7 THE WITNESS: I do have the quote in my report  
8 and here it is, this is what he said, "you are here to  
9 evaluate whether at the time I got arrested if I was not  
10 guilty by reason of insanity."

11 BY MS. GUIDOTTI:

12 Q Okay. So you were satisfied, were you satisfied  
13 then that he understood your purpose there that day?

14 A Yes.

15 Q And from there how is it by the time you met  
16 with the defendant on that day, had you acquainted  
17 yourself with the details about this case?

18 A Yes.

19 Q And how is it that you go about then addressing  
20 the issues that you deem appropriate to address?

21 A I conduct an interview, usually defendants are  
22 pretty eager to tell you about the offense, so I let them  
23 tell me from their own words spontaneously everything they  
24 know about what happened and what was on their mind at the  
25 time, what led up to it, what happened afterwards.

26 Q Tell us, if you will, what the defendant's

1 demeanor was like when you met with him?

2 A Very flat, subdued, kind of sad mood, but he was  
3 alert, responsive, organized in his thinking, able to  
4 carry on a conversation, he was kind of muted.

5 Q By muted, you mean what?

6 A Kind of quiet, didn't speak very much at all  
7 unless he was asked a question.

8 Q And when you asked him a question was he  
9 forthcoming usually with information?

10 A Yes, he wouldn't always elaborate, I would have  
11 to ask him some more, but he was sufficiently forthcoming.

12 Q Were there occasions when he was reluctant to  
13 give you information?

14 A Yes.

15 Q About what subject matters?

16 A Well, related to his motives and some of his  
17 thinking at the time of the offense.

18 Q Can you be specific on any examples of that?

19 A Well, I'd like to ask -- can I confer with you a  
20 minute on that?

21 MS. GUIDOTTI: You mean the Judge?

22 THE WITNESS: Yes, in Chambers.

23 THE COURT: Well, let's do it this way here.

24 If there is an issue here, from time to time there may  
25 be a legal issue that comes up that we have to take care  
26 of outside of your presence, so what I will ask you is

1 if you can take a stretch break, keep in mind the  
2 admonition I have given you, that it's your duty not to  
3 talk about the case. If you can just step outside for a  
4 couple of minutes, the bailiff will get you back here in  
5 just a moment.

6 (Whereupon, the jury exited the courtroom.)

7 THE COURT: Okay, we sent the jury outside,  
8 party and counsel are here. For the record, there was  
9 during some questioning here a moment ago, Dr. Kline,  
10 there was a question raised by Mr. McDougall apparently  
11 as it relates to words you used regarding a transcript.

12 As it turns out, I then asked counsel to  
13 approach, check with the witness, see if there wasn't  
14 some material that Mr. McDougall or the D.A. had not yet  
15 been provided. Apparently it was a reference to a  
16 report, you have those reports.

17 MR. MCDUGALL: I have the report. It seems  
18 that the doctor does have some other notes which is  
19 okay, which is understandable, but I was concerned that  
20 there was something other than the report such as a  
21 transcript I don't know of. That's been answered, he  
22 said he quoted from his report.

23 THE COURT: Is there any further transcripts or  
24 anything you haven't provided to the attorneys?

25 THE WITNESS: I have documentation of my  
26 interviews.

1 THE COURT: Okay. I don't know what it  
2 constituted.

3 MR. MCDUGALL: I have not had, I haven't  
4 requested it either.

5 THE COURT: Yes, Dr. Kline, what was your  
6 concern?

7 THE WITNESS: It may have nothing to do with  
8 it, but I wanted to tell you that the answer to the  
9 question has to do with an indication that the defendant  
10 was, seemed to be trying to prevent self incrimination  
11 in the way he was answering some of my questions. So  
12 whether that has implication for this, I don't know.

13 MS. GUIDOTTI: And it shouldn't because we are  
14 past that issue, and he waives his 5th by launching a  
15 mental health defense, that's why I was asking those  
16 questions.

17 MR. MCDUGALL: Just I don't know, do you list  
18 that in your report?

19 THE WITNESS: No, for the same reason.

20 MR. MCDUGALL: I would object, I had no notice  
21 of this. If the D.A. did, I don't know if the D.A. gave  
22 that to me, I had no knowledge other than what's in his  
23 report. Certainly I have had no conversation that in  
24 some way there were some falsehood based upon  
25 incrimination or hesitation. I was not put on notice  
26 that we had this issue.

1 MS. GUIDOTTI: I got Dr. Kline's notes on  
2 Friday.

3 THE COURT: Okay, and you hadn't asked for the  
4 notes?

5 MR. MCDOUGALL: I had not asked for the notes,  
6 and I had correspondence with Dr. Kline's preparation of  
7 his report, but I was not put on notice that there were  
8 some self incrimination issues out there.

9 THE COURT: Was this referenced in the notes?

10 MS. GUIDOTTI: Yes.

11 MR. MCDOUGALL: Not by my witness.

12 MS. GUIDOTTI: He is the Court's expert.

13 THE COURT: It's the Court's witness. I mean,  
14 if you need some additional time to prepare for cross I  
15 will certainly entertain that. It sounds as if the  
16 notes were in existence and just not asked for, and he  
17 has provided them to whoever has requested it.

18 MR. MCDOUGALL: I think beyond waiving 5th  
19 Amendment, there's certain attorney-client privilege  
20 issues, which have been raised before, they certainly  
21 could still be raised. So, I guess it's not just  
22 cross-examination, but certainly if there is some  
23 attorney-client privilege issues that I will raise, I  
24 can do that in advance of direct examination.

25 THE COURT: Okay. I don't know what the scope  
26 of this area of inquiry is. By entering a plea of not

1 guilty by reason of insanity, he is not necessarily  
2 waiving his 5th Amendment issues by placing that in  
3 issue. So, I don't know if there is any attorney-client  
4 area that you are concerned about.

5 THE WITNESS: I wouldn't know, it's a legal  
6 issue I want to stay out of.

7 MR. MCDOUGALL: I don't know what information  
8 he is going to answer so I can't raise that issue,  
9 otherwise I certainly would. Counsel has thrown a  
10 couple of objects my way, so I will certainly take a  
11 look at them now.

12 MS. GUIDOTTI: I am not eliciting anything  
13 having to do with attorney-client privilege. It's about  
14 the fact that the defendant is somewhat discriminate  
15 about who he shares this information with.

16 THE COURT: Was it anything expressed?

17 MS. GUIDOTTI: It was comments to the doctor.  
18 I don't know if I should answer this, I don't know if  
19 this might, you know, I can quote it directly, comments  
20 about, "I don't know if I can say," and "the D.A. might  
21 use it against me," that was one occasion. Another  
22 time, "I don't think I can answer that question. How  
23 come. If I answer it there might be something that can  
24 be used against me." Then let's see, "what were you  
25 going to use the chain saw for. I don't think I can  
26 answer that one either. Part of me wanted to die. How

1 come. It was just the day. What were you intending to  
2 do with the pipe bombs. I can't answer that one either.  
3 Did you think that making pipe bombs might be against  
4 the law. I don't think I can answer that either." I  
5 mean, this goes right to the heart of the matter.

6 MR. MCDUGALL: First of all, I didn't  
7 specifically ask for Dr. Kline's notes. I did have a  
8 standing request for discovery, which this clearly would  
9 be incriminating information under 1054. The fact that  
10 counsel had it on Friday, knowing that she went early  
11 into direct, appears to me that she knew there was  
12 information that would be incriminating.

13 I think that although I didn't ask for notes,  
14 this is her witness, and this is incriminating  
15 information that is not listed within his report. I  
16 have some concerns that this is a lack of notice or  
17 opportunity to raise this with the Court prior to Dr.  
18 Kline being on the stand in front of the jury. So, I  
19 have some concerns.

20 I would object to this line of questioning,  
21 and again, I will certainly review these, what appear to  
22 be 20 plus pages of information given to me now, but I  
23 don't think it's appropriate at this time to provide and  
24 elicit incriminating information without prior notice.

25 MS. GUIDOTTI: I take umbrage with that  
26 accusation. Mr. McDougall well knows I have given him

1 every shred of paper involved in this case. This is the  
2 Court appointed expert. It was Mr. McDougall's job to  
3 ask for notes if he wanted them, and I was not trying to  
4 pull a fast one on anybody.

5 THE COURT: Nor do I think you were. I mean,  
6 this is a situation in which Dr. Kline was appointed by  
7 the Court along with Dr. Gould to conduct the  
8 examination. They both had been made on the same day  
9 that Mr. Youshock entered his plea of not guilty by  
10 reason of insanity. I commend Dr. Kline for raising  
11 this issue before he answered it in front of the jury  
12 here.

13 Your objection is noted, Mr. McDougall, but  
14 especially in light of the testimony that you elicited  
15 from Dr. Stewart this morning regarding your client's  
16 abilities and capacities and the like here, I mean, this  
17 goes to the heart of the matter. Certainly I would  
18 provide you with the opportunity to effectively be able  
19 to cross-examine here. In terms of scheduling here,  
20 have you conferred with your witnesses regarding their  
21 availability here?

22 MS. GUIDOTTI: They are all lined up for  
23 tomorrow, Your Honor.

24 THE COURT: Okay. Because when we initially  
25 discussed it, it was anticipated that there was a  
26 possibility with the doctor this morning, that

1 Dr. Stewart was going to potentially be here all day.

2 MS. GUIDOTTI: I notified Mr. McDougall I was  
3 calling Dr. Kline this afternoon, I did that over the  
4 weekend.

5 THE COURT: Okay.

6 MS. GUIDOTTI: I am happy to go through this  
7 and point out to Mr. McDougall the areas that I am  
8 inquiring about, I can go through it page and line.

9 THE COURT: Okay. Well, what is your schedule,  
10 Dr. Kline, in terms of your availability tomorrow  
11 morning?

12 THE WITNESS: I am available, I can be  
13 available tomorrow morning.

14 MR. MCDUGALL: I may need an opportunity  
15 during the break to read this for cross-examination.

16 THE COURT: What we will do then is the  
17 following: If we need to take an extended break, we  
18 will take an extended break. Your objections are noted.  
19 However, one, Dr. Kline is an expert appointed by the  
20 Court, not the People's expert here.

