

1 raise your right hand.

2 You do solemnly swear or affirm under the  
3 penalties of perjury that the responses given and  
4 statements made will be the whole truth and nothing  
5 but the truth?

6 THE WITNESS: I do.

7 - - - - -

8 Whereupon--

9 BETHANY BRAND,  
10 a witness, having been previously duly sworn, was  
11 examined and testified as follows:

12 COURT CLERK: You may be seated.

13 Please state your name, occupation and  
14 business address for the record.

15 THE WITNESS: Bethany Brand, I'm a  
16 psychologist and professor.

17 DIRECT EXAMINATION

18 BY MR. FARMER:

19 Q. Ma'am, forgive me, you gave me a slide show,  
20 I'm going to be attempting to move it along at the  
21 appropriate time. If you need to, just tell me to go  
22 forward or backward.

23 A. Okay, thank you.

24 Q. Okay. Dr. Brand, let me do this first.  
25 Could you tell the ladies and gentlemen of the jury

1 what you do for a living?

2 A. Yes. I'm a professor of psychology at  
3 Towson University, that's my full-time job; and I have  
4 a part-time private practice on the side where I treat  
5 and assess patients who have been traumatized, that's  
6 my area of specialization. I do some research as part  
7 of my professorship job and I do a small amount of  
8 forensic practice like this.

9 Q. And where are you currently employed?

10 A. Towson University and my private practice.

11 Q. And that's, is it Towson, north of  
12 Baltimore?

13 A. Yes.

14 Q. Are you able to, or what do you do there, do  
15 you teach?

16 A. Yes, I, I teach six classes each year, all  
17 of them are related to clinical psychology topics. So  
18 I teach, for example, a course on all the psychiatric  
19 disorders in this diagnostic Bible for the field of  
20 mental health.

21 I teach a course on diagnostic interviewing  
22 where I teach students who think they want to become  
23 therapists how to do the accurate assessment of  
24 psychiatric conditions and some treatment courses,  
25 things like that.

1 Q. All right. How long have you been licensed  
2 as a psychologist?

3 A. Since 1993.

4 Q. Have you seen a number of patients over  
5 those I guess 25 or so years?

6 A. Yes.

7 Q. Approximately how many?

8 A. Roughly, roughly a thousand. I used to work  
9 inpatient and you see a number of patients rather  
10 rapidly when you work inpatient.

11 Q. Other, any other professional activities  
12 that you're currently involved in?

13 A. There's all kinds of additional things that  
14 I do. I'm a reviewer for different professional  
15 journals, so I get articles sent to me and then I have  
16 to help evaluate whether they are scientific and sound  
17 enough. I mentor students in their research. I  
18 provide consultation to therapists, actually in the  
19 last year or so therapists around the world about  
20 trauma and trauma-related disorders.

21 Q. All right. Do you have to be licensed to be  
22 a psychologist?

23 A. Yes.

24 Q. And where are you licensed, ma'am?

25 A. The State of Maryland.

1 Q. Have you ever testified in a legal case  
2 before?

3 A. Yes.

4 Q. Have you ever been qualified as an expert in  
5 the field of psychology?

6 A. Yes.

7 Q. How did you become involved in this specific  
8 case with Caroline Conway?

9 A. You contacted me and asked me if I would be  
10 willing to be involved. You got my name I believe  
11 from a domestic violence shelter or agency.

12 Q. And what were you hired by us to do in this  
13 case?

14 A. To assess Ms. Conway and see if she had any  
15 psychological disorders and if so, if they impacted  
16 her behavior in this incident.

17 Q. All right. Are you being paid for your work  
18 in this case?

19 A. Yes, sir.

20 Q. Now if you weren't here today testifying in  
21 Court, what would you be doing?

22 A. Seeing patients and teaching.

23 (Whereupon, Defendant Exhibit  
24 Number 73 was marked  
25 for identification)

1 MR. FARMER: At this time I would approach  
2 with what's been previously, what's been marked as  
3 Defendant's Exhibit Number 73.

4 BY MR. FARMER:

5 Q. And is this your CV, ma'am, if you could  
6 take a brief look at that?

7 A. Yes.

8 Q. It's a fair and accurate depiction of what  
9 your CV is?

10 A. Yes.

11 MR. FARMER: All right, at this time I would  
12 move Dr. Bethany Brand's curriculum vitae into  
13 evidence.

14 THE COURT: Any objection?

15 MR. GRANADOS: No, Your Honor.

16 THE COURT: All right, without objection --

17 MR. FARMER: And at this time --

18 THE COURT: That's Defendant's 73.

19 MR. FARMER: Sorry.

20 And I'll leave that there if you need to  
21 reference for any of the other questions, ma'am.

22 (Whereupon, Defendant Exhibit  
23 Number 73 was admitted  
24 into evidence)

25 THE WITNESS: Okay.

1 BY MR. FARMER:

2 Q. Okay. After college, undergraduate, where  
3 did you do your psychological testing, or training, I  
4 guess?

5 A. After undergraduate I came to the University  
6 of Maryland College Park and I got my Master's and my  
7 Ph.D. there.

8 I did, it sounded like you wanted to know  
9 about my testing experience. I learned how to do  
10 psychological testing at Johns Hopkins University and  
11 an additional placement was my clinical internship at  
12 George Washington University Hospital.

13 Q. Okay. And you have a Ph.D., what did you,  
14 well after, what did you get your Ph.D. in?

15 A. Clinical community psychology.

16 Q. All right. Any specific training after the  
17 Ph.D.?

18 A. Yes. It's optional for psychologists if  
19 they want to go on and do what's called a Post  
20 Doctoral Fellow, you don't have to do a Fellowship,  
21 but I did. I took that at Sheppard Pratt Hospital,  
22 which is in Baltimore. It's a very well-respected  
23 psychiatric hospital and my entire time there I was  
24 working in the trauma disorders program, working  
25 inpatient and outpatient doing psychological testing

1 and eventually I became, when I was no longer a  
2 trainee, I became an attending psychologist, which is  
3 like the person in charge of a case.

4 Q. All right. You mentioned earlier that you  
5 teach.

6 What do you teach?

7 A. A class called abnormal psychology where we  
8 review all the diagnostic, the major diagnostic  
9 disorders in the diagnostic manual. A course on  
10 initial interviewing for students to learn how to do  
11 the kind of interviews so they can make accurate  
12 assessments of diagnoses. Internship classes where I  
13 supervise students out in the community learning how  
14 to do assessment and, and treatment. I teach courses  
15 on trauma, trauma assessment, trauma treatment. So  
16 it's all clinically-oriented classes.

17 Q. And when you say clinically, what does that  
18 mean?

19 A. Like how you work with patients, how you  
20 assess them for diagnoses and how you treat them.

21 Q. So you, when you say clinically, you mean  
22 actually working with actual patients of yours?

23 A. Yes, yes.

24 Q. What sort of research have you been involved  
25 in I guess specifically regarding post traumatic

1 stress disorder and dissociative disorders and the  
2 things that you would be rendering an opinion about in  
3 this case?

4 A. So I do a number of studies, but the two  
5 that are really relevant to this case, there's one  
6 long series of studies on how you, how clinicians  
7 determine if somebody has a legitimate genuine  
8 dissociative disorder, and I'll talk more about what  
9 that is, it's a trauma-based disorder, trauma causes  
10 them, or if they're exaggerating or faking. The  
11 terminology for that in my field is malingering, if  
12 they're malingering this kind of disorder or not.

13 So I've done a bunch of research on a number  
14 of tests to try and help the mental health field know  
15 how to tell those two apart.

16 And then I've also done some, a number of  
17 studies on the treatment of patients with dissociative  
18 disorders, and then some other things about training  
19 therapists about trauma and assessing the accuracy of  
20 textbooks, about information related to trauma.

21 Q. Okay, at this time let me ask this, so  
22 you're here testifying in Court, you didn't establish  
23 a psychologist/patient relationship between you and  
24 Ms. Caroline Conway, correct?

25 A. No, it was not a treatment-based



1 relationship.

2 Q. Okay, this is, you're here for Court?

3 A. For Court, it's a forensic.

4 Q. And your work with this case, right?

5 A. Forensic assessment.

6 Q. So what percentage of your work, if you  
7 could, is related to Court types of work compared to  
8 your clinical treating patients type of work?

9 A. It's a small fraction.

10 Q. What's a small fraction?

11 A. I would guess -- so you're saying not  
12 including my teaching and research?

13 Q. Well tell me, you can tell the ladies and  
14 gentlemen of the jury whatever percentage  
15 approximately Court proceedings are compared to your  
16 teaching, your research, your treating of patients?

17 A. I'd say 5 percent of my time, perhaps.

18 Q. You're saying, so the Court proceedings type  
19 of work is only 5 percent of what you do?

20 A. Yeah.

21 Q. Okay. I want to ask you about your -- well  
22 you've already indicated, okay.

23 Publications, are there any, have you  
24 published any articles or papers based on your  
25 research?

1 A. Yes.

2 Q. How many, approximately?

3 A. Approximately 65 different peer reviewed  
4 articles. Some of those are chapters.

5 Q. Have you been involved in the actual review  
6 or editing process for professional journals?

7 A. Yes, I review about 40 articles a year.

8 Q. Have you ever received any awards or honors  
9 for your specific psychological dissociative  
10 trauma-based research?

11 A. Yes, maybe five or six this year. Maryland  
12 gave me outstanding contributions to scientific  
13 research award.

14 Q. All right. What is a grant?

15 A. A grant is when you get some funding to  
16 support your research.

17 Q. Have you ever received one of those?

18 A. Yes, a number of those.

19 Q. Okay. The last question I'm going to ask  
20 before I move to this case is regarding professional  
21 panels and I noticed something about your professional  
22 panels, have you been on any professional panel task  
23 forces at the national or international level?

24 A. Yes, three different ones.

25 Q. Okay. And what are those, ma'am?

1           A.       One was an international society that  
2       develops guidelines for assessment and treatment of  
3       dissociative disorders.  So they come out with  
4       publications every five to ten years about that, so  
5       the guidelines that literally guide the world's mental  
6       health clinicians and I helped write those.

7                   And I've also written, I'm in the process, I  
8       wrote them and now they're getting approved, the  
9       American Psychological Association has a trauma  
10      division, people who specialize in trauma, and I've  
11      helped write the assessment guidelines, how you assess  
12      traumatized people and then another set of guidelines  
13      for that same group about how you assess and treat  
14      what's called Complex PTSD, which is much more severe  
15      and elaborate PTSD, which is relevant in this case.

16           Q.       All right.

17                   MR. FARMER:  At this time, Your Honor, I'd  
18      offer Dr. Brand as an expert in the field of  
19      psychology, within the specialty of trauma-related  
20      disorders.

21                   THE COURT:  Any voir dire or objection?

22                   MR. GRANADOS:  State would request a voir  
23      dire of the witness, Your Honor.

24                   THE COURT:  You may.

25                                   VOIR DIRE EXAMINATION

1 BY MR. GRANADOS:

2 Q. Good morning, Dr. Brand.

3 A. Good morning.

4 Q. My name's Fran Granados, I'm one of the  
5 prosecutors on the case.

6 Now you indicated that only about 5 percent  
7 of the work that you do is forensic, if you will, in  
8 terms of being involved in Court?

9 A. Yes.

10 Q. Can you explain to us the difference between  
11 forensic psychology and clinical psychology, which is  
12 your specialty?

13 A. In forensic psychology you are assessing  
14 people for Court matters and testifying in Court. In  
15 clinical psychology you're working on assessing and  
16 treating patients typically in a clinic or a hospital  
17 or a private practice.

18 Q. Now in the forensic context in terms of  
19 criminal cases, forensic psychology would include  
20 conducting things like evaluating competency to stand  
21 trial?

22 A. Yes.

23 Q. And would it also include evaluating whether  
24 or not someone's criminally responsible for their  
25 behavior?

1           A.     Yes.

2           Q.     Now you said you're currently a professor at  
3     Towson University?

4           A.     Yes.

5           Q.     And your work focuses primarily on  
6     dissociative disorders of victims of trauma?

7           A.     I'd expand that to trauma disorders.  It's  
8     the umbrella category.  Dissociative disorders is one  
9     type of trauma disorder.

10          Q.     Okay.  And your focus regarding those  
11     disorders is on diagnosing and treating them?

12          A.     Yes, and doing the research, which is  
13     forensically related, about those disorders.

14          Q.     But it would be fair to say that your focus  
15     is more so on the clinical aspect of these disorders  
16     than it is the forensic aspect?

17          A.     I'm not sure I'd go that far because I've --  
18     I'm the only person in the world until just recently a  
19     group in the Netherlands who actually invited me to  
20     co-author things with them, I'm the only one who's  
21     publishing research and I've done it on some of the  
22     major personality and forensic tests.  So I wouldn't  
23     say that that's a minor piece of what I do.  It's  
24     actually had major implications in the forensic field.

25          Q.     Well tell us this, do you regularly conduct

1 competency evaluations on a daily or weekly basis?