21 Two, if you didn't request notes, Dr. Kline  
22 was preparing a report that he thought was answering a  
23 legal issue for the Court, that's fine. It certainly  
24 doesn't seem there is anything here that was untoward.  
25 Miss Guidotti didn't get the notes until Friday  
26 sometime. Again, it's not that she is -- it's certainly

1 nothing that is exculpatory and it's also the Court's  
2 witness. From that standpoint and the fact that it was  
3 appointed by the Court here, I will note your objection,  
4 Mr. McDougall, I will overrule it, permit the area of  
5 inquiry to continue. If you need additional time for  
6 the cross we will do that. So, go ahead and bring the  
7 folks back in.

8 Thanks everybody. We are back here on the  
9 record, the jury and alternates are now present,  
10 everyone else is present. You may continue with your  
11 direct here, Ms. Guidotti.

12 MS. GUIDOTTI: Thank you.

13 BY MS. GUIDOTTI:

14 Q Dr. Kline, just before the break you indicated  
15 that there were some areas where the defendant was  
16 reluctant to answer your questions, is that right?

17 A Yes.

18 Q And predominantly, what were the subject matters  
19 that you were questioning him about when he expressed  
20 reluctance to answer your questions?

21 A The questions were all targeting his thinking  
22 and perceptions during the events of the offense and his  
23 views of those.

24 Q And specifically, when you would ask him about  
25 his intent with regard to his actions at the time of the  
26 offense what would his answer be that would let you know

1 that he was reluctant to answer?

2 A He expressed concern that it could be used  
3 against him by the prosecution.

4 Q So, for example, when you asked him about this  
5 thinking that he was God and you asked him to describe  
6 that. Can you recall what it was that he said or did you  
7 need me to assist you?

8 A I can look at my notes, I don't know exactly  
9 what he said.

10 Q It would be page eight of 16 in your notes. Not  
11 your report, but your notes.

12 A On my first interview of December 27th?

13 Q Yes. That would be the top of the page.

14 A I have it here.

15 Q When you asked him to describe his feelings  
16 about, of being very powerful, do you see where I am?

17 A Yes.

18 Q Can you tell us what his response was to that?

19 A Right after I asked him to describe that?

20 Q Yes.

21 A He said, quote, "there are things that I don't  
22 know if it's okay to say. You said this goes to Court,  
23 it's not private, I don't know if I can say it."

24 Q And what did you say to him then?

25 A "What is your concern, if you tell me and it  
26 goes to Court?"

1 Q And his response was what?

2 A Like it might go to the D.A. and they might use  
3 something against me.

4 Q And then if you would skip over to page ten of  
5 16, the bottom of page nine of 16, you were talking about  
6 making pipe bombs, is that right?

7 A Yes.

8 Q And up at the top of page 16, what did you ask  
9 him?

10 A You mean page ten?

11 Q Sorry, yes. Thank you.

12 A "What was on your mind about making them?"

13 Q His response was?

14 A Not sure.

15 Q And what did you say?

16 A "What did you think, what was the purpose at  
17 that point."

18 Q And his response was what?

19 A "I don't think I can answer that question."

20 Q What did you say to him?

21 A "How come."

22 Q And his response?

23 A "If I answer there might be something that can  
24 be used against me."

25 Q And then what was your next comment to him?

26 A I said, "okay, that's fine. Can you tell me

1 your thoughts about the chain saw."

2 Q And his answer was what?

3 A "I don't know where I got the idea of using a  
4 chain saw."

5 Q What did you ask him?

6 A "What were you going to use it for."

7 Q And what was his response?

8 A "I was going to -- I don't think I can answer  
9 that one either."

10 Q Now, if you will skip down to the bottom third  
11 of the page where you asked him what he was intending to  
12 do with the pipe bombs.

13 A Yes.

14 Q What was his response?

15 A "I can't answer that one either."

16 Q And what did you ask him?

17 A "Why is that."

18 Q And his response was what?

19 A "I think if I tell you it might get used against  
20 me."

21 Q And then what did you ask him next?

22 A "Okay. Did you realize that making pipe bombs  
23 might be against the law?"

24 Q And his response was what?

25 A "I don't think I can answer that either."

26 Q Now, other than those episodes when you were

1 asking him those kinds of questions and he was reluctant  
2 to respond, was he fairly cooperative through the rest of  
3 the interview?

4 A Yes.

5 Q Other than his demeanor as you described as very  
6 quiet, sort of flat, et cetera, his demeanor, did he  
7 appear to be responsive to you in your questions?

8 A Yes.

9 Q Did you notice anything off about his comments  
10 or processing?

11 A No.

12 Q All right. Now, when you are interviewing  
13 someone for purposes of making a determination on sanity,  
14 is one of the first things that you are going to do is  
15 determine if they are suffering from a mental disease or  
16 defect?

17 A Yes.

18 Q And up until this time had you interviewed, had  
19 you read other doctors' reports about the defendant?

20 A Yes.

21 Q And with some exceptions, were there -- were  
22 most of the conclusions that he was suffering from  
23 schizophrenia?

24 A Yes.

25 Q And ultimately, Dr. Kline, did you agree with  
26 that diagnosis that he was likely suffering from

1 schizophrenia?

2 A Yes.

3 Q Can you tell us, please, what it was that you  
4 base that conclusion on?

5 A His report to me about some of his symptoms.  
6 For example, some auditory hallucinations, some delusional  
7 beliefs, the other doctors -- one, two, three, four, about  
8 four, at least four other doctors that had observations in  
9 their reports.

10 Also, what I saw from his journal where he documented  
11 his thinking leading up to the offense, his treating  
12 doctor at the Maguire jail, I think that's pretty much it.

13 Q Now, let's talk a little bit about some of those  
14 symptoms that you recognize as symptoms of schizophrenia.  
15 First of all, let's talk about the auditory hallucinations  
16 that you have described. Now, obviously -- strike that.

17 Tell us about what your opinion is about the  
18 severity of auditory hallucinations that he suffered.

19 A They weren't very severe, they were very  
20 frequent. Short lived when they did occur, and the  
21 frequency was large amount of time in between these  
22 hallucinations.

23 Q You were aware of one episode when he was in  
24 junior high where he was at his father's house, dropped a  
25 bag and heard "ouch", is that right?

26 A Yes, and a whisper, he thought it was a ghost.

1 Q And then you are aware of another possible  
2 auditory hallucination that took place about, what, six  
3 weeks before he was arrested?

4 A He told me about a month and-a-half before.

5 Q And that again was a whisper?

6 A A whisper that lasted one or two seconds he told  
7 me.

8 Q Now, in your professional opinion are these what  
9 you -- would you consider these serious, these auditory  
10 hallucinations?

11 A No.

12 Q Why is that, Dr. Kline?

13 A They are very brief, they didn't happen very  
14 often, they just weren't sustained. Plus I'll give you an  
15 example, more severe auditory hallucinations would have  
16 been a running commentary of the individual's actions or  
17 behavior, 12 voices talking to each other.

18 Q I am going to ask you to slow down a little bit.

19 A Sorry.

20 Q So if you can, give us an example of auditory  
21 hallucinations that you would consider concerning.

22 A On going dialogue of voices, or voices telling  
23 him to do things, whole sentences, phrases, maybe two  
24 voices talking to each other.

25 Q When you say a voice telling him to do  
26 something, is that called a command hallucination?

1 A Yes.

2 Q And is that more common in psychosis?

3 A Yes.

4 Q Is it fairly unusual to hear about these  
5 whispered auditory hallucinations?

6 A I heard it before from people, people that have  
7 never been diagnosed with a psychotic disorder can have a  
8 transient small voice that they might think occurred,  
9 religious experiences, something like that.

10 Q Do some people, usually with auditory  
11 hallucinations, voices, do people usually -- are they  
12 usually able to say whether it's a male voice or female  
13 voice?

14 A Usually.

15 Q And that was not in this case, correct?

16 A I didn't ask him. I mean, they were so brief  
17 and infrequent that I didn't ask that kind of detail.

18 Q Is it fair to say, Dr. Kline, that the auditory  
19 hallucinations were a major part of your diagnosis of  
20 schizophrenia?

21 A That's correct. Actually, let me qualify that.  
22 His hallucinations did increase after he was incarcerated  
23 for a period of time. So that did go to my -- it was a  
24 significant part of my diagnosis at the time I did my  
25 evaluation.

26 Q Right, because the fact that they increased

1 afterwards, that was significant in terms of your overall  
2 diagnosis, right?

3 A Yes.

4 MR. MCDOUGALL: I object as to leading, Your  
5 Honor.

6 THE COURT: Okay, sustained. Just ask direct  
7 questions here.

8 MS. GUIDOTTI: Okay.

9 BY MS. GUIDOTTI:

10 Q And do you differentiate, Dr. Kline, between  
11 your overall diagnosis of schizophrenia and then the  
12 smaller question, whether or not he was sane on  
13 August 24th?

14 A Yes.

15 Q Now, let's talk about first, delusions. You  
16 read his journal, correct?

17 A Yes.

18 Q And in the journal are numerous mentions about,  
19 I am God, I am powerful, et cetera, et cetera, correct?

20 A Yes.

21 Q Do you remember those delusions, Dr. Kline?

22 A I would not consider those delusions. The most  
23 you can say they were very transient delusional ideas.

24 Q Can you tell us how you differentiate between  
25 delusions and delusional ideas?

26 A Well, in this case, the severity, the extent,

1 how long they occurred, how much they dominate an  
2 individual's consciousness, how much they influence an  
3 individual's behavior.

4 Q Now, what was significant, if anything, about  
5 when and where these delusions took place?

6 A Well, he reported to me that they -- these are  
7 called grandiose ideas, delusions about feeling he is God  
8 were exclusively experienced while he was in his room  
9 alone at home.

10 Q Is that unusual for a delusion to be so limited  
11 in time and place?

12 A Well, you don't really call those delusions  
13 then. These were powerful fantasies, his imagination that  
14 appeared to be delusional at that time, but they did not  
15 follow him. He did not have those outside of his room  
16 day-to-day. They were in his room, big, powerful  
17 fantasies that gave him a feeling of power.

18 Q And so, is it fair then to say that these ideas,  
19 these grandiose ideas were not a major part of your  
20 diagnosis of schizophrenia?

21 MR. MCDOUGALL: Objection, leading, Your Honor.

22 THE COURT: No. Overruled.

23 THE WITNESS: I consider them the beginning. A  
24 disturbance that increased in intensity after, even  
25 months after he was arrested and incarcerated. They  
26 were early signs that turned out became more intensified

1 later. That told us that he has schizophrenia.

2 BY MS. GUIDOTTI:

3 Q Dr. Kline, to what did you attribute the  
4 exacerbation of symptoms that occurred after he was  
5 arrested?

6 A They seem to increase when he was placed under  
7 administrative segregation or isolation at the Youth  
8 Services Center.

9 Q Can you explain to us, Dr. Kline, why that would  
10 happen?

11 A An individual who is already fragile is placed  
12 in a room, very little contact with the outside world,  
13 very low stimulation for a prolonged period of time, that  
14 can push people into greater disturbance, that kind of  
15 situation.

16 Q So, what is your opinion as to whether or not he  
17 was -- before I go there, I am sorry, I want to back up  
18 and I want to talk about issues of paranoia. Before his  
19 arrest, can you tell us how an issue of paranoia might  
20 have played into your opinion about schizophrenia?

21 A It's pretty clear that during the months leading  
22 up to the offense he became more paranoid, feeling  
23 somebody might kill him, feeling like he was being  
24 watched, thinking that there were surveillance devices  
25 such as cameras perhaps in his room watching him,  
26 helicopters outside were surveilling him.

1 Q Do you consider that paranoia?

2 A Yes, because there is no indication that anyone  
3 outside was, individuals, helicopters, police, knew what  
4 he was doing and would be watching him to that degree.

5 Q Now, there were things that we know from the  
6 journal that he was legitimately concerned about in terms  
7 of detection, is that right?

8 A Yes.

9 Q Do you differentiate those from the more  
10 paranoid type expressions that he had in his journal?

11 A I am not sure I understand your question.

12 Q There's a good reason you didn't understand that  
13 question. Let me try again. Do you recall in the journal  
14 there were expressions of concern that his mother would  
15 find out what he was doing?

16 A Yes.

17 Q And concerns about his father finding out or  
18 disapproving of what he was doing?

19 A Yes.

20 Q Were there also concerns, do you recall, about  
21 the police finding out what he was doing?

22 A Yes, he was concerned about that.

23 Q Now, were some of those non paranoid concerns?

24 A Well, the best way to explain it is, okay, he  
25 thought the police or whoever had cameras in his room,  
26 paranoid delusion, but his thinking about that was that he

1 would be detected in putting this plan together to do what  
2 he did at the time of the offense.

3 Q And so, now, did that evidence have import for  
4 you in the sanity determination?

5 A Yes.

6 Q Now, going on though, back to issues of the  
7 police following him, spoiling his efforts, were some of  
8 those grounded in reality in fact?

9 A Yes.

10 Q Can you explain that, please.

11 A Well, for example, at one point he documents in  
12 his journal that he did a dry run of walking to the school  
13 to see how long it would take him. On one occasion he  
14 decided to go a different route, and it just happened to  
15 be on this occasion he saw a police officer come by and  
16 then he got scared, oh my gosh, here I deviate from my  
17 route and this police officer can detect my plan and I  
18 could be thwarted.

19 Q So that, you don't consider that paranoia, is  
20 that right?

21 A No.

22 Q Okay. Now, did you also, Dr. Kline, then  
23 administer tests to the defendant?

24 A Yes.

25 Q And can you tell us what the purpose was of  
26 those tests?

1           A       To rule out whether he had any kind of cognitive  
2 deficits, to gauge the level of symptoms of mental illness  
3 or psychopathology at the time I was evaluating him, and  
4 to assess whether or not he might be exaggerating or  
5 malingering.

6           Q       Is it fair to say that you did not detect signs  
7 of malingering?

8           A       That's correct.

9           Q       Now, going on with the other items. Now, are  
10 you aware that he had been on Abilify and taking psychotic  
11 drugs since May of 2010?

12          A       Yes.

13          Q       By the time you saw him he had been on Abilify  
14 for about seven months, correct?

15          A       Yes.

16          Q       How does that affect the psychological testing  
17 that you do?

18          A       Well, it usually can decrease the kind of  
19 exaggerated or acute, acute or severe symptoms, but it  
20 doesn't really ameliorate an underlying thought  
21 disturbance. In other words, you can still detect  
22 underlined psychopathology even though an individual is on  
23 medication. It may not detect overt symptoms like  
24 flagrant delusions or hallucinations because those calm  
25 down with the medication.

26          Q       But it doesn't prevent you from getting to the

1 bottom of what it is you are testing for, is that right?

2 A Yes.

3 Q So, the testing that you did, the Minnesota  
4 Multiphasic Personality Inventory II, Restructured Form,  
5 you administered that test to him, did you not?

6 A Yes.

7 Q And what did you learn from that test in terms  
8 of his social isolation?

9 A That he was a socially isolated individual  
10 detached from people, spends a lot of time alone and  
11 introverted.

12 Q Did that comport from what you had learned about  
13 him from other sources?

14 A Yes. Very consistent with other reports.

15 Q Now, what about the Rorschach inkblot test that  
16 you administered to him, what did you learn from that?

17 A The findings were consistent with an individual  
18 that had a paranoid psychotic process.

19 Q Specifically, what was it that you learned from  
20 that?

21 A A hyper vigilance to danger and threat,  
22 mistrust, suspicion of other people, keeping emotional  
23 distance.

24 Q Did you also determine that people with this  
25 profile harbor considerable anger?

26 A Yes.

1 Q And can you tell us about what determined the  
2 magnitude of his emotional intensity?

3 A That test showed that if he does get very  
4 emotionally aroused or in anger and rage, that his ability  
5 to accurately perceive reality declines, decreases.

6 Q And did you find that to comport with the facts  
7 of this case in fact?

8 A Yes.

9 Q That his reaction can be inappropriate, is that  
10 right?

11 A Yes.

12 Q Now, do these tests differentiate between  
13 personality disorders and mental defect or disease?

14 A They can be useful in that determination. You  
15 don't rely just on testing to answer that question.

16 Q Now, did you then, once again after doing all of  
17 the testing there was one more item I wanted to ask you  
18 about, the MMPI. Can you describe what it means, that he  
19 presents himself as virtuous?

20 A He approached the items on this psychological  
21 test with a bias towards saying that he was problem free,  
22 high functioning without difficulties.

23 Q And would that be consistent with someone who is  
24 not malingering?

25 A It's in the opposite direction. He's sort of  
26 saying, look, I am healthier than I really am as opposed

1 to, I am going to make up or exaggerate being mentally  
2 ill.

3 Q Right. So, it's just more non malingering,  
4 right?

5 A Yes.

6 Q Now, you concluded that he had likely suffered  
7 from paranoid type of schizophrenia, correct?

8 A Yes.

9 Q And why did you use the word, likely?

10 A Well, that's my opinion. I rendered it with a  
11 reasonable degree of professional certainty. It's better  
12 than any, it's the best diagnosis given the alternative  
13 diagnosis you can consider.

14 Q It's the likely, simply because in the field of  
15 psychology and psychiatry there are no absolutes?

16 A A few, you give it a degree of certainty.

17 Q Now, what stage do you believe that he was in on  
18 August 24th, 2009?

19 A Stage of?

20 Q Paranoid type schizophrenia.

21 A Well, I think that it was in the process of  
22 coming on to it. Perhaps he was -- let me think. There's  
23 phases of schizophrenia. There's early phase called  
24 pre-clinical prodromal, where you develop certain  
25 symptoms, they are not extremely severe, but they are  
26 signs of thought disturbance.

1           He was in that phase leading up to the offense.  
2   During the offense there weren't signs of acute delusions  
3   or auditory hallucinations, it was more anger. So  
4   technically speaking you can't say he had acute symptoms  
5   of schizophrenia on that day.

6           Q     Had you seen evidence that he had experienced  
7   acute symptoms of schizophrenia before that day?

8           A     He had some transient symptoms, minimal auditory  
9   hallucinations, very infrequent as I mentioned. Some  
10   paranoid ideas that were on the edge of delusional, but  
11   again, they were so short lived, some distorted ideas, but  
12   didn't last very long, they didn't consume his  
13   consciousness day to day.

14          Q     At what point -- let me ask you this. Do you  
15   think that he did reach an acute stage of schizophrenia at  
16   some point?

17          A     His disorder was never really extremely severe.  
18   Even later the symptoms did increase, but if you think  
19   about it relative to the typical spectrum of individuals  
20   who have schizophrenia, his symptoms were not really that  
21   profound.

22          Q     And you are including up to today's date, is  
23   that right?

24          A     Yes.

25          Q     Now, going on to -- let's see, you have gone  
26   through the first step of the inquiry towards your

1 determination of sanity, correct? Which is the diagnosis  
2 of schizophrenia, right?

3 A Yes.

4 Q So you did find the first prong of the test,  
5 that he suffers from a mental disease and defect, right?

6 A Well, I have to say that the diagnosis is only  
7 secondarily important. It's the symptoms which speak to  
8 an individual's mental state. Those symptoms might add up  
9 to actual disorder like schizophrenia, but it's really  
10 about the specific symptoms.

11 Q Are you talking about the next, the other  
12 questions as to sanity?

13 A Well, I think you referenced the first prong of  
14 sanity, mental defect. So those, it could just be  
15 symptoms of a mental illness. They might add up to an  
16 actual disorder like schizophrenia, but really we are  
17 interested in what was going on inside, what was the  
18 thought disruption in more detail.