2 A. No.

3 Q. Do you regularly conduct criminal  
4 responsibility evaluations on a daily or weekly basis?

5 A. No.

6 Q. Now the people that you regularly evaluate  
7 as a part of your teaching, research and in treatment,  
8 those are people that come to you for purposes of  
9 research and for you to treat them as their doctor,  
10 right?

11 A. I've also been a supervising psychologist  
12 for the post Doctoral trauma Fellows at Sheppard Pratt  
13 Hospital since 1995.

14 Q. And in that capacity you were supervising  
15 others who were evaluating, diagnosing and treating  
16 victims of trauma, correct?

17 A. Yes.

18 Q. Okay. Now given that you've only, 5 percent  
19 of your work focuses on Court matters, can you explain  
20 to us whether or not you're familiar with the criminal  
21 responsibility standard in the State of Maryland?

22 A. Yes, I am.

23 Q. Can you explain it to us?

24 A. Sure. You need to determine two different  
25 things, did the person have a mental illness at the

1 time of the incident that impaired, that substantially  
2 impaired their understanding of the, the law and,  
3 and/or did that mental illness impair their capacity  
4 to conform their behavior to the law.

5 Q. And do you know where that standard comes  
6 from?

7 A. Maryland law, but I don't know precise  
8 citation.

9 Q. Okay. And are you familiar with the fact  
10 that simply suffering from a mental illness does not  
11 automatically render someone not criminally  
12 responsible?

13 A. Of course.

14 Q. Now I'd like to talk a little bit more about  
15 your forensic psychology experience.

16 MR. FARMER: Your Honor, objection at this  
17 time. I think this has gone way beyond voir dire and  
18 is more appropriate for cross-examination.

19 THE COURT: Well I'll make that, I'll  
20 overrule the objection for the, for the time being. I  
21 don't think he's done that yet. We'll see.

22 BY MR. GRANADOS:

23 Q. Now getting back to your forensic psychology  
24 experience, have you ever completed any internships  
25 specifically focused on forensic psychology?

1           A.       No.

2           Q.       Have you ever held a position where you  
3 regularly, in other words on a daily or weekly basis,  
4 engage in forensic work?

5           A.       No, but I've done panels at international  
6 conferences talking about forensic matters, including  
7 the assessment of traumatized patients.

8           Q.       Can you tell us how many competency  
9 evaluations you've completed?

10          A.       For competency, none.

11          Q.       Can you tell us how many criminal  
12 responsibility evaluations you've completed?

13          A.       I'm going to ball park this, this is a  
14 relatively newer area for me, I'm going to guess five  
15 or six.

16          Q.       Five or six.

17                   How many of those criminal responsibility  
18 evaluations were conducted at the request of a  
19 criminal Defendant?

20          A.       All except for -- no, all.

21          Q.       How many times have you testified in Court  
22 regarding your opinion on the issue of criminal  
23 responsibility?

24          A.       Two or three.

25          Q.       Can you tell us when and where?



1           A.       One was in Baltimore County and that was the  
2 Mary Koontz case, and another was in Texas, and I'm  
3 not going to remember the exact date, it was in the  
4 last several years.

5           Q.       So that's two?

6           A.       Yeah.

7           Q.       Do you know the third one?

8           A.       You know, I may not remember the exact third  
9 case, I can get you the information.

10          Q.       Okay. For which side did you testify in  
11 those cases?

12          A.       It's always been on the Defense.

13          Q.       Now in those cases have you ever previously  
14 opined that a criminal Defendant is not criminally  
15 responsible?

16          A.       No.

17          Q.       Of the times, these Court cases you've  
18 discussed with us, how many of those involved you  
19 diagnosing the person with a dissociative disorder?

20          A.       Are you asking me how many times that was  
21 the question?

22          Q.       How many times when you did these  
23 evaluations -- so let me step back a minute.

24                    You said you've done five or six criminal  
25 responsibility evaluations, I'm assuming after those

1 evaluations you had diagnoses?

2 A. Yes.

3 Q. How many of those five or six diagnoses  
4 involved you finding that person as having, suffering  
5 from a dissociative disorder?

6 A. All of those, there was a Federal case,  
7 though, where I determined the person -- so it was  
8 potentially for criminal responsibility, I was not  
9 asked to testify because I determined the person was  
10 faking their dissociative disorder. So I didn't  
11 actually conclude they had a dissociative disorder.

12 Q. Now given that you've only done about five  
13 or six criminal responsibility evaluations, can you  
14 tell us, are you familiar with the American  
15 Psychological Association specialty guidelines for  
16 forensic --

17 A. Yes.

18 Q. -- evaluations?

19 It would be fair to say that the American  
20 Psychological Association is, in your opinion, a  
21 competent authority on that issue?

22 A. Yes.

23 Q. Did you follow those guidelines in this  
24 case?

25 A. Yes.

1 Q. And I just want to be clear, those  
2 guidelines, do they include attempting to identify --  
3 or excuse me, striving for accuracy, impartiality,  
4 fairness and independence?

5 A. Correct.

6 Q. They include striving to be unbiased,  
7 impartial and avoiding partisan presentation of  
8 unrepresentative, incomplete or inaccurate evidence  
9 that might mislead finders of fact?

10 A. Yes.

11 Q. Finders of fact being the jurors and Judges.

12 Those guidelines include striving to access  
13 information or records from collateral sources with  
14 the consent of the relevant attorney or the relevant  
15 party or when otherwise authorized by law or Court  
16 Ordered, those are guidelines that you followed?

17 A. Yes.

18 Q. Did you also follow guidelines --

19 MR. FARMER: Your Honor, objection.

20 THE COURT: I'll sustain the objection.

21 This, this is cross-examination. You can  
22 ask those questions on cross, but this isn't voir  
23 dire.

24 MR. GRANADOS: Yes, Your Honor.

25 Your Honor, I would renew any objection to

1 this witness being permitted to render an opinion in  
2 the forensic environment.

3 THE COURT: All right. Your objection's  
4 overruled.

5 It goes to the weight.

6 DIRECT EXAMINATION (CONTINUED)

7 BY MR. FARMER:

8 Q. Dr. Brand, you've been qualified as an  
9 expert witness, you're here to offer some expert  
10 opinions in this case?

11 A. Yes.

12 Q. In what field of psychology or study would  
13 you say that these opinions fall into?

14 A. The broadest way of understanding is  
15 clinical psychology and within that, trauma disorders.

16 Q. Okay. Now let me ask this, I'm going to try  
17 to go through the appropriate slide.

18 Would you consider the area of impact of  
19 trauma assessment and treatment of trauma-related  
20 disorders a legitimate field of expertise?

21 A. Absolutely.

22 Q. Why is that?

23 A. Because there have been scientific studies  
24 on it for decades. These are peer reviewed journal  
25 articles and studies, they get published after being,

1 going through the process of blind review whereas a  
2 researcher you send out your article to a journal,  
3 they send it out with your name removed to reviewers  
4 whose identity will never be identified so that they  
5 can give you feedback, they can give you editor's  
6 feedback and they determine together if it's  
7 substantially rigorous and scientific to be published.

8 And so there have been literally hundreds  
9 and hundreds of articles on trauma and dissociation  
10 published that way.

11 MR. FARMER: Can everybody hear her? Okay.  
12 All right.

13 BY MR. FARMER:

14 Q. I just want to make sure.

15 A. Yeah, it doesn't seem very loud, actually.

16 Q. Okay. I would just ask to make sure that  
17 you're directing your voice --

18 A. Okay.

19 Q. -- towards the jury.

20 And what, what you're here to testify about  
21 today, does it fall within the field of childhood  
22 trauma and neglect and those sorts of things?

23 A. Yes.

24 Q. And, again, what were you asked to do in  
25 this case?

1           A.       To perform a psychological assessment of  
2 Ms. Caroline Conway.

3           Q.       And what process did you follow in  
4 performing your assessment?

5           A.       When you do a psychological assessment,  
6 especially in a forensic case like this, you're  
7 required to do a number of things.

8                    You review all kinds of documentation that  
9 relate to their past behavior, current behavior,  
10 behavior since the incident. You meet with the client  
11 for a number of hours to see for yourself how the  
12 client presents them self. And then you do a good  
13 number of psychological tests and interviews.

14                   Then you compare that individual's responses  
15 to published scientific data to get a sense across a  
16 whole number of tests, how do their results compare.

17                   And based on all of that data -- oh, I'm  
18 sorry, and I also, you're supposed to and I did, do a  
19 number of what are called collateral interviews, where  
20 you interview people related to the witness or who may  
21 have been at the scene of the crime, that kind of  
22 thing, and get different people's perspectives so that  
23 you can really try and be neutral and see what the  
24 data says, not just what the client says, but what  
25 the, the body of, of data says about that person, past

1 behaviors, behaviors at that time, psychological data,  
2 witnesses, family members, that kind of thing.

3 So you can't just go on your opinion  
4 assessing that person for a couple of hours, that's  
5 not, that's not rigorous enough.

6 Q. And you performed a psychological evaluation  
7 on Mrs. Caroline Conway?

8 A. Yes.

9 Q. And what did that psychological evaluation  
10 consist of?

11 A. I spent several, seven hours with  
12 Ms. Conway, during which time I did interviewing,  
13 very, very careful watching of her behaviors to see if  
14 they match up in my experience with legitimate clients  
15 and clients of different types of disorders or with  
16 people who are feigning or exaggerating mental  
17 illness, because I've assessed those over the years,  
18 both in clinical settings as well as in forensic  
19 cases.

20 And then we did a number of psychological  
21 tests and interviews together.

22 I also, twice, interviewed her daughter  
23 Rowena, one time interviewed her daughter Amber and  
24 one time interviewed her husband.

25 Q. Okay. In addition to interviewing those

1 people, is there any sort of I guess psychosocial  
2 examination that you have to do?

3 A. Yes. So you start out the interview just  
4 trying to establish some kind of trusting relationship  
5 enough that the person will talk about very personal  
6 things with you.

7 I have taught this course on interviewing,  
8 so I followed the procedures in that, that class,  
9 which are supported by psychology textbooks that I've  
10 been teaching from for 18 years.

11 So I asked her all about her childhood,  
12 education, social history, employment history, medical  
13 history and, and then the more recent history of her  
14 behavior and what was going on in her family.

15 Q. Okay. And what, what exactly did you do to  
16 assess her current and past mental status?

17 A. That psychosocial history is the first step  
18 and then I did a number of different psychology tests  
19 and interviews.

20 Beyond that one psychosocial interview, I  
21 had seven more tests and interviews, and then reviewed  
22 all that data and talked to family members.

23 Q. Okay. Okay. So you indicated, you already  
24 said you spoke to the family members and those seven  
25 hours that you were with Mrs. Conway, first, where did



1 you have to go in order to do that?

2 A. To the Detention Center.

3 Q. All right. Were you, did you have to go  
4 where everybody else was or were you able to get a  
5 room isolated, how did that work?

6 A. They got us a private room so that she'd be  
7 comfortable disclosing personal things.

8 Q. Okay. And in those seven hours, what did  
9 you do?

10 A. What specific tests did I do?

11 Q. I'm sorry, yes, ma'am, forgive me.

12 A. Okay.

13 Q. Yeah, explain to the ladies and gentlemen of  
14 the jury what tests it was that you were doing in  
15 order to, to eventually render an opinion?

16 A. Okay. So I started out with that general,  
17 what is called a psychosocial history, that's  
18 equivalent to when you go meet a physician and they  
19 ask you all kinds of things about your sleep, your  
20 weight, smoking, drinking, all of that, but with  
21 psychologists you also ask about where they were born  
22 and raised, what their relationships were like with  
23 their family, things of that nature.

24 And in cases of trauma, you ask a fair  
25 amount about their trauma, have they been exposed to

1 any kind of trauma as a child or adult and you get  
2 into more of those details if they've had that.

3 So that was a good bit of time there. And  
4 then I did a number of different tests. I test, I  
5 tested for psychopathology to find out if she's a  
6 sociopath, you know, a cold-blooded killer, somebody  
7 without a conscience, because that is something that's  
8 very, very important in a murder trial to figure out.

9 I also did one specific test on that  
10 malingering issue, the exaggeration, faking issue, one  
11 dedicated test about that and then a couple of tests I  
12 gave also had malingering scales on them.

13 So three different ways of looking at  
14 malingering, because in a forensic case like this, you  
15 know, the stakes are so high, the results are so  
16 important, you've got to be sure of your opinion.

17 It would be like going to a doctor and let's  
18 say it wasn't just trying to figure out if you had a  
19 sprained thumb, you were trying to figure out if you  
20 had cancer. The doctor doesn't want -- run just one  
21 test, or at least they shouldn't, they should get  
22 multiple tests and see what does the preponderance of  
23 evidence show. So that's why I did so many tests on  
24 malingering.

25 And then I did what is considered the gold

1 standard interview, meaning the most rigorous,  
2 well-supported interview for dissociative disorders.  
3 That's in the ball park of two to three hours, just  
4 for that one interview.

5 And then I did a number of trauma-related  
6 tests which included some on dissociation and some  
7 specifically on post traumatic stress disorder and one  
8 that looked at a variety of potential problems that  
9 traumatized people have.

10 Q. Now forgive me if I offend you in your line  
11 of work, post traumatic stress disorder, some people  
12 think that that's baloney, that doesn't exist.