19 Q Now, going on to the next prong that you were  
20 asked to investigate, which is the nature. Did the  
21 defendant understand the nature and quality of his  
22 conduct, correct?

23 A Yes.

24 Q Can you tell us what that means, the nature and  
25 quality of his conduct or his actions?

26 A Well, the nature is about the immediate

1 circumstances, the immediate activities. For example,  
2 where he was, what he had, where he was going, who he saw,  
3 that's the nature. It's very specific, narrow. The  
4 quality is a little larger, broader view of the meaning of  
5 what he was doing. Did he understand the consequences,  
6 did he generally understand his intentions.

7 Q With regard to the facts of this particular  
8 case, what do you consider the nature of his actions.  
9 What are we talking about when we are talking about the  
10 nature of his actions?

11 A I can summarize from my report on page 19. The  
12 nature had to do with the fact that he would carefully  
13 plan the attack in detail. He successfully purchased  
14 various necessary items, calculated his approach to the  
15 scene. He realized that he was planning to harm people  
16 and to destroy property.

17 He understood that he had pipe bombs, a knife, a  
18 chain saw, he understood these were dangerous devices. He  
19 knew that he was going to his former high school, he knew  
20 that he had to deceive his mother in order to get there  
21 that morning.

22 He removed his sweater and pants at the scene of the  
23 crime because he could move around more easily. He  
24 understood that he lit pipe bombs to cause destruction and  
25 he realized that he was trying to engage the chain, which  
26 did not operate as he had hoped.

1           Q       And based on the facts that you just recited, do  
2 you believe the defendant knew the nature of his actions  
3 on this day?

4           A       Yes. He was well aware of all those things.  
5 That's the primary evidence that he knew the nature.

6           Q       And with regard to the quality when you used  
7 that term, understanding the quality of his actions, what  
8 types of things are you referring to as it relates to this  
9 case?

10          A       I will refer to my report here. As I mentioned,  
11 quality is more an individual's broad sense of realizing  
12 what they are doing, and the possible consequences and the  
13 meaning of possible harmfulness in his case, and having  
14 reasonable contact with reality, the reality of the  
15 situation.

16                 And the information that I gathered that spoke to  
17 whether or not he understood the quality, included his  
18 reports to various professionals that evaluated him,  
19 treated him and the investigators that interviewed him.  
20 He was very consistent in his reports and his thinking  
21 about during the offense and what led up to it.

22                 He said he had a miserable experience at Hillsdale  
23 High School where he had no friends, was failing classes.  
24 He felt singled out and picked on by teachers and the  
25 principal, he said he developed a grudge against the  
26 principal and teachers, felt they were all against him and

1 that evolved into hatred and plans for retaliation. So,  
2 that's his understanding of what -- his understanding of  
3 the situation and what he was going to be doing.

4 Q So in your opinion, Dr. Kline, did the defendant  
5 understand the nature and quality of his actions on  
6 August 24th?

7 A Yes.

8 THE COURT: Why don't we take our afternoon  
9 recess at this point.

10 MS. GUIDOTTI: Thank you.

11 THE COURT: Ladies and gentlemen we will take  
12 our afternoon recess until 25 to the hour, that's 3:35.  
13 Leave your notebooks and pens, wear your badges. Keep  
14 in mind that admonition, that it's your duty not to  
15 converse amongst yourselves or anyone else on any  
16 subject connected with this trial, not to form or  
17 express any opinion until the case is finally submitted  
18 to you. See you back at 3:35.

19 (Whereupon, a recess as taken.)

20 THE COURT: All right. Thank you, folks. We  
21 are back here on the record, everyone is present, the  
22 witness is on the stand. You may continue with your  
23 direct examination.

24 MS. GUIDOTTI: Thank you.

25 BY MS. GUIDOTTI:

26 Q Dr. Kline, just before we go on to the last

1 prong, wrongfulness, let me ask you a couple of questions.  
2 In the MMPI test that you administered you indicated that  
3 your findings were that the defendant dislikes people,  
4 prefers to be alone?

5 A Yes.

6 Q Is that separate and apart from symptoms of  
7 schizophrenia or can you tell? Is that a personality  
8 determination or something else?

9 A It's common with paranoid schizophrenia, but it  
10 doesn't have to go along with it, it's not a central  
11 symptom of schizophrenia.

12 Q So it could be a part of it or it may not, is  
13 that fair?

14 A Yes.

15 Q And additionally, as a result of your  
16 psychological testing, what conclusions did you come to  
17 about the defendant's ability to exhibit volitional  
18 control?

19 A He was able to do that.

20 Q What does that mean?

21 A Organized, he was alert, he can govern his  
22 behavior, goal directed, well adjusted in the jail.

23 Q And you also note that your findings were contra  
24 indicative of gross cognitive details, can you explain  
25 what that means?

26 A Yes. I gave him a test to rule out severe

1 cognitive deficits and he scored within the normal range,  
2 so he is basically cognitively intact.

3 Q About his thought process?

4 A It's more about, it's not about thought process.  
5 It's more about memory and basic immediate judgment,  
6 ability to draw diagrams that don't indicate brain damage,  
7 could follow instructions, things like that.

8 Q And while you were interviewing the defendant,  
9 did he tell you that he had been taping himself in the  
10 jail?

11 A Yes.

12 Q Did he show any evidence of that?

13 A Yes, I believe he showed me some superficial  
14 marks on him.

15 Q Scratches?

16 A Like scratches, yes.

17 Q Were they on his arm?

18 A I believe so, I don't recall exactly.

19 Q Did you ask him -- let he back up for a minute.  
20 You are aware, Dr. Kline, that sharp objects are generally  
21 not allowed in the jail, correct?

22 A Yes.

23 Q And particularly with people who are on suicide  
24 watch?

25 A Yes.

26 Q Did you ask him what he had used to scratch

1 himself?

2 A I have to look back at my notes, I don't know  
3 that I went into that kind of detail.

4 Q Let me direct you, specifically, your first  
5 interview, page 116, at the very bottom?

6 A Yes.

7 Q What did you ask him?

8 A Well, at the very bottom?

9 Q When he told you he was cutting himself and you  
10 said, with what?

11 A Yes, I said with what.

12 Q What was his response?

13 A "I won't say what I used, scars from it." And  
14 he showed me these superficial scratches on his right  
15 upper arm.

16 Q So he refused to tell you what he had used,  
17 correct?

18 A Yes.

19 Q Okay. Did that indicate to you, Dr. Kline, that  
20 he was aware that he wasn't supposed to have any sharp  
21 objects in the jail?

22 A Yes, I think that's the likely explanation.

23 Q Now, did you have a conversation with him also  
24 about, that indicated that he was using metaphors in his  
25 journal?

26 A Yes.

1 Q And directing your attention on the first  
2 interview, page two of seven, can you tell us how that  
3 conversation came up, it's the second interview.

4 A It's also in my report, page 16, during the  
5 second interview. I related to him the things that he  
6 documented in his journal leading up to the offense. I  
7 asked his comments about them, and he brought up the fish  
8 metaphor related to his entry of May 8th, 2009.

9 Q And that entry on May 8th of 2009, specifically  
10 was the statement, "the guilty are all who have done me  
11 wrong, the guilty are infected and they infect everyone  
12 around them. I will cure the infection one resolution at  
13 a time." Is that the journal entry?

14 A Yes.

15 Q And you noted when you asked him about using the  
16 word "infected", what did he tell you?

17 A He said, quote, "I was just talking about the  
18 teachers." And then I asked him, "was that your anger or  
19 were they actually infected with something," and he said,  
20 "I think I was kind of using it like a metaphor."

21 Q And why was it significant to you that he was  
22 using a metaphor?

23 A Well, that tells me that he had some reality  
24 testing of distance around his idea that these individuals  
25 were infected. So it wasn't a delusional idea, delusional  
26 belief that these teachers were actually infected by some

1 kind of virus or other kind of destructive organism or  
2 something, that he was saying that in a way to explain his  
3 anger, not a delusional belief that they were actually in  
4 reality infected.

5 Q And also on March 24th, he wrote -- let me  
6 direct you to this one, your interview. It was the second  
7 interview, page two of seven, the very top, and it says,  
8 "ten pounds of KN03, it should be here on Thursday. I can  
9 already tell the work is going to be long, tedious and  
10 dangerous, truly fantastic." And did you ask him about  
11 that entry?

12 A That was March 28th, 2009?

13 Q March 24th, if you will see page -- at the very  
14 bottom of page one of seven, you have the date of journal  
15 entry and then it goes up to the top of the next page.

16 A His comment that was quoted, "I was talking  
17 about making the pipe bombs, I was just being sarcastic."

18 Q And was the use of the word "sarcastic"  
19 important to you?

20 A Yes, he wasn't actually imbedded to the belief,  
21 he was just being sarcastic.

22 Q So the fact that he was being sarcastic and  
23 using metaphors, was that significant to your findings  
24 that he was not delusional?

25 A Yes.

26 Q Now, I'd like to go on to the final prong of

1   sanity, that being the issue of wrongfulness. Can you  
2   tell us, Dr. Kline, what it was that you were trying to  
3   determine with regard to this prong of the sanity test?

4           A       Whether or not at the time of the offense he  
5   understood it was legally and/or morally wrong to do what  
6   he did.

7           Q       When you were making this determination, were  
8   you using an objective test that means wrong in society or  
9   were you using a subjective test meaning wrong according  
10  to him personally?

11          A       Both.

12          Q       Now, can you tell us what your ultimate  
13  determination was when applying the facts to this,  
14  applying the wrongfulness test to these facts?

15          A       It was very clear that he understood the  
16  wrongfulness in a legal and moral sense.

17          Q       And can you tell us, please, how it was -- first  
18  of all, what is it that you are looking for, Dr. Kline,  
19  when you are trying to make a determination on that prong?

20          A       Well, any evidence in his statements during the  
21  interrogation interviews, afterwards his journal, what he  
22  said to other professionals, what he said to me, that he  
23  really understood even though he might have felt justified  
24  in doing what he did, he understood that it would be wrong  
25  according to the law and most people.

26          Q       So can you give us some examples that maybe you

1 even noted in your report, examples from this case that --  
2 well, let me do it this way, it probably would be easier.  
3 Let's talk about hiding items. Whether it was hiding the  
4 receipts for the chemicals in his speaker or hiding the  
5 chain saw in the guitar case, hiding the tactical vest  
6 with the pipe bombs inside his backpack. What is  
7 significant about the defendant's conduct of hiding  
8 things?

9 A I think it goes to the issue of whether he  
10 understood right or wrong, and he had to conceal those  
11 things because he knew they were against the law, he  
12 didn't want to be caught for them, he knew he can harm  
13 people and wanted to conceal those items.

14 Q Is it also accurate in order to get to the  
15 school grounds he would have had to have hidden those  
16 items?

17 A Yes.

18 Q Let's talk about the issue of deception, telling  
19 his mother he was making a rocket, if you will, telling  
20 his mother he needed to go to the school to make -- he was  
21 going to the school to make a movie that day. Those kinds  
22 of examples.

23 A I think it's the same thing. He hid his plans,  
24 he hid his activities where he gathered items to put  
25 together the materials, he had to deceive his mother or he  
26 would think his mother wouldn't allow him to go to the

1 school to do what he planned to do.

2 Q How about the involvement with the police, how  
3 does that factor into your opinion?

4 A As I mentioned earlier, he did not want to be  
5 detected by the police. His paranoia was based on a fear  
6 being detected by the police, he didn't want to be caught.  
7 He also realized during the offense or immediately  
8 afterwards when he saw the police, that the police wanted  
9 to stop him.

10 Q Now, this was some questioning that you did in  
11 your interview specifically, wasn't it?

12 A Which part?

13 Q With regard to why he thought the police would  
14 stop him.

15 A Yes.

16 Q So why don't you tell us about that  
17 conversation?

18 A Well, I asked him, "after this was over or after  
19 you were immobilized by the other school teacher," by  
20 which also he said, in order to stop him from further  
21 creating destruction, when he saw the police, I asked him,  
22 "what were your thoughts about the police coming there and  
23 seeing them at that moment. Well, to stop me."

24 Q And that indicated what to you, Dr. Kline?

25 A That he understood that he was wrong in what he  
26 was doing and the police were there to protect people and

1 to prevent wrongs.

2 Q What about the idea that he chose an entrance to  
3 the school that he did not believe would be surveilled by  
4 security, what does that indicate to you?

5 A The same thing, he is trying to prevent being  
6 detected and find a safe route to get in so he wouldn't be  
7 caught.

8 Q How about the fact that he wore clothes that  
9 were specifically with the purpose to appear to fit in  
10 with the school, to look like a skate boarder or  
11 something, to fit in at school, how does that fit into  
12 your opinion?

13 A So he can fit in and not be detected.

14 Q What were the other items if you can recall. If  
15 you need to refer to your report, that's fine. Other  
16 items that you noticed in this case that indicated to you  
17 that he knew the legal and moral wrongfulness of his  
18 conduct?

19 A Well, I can summarize from my report. The various  
20 items that he purchased, he did in a manner to avoid  
21 detection. His mother and sister didn't know he was doing  
22 what he was doing, and why he was purchasing those items,  
23 and he tried to cover it up through stories.

24 One was making a rocket or something like that, he I  
25 guess stole his father's guitar case to hide the chain saw  
26 in it and then was upset after his father realized that

1 his guitar case was gone and it was retrieved from the  
2 defendant then, he was concerned about, he had to decide  
3 how he wanted to carry the implement to the scene of the  
4 crime, he considered a duffel bag.

5 He was concerned that he could surely, quote, be  
6 recognized by campus security if he was to bring a big  
7 duffel bag, so he chose the vest and the guitar case.  
8 Let's see, what else. I think that's all in addition to  
9 what you said?

10 Q How about the apologies, the references to  
11 apologizing to Jeff Gilbert, apologizing to his mother, et  
12 cetera, what does that indicate to you?

13 A Well, those occurred during the interrogation  
14 interview soon after the offense where he expressed his  
15 apology. He said that he would apologize to the  
16 principal, one of the individuals he was angry at, for  
17 what he had done. He felt badly, remorseful about having  
18 to deceive his mother once again. Soon after the offense  
19 he is showing an ability to recognize that his actions  
20 were wrong.

21 Q Now, this issue of wanting Mr. Gilbert to  
22 survive and live with the guilt, is that also information  
23 that factors into knowing of the wrongfulness of his  
24 conduct?

25 A Yes, because it's this idea that he is going to  
26 create this destruction, but don't blame me for this

1 wrong, it's the principal's fault. This is why it  
2 happened, this is why this wrongful thing happened, and it  
3 was the principal's responsibility, that indicates a sense  
4 of knowing wrongfulness.

5 Q You recall an entry in the journal where he  
6 says, "this is not Amber's fault, Amber is not responsible  
7 for this, I am." Is that another indication that the idea  
8 of being responsible for something of the wrongfulness?

9 A Yes.

10 Q How about when he says, "I have to lie to my mom  
11 for the last time, she will be heartbroken," is that  
12 another indication?

13 A Yes.

14 Q When he says my sister isn't crying she has no  
15 idea what's about to happen.

16 A Yes.

17 Q How about when he says he didn't want people to  
18 copy him like Columbine, does that indicate also that he  
19 knew it was wrong?

20 A I didn't really consider that very strong, so  
21 that wasn't a piece of information that I used to support  
22 my opinion on wrongfulness.

23 Q How about his suicide note where he says, "I  
24 haven't been honest with any of you. I lied, tricked and  
25 used all of you and you are probably angry with me."

26 A Yes.

1           Q       Now, at one point in your interview with the  
2 defendant, and I think it was at page ten of 16 of your  
3 notes, so that would have to be the December conversation.  
4 At one point you asked him, "did you realize that doing  
5 them harm would be morally wrong even though you justified  
6 it to yourself." And he says, "I never thought about  
7 that," is that right?

8           A       Yes.

9           Q       Now, how would you factor that into the  
10 equation?

11          A       Well, it was inconclusive, his response to that.

12          Q       Did he say that to you a lot during the  
13 interviews, "I never thought about that."

14          A       Not a whole lot.

15          Q       So when you say it was inconclusive, meaning he  
16 didn't give you any indication?

17          A       Yeah, his response was just noncommittal, didn't  
18 seem to be all that relevant.

19          Q       Now, you -- so, coming to the conclusion that  
20 the defendant had a mental illness, that he appreciated  
21 the nature and quality of his acts and that he knew that  
22 they were legally and morally wrong according to the  
23 general scientific, excuse me, general community standard,  
24 what was your opinion about whether or not the defendant  
25 was sane when he committed the crimes at Hillsdale High  
26 School on August 24th?

1           A       My opinion is that he was sane at the time.

2           Q       Now, in your -- let me ask you this. With  
3 regard to all of those, all of those pieces of evidence  
4 that you mentioned that indicated that he knew the legal  
5 and wrongfulness of his conduct, does the fact that he was  
6 suffering from schizophrenia interfere with your ability  
7 to come to that conclusion?

8           A       It's very important to understand that just  
9 because somebody has schizophrenia does not mean they  
10 automatically did not understand the nature and quality of  
11 wrongfulness of their actions at the time of the offense.  
12 It's very important, it's an issue of severity of symptoms  
13 if they are present.

14           So, mental illness does not necessarily equal  
15 insanity. So I looked at the presence of symptoms of a  
16 mental disorder, whether a mental disorder existed and  
17 whether or not and how much that might have influenced  
18 what he was thinking at the time of the offense and that  
19 decision.

20           You have to pull together what he said to people  
21 before, after, during, what he said to the interrogation  
22 interviews, what his thinking was as revealed in his  
23 journal to determine the extent to which any symptoms of  
24 mental illness would have influenced his mental state. So  
25 basically they just weren't severe enough.

26           Q       You indicated in your report, Dr. Kline, that

1 the defendant was a gradual, angry, isolated individual  
2 with profound personality deficiencies, is that correct?

3 A Yes.

4 Q What specifically are you referring to when you  
5 say profound personality deficiencies?

6 A It's well documented, he was a very estranged,  
7 unhappy, isolated, friendless individual. That while he  
8 was at Hillsdale High School, his 10th grade year, wasn't  
9 talking to teachers, refused to do his work, had no  
10 friends, was occupied with violent video games, his own  
11 video projects that were filled with anger, and he was a  
12 very troubled individual. So he had long standing  
13 personality problems leading up to this.

14 Q And that's separate and apart from the  
15 schizophrenia, is that correct?

16 A Yes. It sets up a vulnerability to a deeper  
17 disturbance like schizophrenia.

18 Q And you also indicated that the rage, you  
19 indicated that this was a narcissistic rage, and it was a  
20 narcissistic rage and a plan for revenge. Can you  
21 describe first of all what the narcissistic rage means?

22 A It's an important distinction between why an  
23 individual is in a rage, an individual with a paranoid  
24 psychotic process or disorder versus somebody who has a  
25 fragile personality and becomes angry.

26 So the narcissistic rage is somebody who feels

1 intensely offended and insulted by various acts that  
2 accumulates this resentment and develops this rage and  
3 then wants to get revenge and retribution, take vengeance  
4 on those individuals who they perceive as having ruined  
5 them.

6 That's narcissistic rage, an individual who is  
7 governed by the symptoms of the paranoid psychotic  
8 process, feels a profound threat and it's more of a fear  
9 and terror that they will be overpowered or overcome or  
10 taken over.

11 And so they act out of that terror to defend  
12 themselves, not to take retribution or revenge on  
13 somebody. The defendant was incredibly insulted and in a  
14 rage, it's all your fault, I am going to take revenge.  
15 That's not psychosis.