13 Do you have an opinion about whether post  
14 traumatic stress disorder is real and why?

15 A. One of the best ways of figuring out what  
16 the experts in the mental health field think is real  
17 is is it in this book, this is the diagnostic manual,  
18 the Diagnostic and Statistical Manual of Mental  
19 Illness.

20 Panels of experts from around the United  
21 States, and actually I was on the committee for  
22 dissociative disorders, we had people from around the  
23 world who came and met with us and we reviewed all the  
24 recent literature, we decided and discussed amongst us  
25 and there's some degree of arguing about what exactly

1 should be a criteria for a different disorder, but you  
2 go back to the evidence and the expert's opinion and  
3 then that is what ends up in this book that the entire  
4 mental health field follows, both in the United  
5 States, in Canada and there's several countries around  
6 the world that use this.

7 Q. All right. And my question was post  
8 traumatic stress disorder?

9 A. It's in here, and so there's all kinds of  
10 research that show that post traumatic stress disorder  
11 is a valid disorder, there's even neurobiological  
12 research that shows what it does to people's brains.  
13 There's all kinds of research to support the existence  
14 of that diagnosis.

15 Q. Okay. And I believe, did you already  
16 explain to the ladies and gentlemen of the jury of all  
17 of the eight tests that you did that day?

18 A. I didn't list all of them by name, I listed  
19 some by name, but I talked about them.

20 Q. Let me ask, let me ask this, why did you do  
21 so many, eight, or seven, eight different tests when  
22 Dr. Grant, the State's psychologist, only did one  
23 single test?

24 MR. GRANADOS: Objection, Your Honor.

25 THE COURT: Sustained. Not in evidence, at

1 this time.

2 BY MR. FARMER:

3 Q. Why did you do so many different tests?

4 A. Even if I was just doing this in my clinical  
5 practice, I want to be certain of my opinion about  
6 people's diagnoses. It, for example in my practice,  
7 you plan somebody's treatment based on their  
8 diagnosis. If you say somebody's psychotic, then you  
9 give them a treatment for a psychosis, like  
10 schizophrenia. If you figure out no, in fact they've  
11 got PTSD, you do a treatment for that. So you can't  
12 afford to be wrong; these are people's lives.

13 In a forensic case the stakes are even  
14 higher, obviously, and so I want to be really, really  
15 sure my opinion is accurate, both for, you know, the  
16 State of Maryland, Ms. Conway, the family that has  
17 lost their loved one, but also for my reputation, I'm  
18 on national -- international panels, I mean this is my  
19 livelihood. And ethically, by my ethical standards  
20 I'm required to.

21 So again, going back to the idea of cancer,  
22 you don't go into a doctor and they run one single  
23 blood test and they say, oh, you've got cancer. Even  
24 if you think you have a sprained ankle versus maybe a  
25 broken ankle, they get X-rays at all different angles

1 to determine what is it, really.

2 So thorough psychologists do the same thing.  
3 They should get a number of different tests looking at  
4 malingering, looking at sociopathy, looking at, if she  
5 had shown a lot of psychotic symptoms or, let's say  
6 like eating disorders, there's eating disorders tests.

7 You, you do a broad-based assessment and  
8 then from there you narrow down and get more  
9 verification using multiple tests to confirm or  
10 disconfirm what you think the diagnoses are.

11 Q. And you, upon questioning in voir dire by  
12 Mr. Granados, he asked you about some of your previous  
13 cases that you've worked on and you mentioned the  
14 Federal, a Federal case?

15 A. Yes.

16 Q. And, and what was your opinion in that case  
17 with regards to whoever you were supposed to evaluate,  
18 the criminal Defendant?

19 A. That he was completely faking a dissociative  
20 disorder, he did not have one. In another case in the  
21 State of Maryland I actually concluded that patient  
22 did have a dissociative disorder, but she was  
23 exaggerating the extent of her amnesia.

24 Q. Ma'am, and now I hope I'm going to be able  
25 to be right with the slides here.

1                   Can you tell us a brief summary of your  
2 findings in connection with Mrs. Conway?

3                   MR. GRANADOS:  Objection, Your Honor, may we  
4 approach?

5                   MR. FARMER:  Yeah.

6                   (Whereupon, Counsel approached the Bench and  
7 the following occurred:)

8                   MR. GRANADOS:  Your Honor, Counsel has not  
9 laid a foundation that this witness possesses an  
10 adequate factual foundation to render an opinion in  
11 this matter.

12                   We've heard absolutely no discussion of her  
13 reviewing any factual material regarding what occurred  
14 in this matter in terms of Police reports, witness  
15 interviews, anything of that sort, none of that was  
16 referenced in what he asked her to state that she did  
17 in evaluating this person.

18                   MR. FARMER:  Okay, I can ask her.

19                   THE COURT:  All right, so Counsel is  
20 indicating that, I'm not going to rule on the  
21 objection because Counsel is going to ask questions  
22 and then if there's another -- a renewed objection  
23 based on the sufficiency of that inquiry, then I'll  
24 hear it.

25                   MR. GRANADOS:  Yes, Your Honor.

1 THE COURT: Okay.

2 (Whereupon, Counsel returned to trial tables  
3 and the following occurred in open Court:)

4 BY MR. FARMER:

5 Q. Okay, Dr. Brand, prior to getting into the  
6 summaries of your findings, which, by the way,  
7 everything that I'll be asking you as far as what your  
8 opinion is will be to a reasonable degree of  
9 psychological certainty.

10 A. Okay.

11 Q. Okay. But prior to doing that, you  
12 indicated already the, what you did with Mrs. Conway  
13 in terms of rendering all of those tests, yes?

14 A. Yes.

15 Q. Could you also tell the ladies and gentlemen  
16 of the jury what you reviewed as far as documents in  
17 connection with this case, so the criminal case?

18 A. So there's a number of them that I reviewed.  
19 The search warrant, the videotape recording of her  
20 discussion afterward with Detective or Investigator  
21 Elliott, as well as a transcript of that, a good  
22 number of documents from the Department of Social  
23 Services investigations, Dr. Grant's, the State, the  
24 State expert's psychological report and her actual  
25 notes and the actual test results themselves, as well



1 as some E-mails Dr. Grant sent to various people  
2 involved in the case.

3 Q. And what about any factual, anything factual  
4 in relation to the happening of the incident?

5 A. The Police reports, I read the Police  
6 reports about that.

7 Q. Okay. You mean about other witness accounts  
8 of what happened?

9 A. Yes, there was a Mr. Gale who gave his  
10 account of it and also the Police themselves had  
11 written about what had happened.

12 Q. Okay. Now would you be able to provide a  
13 brief summary of your findings.

14 A. Yes.

15 MR. GRANADOS: Objection, Your Honor.

16 THE COURT: Approach the bench.

17 (Whereupon, Counsel approached the Bench and  
18 the following occurred:)

19 MR. GRANADOS: I think we've heard she  
20 listened to the Defendant's -- it's the same  
21 objection, foundational, she watched the Defendant's  
22 interview, read a Police report with statements from  
23 Mr. Gale and read a search warrant.

24 I still believe that is an inadequate  
25 factual foundation regarding the actual events that

1 occurred on May the 20th in terms of the shooting and,  
2 by the way, none of that information was provided in  
3 her report as materials that she reviewed and nowhere  
4 does she mention watching an interview, reading any  
5 type of Police reports, so this is the first we're  
6 hearing that she looked at any of that.

7 THE COURT: Well that would be  
8 cross-examination.

9 The, I gather what's, so we don't spend all  
10 morning guessing what everybody's talking about, that  
11 you're, you would, that you're, principal part of your  
12 objection is that you want to know what, if any,  
13 history, she took from the Defendant?

14 MR. GRANADOS: Not necessarily just that,  
15 but primarily the behavior the Defendant engaged in  
16 that day.

17 Again, she said she watched the interview,  
18 that she conducted -- this includes no description of  
19 the shooting and she read the Police report with a  
20 statement by Mr. Gale who was not present for the  
21 shooting and did not observe it.

22 So she's going to be opining regarding the  
23 Defendant's mental state at the time the shooting  
24 occurred and she's not reviewed any facts regarding  
25 what occurred during that shooting.

1 THE COURT: Well --

2 MR. FARMER: That's, sorry to cut you off,  
3 Your Honor, but she did, in fact, state, she said she  
4 reviewed something from Gale but also Police reports.  
5 Instead of going into every single Police report or  
6 every single witness statement that she -- she did say  
7 that she reviewed and she did review reports from the  
8 actual shooting, the incident.

9 I would prefer not to go into every single  
10 thing that she reviewed, but if she believes she has a  
11 basis to proceed at this point.

12 MR. GRANADOS: Well can I ask as a matter of  
13 professional courtesy what she was given because that  
14 would, that information was omitted from her report  
15 and was not included in her expert notice in any way,  
16 shape or form.

17 THE COURT: Is there some reason why you  
18 don't want to ask her what, if anything, other than  
19 what she's already mentioned did she review --

20 MR. FARMER: I can --

21 THE COURT: -- in the form of documents or  
22 in -- or other witnesses, including the Defendant?

23 MR. FARMER: I can ask in more specific  
24 detail the, I guess the reports, you know, as far as  
25 the factual.

1           THE COURT: All right. So she's told us  
2 what she's told us and I think to Defense Counsel's  
3 objection is at this point sustained with the  
4 understanding you're going to further inquire.

5           MR. FARMER: Okay.

6           THE COURT: All right.

7           (Whereupon, Counsel returned to trial tables  
8 and the following occurred in open Court:)

9           BY MR. FARMER:

10          Q. Okay, Dr. Brand, to speed this along a  
11 little bit, I'm going to ask you to be a little more  
12 specific with regards to what you reviewed as far as  
13 factual accounts of that day.

14                 Did you, did you review Police reports of  
15 witnesses at or around the scene?

16          A. Yes.

17          Q. Okay. And based on your review of those  
18 reports, did you learn or have an understanding of  
19 what witnesses said she did at the McDonald's?

20          A. Yes.

21          Q. Specifically, specifically what you reviewed  
22 as far as Police reports or other reports of the  
23 witnesses at the scene at the shooting at the  
24 McDonald's, what, can you tell the jury about what you  
25 learned during that review of records?

1           A.     About the entire scene?

2           Q.     Yeah, just, just a brief, brief facts of  
3 what you reviewed and what you learned in your review  
4 of those reports?

5           A.     Okay. That Ms. Conway got into the car with  
6 the, with Krystal and her husband, told them to call  
7 Richard and tell him to, to go away, not come to the  
8 McDonald's, take the children and go further away and  
9 then she shot both of them.

10          Q.     And then after that do you, did you review  
11 documents which indicated what happened after the,  
12 immediately after the shooting?

13          A.     She walked away, she walked away from the  
14 McDonald's and was eventually picked up by her son.

15          Q.     All right. And so the witness reports that  
16 you've read, you understand that that was the factual  
17 scenario?

18          A.     Yes.

19                MR. FARMER: At this time, Your Honor, I  
20 would offer her up -- well she's already been deemed  
21 as an expert, but I would request that Your Honor for  
22 her to be able to render her opinion in connection  
23 with this case.

24                THE COURT: All right. Any objection?

25                MR. GRANADOS: I'd still object, but I think

1 he's probably --

2 THE COURT: All right, overrule the  
3 objection.

4 MR. GRANADOS: -- met the standard by now.

5 MR. FARMER: Thank you.

6 BY MR. FARMER:

7 Q. Now could you please tell the ladies and  
8 gentlemen of the jury what, the quick summary of your  
9 findings were in this case?

10 A. Yes, so very briefly, Ms. Conway experienced  
11 extraordinarily severe childhood abuse and neglect and  
12 that childhood abuse and neglect went on for years and  
13 made her vulnerable to developing a number of  
14 psychological problems, disorders, which she did  
15 develop. She had four psychological disorders at the  
16 time of this incident.

17 Her mental illness contributed to her,  
18 caused her to not recognize the wrongfulness of what  
19 she did with those shootings.

20 She was doing those shootings, in her mind  
21 to use her words, to protect the grand babies or to  
22 protect the babies. And I did thorough assessment for  
23 malingering and psychopathology and she's not a  
24 psychopath and she is not malingering, she's not  
25 faking or exaggerating her symptoms.

1           Q.     Okay.  And now getting to effects of I guess  
2 childhood and neglect as you testified to, I guess  
3 it's difficult to understand someone in her position,  
4 based on what your opinion is, how does her background  
5 play a role in your investigation, in your  
6 decision-making?

7           A.     So Caroline grew up in the ghettos of  
8 Chicago in extreme poverty.  She was one of eight  
9 children and her father was shot and killed in the  
10 front yard when she was two years old.

11                     Her mom had been a homemaker and immediately  
12 overnight had to support these eight kids.  So her mom  
13 wasn't around much, to say it mildly.  Her mom was  
14 working multiple, low pay jobs and basically was in a  
15 horrible position of having to pass off her kids to  
16 whoever would take her kids.

17                     And as a result, a number of the  
18 baby-sitters were horrifically abusive and neglectful  
19 to Caroline and her sister, Stardust, who, I'm sorry,  
20 I forgot to mention earlier, I interviewed Stardust,  
21 her sister.  And so Stardust helped fill in some of  
22 this history as well.