16 Paranoid psychosis is, oh, my God, these people have  
17 done this thing to me, they must be, hypothetically  
18 speaking, agents of the devil, demons, I must protect  
19 myself so I must attack out of this rage because I am  
20 scared, I am going to be killed, so then I attack. That's  
21 not the defendant.

22 Q So the conclusion basically being that his  
23 grudge may have been the product of mental illness?

24 MR. MCDUGALL: Objection, leading, Your Honor.

25 THE COURT: Sustained.

26 BY MS. GUIDOTTI:

1 Q Do you believe his grudge was the product of  
2 some mental illness?

3 A Well, it's a fragile personality arrangement out  
4 of schizophrenia paranoid psychosis. No.

5 Q I was going to ask you this question. Do you  
6 recall in the evidence that the defendant described to the  
7 police that he was extremely angry going into the school  
8 and yet felt very calm after it was over and he was  
9 subdued. Do you have an opinion as to what that's about?

10 A He was relieved that he carried out this act of  
11 retribution, it was over, he started to feel regretful and  
12 glad it didn't happen, felt bad for deceiving certain  
13 people about it, and also the safety of the people  
14 gathering around him and no destruction could happen with  
15 people you know around him protecting him. So it was a  
16 relief.

17 Q Do you think it was a relief also that he wasn't  
18 dead?

19 A That I don't know because he actually continued  
20 with suicidal ideas beyond that, so I don't know that that  
21 went away.

22 Q When you say suicidal ideas as opposed to  
23 attempts, isn't that right?

24 A Yes, but he did report that he attempted to harm  
25 himself at Juvenile Hall by wrapping clothing around his  
26 neck, but he didn't carry that out and didn't tell anybody

1 at the time, and there was no record of that in the youth  
2 service medical records, but he was on going suicidal  
3 afterwards.

4 MS. GUIDOTTI: I don't have any further  
5 questions, Dr. Kline.

6 THE COURT: Okay. Are you ready for  
7 cross-examination?

8 MR. MCDOUGALL: I certainly can begin at this  
9 time, Your Honor.

10 THE COURT: Okay, go ahead.

11 CROSS-EXAMINATION

12 BY MR. MCDOUGALL:

13 Q Doctor, I want to go back briefly. You had  
14 explained that the grudge that was called for, the  
15 response that Alexander Youshock had to the actions of  
16 his teacher was -- I only caught a fragile personality  
17 something. What was the cause of that grudge in your  
18 expert opinion?

19 A His perception of an accumulation of insults  
20 from his teachers developed a grudge.

21 Q You said fragile personality and something  
22 else. What was that fragile personality characteristic  
23 that you believe led to that extreme grudge?

24 A I don't know I can be that specific about it,  
25 fragile structure of his personality.

26 Q So the extreme reaction of taking a request by a

1 teacher to do your homework, to wanting to get a chain saw  
2 and cut up their body parts, that was in your mind some  
3 product of just a fragile personality?

4 A Fragile personality set up these circumstances  
5 where perception can easily be felt as insults and more  
6 and more of those experiences, they add up over time to  
7 develop a grudge and eventually a rage.

8 Q What period of time would those things add up  
9 that would lead in your opinion to a narcissistic rage?

10 A According to documentation I had in front of me  
11 of the defendant, it had started when he went into high  
12 school and his grades started declining. He still had no  
13 friends and that that started this accumulation of what he  
14 felt were insults.

15 Q And this was a product of his personality before  
16 he went to Hillsdale?

17 A Well, as I mentioned, this fragile personality  
18 that he had makes him prone to those kinds of perceptions,  
19 feeling easily offended.

20 Q Would the fragile personality make him prone to  
21 getting schizophrenia?

22 A Yes, it could.

23 Q Okay. So in some way a personality disorder can  
24 lead into a major mental disease or defect such as  
25 schizophrenia?

26 A Are you speaking hypothetically or about the

1 defendant?

2 Q No, you had testified first under direct, now  
3 under my questions, that in some way it was a fragile  
4 personality that was the fertile ground, the ground upon  
5 which this narcissistic rage developed. Are you agreeing  
6 that's what we just discussed?

7 A Yes.

8 Q I asked you whether or not a fragile personality  
9 would allow someone to get or suffer a major disorder such  
10 as schizophrenia, you said it could?

11 A Yes.

12 Q Is it your testimony that in some way he had a  
13 personality disorder that then blossomed into  
14 schizophrenia?

15 A No, because you said personality disorder.  
16 That's a syndrome, you don't diagnose personality  
17 disorders until they are typically after the age of 18 or  
18 older. He had the signs of developing a personality  
19 disorder because of this kind of fragility.

20 Q So the signs of a personality disorder may have  
21 been there, but you can't make that opinion until after  
22 the person is 18?

23 A That's generally the criteria, the diagnostic  
24 and statistical manual of mental disorder.

25 Q DSM-IV?

26 A Yes.

1 Q Would you agree with me that DSM-IV has, you  
2 take a look at the symptoms and signs to make a diagnosis  
3 of a major defect or disorder such as schizophrenia before  
4 you can ever actually get to personality disorders?

5 A Yes.

6 Q And in this case you agree with me that all the  
7 experts including Dr. Fricke and Dr. Patterson, Wilkinson,  
8 Berke, Stewart, Gregory, all diagnosed that it was  
9 schizophrenia prior to August 24th, 2009?

10 A No, they didn't all say that.

11 Q Would you agree they ruled out in some fashion a  
12 personality disorder because of the presence of symptoms  
13 of schizophrenia?

14 A No. Dr. Fricke in fact laid out what he thought  
15 was a development of personality disorder, not actually  
16 making the diagnosis.

17 Q What else did Dr. Fricke indicate?

18 MS. GUIDOTTI: Objection, that's vague.

19 MR. MCDOUGALL: In terms of a diagnosis.

20 THE COURT: Fair enough.

21 THE WITNESS: That most likely when he was  
22 working with the defendant it was schizophrenia.

23 BY MR. MCDOUGALL:

24 Q When making a diagnosis as to the sanity, you  
25 found that it was likely schizophrenia that Mr. Youshock  
26 was suffering from, is that fair?

1           A       After the offense, yes.

2           Q       After the offense.  When did the schizophrenia  
3 or the symptoms first indicate present to you with Mr.  
4 Youshock?

5           A       Well, they increased in intensity starting after  
6 he went into isolation.  He was placed in segregation at  
7 the Youth Services Center, that's when the symptoms  
8 started increasing and were more prolonged and regular.

9           Q       Those symptoms would be delusions, correct?

10          A       Auditory hallucinations, delusions were very  
11 infrequent.

12          Q       Are you able to describe the hallucinations or  
13 the other symptoms that you found present after his  
14 incarceration as different than the ones that he had shown  
15 prior to his incarceration?

16          A       In terms of frequency and severity, yes, much  
17 lower frequency and severity prior to.

18          Q       Same symptoms but in your opinion less severe  
19 and less frequent before than after?

20          A       Yes.

21          Q       But those same symptoms are consistent with  
22 schizophrenia, are they not?

23          A       Early signs of schizophrenia, what's called a  
24 prodromal phase.

25          Q       And those extended all the way back to when he  
26 was at Hillsdale High School?

1 A Yes.

2 Q So he was showing early signs and symptoms of  
3 schizophrenia as early as 2007, would that be fair?

4 A Well, I only know from -- let's see, from his  
5 journal. The best evidence we have is from his journal  
6 which were the months leading up to, so it would be 2009.

7 Q Did you have an opportunity to review the  
8 records from Hillsdale High School?

9 A Which ones?

10 Q The school records.

11 A I had grade reports.

12 Q Did you take a look at the police interviews of  
13 his teachers at Hillsdale High School?

14 A Yes.

15 Q Did you look at the notes and comments of  
16 Mr. Gilbert, his advisor while at Hillsdale High School?

17 A Yes.

18 Q You would agree with me that those notes, those  
19 police interviews were consistent with symptoms of  
20 schizophrenia?

21 A No, they were consistent with early signs of  
22 possible developing schizophrenia.

23 Q Early signs of possible development of  
24 schizophrenia?

25 A Yes.

26 Q Those early signs are symptoms, are they not?

1 A Yes, but -- yes.

2 Q He was showing symptoms, you call them early  
3 signs, DSM-IV may call them symptoms of schizophrenia?

4 A No.

5 Q Lack of affect, is that a symptom of  
6 schizophrenia?

7 A It can be.

8 Q Lack of interest in speaking publicly, again can  
9 be a sign of or symptom of schizophrenia?

10 A That can be a sign of many different problems.

11 Q One of which is schizophrenia?

12 A It could be, but that's more of an associated  
13 sign, it's not technically a primary symptom of it.

14 Q What other early signs did you see from your  
15 information from Hillsdale High School?

16 A Well, being withdrawn, socially withdrawn,  
17 having no friends, developing ideas that people were  
18 against him, the thoughts about being under surveillance,  
19 but they were transient and short lived. So they weren't  
20 severe and pervasive enough to say at that point he was  
21 actually suffering from paranoid schizophrenia, they were  
22 early signs.

23 Q Would you agree with me, Doctor, that a  
24 definition of psychosis would be misinterpretation of  
25 reality?

26 A Yes.

1 Q So a misinterpretation of reality such as, do  
2 your homework, get your head off the desk, an  
3 interpretation that that is a sign of being singled out  
4 and persecuted, you would agree with me, that would be a  
5 misinterpretation of reality?

6 A Well, I think he was singled out because he  
7 wasn't doing well and he was getting extra attention, so I  
8 can't agree with that.

9 Q Singled out to the point that would warrant the  
10 use of a chain saw or a pipe bomb?

11 A No.

12 Q You are not suggesting to any of us that what  
13 Mr. Youshock did in interpreting the actions of the  
14 teachers was not in some way extreme?

15 A No, of course it was extreme.

16 Q Obviously the average student that is told to do  
17 their homework or get the head off your desk, come to talk  
18 to me about your problems, I am your counselor, wouldn't  
19 equate that with I want pipe bombs and cause mass  
20 destruction.

21 A That's right.

22 Q It's not a product or related to early onset of  
23 schizophrenia?

24 A Could be in part.

25 Q It could be?

26 A It could be early onset of prodromal symptoms,

1 early signs to exaggerate to that degree.

2 Q Now, I also want to go to a little area, you did  
3 some testing on this malingering to determine whether or  
4 not in some way Mr. Youshock was faking symptoms for a  
5 defense, is that one of the aspects of malingering?

6 A Yes.

7 Q The prosecutor asked you, in your interviews  
8 about areas where Mr. Youshock was reluctant to talk about  
9 certain things?

10 A Yes.

11 Q When you interviewed him for the first time in  
12 December of 2010, were you aware at that time how many  
13 other forensic or clinical experts had met with him?

14 A Yes.

15 Q How many?

16 A I don't know exactly how many, I knew there were  
17 defense experts, I knew there were at least three  
18 individuals that did competency evaluations, I knew there  
19 was a forensic psychiatrist at the jail that had  
20 interviewed him.

21 Q Would you agree with me that an individual who  
22 had now multiple clinical interviews would be different  
23 than someone who is meeting a psychiatrist or psychologist  
24 for the first time?

25 A I think it was remarkable, because generally  
26 speaking he presented to all you folks very similarly.

1 Q So his version and details he was giving was  
2 pretty consistent start to finish?

3 A Yes.

4 Q Is that a sign, would you not agree with me, he  
5 wasn't malingering or trying to create evidence to support  
6 a defense?

7 A That's right.

8 Q Were you able to take a look at either the notes  
9 or anything regarding his early interviews as compared to  
10 your later interviews in late December 2010?

11 A Yes.

12 Q Certainly Alexander Youshock was showing much  
13 more knowledge of the system and what psychiatrists or  
14 experts were questioning him about in later interviews  
15 versus the first interviews?

16 A I assumed so. I can't speak to his -- I can't  
17 speak to whether he was talking to me in that way because  
18 you had advised him or out of his experience from other  
19 experts questioning him.

20 Q Certainly you would have to recognize that in  
21 your analysis that a person is going to understand the  
22 questions if they have been the same questions 8, 10 or 12  
23 times before, correct?

24 A Yes.

25 Q Certainly that person may show a knowledge or  
26 vocabulary that he had not shown a year earlier?

1           A       It could, yes.

2           Q       In addition, would you have to recognize the  
3 impact that the Abilify medication may have been having on  
4 his ability to understand and express himself regarding  
5 the acts leading up to August 24th?

6           A       Yes.

7           Q       That's going to take a major part in your  
8 analysis because you are trying to go back in time, so you  
9 need to see if this person expressed to you his thoughts  
10 back then, correct?

11          A       Yes.

12          Q       And he may have the knowledge when he was  
13 talking to you in December of 2010 he didn't have in  
14 August of 2009?

15          A       Yes.

16          Q       He may have an understanding of now of what his  
17 symptoms are and what disease he might be suffering from?

18          A       Yes.

19          Q       Because not only were there clinical experts  
20 meeting with him, but there are people at Juvenile Hall  
21 and now at Maguire jail that are talking about his disease  
22 and the effects of that, correct?

23          A       Yes.

24          Q       He is going through counseling, isn't he?

25          A       That I don't know.

26          Q       Did you look at his psychological or medical

1 records?

2 A Yes.

3 Q And was he not seeing clinicians both at  
4 Juvenile Hall and later at Maguire jail?

5 A Counseling is different than standard  
6 psychiatric treatments and assessments ongoing. I don't  
7 know that he realized he was actually in counseling which  
8 means extensive sessions, dialogue with a therapist.

9 Q Was he meeting with different clinicians from  
10 the time of his days in Juvenile Hall all the way through  
11 Maguire jail?

12 A Yes.

13 Q Did they discuss with him what the medications  
14 would do and the importance of the medications?

15 A Yes.

16 Q Did you become aware of the time when it was  
17 discussed with him coming off the medications.

18 A Coming off?

19 Q Stopping them?

20 A I am sorry.

21 Q Did you become aware at any point whether or not  
22 anyone had approached Mr. Youshock about stopping his  
23 medications?

24 A I am not aware of that.

25 Q Did he tell you that he liked taking them  
26 because it decreased the voices he heard?

1 A He told me that, yes.

2 Q At any point during any of your three  
3 interviews, did it appear to you that he was trying in  
4 some way to create a defense at the request of his  
5 attorney?

6 A No.

7 Q All efforts by his part was he was trying to  
8 tell you the answers as best he could from what he knew?

9 A Yes, just that at some point he was exercising  
10 his right to prevent self-incrimination. Generally  
11 speaking, he was forthcoming.

12 Q Comparing those answers where you felt that he  
13 was in some way trying to avoid self-incrimination with  
14 the interviews he gave to the police, did you see any  
15 evidence of that during those interviews?

16 A No.

17 Q So you would agree with me that his knowledge of  
18 the Court process and what the prosecutor would be going  
19 for was increased at the time you are talking to him than  
20 when the police were talking to him?

21 A That makes sense, yes.

22 Q So it was an increase in knowledge of the system  
23 and what the prosecutor may do with things that he  
24 answered?

25 A Yes.

26 Q Obviously it was a lot different than in August

1 of 2009?

2 A Yes.

3 Q In your report you indicate that Mr. Youshock  
4 expressed no delusional beliefs to investigating officers,  
5 do you remember that?

6 A Yes.

7 Q Did you see in the interview where he had a  
8 concern that as he walked out of the second floor  
9 interview room one of the officers wanted to shoot him.

10 A Yes, that he might be harmed, yes, he did  
11 mention that to me as well.

12 Q So, not only in the interview, the reporting  
13 that you saw, but Mr. Youshock himself told you he had  
14 that concern?

15 A I believe he did, I am aware of that concern.

16 Q Certainly misinterpretation or false belief for  
17 what the police officer would do is something consistent  
18 with your analysis, isn't it?

19 A Can you repeat that, please?

20 Q In artful question, sorry. That's a delusional  
21 belief?

22 A Yes.

23 Q So when you say that he expressed no delusional  
24 beliefs to investigating officers it's not exactly  
25 accurate?

26 A Well, again, these are time limited, short

1 experiences he was having.

2 Q But it's a delusional belief?

3 A Yes.

4 Q So is that one delusional belief he expressed to  
5 the police officers?

6 A Yes.

7 Q You also said that he expressed no delusional  
8 beliefs to the staff at juvenile detention, do you recall  
9 that?

10 A Yes.

11 Q Do you recall in the Juvenile Hall records that  
12 he expressed a concern and refusal to eat because he  
13 thought there was drugs in his food?

14 A Medication that he was being prescribed.

15 Q But they were forcing that or hiding it in some  
16 way in his food?

17 A Yes, he did mention he didn't want to eat the  
18 food because he was afraid they were putting medication in  
19 his food.

20 Q That is a paranoid belief, despite expressions  
21 by his clinicians that was not occurring, he maintained  
22 that belief?

23 A Yes.

24 Q That would be an example of a delusional belief.

25 A Yes.

26 Q So again, when you write that he expressed no

1 delusional beliefs to staff in juvenile detention, is that  
2 inaccurate?

3 A Yeah, I guess you can say that, yes, but I  
4 didn't characterize it that way.

5 Q Is it a delusional belief?

6 A Yes.

7 Q So you are, you were inaccurate?

8 A Yes.

9 Q Thank you. Now, when you were speaking with Mr.  
10 Youshock about his plans to go into Hillsdale High School  
11 the prosecutor asked you a question from your December  
12 interview that, quote, you asked Mr. Youshock, "did you  
13 realize that doing them harm would be morally wrong even  
14 though you justified it to yourself," and from your notes  
15 it appears that Mr. Youshock said, "I never thought about  
16 it." Remember that, page ten of 16?

17 A Yes.

18 Q And on direct examination you sort of shrugged  
19 and said it was noncommittal, so I didn't really consider  
20 it. Did you follow up, obviously it doesn't appear that  
21 you did, but at any point in the third interview that we  
22 don't have notes from, did you ask him why he didn't think  
23 about the moral aspects of what he was doing?

24 A First of all, I didn't do three interviews, I  
25 did two.

26 Q Was the second one testing?

1 A I did two interviews.

2 Q Was the third just testing?

3 A I did an interview, I did testing and a final  
4 interview. I didn't do three interviews.

5 Q You visited him on two occasions?

6 A Three occasions, two interviews and one testing.

7 Q And the testing is just written when he fills  
8 out a form or did you talk to him?

9 A Some tests were administered by me, other ones  
10 he just filled out in my presence.

11 Q I apologize for my lack of knowledge.  
12 December 27th we have notes regarding that clinical  
13 interview, February 3rd, 2011, we have notes from that  
14 clinical interview, January 4th, 2011, where you write in  
15 your report, date of contact. Was that simply testing?

16 A Yes.

17 Q During that day, January 4th, did you not talk  
18 with him about the events at all?

19 A No.

20 Q So when he told you that he never thought about  
21 whether doing the harm would be morally wrong, he  
22 responded, I never thought about it, that was only time  
23 you ever asked him about that?

24 A No.

25 Q What else did you ask him about, the fact that  
26 he never thought about something being morally wrong?

1           A       Well, you don't have to say, you don't have to  
2 ask questions specifically like that to get to the issue  
3 of moral wrongfulness. In my second interview when I went  
4 through with him what he documented in his journal, I  
5 addressed the issue and thoughts about whether he  
6 understood the wrongfulness when he was rendering those  
7 journal entries.

8           Q       I guess I am confused. You asked him a pretty  
9 specific question about his knowledge, again this is his  
10 knowledge, December 27th, 2010, after having been on  
11 medication and had spoken with health care clinicians and  
12 their experts whether he had thought it as something being  
13 morally wrong, which appears to be the direct issue with  
14 which you were appointed, he replied "I never thought  
15 about it, you don't follow-up."