23                     They were essentially just dropped off  
24 repeatedly to baby-sitters, some of whom were  
25 extraordinarily abusive.  In that neighborhood

1 Caroline witnessed shootings, she witnessed stabbings,  
2 it was unsafe to be outside.

3 A child growing up in that kind of  
4 environment -- oh, and the tragic death of your father  
5 impacted the entire family, of course. Her mom,  
6 according to Stardust and to Ms. Conway, was never the  
7 same after that. She had her own psychological  
8 breakdown and had to be hospitalized, so she wasn't  
9 there for the kids emotionally or physically. She, it  
10 doesn't sound like from what they've both told me that  
11 she ever went back to her normal self, so she was an  
12 impaired woman, you know, for, not her own fault, it  
13 was just, it was a horrible thing that happened.

14 So a kid growing up in that environment  
15 doesn't get a parent who helps them talk about and  
16 deal with this tragic death -- tragic murder of her  
17 father.

18 In fact, the murder of her father took  
19 place, he was sitting in his car and somebody entered  
20 the car and shot him point blank from the back seat.  
21 That's relevant because that's exactly what Caroline  
22 did. It is exactly what Caroline did. She did a  
23 repeat of what happened to her father. He was shot  
24 point blank from the back seat of a car; that's what  
25 she did.



1 I'll come back to that later, but just to,  
2 you know, give a kind of general overview right now.

3 Q. Let me ask this, what are, what are  
4 triggers?

5 A. So triggers are any aspect of a traumatic  
6 experience that later reminds the person of the  
7 experience and they typically don't even know what's  
8 happening, but they just become incredibly upset.

9 So, for example, somebody, right now, you  
10 know, a Military personnel over in Iraq, if they come  
11 back home and they smell a certain kind of hot cement  
12 smell, they may have a flashback, they may be  
13 triggered by the smell of the hot cement and feel like  
14 they are back in Fallujah, they may actually see  
15 Fallujah, even though they're on the streets of, you  
16 know, La Plata. They may see it, they may smell it,  
17 they may feel the heat in their throat, if they were  
18 shot, they may feel the pain again.

19 You can have full flashbacks across all five  
20 senses, or, if you don't have a full flashback, you  
21 can just be absolutely terrorized, terrorized like  
22 you're going to be shot or like you just were shot.

23 So you can get the emotions back full force  
24 like it's happening again or you can actually  
25 sometimes lose such touch with reality that you are

1 almost, in your mind you are back in the desert.

2 So triggers, I've got a fancy definition up  
3 here, this is from a Government publication, SAMHSA,  
4 it's a really well-recognized Government agency, they  
5 define a trigger is any sensory reminder of the  
6 traumatic event, a noise, smell, temperature, other  
7 physical sensation or visual scene.

8 Triggers can generalize to any  
9 characteristic, no matter how remote, that resembles  
10 or represents a previous trauma, such as revisiting  
11 the location where the trauma occurred, being alone,  
12 this next part is important, I added the bolding,  
13 that's not in the Government publication, having your  
14 children reach the same age that you were when you  
15 experienced the trauma, seeing the same breed of dog  
16 that bit you or hearing loud voice -- loud voices.

17 Q. Okay. And specifically for this case, what  
18 impact did triggers as far as her grandchildren or her  
19 grandchildren's traumas have on Ms. Caroline Conway,  
20 if any?

21 A. So I think there were five triggers.  
22 Caroline was told by Gabriel and to some extent  
23 Gracen, but she was not nearly as verbal as Gabriel  
24 was.

25 Q. Gabriel?

1           A.       I'm sorry, Gabriel, Gabriel, that she was  
2 being abused by her mom, her mom's husband and this  
3 guy Montana.

4                    They were, Gabriel and Gracen were the exact  
5 same ages. Stardust the sister was four, Caroline  
6 Conway was two, the exact same ages of Gracen and  
7 Gabriel, Gracen was two, Gabriel was four when what I  
8 think is the worst of the sexual abuse happened. So  
9 at this point the mother would drop the two girls off  
10 at a house of baby-sitters and the, there were adult  
11 men there that would have their way with the kids.

12           Q.       And sorry to cut you off, when you say adult  
13 would drop the two girls off, you're referring to  
14 Caroline and Stardust?

15           A.       Yes.

16           Q.       Now you would be talking about the, the boy  
17 and the girl Gabriel and Gracen, as far as her  
18 grandchildren, just to be clear?

19           A.       So there's very eerily parallels between  
20 these two things.

21                    So let me describe first Caroline's  
22 experience. Her mom would drop her off at this  
23 baby-sitter's house where these men would be waiting  
24 and they would rape the girls. The girls would be  
25 begging their mother, begging and clinging to their

1 mother please don't leave us here, and their mom had  
2 to, she went to work. Hopefully she didn't understand  
3 what was happening.

4 And then the girls would cling to each other  
5 and cry and scream and the adults would pull them  
6 apart and take them into different rooms and rape  
7 them. That was their baby-sitting experience.

8 So the ages were similar, the begging their  
9 mom was similar to what I'll describe in a minute and  
10 they're crying to each other was similar.

11 So in the case of Gabriel being four, Gracen  
12 being two, they begged Caroline do not return us to  
13 our mom, Momma, we will be in big trouble, we will be  
14 in big trouble because we've been talking about what's  
15 going on, we'll get hurt, and they would be sobbing  
16 and clinging to her. It was heart-wrenching, the kids  
17 would cry for each other, that was heart-wrenching,  
18 and they're triggers, all three of those things are  
19 similar triggers.

20 MR. GRANADOS: Objection, Your Honor.

21 Can we clarify if she's stating facts that  
22 she believes or what the Defendant told her, because  
23 this witness has no personal knowledge.

24 THE COURT: She's basically, she's  
25 testifying as to what she based her opinion. You can

1 cross-examine on that issue and clarify it if you  
2 wish.

3 THE WITNESS: There were two more triggers  
4 between Gabriel and Gracen and Caroline and Stardust  
5 and Stardust told me most of these details. Caroline  
6 has amnesia for much of these facts. She has  
7 dissociative amnesia, it's a disorder, I'll come back  
8 to that, but she remembers enough. She was hysterical  
9 at times as she told me what she does recall.

10 The two other triggers that were eerily  
11 similar between these two cases is that Gabriel said  
12 they were threatened that they would be hurt -- they  
13 would be killed if they told about the abuse. He said  
14 something like they'll dead us, they'll kill us.  
15 That's how much trouble he thought he'd be in if he  
16 had to go back home with his mom and her husband and  
17 Montana, who was in and out of the house.

18 MR. GRANADOS: Your Honor, I'm going to  
19 renew my objection. She's speculating as to what  
20 Gabriel thought.

21 THE COURT: She is stating opinions, but  
22 come -- approach the bench.

23 (Whereupon, Counsel approached the Bench and  
24 the following occurred:)

25 MR. FARMER: So this goes to her mindset.

1 THE COURT: Maybe I'm missing something,  
2 obviously she's basing, she's saying what she's basing  
3 her opinion on, she has obviously no basis to have a  
4 personal knowledge, so obviously --

5 MR. GRANADOS: I just want to make sure that  
6 that's clear because the way she's describing it --

7 THE COURT: Well that's what  
8 cross-examination is for.

9 MR. GRANADOS: -- as if these are factual.

10 THE COURT: Okay. You can absolutely  
11 clarify and then ask her all the questions you want.

12 MR. GRANADOS: The problem is we have an  
13 expert on the stand who is basically, she's giving an  
14 opinion and now she's essentially opining that the  
15 abuse of those two children occurred.

16 MR. FARMER: Based on what --

17 MR. GRANADOS: She's not an expert in that.

18 MR. FARMER: -- based on what, what Caroline  
19 told her.

20 THE COURT: If she, if she, she's  
21 obviously --

22 MR. GRANADOS: She has yet to say that  
23 that's what Caroline told her.

24 THE COURT: Well that's a function of  
25 cross-examination if she doesn't say it on direct.

1 I'm not sure what it is you would want me to do, but I  
2 don't think --

3 MR. GRANADOS: She's speculating at this  
4 point.

5 THE COURT: Well I'm not going to rule that  
6 way. That's for the jury to decide, okay, and for you  
7 to clarify on cross-examination, okay.

8 And if I were to do that, okay, then we'd  
9 get to do this again and I'm not going to do that,  
10 okay, period, for that reason.

11 (Whereupon, Counsel returned to trial tables  
12 and the following occurred in open Court:)

13 BY MR. FARMER:

14 Q. Okay. Forgive me, I believe that you were  
15 in, you were explaining the various triggers?

16 A. Yeah. So I was talking about the fourth and  
17 fifth triggers, the eerie similarities between these  
18 two experiences.

19 So Gracen and Gabriel had been threatened,  
20 what he said was that threatened that they'd be deaded  
21 if, if they told. Caroline and Stardust had been  
22 threatened with harm and in fact one time Stardust  
23 came home beat up, seriously beat up because she had  
24 told somebody about the sexual abuse that was  
25 happening.

1                   And so that showed Caroline that when people  
2     make threats, when abusers make threats, they mean it,  
3     they will come after children and hurt them and punish  
4     them.

5           Q.     Let me stop you at this point, ma'am, and  
6     ask, what you're testifying to is based on the  
7     investigation that you did, which includes talking to  
8     Stardust; is that correct?

9           A.     Yes.

10          Q.     Talking to Amber Conway?

11          A.     Yes.

12          Q.     And talking to, talking to Caroline Conway?

13          A.     And Rowena and Mr. Conway, Caroline's  
14     husband.

15          Q.     And you didn't speak to Montana Christensen?

16          A.     No.

17          Q.     And you didn't talk to Krystal Mange?

18          A.     No.

19          Q.     Or Robert Mange?

20          A.     No.

21          Q.     Okay. And you're, so you're basing your  
22     opinions on what you understood through what Caroline  
23     is telling you?

24          A.     Yes.

25          Q.     Do you have a professional opinion to a



1 reasonable degree of psychological certainty if  
2 Caroline was faking or making up what she was telling  
3 you?

4 A. Yes, I do.

5 Q. And what's that opinion?

6 A. She was not exaggerating, making it up,  
7 faking it.

8 Q. Okay. Okay, so please continue regarding  
9 the triggers.

10 A. Okay. So the fifth trigger, the eerie  
11 similarities between these two things -- these two  
12 experiences, a generation apart, two generations  
13 apart, was that Caroline remembered that the men made  
14 her touch their privates is how she talked about it  
15 and that's almost identical wording to what Gabriel  
16 said that he was forced to do with the two men who  
17 were sexually abusing him.

18 Now Caroline didn't understand triggers, she  
19 didn't understand PTSD, she had never even told her  
20 husband of 30 years that she had been repeatedly  
21 sexually abused through childhood. The first he heard  
22 about it was I think when he got a call from the  
23 Police station or from you, Mr. Farmer. He had no  
24 idea his wife had experienced all this. 30 years of  
25 happy marriage, but children are so ashamed about this

1 kind of thing they rarely talk about it and tell about  
2 it, especially a couple generations ago.

3 So she never got treatment. She had no idea  
4 how mentally ill she was becoming. She just did her  
5 best to manage it and save the babies, Gracen and  
6 Gabriel.

7 Q. Okay. So I guess specifically that, what  
8 is, when you say trigger, you mentioned what was going  
9 on with what she told you about Gabriel and Gracen,  
10 how, how does that actually trigger one into a certain  
11 mental state or a certain episode?

12 A. So when you hear about trauma or see it on  
13 the TV, but she heard about it from Gabriel and she  
14 actually saw evidence. One time, for example, Gracen  
15 came back covered in scabies, like bad covered in  
16 scabies, or she had, you know, bloody diaper rash,  
17 there was some signs of neglect and there was some  
18 bruising sometimes and then they just saw the kids  
19 become remarkably distraught when it was time to  
20 return the kids to the mom and her husband.

21 Twice Gabriel defecated on himself, he  
22 pooped himself when he was talking about abuse to his  
23 therapist. He would urinate on himself when it was  
24 getting to be the day or so before going back to his  
25 mom. These are unbelievably severe signs of anxiety

1 in a little child. Kids aren't very able to describe  
2 what's going on when they're four, but when they start  
3 losing bowel control, that even happens to some combat  
4 soldiers and the very worst life threat, even they,  
5 they don't talk about it, but they can lose bowel  
6 control. That is an extraordinary life threat showing  
7 itself in the body.

8 And so she saw this stuff, she knew this  
9 stuff and it was making her extraordinarily anxious.  
10 She got to the point where this was all she was  
11 thinking about, she was ruminating all day long on  
12 thoughts going over and over and over in her head  
13 again.

14 She started doing weird things like washing  
15 clean dishes four and five times in a row in a day,  
16 doing the same exact load of clothes four and five  
17 times a day. She was falling apart psychologically.  
18 She could no longer sleep, she was getting two to  
19 three hours of sleep many nights, sometimes four or  
20 five hours. It got bad enough that she stopped  
21 sleeping in the bed with her husband and slept down on  
22 the couch.

23 And all three of them independently told me  
24 about that, both daughters and her husband. But these  
25 weren't mental health clinicians, they didn't know

1 what it was. Her husband thought that it was  
2 menopause and she was having hot flashes. The girls  
3 both noticed, and the husband, that she wasn't  
4 tracking conversations well and she wouldn't remember  
5 things she had told them, they had to repeat a bunch  
6 of things to her, she was distracted and saying --

7 Q. Let me ask you this, what time frame are you  
8 talking about with regards to --

9 A. In the weeks before this, leading up to  
10 this. They actually thought she was developing like  
11 sudden onset dementia. They just didn't know what  
12 they were seeing.

13 Q. Ma'am, what impact did her father being shot  
14 have her -- in connection with your opinion to this  
15 case?

16 A. So there's a phenomena called reenactments  
17 in the trauma field. A reenactment is something where  
18 a person repeats in some symbolic or sometimes  
19 bizarrely similar way what happened to them in a  
20 trauma.

21 Typically they have no awareness what  
22 they're reenacting, they don't know it's connected to  
23 that prior trauma.

24 So an example with one of my patients one  
25 time, she called me when I was on a pager system and

1 she told me she had a knife, a huge knife at her  
2 throat and she was going to kill herself. So I did  
3 what psychologists do and I called the Police. She  
4 had feloniously assaulted a Police Officer, I had to  
5 warn the Police of that. I got them to her house and  
6 I warned them, she may be in there with a huge knife.  
7 She was. They verified that she had a knife against  
8 her neck.

9 She was hospitalized. I went to see her the  
10 next day on the unit, I had never heard about any  
11 trauma related to that, I had already been treating  
12 her for months and in that session, after she did  
13 that, she told me something she had forgotten, her mom  
14 held her and her siblings in a stand-off with the  
15 Police with the mom holding a knife at her own throat  
16 and the kids all lined up on the couch watching.

17 This is the bizarre nature of untreated  
18 trauma, this is what can happen. People aren't even  
19 aware of what they're doing, they're not aware it's  
20 reactive, it's a reaction.

21 So we repeated. The theory is we're trying  
22 to get it right and be in charge of it the second time  
23 around. Obviously they can get really, horrible  
24 things can happen in these reenactments, sometimes.

25 Q. Okay. And you said something about

1 untreated.

2 Are you aware of whether or not Mrs. Conway  
3 had any treatment for any sort of mental health  
4 conditions or problems or psychosis or anything of  
5 that nature in the past?

6 A. She had never been treated for any  
7 psychological disorder. They didn't know these were  
8 signs of psychological disorder.

9 Q. And how does that affect your opinion in  
10 regards to this, Mrs. Conway's condition?

11 A. So I find from the data that she has four  
12 serious psychological disorders. None were treated.  
13 They contributed to what she did, her judgment, her  
14 thinking, her control of what she was doing, all of  
15 these were way beyond her control.

16 Q. And I guess what happens, what happens to a  
17 reasonable degree of psychological certainty in a  
18 situation where traumas like father being shot and  
19 killed, you and your sister being raped and molested,  
20 is that, if that, those things aren't addressed at an  
21 early age?

22 A. Then the person's vulnerable, if something  
23 later on kind of wakens up those traumas that they've  
24 pushed away, they can just be flooded with symptoms.

25 So a lot of time people say forget about

1 that, that was decades ago, put it away, go on with  
2 your life. And that is actually what she exactly  
3 tried to do and what most people try and do, they  
4 don't want to think about childhood abuse, nobody  
5 wants to talk about it, nobody wants to think about  
6 it, probably even the jury is sick of hearing about  
7 childhood sexual abuse.

8 It's painful. We don't want to think about  
9 it, so people try and push it away, but then they  
10 don't address it and deal with it and that's when it  
11 can come back to haunt you. That's when it comes back  
12 in what we call florid, horrible ways, where the  
13 person can't sleep, they're having nightmares, having  
14 flashbacks.

15 She began to think that Krystal and her  
16 husband were following them. She began to think they  
17 were outside the house. She made her husband go out  
18 and check at least once a week to make sure that they  
19 weren't outside the perimeter of their house. She  
20 became paranoid.

21 This fear from childhood got triggered by  
22 what was happening with her grand babies and that made  
23 her become terrorized, like she had to protect these  
24 kids. She thought there was danger lurking  
25 everywhere.

1           Q.     What is the term dissociation, I've never, I  
2     had never heard that before being involved in this  
3     case?

4           A.     Okay.  So dissociation is a, obviously a  
5     technical term and it can mean a number of different  
6     things.  It's in this diagnostic manual and there's a  
7     whole group of dissociative disorders.

8                     So I'll tell you just the parts that are  
9     really relevant to this case.  So it's a disruption,  
10    it's a disruption in somebody's emotion.  For example,  
11    you should have feelings if you have just killed  
12    somebody.  You should be emotionally distraught.  You  
13    should be feeling guilt, relief, terror, you should,  
14    you know, feel something.

15                    If a person sounds and looks numb after  
16    shooting people, they can be a psychopath, they could  
17    be dissociated or they could be psychotic.  That's not  
18    normal, there's something going on there.  So that's a  
19    type of dissociation in this case.  I ruled out the  
20    psychopath alternative.

21                    Another type of dissociation is a  
22    disconnection in memory.  You should remember, for  
23    example, sitting here in this jury today, you should  
24    be able to remember back and, you know, have a rough  
25    idea of what I talked about, where you sat, how hungry



1 you got, how bored you got, you should remember that  
2 stuff. If later on you go home tonight and you can't  
3 remember an hour or two of the day, that's amnesia,  
4 that's dissociative amnesia, potentially, unless you  
5 hit your head or you're on drugs or drunk.

6 So that's a type of disconnection of memory.  
7 And in this case she has amnesia for much of the, the  
8 shootings. She also had lots of prior amnesia for  
9 all, a lot of that sexual abuse. Not all of it, but a  
10 lot of it.

11 Cognition is thinking, and so your thinking  
12 gets really messed up. Dr. Grant and I both addressed  
13 this in our reports. She has intrusive disruptive  
14 thoughts where she can't keep her mind on one thing,  
15 focusing on just watching a TV show or reading a book  
16 or having a conversation or doing the dishes,  
17 constantly the thoughts were coming to her head about  
18 her babies -- grand babies being at risk, being at  
19 risk. And even her own children, she was telling her  
20 own kids all the time, check around your car before  
21 you get in, park your car in different places. She  
22 thought they were all potentially going to get killed.

23 And when you have that disruptive thinking,  
24 you might think of it for yourself, when have you been  
25 most stressed out in your entire life, maybe at like

1 the death of a parent or something, you try and go to  
2 work, and it's all you're thinking about, you try not  
3 to think about it and it comes back anyway. It makes  
4 it incredibly hard to function and to be reasonable  
5 and logical, planful in what you do.

6 A dis, a disruption in behavior, an example,  
7 is her reenactment of her father's murder with no  
8 awareness that's what she's doing. You ought to have  
9 an awareness if you're walking through a very similar  
10 scenario as to what happened to your dad and she had  
11 no awareness of this.

12 I wouldn't have had any awareness of this,  
13 to be honest, if Stardust hadn't pointed it out. I  
14 didn't know her dad was shot in the back seat of a  
15 car. She had put that together. Ms. Conway still  
16 hadn't realized that that was a reenactment.

17 Q. Do you have any evidence that Caroline was  
18 dissociating before, during or after the incident,  
19 actual dissociation that she was experiencing?

20 A. Yes, so during her interview with  
21 investigator or Detective Elliott, I, I don't know if  
22 the jury has actually seen that, but she's --

23 Q. They, the jury has seen the whole thing.

24 A. They have seen it.

25 So she is strangely calm, I mean most of us

1 get anxious if we see a Police light -- a Police car  
2 with lights on behind us because of a speeding  
3 incident, you know, my heart's pounding. This was  
4 murder. She was brought in to talk about murder and  
5 she was showing no emotion. That's dissociation, or  
6 psychosis.

7           Psychosis means you're out of touch with  
8 current reality in a really profound way, so it's  
9 possible you're in a, you're just not grasping how  
10 dire the situation is for you and that's why you're  
11 acting calm.

12           In that interview she also referred to  
13 herself as being calm and there was another quote,  
14 something like I'm very calm, I'm in shock. There was  
15 some things that she used the words that sounded like  
16 detached from her emotions.

17           Let me see. She had that dazed look in the  
18 interview. When I watched the interview, she just,  
19 emotionless, her face wasn't showing emotion, her  
20 voice didn't show emotion. My voice varies up and  
21 down as I talk. I'm not talking like this and really  
22 just kind of flat, that's more dissociated. She just  
23 talked like this. That's not normal.

24           Q. I guess my question would be if she had  
25 these traumas that were happening to her 50 or so

1 years ago, and like you said, I mean that's decades  
2 and decades and decades ago, how is that going to have  
3 any affect on her now, 50 years later?

4 A. Well some of it is through what I talked  
5 about with triggers, these unresolved, untreated  
6 triggers can just erupt, but something I haven't  
7 talked about at all is especially when child abuse and  
8 neglect is severe and chronic, as the baby, as the  
9 infant's brain, the toddler's brain, the preschooler's  
10 brain is developing, then it alters the way that kid's  
11 brain develops. It can change literally brain  
12 structures, sizes of certain structures in their brain  
13 and it can change the networking of their brain and  
14 the way they respond to stress.

15 So I have a little bit of stuff on, on the  
16 brain and I've written some articles about this, but I  
17 didn't want to just bore everybody to tears, so I'll  
18 explain it mostly in words.

19 There's a part of our brain, let's think of  
20 this is the brain, this is the brain stem, maybe  
21 you've heard of like the crocodile or the reptilian  
22 brain, it's the part of the brain that we share with  
23 reptiles. Those animals aren't smart, you can't train  
24 a crocodile if you try.

25 They are all based on instinct, fight or

1 flight. If they feel under attack, they will fight or  
2 run away. We have that part of our brain stem, too,  
3 and that part of our brain responds in nanoseconds.

4 The part of our brain up here which I'll  
5 have the picture in a minute, it's called the  
6 pre-frontal cortex, that's the smart human part of our  
7 brain. That develops later in childhood and it  
8 actually keeps developing all the way up into the 20s.

9 So if a kid is, is exposed in early life to  
10 lots and lots of danger, trauma, their brain stems  
11 that are supposed to be all about fight or flight are  
12 getting too much of a workout, so to speak, let's go  
13 with the metaphor of going to the gym and building a  
14 muscle. If you go to the gym and routinely pump  
15 weights, you can develop a really strong bicep. You,  
16 you, the more you use it, the more muscle you'll have.

17 With the brain stems, the more they're  
18 activated, the more hard wired they get, the more  
19 connections are made between the brain cells, they can  
20 go on, they can light up, get turned on easier and  
21 easier and easier.

22 Some of you, maybe you've had experience,  
23 you've seen an abused dog and they're jumpy and  
24 they're afraid all the time and they're, they're ready  
25 to snap, bite people, I mean.

1           Now Caroline, thank God, didn't go that way,  
2 she wasn't an angry, hostile person. She actually  
3 went the other way of protecting children. That was  
4 her M.O., she jumped into a pond to save a  
5 three-year-old who looked like they were drowning and  
6 she didn't know how to swim. She put her own life at  
7 risk to save somebody. She was not an aggressive  
8 person, doesn't have a criminal record, except for  
9 this horrible, horrible experience.

10           But, anyway, with, despite her lymphatic  
11 system lighting up and triggering her with terror all  
12 the time, for the most part she managed to be a  
13 loving, Christian woman, mother, and raised really  
14 healthy kids who are very functional.

15           But what happens is that kind of brain that  
16 has been traumatized so much, their brains become  
17 overly sensitive to stress and they react too much and  
18 they don't learn ways in those families that are that  
19 overly taxed and where there's that much trauma, she  
20 wasn't getting taught by anybody how to calm down,  
21 talk things out, cool down. She didn't learn that  
22 stuff. She was left as, to deal with all that trauma  
23 on her own. Her mom didn't know about the sexual  
24 abuse, wasn't helping her calm down.

25           So she had no ways to calm her brain, her

1 body down and think things through. She didn't learn  
2 how to problem solve. You've got a problem, you know,  
3 let's make a plan, let's figure out how to tackle it.  
4 There was nobody doing that for her.

5 Q. Okay.

6 A. So she's more vulnerable to stress and to  
7 her emotions either going way intense, to terror,  
8 fear, paranoia, or shutting down going the opposite  
9 way, dissociating, numbed out when she should have  
10 emotion.

11 Q. Okay. So two things regarding what you just  
12 said there. You mentioned instinct and you mentioned  
13 reptilian brain and then you later mentioned I guess  
14 plan and, or maybe logical thought.

15 Is, so there's a part of our brain, there's  
16 a part of a human brain that we share with reptiles?

17 A. Yep -- well --

18 Q. Okay.

19 A. -- similar, it's similar.

20 Q. Well similar, similar.

21 And that's basically a part of the brain  
22 that's more instinct; is that what you said?

23 A. Yes.

24 Q. Okay. Is that the same, you know, in my  
25 mind I think Momma bear or something of that nature,

1 is that, does that, do they have the same part of that  
2 brain?