16           MS. GUIDOTTI: I have to object to the form of  
17 the question. It was unintelligible, assuming facts not  
18 in evidence.

19           THE COURT: Sustained.

20           BY MR. MCDOUGALL:

21           Q       One of the issues that you are raising in your  
22 sanity interpretation is whether or not someone  
23 recognizes something to be morally wrong.

24           A       Yes.

25           Q       You ask him that question using the terms  
26 morally wrong, he replies, "I never thought about it." At

1 that point you never follow-up with that answer, do you?

2 A No, I didn't.

3 Q At some point --

4 A Actually, I did, but not in those words.

5 Q You talked to him a little bit about whether or  
6 not he was quote, just furious, those were your words,  
7 were they not?

8 A Yes.

9 Q He never once at that time in response to your  
10 question used the word, furious, right?

11 A He had told me that he was angry frequently.

12 Q His response was, "I guess you can say that,"  
13 but he never told you that leading up to it that he felt  
14 something was morally wrong?

15 A He did not use those words, that's correct.

16 Q In fact, at different points during the  
17 interviews he said, "I just had to do it."

18 A Yes.

19 Q That was more than once where in his mind it was  
20 clear that this was an objective he just simply had to do?

21 A Yes.

22 Q That was based on his interpretation of what the  
23 teachers did, had wronged him?

24 A Yes.

25 Q You mentioned that someone who does something as  
26 a product of psychosis is simply to defend themselves

1 versus an act of retribution, remember those questions?

2 A Yes.

3 Q Is it your testimony that a psychotic event or  
4 psychosis leading to an act of violence like this is  
5 always an act of defense in some way?

6 A Typically, it is.

7 Q Have you ever seen or read where someone  
8 misinterprets because of a psychosis such as schizophrenia  
9 an act and deems it an attack on themselves meaning again  
10 taking of an act and making it an act of extreme hatred?

11 A Not when somebody has a paranoid psychotic  
12 process going on.

13 Q Someone with a paranoid psychotic process always  
14 acts in a process of self defense in order to do an act of  
15 violence?

16 A Typically it's out of fear and terror. It's  
17 almost like a terror syndrome where there is an on slot  
18 of, for example, maybe a perception of evil forces, and  
19 they have a feeling they are alienated, they have to act  
20 in self defense to protect themselves.

21 Q The misinterpretation by Mr. Youshock of benign  
22 events, was that not a product of his psychosis?

23 A No, not from what we were talking about.

24 Q In any sense was his misinterpretation of those  
25 benign acts a product of his psychosis?

26 A No.

1 Q Did the product of his psychosis after his  
2 arrest lead to, for instance, the accusation that someone  
3 was putting medication in his food?

4 A Yes.

5 Q So that again would be a misinterpretation of  
6 the acts of the Juvenile Hall staff?

7 A Yes.

8 Q That interpretation was a product of his  
9 isolation, would it be fair to say, Doctor?

10 A I think he was at that point, the isolation  
11 ushered in more severe symptoms and greater distortions,  
12 delusional ideas, hallucinations.

13 Q You mentioned in your report -- I have ten  
14 minutes, does the Court want me to proceed?

15 THE COURT: Are you going to have redirect?

16 MS. GUIDOTTI: Nothing that I know now.

17 THE COURT: Let's go ahead and continue ten  
18 more minutes.

19 BY MR. MCDOUGALL:

20 Q In your report you say that the experiences,  
21 in your conclusion, I am referring to page 21, these  
22 experiences and referencing Mr. Youshock's experiences  
23 relatively transient, non bizarre and you seem to define  
24 that as irrational but conceivable and/or low severity  
25 compared to defendants typically found legally insane.  
26 Are you using that as some sort of a back drop of other

1 defendants that you have actually diagnosed or opined as  
2 being insane?

3 A In my experience, my experience, my  
4 colleagues' experience that I have discussed cases with.

5 Q And how many of those were 16 at the time of  
6 the onset of the psychosis?

7 MS. GUIDOTTI: Objection, that's irrelevant.

8 THE COURT: No, I will permit it.

9 THE WITNESS: Can you ask the question again?

10 BY MR. MCDUGALL:

11 Q How many of those that either from your  
12 experiences or your colleagues' experiences were 16 at  
13 the onset of the psychosis.

14 A That would be before that, that would lead up  
15 to that question.

16 Q Well, you had specifically included in your  
17 reports that you were comparing the evidence in this  
18 case to the defendants typically found legally insane,  
19 and I asked about your experiences with these other  
20 defendants typically found insane, to which you  
21 responded, my colleagues and my own personal  
22 experiences, and then I asked you how many of those were  
23 16 at the onset of psychosis?

24 A None.

25 Q So you would agree with me this is an abnormal  
26 case for you in terms of diagnosis for psychosis of

1 someone so young?

2 A No, that's just in the context of insanity, in  
3 the legal context, not in the context of my clinical  
4 experience.

5 Q So, legally you haven't had an opportunity to  
6 work with someone 16 in terms of an insanity defense?

7 A Not up to the point of this evaluation.

8 Q You characterize someone with deep personality  
9 deficiencies who is in a generalized rage for the purpose  
10 of revenge during the offense and only with possible  
11 offense deterioration to a more sustained psychotic  
12 symptoms. Is it your testimony that prior to August 24th,  
13 2009, that you would diagnose Mr. Youshock with  
14 personality deficiency?

15 A I think the best way to characterize it is that  
16 he was showing early signs of what eventually led to  
17 paranoid schizophrenia. Those signs are often borne out  
18 and developed out of an individual with deficient  
19 personality structure.

20 Q And that deficient personality structure started  
21 in 2007, around the time he was attending Hillsdale High  
22 School, correct?

23 A It could have been before that. It really was  
24 when he went into high school and that was 2007 where he  
25 started deteriorating in his functioning in school. For  
26 example, didn't have any friends, became more and more

1 isolated. Those are early signs of what we now see is not  
2 unusual for the course of schizophrenia to look like that.

3 Q So his early signs starting in 2007 and  
4 continuing through August 24th, 2009, and then in your own  
5 opinion blossoming or intensifying once he is in custody,  
6 correct?

7 A Yes.

8 Q So his early signs in terms of being pervasive  
9 started nearly two years before the incident in question?

10 A No, they were not pervasive.

11 Q Were they present?

12 A Well, his isolation from individuals was  
13 present, auditory hallucinations were not present. If  
14 they were, it was infrequently, there was no evidence of  
15 delusional beliefs, just the social emotional withdrawal  
16 from people.

17 Q Okay. So the auditory hallucination of the bag  
18 dropping and hearing what he thought was a ghost saying  
19 ouch, in your opinion, that is an auditory hallucination,  
20 but it's a relatively minor one?

21 A Yes.

22 Q But it's still a symptom or sign that you would  
23 have to value in your opinion, correct?

24 A Yes.

25 Q The thought of wanting to cut his tongue out so  
26 he wouldn't have to talk to people, that would be an

1 abnormal symptom or sign that you would want to include in  
2 an analysis, correct?

3 A Yes.

4 Q Misinterpretation of the acts of the teachers  
5 would be another symptom or sign that would be consistent  
6 with a psychotic symptom, correct?

7 A No, not necessarily. Those were not delusional  
8 beliefs. He became extremely upset because they asked  
9 things like be a part of the group, participate in class,  
10 do your work, go to the principal because you are not  
11 participating here. That's what he was responding to.  
12 Those weren't delusional beliefs.

13 Q Was it a misinterpretation of reality?

14 A Yes.

15 Q So it was a form of psychosis?

16 A No. Again, we are looking at level of severity  
17 here. That is, I am not characterizing that as a  
18 psychotic belief because they weren't. You have delusion  
19 or psychotic. He got this feeling of extreme insult and  
20 offense and rage was borne out of things like the teacher  
21 saying, participate, you are not participating, go to the  
22 principal.

23 Here, let's have a meeting with your teachers so we  
24 can figure out what's going on, your grades are dropping.  
25 He took that as an extreme insult and offense and it  
26 enraged him. Those aren't delusional beliefs. It's a

1 misperception of their intentions, but that's not  
2 delusions to rise to a psychotic process like  
3 schizophrenia.

4 Q It may not be a delusion but it's a symptom of  
5 schizophrenia that you would misinterpret those actions?

6 A What I describe there would not be considered a  
7 symptom of schizophrenia.

8 Q What about taking a walk and hearing voices,  
9 thinking someone is following you?

10 A That can be a symptom of schizophrenia.

11 Q Did you see that present in this case?

12 A Taking a walk, and what was the question?

13 Q Mr. Youshock told you there were periods of time  
14 where he would take early morning walks and feel that  
15 people were following him, remember that?

16 A Yes.

17 Q That is not something in his room that is a  
18 delusional belief outside the confines of his room?

19 A Yes, that's correct.

20 Q So your opinion based part in the fact that all  
21 these so called fantasies that you described occurred in  
22 his room, they also were occurring outside his room,  
23 correct?

24 A Well, that was -- what was in his room was very  
25 specific to feeling powerful like God.

26 Q And the fear that his mother was poisoning him

1 such that he took steps to cook his own food, that would  
2 be a delusion or paranoia not within the confines of his  
3 room?

4 A Yes.

5 Q The closing the blinds so that no one can see  
6 in, is that consistent with a delusion not within the  
7 confines of his room?

8 A Yes.

9 Q Keeping all the lights in the house on, would  
10 again be a concern or something you would look at to see  
11 whether or not he's having some sort of delusion?

12 A Yes.

13 Q Taking showers where he falls asleep on the  
14 floor of the shower for anywhere from 20 minutes to two  
15 hours, that would be something you would want to take into  
16 consideration in your opinion?

17 A Yes, but that doesn't tell me much about what he  
18 was thinking.

19 Q Not taken in isolation, but taken among all the  
20 other information you were receiving, that's something you  
21 would consider?

22 A Sure.

23 MR. MCDUGALL: That's all I have at this time.  
24 I would ask him to remain subject to recall.

25 THE COURT: Subject to recall or further  
26 examination.





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