3 A. I'm not an expert on bears, but I think if  
4 crocodiles have it, good chance that, you know,  
5 mammals like us do, too.

6 Q. Okay.

7 A. And so I would say they have a, this part of  
8 the brain that watches for danger and reacts  
9 intensively, like a Momma bear will attack if they  
10 think the cubs are in danger.

11 Q. And does there come a point where the, that  
12 instinctual part of lashing out and attacking to  
13 protect one's young that supersedes any rationale plan  
14 or anything of that nature?

15 A. It can, it can, especially in somebody who's  
16 got a vulnerable brain like this where they have not  
17 resolved their own trauma and they tend to misperceive  
18 and think there's real serious danger in places and  
19 times at levels that really aren't there.

20 She -- when I interviewed Ms. Conway, at  
21 that point she could look back and say I was paranoid.  
22 She couldn't at the time, that took some distance and  
23 calming down, but at the time she thought her babies,  
24 meaning of course the grand babies, but even her own  
25 children and her husband, she was scared they were all



1 going to get taken out, they all had to watch where  
2 they were going. She became delusionally paranoid.

3 Q. Okay. You mentioned before you needed to,  
4 one of the things before coming to the opinion that  
5 you came to in this case was to rule out that she was  
6 a psychopath.

7 A. Yeah.

8 Q. Okay. And so you did rule out that she is,  
9 she's not a psychopath or I guess a psychopath or  
10 something like that?

11 A. Yeah.

12 Q. And how did you do that?

13 A. There's a psychopathic personality  
14 inventory, there's a test that's very, very well  
15 validated, very respected test used in forensic cases  
16 all the time, and she scored very low. She didn't  
17 even come close to the cut-offs for being a  
18 psychopath. She didn't come close. And that --

19 Q. What was that called, psychopath?

20 A. Psychopathic personality inventory. And  
21 then there was a test that I gave that looks at anger,  
22 the trauma symptom inventory has an anger scale.

23 You'd expect somebody who's a psychopath,  
24 psychopath, sometimes something similar enough it's  
25 called anti-social personality, you'd expect a person

1 like that to be very angry.

2 She was not very angry. She scored very low  
3 on that and nobody who I talked to and none of the  
4 records indicated her as an angry person. People  
5 loved her. She used to work at a theater and all the  
6 teen-age kids would go and talk to her and treat her  
7 sort of like an older aunt or something. Kids loved  
8 her.

9 Q. Did you actually, so regarding specifically  
10 the anger scale.

11 A. Yeah.

12 Q. Did you review Dr. Grant's report regarding  
13 anger?

14 A. Yes, and she also was not super angry, she  
15 did show very high levels of paranoia on Dr. Grant's  
16 test.

17 Q. Okay. But with regard to anger, Dr. Grant  
18 actually agrees with you on that point?

19 A. Yes, I mean there's -- she just wasn't  
20 really highly elevated on that.

21 Q. Okay. Okay. And from, I don't know that  
22 you, if you mentioned the four psychological disorders  
23 that you opined that she suffered from and I've done a  
24 horrible job with these slides.

25 Okay. You already talked about the

1 pre-frontal cortex, I believe?

2 A. Yes. But I didn't say this, this is  
3 important to understand, what is the job of this smart  
4 part of our brain?

5 It's what helps us focus our attention so  
6 that we can pay attention and do what we need to do at  
7 work or in our homes, but when we are incredibly  
8 stressed, and remember, she's very reactive to stress,  
9 she may get stressed much more easily than most of us  
10 because of her background, when that happens, those  
11 stress chemicals shut off this part of the brain and  
12 the primitive crocodile brain can take over more. One  
13 trauma expert in the field calls it high-jacking the  
14 brain, this crocodile brain high-jacks the rest of the  
15 brain.

16 When that happens, you can't remember  
17 important information. You can't remember a  
18 conversation you just had. You can't remember, there  
19 was a time she couldn't remember a, if Gabriel had  
20 gone to school that day.

21 Very important for this case, you can't  
22 think logically. This is the part of the brain that  
23 thinks sequentially, organize, cause and effect, if I  
24 do this, this will happen, this is what I need to do  
25 to manage this problem. That part of the brain is

1     shutting down, like to use a computer metaphor, it's  
2     off line.

3             And at this part of the brain it's also sort  
4     of like the break system for the crocodile part of the  
5     brain, so when people, Vets come back and they get  
6     really triggered and jacked up, that's when they may  
7     commit suicide or homicide, because this part of their  
8     brain is shutting down and I think that's what  
9     happened in this case.

10            The emotions being the paranoia, the terror  
11     overran her smart, rational brain. All her life she  
12     had been law abiding, all her life she had been safe  
13     and good with kids. She raised good kids.

14            But when she tried and tried and tried again  
15     to get Department of Social Services to protect her  
16     grand babies and they didn't, three or four times they  
17     didn't, she really lost it. She -- the word in  
18     psychology is decompensated, she fell apart,  
19     psychologically, and she wasn't thinking rationally at  
20     all on that day.

21            Q.     Okay. Now if I, I'll try and get to the  
22     proper slide, my question would be after review of all  
23     the records, after interviewing the members of the  
24     family, looking at Police reports indicating what she  
25     actually did, what she actually did on that day, to

1 include she went and spoke to Detective Elliott; is  
2 that correct?

3 A. Yes.

4 Q. And she, after doing everything that she did  
5 earlier that day, to include, you know, shooting  
6 people in broad daylight, and then she went, told  
7 Detective Elliott it wasn't me, I didn't do it, do you  
8 have an opinion with regards to how that is possible  
9 or how she could believe in her right mind that she  
10 could get away with something like that?

11 A. She wasn't in her right mind. You don't go  
12 to a crowded McDonald's in broad daylight and take  
13 your son's gun that was traceable to him because he's  
14 a Police Officer. You know, if people want to commit  
15 a crime, you know, often enough they go and get some  
16 other gun and then they get rid of it. It was his  
17 gun, it was obvious that it was his gun, they found  
18 that out I think very quickly.

19 She made a call on her own phone and then  
20 afterwards she goes to the Gale's house, these were  
21 acquaintances of the family, but they weren't  
22 confidantes, they weren't her, you know, best friend,  
23 this is not the person you go and pour your heart out  
24 to about something dreadful. She went over there and  
25 told them about what she had done and I know she had a

1 hoodie on at the time, but she wasn't like really  
2 super well hiding her face. I mean who does that?  
3 Bank robbers put masks over their faces when they're  
4 just robbing a bank, much less murder.

5 It just didn't make any sense. By the time  
6 she got with doctor -- Detective Elliott, I think she  
7 had already kind of shifted into this dissociative  
8 state where she was numb and not remembering what  
9 happened. She wasn't showing emotion and guilt and  
10 nervousness, lying, she was numbed out and calm and  
11 saying, sir, I don't know what you want me to say, I  
12 didn't do it. She was as calm as you could, as can  
13 be. That's, she wasn't in her right mind.

14 Q. Okay. You mentioned I guess the memory, is  
15 there a term called Swiss cheese memory in your field?

16 A. It's a loose name, it's not like a real  
17 terminology, but we talk about amnesia in terms of the  
18 person has Swiss cheese memory.

19 The way Hollywood portrays amnesia is they  
20 make it seem like there's a huge chunk, this whole  
21 chunk of time gone from the person's mind, it's just a  
22 total blackout. That's not how it works, that's how  
23 people fake it.

24 Real dissociative amnesia, there's little  
25 bits here and there missing and sometimes when they

1 talk about it they remember a little bit and then  
2 maybe next time they don't remember that and then  
3 maybe a little bit comes back for awhile and it can  
4 actually make treating them difficult because they can  
5 remember stuff one session they don't remember the  
6 next time.

7 It's the sort of hazy recall, some piece is  
8 totally missing and others sort of vague, I think it  
9 happened this way, I'm a little hazy on it. That's  
10 how real dissociative amnesia is.

11 Q. All right. And so as we sit here today,  
12 we're approximately a year and a half from the date of  
13 May 20th, 2015, the shooting incident.

14 If a person, let's say they had no mental  
15 disorder whatsoever, none of the issues that you were  
16 discussing, psychological or psychotic disorders, is  
17 it fair to say that memory would probably generally be  
18 better closer to the date of the incident than it  
19 would be today --

20 A. Yeah.

21 Q. -- a year and a half later?

22 A. Memory typically fades --

23 Q. Just for any --

24 A. -- over time.

25 Q. Right. Just for any of the ladies and

1 gentlemen of the jury.

2 A. Yeah.

3 Q. Okay. Specifically with regards to her  
4 memory shortly after that or when she was talking to  
5 you or as of today or yesterday or this week, what  
6 would your opinion be as to whether she should have  
7 the same exact memory each and every time?

8 Does that make sense?

9 A. It doesn't make sense, she'd be very  
10 unlikely to.

11 Q. So explain that, what do you mean?

12 A. Like I was saying earlier, even if, if a  
13 person's getting treatment for dissociative amnesia,  
14 they sometimes can recall some details that may be  
15 lost the next time that next time they can recall  
16 again. Their memory is hazy and it comes and goes.

17 Q. All right.

18 A. Plus that over time you'd expect, it's just  
19 your memory forgetting, that you remember less  
20 gradually over time.

21 Q. All right. And you were not here yesterday  
22 so you did not hear Ms. Conway testify, correct?

23 A. No.

24 Q. All right. If I were to tell you that she  
25 remember -- or she testified as to remembering



1 specific, or certain things after the incident, such  
2 as being in a car or a finger bleeding and being with  
3 a Police Officer or at her home, would that change  
4 your opinion in any way?

5 A. No.

6 Q. Okay.

7 A. It's still consistent with dissociative  
8 amnesia.

9 Q. All right. If she, and it is your opinion,  
10 is it, do you have an opinion to a reasonable degree  
11 of medical certainty as to specifically what triggers  
12 there were that day on May 20th, 2015, if any?

13 A. I, I think the background trigger was that  
14 for the last month or two or so she had been trying to  
15 get the babies safe and doing it through the regular  
16 lawful ways with Department of Social Services,  
17 getting the kid into therapy, getting the therapist,  
18 the therapist became alarmed when she saw him  
19 defecating and that kind of thing.

20 She tried to do it that way and it wasn't  
21 working, so her anxiety was going up, her triggers  
22 were going up. She was starting to get paranoid. She  
23 was washing clothes all day long, the same load. You  
24 know, she was falling apart, she wasn't sleeping.

25 And, by the way, I forget to mention

1 earlier, sleep deprivation can actually make anybody  
2 psychotic, including us. It's used as a form of  
3 torture in war sometimes, so she wasn't getting enough  
4 sleep, that was making her more and more vulnerable  
5 psychologically. Then that day she found out, they  
6 got the call that DSS had not founded evidence that  
7 Montana was abusive and so I think that kind of just  
8 snapped her.

9 Q. Okay. Now that, when she learned that, does  
10 it mean that from that point thereafter she goes black  
11 and doesn't remember anything at all?

12 A. No, that's not how dissociative amnesia  
13 works.

14 Q. Okay. And in fact you indicated earlier  
15 that if she were to tell you or tell the ladies and  
16 gentlemen of the jury I went black, I don't remember  
17 anything period, at all, that you would actually not  
18 believe that?

19 A. I would be suspicious and I would do some  
20 very careful testing about faking.

21 Q. Okay. Now what about if, receiving a  
22 trigger, okay, that, learning that Montana Christensen  
23 was unfounded for sexual abuse as you just indicated?

24 A. Yeah.

25 Q. If she was able to remember certain events

1 after but also certain events from before, such as  
2 taking a child to Jennifer Helms, if that had happened  
3 before, does that change your opinion?

4 A. No. I would expect like that Swiss cheese  
5 metaphor that she's going to remember some pieces and  
6 there's going to be pieces missing that day.

7 And I don't know if the jury's heard of a  
8 blackout from drinking, you know, if somebody's memory  
9 is totally gone from the night before. There's also a  
10 term in the substance abuse world where they call it a  
11 brown out, you sort of remember what happened the  
12 night before, that's more like how typically  
13 dissociative amnesia is, they can remember some things  
14 and not other things.

15 Q. Okay. What about a timeline of when things  
16 occur? How does that affect the dissociative  
17 disorder?

18 A. I'm not sure of the question.

19 Q. If someone, would someone in a psychotic  
20 state or psychotic dissociative state, and is your  
21 opinion -- is it your opinion that Ms. Conway was in a  
22 psychotic dissociative state when she committed the  
23 acts?

24 A. Yes, she has four disorders, one is a  
25 psychotic disorder, one is a dissociative disorder and

1 I think both were very, very activated that day.

2 Q. Okay. And when one is in a disorder, a  
3 psychotic episode, as you testified to, would, would  
4 they be likely to or unable to recall things in the  
5 exact timeline of events? If you understand my  
6 question.

7 A. Yes. So we actually missed some slides  
8 about this, but there were some quotes I have from my  
9 interview with Ms. Conway.

10 Q. I'll try to get to --

11 A. Okay. Where it showed even in the interview  
12 a year later she has trouble keeping track of time  
13 sequences and that's consistent with traumatic memory  
14 can do that -- go back a couple more.

15 That's consistent with traumatic memory,  
16 it's, also can happen with psychosis and dissociation,  
17 that the person is not tracking, there's some quotes  
18 from her.

19 Q. Forgive me.

20 A. Well, you know what, I may have missed them.  
21 Here we go, here we go, here's some quotes.

22 Q. This one.

23 A. Go back one more and go back -- oh, that's  
24 it, okay.

25 So I'm just going to read this in case it's

1 hard for anybody to read.

2           So these are direct quotes that she said to  
3 me while I was interviewing her. My mom used to take  
4 me and my sister to people to be taken care of. I  
5 cried a lot. I'd beg her not to leave me. My sister  
6 was crying. We had to stay at these people's house.  
7 I confirmed with her, she just switches time, I  
8 confirmed with her last Summer, I asked Stardust and  
9 she said bad things happened there. She reached out  
10 to me, now she's in the past again. She reached out  
11 to me and they pushed us in there. They made me go in  
12 the room. They made me touch them and they touched  
13 me.

14           So my note in italics, that's my note, she  
15 skips around from the distant past to the more recent  
16 past. Her thinking is becoming less orderly and more  
17 disorganized.

18           Keep in mind, this is a more subtle example  
19 of disorganization of thinking. I don't think she was  
20 actually fully psychotic when I met her at this point,  
21 it was a year later, but it shows you how somebody has  
22 trouble tracking time.

23           Then the next one, there was a lady there, I  
24 could hear my sister calling my name so I don't know  
25 what they did to her. I remember they made me touch

1 them. I was trying to go numb.

2 Dissociation, even as, you know, a two-,  
3 three-year-old, she, kids learn to dissociate when  
4 there's no escape, dissociation is the escape, going  
5 away in your mind, not feeling your body, not feeling  
6 your emotions, it's how you -- children survive really  
7 severe abuse.

8 I don't know if we got sent to other  
9 sitters -- I'm sorry, I didn't read all of that.

10 Q. I'm sorry, I moved to the next slide.

11 A. Oh, oh, okay. Then she says then it  
12 stopped, I don't know if, dot, dot, dot, I remember  
13 the guys laughing, so she remembers just a piece.  
14 This is the Swiss cheese memory, she doesn't remember  
15 all of it sequentially. They made me take my clothes  
16 off, it just ended or stopped.

17 And my note says it seems highly unlikely  
18 that these men just suddenly stopped abusing her. It  
19 is much more likely that the memory of abuse was too  
20 painful to tolerate remembering, and so she  
21 dissociated it, pushed it away, she doesn't remember  
22 what happened next.

23 And so this is what she says contiguously, I  
24 just interrupted with my interpretations, we were  
25 very, very little. I can see them pushing her down

1 the steps. Trauma memories can be snapshots in a  
2 person's mind or it's like watching a video, that's  
3 what, that's the beginning of a flashback, is they  
4 literally can see it happening again.

5 When she's saying that, she has switched now  
6 to present tense, as if it's happening now, I see them  
7 pushing her down. So she's not keeping track of the  
8 passage of time again.

9 This memory is still active and it's  
10 distressing as if it's alive. In fact, there's  
11 research showing if you put somebody who's having  
12 these kind of memories in an fMRI scanner, their brain  
13 lights up in the same ways as if the abuse is  
14 happening then. Your brain doesn't know the  
15 difference between past and present, a flashback  
16 lights up your brain as if it's a current event.

17 I never talked about it and neither did she.  
18 I know we got sent to other sitters. I don't know if  
19 we got sent to other sitters. Do you hear the  
20 contradiction? She contradicts herself, her thinking  
21 becomes disorganized when she thinks about the abuse.  
22 Her logical memory is overwhelmed, but she doesn't  
23 even realize she's not making sense. She's too  
24 overwhelmed a year later to detect the contradiction.

25 So clinicians trained in trauma are taught

1 to listen very carefully for these sort of leaps in  
2 logic, these gaps in time, the shifting back and  
3 forth, this is what trauma does.

4           Psychosis can also do some disorganization  
5 of thinking.

6           Q.     Okay. And the next slide says I went numb,  
7 I believe you already sort of went through the  
8 dissociation of the childhood traumas.

9           A.     Yeah.

10          Q.     Okay. You mentioned that she was paranoid?

11          A.     Yes.

12          Q.     And overly preoccupied with her  
13 grandchildren potentially being abused, sexually  
14 abused?

15          A.     Yes.

16          Q.     Did you, did you review Dr. Grant's report  
17 with regards to, not report, but the testing she did  
18 with regards to paranoia?

19          A.     Yes. She used one test and she, Ms. Conway  
20 was pretty high on a sub scale called paranoia and she  
21 doesn't mention that in her report. She mentions that  
22 she was fearful and, and hypervigilant, which means  
23 you're watching all the time for danger around you,  
24 but she doesn't say that she had any kind of  
25 vulnerability to psychosis or a psychotic illness and



1 she tested her a year later as well.

2 I don't think she was currently psychotic  
3 when I tested her, but I see these kind of problems in  
4 her thinking and how she gets disorganized and based  
5 on the report of herself and her family members, I,  
6 and what her behavior was like back then, I think she  
7 was fully delusionally paranoid back then.

8 Q. Back then meaning?

9 A. I'm sorry, around the incident, the day of  
10 the incident and, you know, to some extent the weeks  
11 before.

12 Q. Okay. And just to be clear, you don't have  
13 an opinion that she's psychotic or in a psychotic  
14 episode right now?

15 A. No, I don't think so, although I haven't  
16 examined her for a year --

17 Q. Okay.

18 A. -- but I don't suspect it.

19 Q. That's fair, that's fair.

20 As far as her being -- well strike that.

21 If she, as she testified yesterday she does  
22 not remember the shooting, she does not remember being  
23 there, upon being questioned did you do it, are you  
24 denying it, I don't remember; if someone is not able  
25 to tell you well yes, it was me, I'm telling you it

1 was me and they say I don't remember that it was me,  
2 how are you able to render the opinion that you do?

3 A. So I do all this testing, I look at all this  
4 discovery, I interview collateral people. I see how  
5 they act with me. Do they say and act like somebody  
6 who fakes, and, you know, I know what those folks look  
7 like and I have, I have created the research that  
8 shows what those folks look like or do they look more  
9 like people who have legitimate psychological  
10 disorders.

11 Q. Okay. How, and you, to a reasonable degree  
12 of psychological certainty it's your opinion that she  
13 was delusional that day?

14 A. Yes.

15 Q. Okay. To a reasonable degree of  
16 psychological certainty, you have an opinion -- do you  
17 have an opinion as to whether she was in a psychotic  
18 episode?

19 A. I believe she was.

20 Q. To a reasonable degree of medical  
21 certainty -- I'm sorry, to a reasonable degree of  
22 psychological certainty, do you have an opinion as to  
23 whether she was faking, malingering or lying to you  
24 when she told you these things?

25 A. My opinion is there is no evidence to

1 suggest that she was faking, exaggerating, malingering  
2 any of these things.

3 Q. Okay. To a reasonable degree of  
4 psychological certainty and in connection with what  
5 you studied in connection with this case, what was it  
6 that was delusional?

7 A. She was delusional in the extent to which  
8 she believed that she -- she actually wasn't worried  
9 about herself, she was worried about her children, her  
10 husband and the grand babies. The grand babies kept  
11 coming back and back and back in her mind. She was  
12 worried that they were in imminent risk, they were  
13 going to be killed, everybody had to watch around the  
14 cars, look outside the house all the time.

15 Q. What about on May 20th, delusional on  
16 May 20th?

17 A. Same thing, she really felt like there was  
18 not going to be any stopping Montana and Krystal and  
19 Robert, so I believe in her mind she thought it was  
20 acceptable to kill them, or to try to kill them.

21 Q. In, as far as delusions and delusional,  
22 after the shooting, in the hour -- the minutes, hours  
23 and later that night, do you have an opinion as to  
24 whether or not she was delusional when she was talking  
25 to Detective Elliott?

1           A.       There was nothing I saw in her interview  
2       there that showed delusions at that point. She  
3       sounded more dissociated. She talked about being  
4       numbed out, she looked emotionally blank. She talked  
5       about being calm. I mean that's just, that's bizarre,  
6       when you're being investigated for murder, you, one,  
7       should not be calm at that time.

8           Q.       Okay. Do you have an opinion to a  
9       reasonable degree of psychological certainty how she  
10      could say I didn't do it, it wasn't me, despite the  
11      fact that numerous witnesses saw her?

12          A.       I think at that point the dissociative  
13      amnesia had kicked in and she was no longer recalling  
14      it. I think in her mind what she was saying was  
15      accurate, of course it wasn't, it wasn't factual in  
16      the least about the incident and her not being  
17      involved, but I think at that point the reason she was  
18      so calm is she was dissociated, but she also believed  
19      what she was saying.

20          Q.       Okay. I'll ask you this, this question,  
21      hope I phrase it right, I probably will not.

22                    To a reasonable degree of psychological  
23      certainty, at the actual moment of the shooting and  
24      when she walked out of the car, took more shots, do  
25      you have an opinion to a reasonable degree of

1 psychological certainty as to whether she was  
2 suffering from this psychotic episode?

3 A. Yes, I think she was suffering from a brief  
4 psychotic disorder in response to marked stressors,  
5 that's the name in this book.

6 Q. Okay. Now following over the, the hours or  
7 days, do you have an opinion as to at what time she's  
8 out of the episode or at what time she should no  
9 longer have this dissociative disorder, if that makes  
10 sense?

11 A. She still has dissociative amnesia now, so  
12 she still meets criteria for a dissociative disorder  
13 now.

14 Q. Okay.

15 A. She never, I don't think she's necessarily  
16 dissociated right this minute. I think the  
17 dissociation kicked in pretty quickly. Her just being  
18 that bland, that calm, it makes no sense and my guess  
19 is that she waxes and wanes, has some degrees of  
20 dissociation. She certainly talked about it even in  
21 the jail, there were times hours would pass and she'd  
22 have no idea what had happened, hours at the jail.

23 Q. Okay. Do you have an opinion to a  
24 reasonable degree of psychological certainty as to  
25 whether she could appreciate the criminality of her

1 conduct the moment of the shooting?

2 A. I do not believe she could appreciate the  
3 criminality of her conduct at the shooting.

4 Q. Okay. Do you have an opinion to a  
5 reasonable degree of psychological certainty as to  
6 whether she was able to use a part of her brain as far  
7 as rationality is concerned, do you have a  
8 reasonable -- to a reasonable degree of psychological  
9 certainty, do you have an opinion as to whether she  
10 could prevent herself from doing these things?

11 A. This one I'm a little more mixed on because  
12 she got the revolver, went and shot them. You know,  
13 she was doing her behavior, but she was doing it in a  
14 delusional state. And so I'm more comfortable saying  
15 she didn't have substantial capacity to understand the  
16 wrongfulness of her action. Her behavior, I, I feel  
17 less certain about that.

18 Q. Okay. So as far as the, you have an  
19 understanding as Fran -- I'm sorry, Mr. Granados  
20 questioned you earlier regarding the, what the  
21 Maryland criteria is and the question is either/or?

22 A. Yes.

23 Q. Okay. And so to a reasonable degree of  
24 psychological certainty you are confident to testify  
25 that under oath that your opinion is fitting the first

1 prong, correct?

2 A. Yes.

3 Q. Okay. Now, so let me ask this way, so if  
4 you believe at the moment of the shooting when she  
5 walked around and did all of this, walked right by  
6 people in broad daylight, what about the coming time,  
7 are you as confident or do you still have a reasonable  
8 degree of psychological certainty as to at what point  
9 she understands the criminality of her conduct?

10 A. I'm not sure about that. I'm not sure when  
11 it really started dawning on her. I know for a fact  
12 when I met with her she understood the criminality and  
13 she was horrified about it, and I mean horrified. She  
14 was distraught and like sobbing so hard she was  
15 gagging, I thought she might throw up a few times.

16 She was distraught. People walking by, we  
17 were in a room that had glass. People were looking in  
18 and wondering what was going -- okay, she's, if she  
19 was okay. I actually wondered if I needed to tell the  
20 guards that she might be -- need suicide precautions.

21 She at one point asked me are these memories  
22 going to come back, sobbing, she's terrified of  
23 remembering what she did, because it's so against her  
24 values.

25 Q. Okay. How was her demeanor throughout the

1 seven hours of testing that you did that day?

2 A. Somber, she was very cooperative, very  
3 respectful, but she broke into crying, like this level  
4 of crying that she's doing today and intermittently  
5 sobbing, gagging, sobbing, just distraught at the  
6 level, as bad a level as I've seen in psychiatric  
7 patients in pushing 30 years of practice.

8 Q. Okay. To a reasonable degree of  
9 psychological certainty, when she was doing the  
10 sobbing and almost gagging where you thought that she  
11 might need to be on suicide watch, was she faking?

12 A. No.

13 Q. Specifically malingering is important in  
14 this case, it is the State's contention that she does  
15 not have a psychological disorder of any kind, did you  
16 do, what specific tests did you do for malingering or  
17 faking, and -- well.

18 A. A test called the M-FAST, it's, again, a  
19 scientifically validated test that fakers score high  
20 on and she was very, very low on that, that test. She  
21 passed that test just fine.

22 Then on another test called the trauma  
23 symptom inventory I gave her, there's a test, there's  
24 a couple of different validity scales, they're called,  
25 to see if somebody is minimizing problems or



1 exaggerating problems or responding atypically; she  
2 was okay on that.

3 And then on that psychopathic personality  
4 inventory, there's a test on, a sub scale on there  
5 that also looks at possible exaggeration and she  
6 passed that.

7 Similarly she passed the validity scales,  
8 the faking scales in Dr. Grant's test. There's no  
9 evidence across either of the experts that she's  
10 exaggerating her problems or minimizing her problems  
11 for that matter.

12 Q. Is it reasonable for someone such as  
13 Mrs. Conway to have significant mental or  
14 psychological issues stemming from being sexually  
15 molested and raped or is that not really that big of a  
16 deal?

17 A. People differ in their response to being  
18 raped. If you think about a two-year-old's body being  
19 raped by an adult man, there's going to be problems,  
20 there's going to be physical problems, tearing,  
21 ripping, bleeding, and there's going to be huge  
22 psychological problems and the earlier abuse starts  
23 and the more chronic and repetitive it is, the  
24 research shows very clearly that the worse and worse  
25 problems tend to get.

1 Q. Do you expect the jury to, quote, unquote,  
2 buy that she had post traumatic stress disorder from  
3 being raped as a child?

4 A. Well I hope they are open-minded and  
5 actually understand what I'm talking about with these  
6 scientific studies and the research and the testing  
7 that we did. She, very clearly, passed -- she scored  
8 in a way that is entirely consistent with people who  
9 have experienced very severe, chronic trauma.  
10 There was one kind of interesting finding  
11 about that trauma symptom inventory.

12 Q. What, could you explain what that, what that  
13 was, ma'am?

14 A. So the trauma symptom inventory gets at a  
15 range of problems that people have if they've been  
16 traumatized and it has that validity scale to see if  
17 they're faking or not.

18 On this she scored in the way that's typical  
19 for people who experience childhood abuse, but she  
20 also scored in a way that is usually found in people  
21 who have just been traumatized, but she had not just  
22 been raped or robbed or in a horrible car accident.

23 That was traumatizing to her, in my belief,  
24 is how much danger she was thinking she -- she didn't  
25 care about herself, she kept talking about the babies,

1    how much danger she thought those kids were in and  
2    hearing all the details of their trauma, that's what  
3    was traumatizing her, as if it were her own trauma,  
4    almost.

5                    She was having really fresh new PTSD, plus  
6    the more chronic types of symptoms from long-term  
7    chronic PTSD.

8            Q.     Okay.  Without going through the, every  
9    specific thing that you did and every single test, I'm  
10   going to ask you something about your clinical  
11   experience.

12                    You already indicated your forensic or legal  
13   experience in the Federal case where the Defendant you  
14   found was malingering or faking?

15            A.     Yeah.

16            Q.     Okay.  In your experience throughout  
17   treating all your patients, your publications,  
18   education, et cetera, have you come across people who  
19   look to be perfectly normal to either you or to lay  
20   people or, you know, myself or what have you, but are  
21   actually in a psychotic state?

22            A.     Yes, I can actually think of two clinical  
23   cases that are really very helpful in understanding  
24   this.

25            Q.     Could you please explain those to the jury.

1           A.       Okay.  So when I was a graduate student just  
2     learning about psychosis I worked at a group home  
3     where people with really serious mental illness lived.  
4     And there was a woman who all the time was  
5     hallucinating, she was seeing things that weren't  
6     there and when she was having a bad day, she'd be  
7     punching at things that weren't there, okay.

8                        So I walked by her in the kitchen and she's  
9     punching away, not trying to hurt anybody, but she's  
10    like saw demons or something.  And I went to the back  
11    room and she came in to get her medications within a  
12    minute and she said Bethany, I like your haircut.  And  
13    it stunned me, because I thought when you're  
14    psychotic, you are really out of touch and, you know,  
15    you don't just come in and out of psychosis.  And she  
16    taught me different, yes, you do.  And then my  
17    professor said, yes, you can wax and wane, you can  
18    come and go, you're not constantly psychotic.

19                      So she looked really mentally ill but had  
20    some lucid moments.

21           Q.       Is there any examples in your experience of  
22    people who looked normal?

23           A.       Yes.  This was another interesting case when  
24    I was a trainee at George Washington University  
25    Hospital.  If patients got admitted the night before

1 and got assigned to me as a therapist, I had to meet  
2 with them the next day and figure out what was wrong,  
3 diagnose them, plan their treatment.

4 And so one night an elderly woman got  
5 admitted and the next day as I was talking to her she  
6 was as nice and sweet as could be and she's, was,  
7 seemed to me to be perfectly normal, but you don't get  
8 admitted into a psych hospital without problems. But  
9 I couldn't figure out what they were because she just  
10 sounded normal, she looked normal.

11 She was anxious because she said people kept  
12 breaking into her house and I asked her to describe  
13 the neighborhood and it sounded like, you know, a  
14 lower economic neighborhood and maybe they were  
15 breaking into her house, but you don't get admitted  
16 for anxiety to an inpatient unit. It has to be more  
17 serious.

18 And then I just, luck, asked her what were  
19 they stealing, and she said tea bags. And then I  
20 understood, she's delusional. People do not break  
21 into each other's houses to steal tea bags. It's  
22 delusional that these people are breaking in and  
23 stealing her tea bags and in a delusion like that, the  
24 person can look and function pretty normally until  
25 they get into the delusion itself.

1           So some of her delusions were I've already  
2   said some, you know, making her husband check around  
3   the house all the time, making the kids check around  
4   their cars, but she also for awhile thought Gabriel's  
5   therapist was in cahoots with Krystal, she thought  
6   Gabriel's therapist was in cahoots trying to protect  
7   Krystal so the abuse could keep going or something  
8   like that. And there was another person she thought  
9   was involved in cahoots with somebody, I'm blanking on  
10  it.

11         Q.     Referring to the Department of Social  
12  Services?

13         A.     Yes, she thought that they were covering all  
14  this up and it was like a conspiracy. I mean she was  
15  getting really delusional, but her family didn't have  
16  mental health training and nobody was picking up on  
17  this. It was more like the lady with the tea bags, it  
18  was more circumscribed to that content and people  
19  didn't see it.

20         Q.     All right. If I could reference your, or  
21  direct your attention to the TSI-2.

22         A.     Yeah.

23         Q.     Number one, I have no idea what that is.

24                 THE COURT: Well before you do that, how  
25  much, again, I'm not trying to limit you, but how --

1 can we get a general idea of how much longer you think  
2 you will be?

3 MR. FARMER: Maybe 15 minutes, Your Honor.

4 THE COURT: All right. We're going to take  
5 a short recess.

6 Counsel approach the bench. Jury may be  
7 excused now.

8 (Whereupon, the following occurred outside  
9 the presence of the Jury.)

10 (Whereupon, Counsel approached the Bench and  
11 the following occurred:)

12 THE COURT: Wait until the jury.

13 MR. FARMER: What's going on with the other  
14 trial?

15 MR. COVINGTON: I have no idea.

16 MR. FARMER: Is it over, is it still going?

17 MR. COVINGTON: I have no idea. I have no  
18 idea. I think the jury was out, but I don't know.

19 MR. FARMER: Yeah, Stackhouse is here.

20 Oh, gosh, notes.

21 THE COURT: All right. There were a couple  
22 of things.

23 One, and for the benefit of both the State's  
24 Attorney and, or Mr. Granados and Defense Counsel, the  
25 rulings that I made on your objection were based on

1 Rule 5703, okay. And I'm pleased to announce that my  
2 recollection of Rule 5703 turns out to have been  
3 correct.

4 That said, and I commend that to both  
5 Defense Counsel and the State's Attorney in terms of  
6 any, both explaining my ruling and any future action  
7 you may want to take in light of the language of that  
8 rule. That's one.

9 Two, there is a, there, we have notes. It  
10 says, and again, it says is it possible for her to  
11 project her experiences on to her grandchildren via  
12 triggers and flashbacks.

13 MR. FARMER: Okay.

14 THE COURT: I'm not even sure I know what  
15 that means.

16 MR. FARMER: Is it possible for her to --

17 THE COURT: I'm inclined to, you know, my  
18 attitude when we get this is that if there is an  
19 objection and I agree with it, then I'll simply tell  
20 the juror, whoever it might be, that I'm not, that's,  
21 that question is not an appropriate question --

22 MR. FARMER: Right.

23 THE COURT: -- and I've directed that it not  
24 be asked.

25 MR. FARMER: Is it possible --



1           THE COURT: Now you all, I mean if you don't  
2 object, then you'll just say either some, one of you  
3 can ask it or I'll ask it.

4           MR. GRANADOS: Can I hear the question  
5 again.

6           THE COURT: Is it possible for her to  
7 project, I mean if this is the witness, then the  
8 question is to this witness who's on the stand,  
9 obviously can't be to anyone else, is it possible for  
10 her, referring I assume to Ms. Conway, the Defendant,  
11 to project her experiences as to her grandchildren via  
12 triggers and flashbacks.

13           I mean the, my question if I ask it at all  
14 would be do you have an opinion to a reasonable degree  
15 of psychological certainty, but I'm prepared if, if  
16 nobody wants to explore this area, which again I don't  
17 even understand it, then my attitude is I'll simply  
18 announce to the juror that one of the, that the  
19 question that he or she was requesting has been ruled  
20 by me not to be an appropriate question, and it  
21 very --

22           MR. GRANADOS: It sounds very confusing, I'd  
23 object to it being posed.

24           MR. FARMER: Right.

25           MR. COVINGTON: And if there was a term in

1 there that has not been talked about, so objection --

2 THE COURT: So nobody's going to think it  
3 was either one of, it was either the State or the  
4 Defense, it was me.

5 MR. FARMER: Right, and --

6 THE COURT: And the next question says, how  
7 do you explain, again we're assuming this is a  
8 question to the witness, how do you explain the  
9 Defendant being aware enough to arrange to change  
10 clothes and get rid of evidence linking her to the  
11 crime.

12 That's a question that probably if it was  
13 going to be asked can either be asked in anticipation  
14 by Defense Counsel or it can be asked by the, by the  
15 State's Attorney on cross.

16 Any, I'll give Defense Counsel the  
17 opportunity to ask it, but if not, the State can ask  
18 it.

19 MR. GRANADOS: If he doesn't cover it, I'm  
20 definitely going to cover it.

21 MR. FARMER: Uh-huh.

22 THE COURT: Okay.

23 MR. GRANADOS: Similar questions.

24 THE COURT: All right. Then this -- the  
25 last question is, at two years old, how much can,

1 again, you'd have to ask her if she has an opinion on  
2 this, at two years old, how much can a person  
3 remember, that's question number one.

4 Question number two is is it possible  
5 Caroline Conway's memories were formed as to what was  
6 told to her outside of remembering the abuse.

7 If --

8 MR. GRANADOS: Those are both good  
9 questions.

10 THE COURT: Okay. Now, Defense Counsel, do  
11 you want to ask either one or both of these in your  
12 direct and I'll just, I'll direct that the clerk make  
13 a copy for both sides.

14 MR. FARMER: I think what I'll do is I will  
15 hit all those points and then --

16 THE COURT: All right, so on the one --

17 MR. FARMER: The State --

18 THE COURT: Madam clerk, can you make a copy  
19 of these two notes, make a copy for the State, a copy  
20 for the Defense and give me back the original and then  
21 I'll have you mark, not mark, but record it.

22 COURT CLERK: Yes.

23 THE COURT: Okay. And then I'll announce on  
24 the one that -- I'll let the question get asked and  
25 then I'll announce that the question that wasn't asked

1 was ruled by me to be inappropriate, okay.

2 MR. COVINGTON: Thank you, Your Honor.

3 THE COURT: Now, your witness, you're, I'm  
4 not going to hold you to it, but you think another  
5 15 minutes, 20 minutes?

6 MR. FARMER: Yeah, approximately.

7 THE COURT: Okay.

8 MR. FARMER: Yes.

9 THE COURT: Then the State has its cross  
10 which we'll try to finish, again, I'm not limiting you  
11 any more than I am them.

12 MR. GRANADOS: Uh-huh.

13 THE COURT: Then this afternoon who do you  
14 have, if anybody?

15 MR. FARMER: I have one brief witness.

16 THE COURT: And that's it, for the Defense  
17 case?

18 MR. GRANADOS: I believe so, Your Honor,  
19 yes.

20 THE COURT: Okay. Do you have your psych --  
21 is that who you're going to put on?

22 MR. COVINGTON: Yes.

23 MR. GRANADOS: We have our psychologist and  
24 she --

25 MR. COVINGTON: She's, she could not be here

1 this morning because she had --

2 THE COURT: She won't need to be.

3 MR. COVINGTON: -- she had Court Ordered  
4 appointments, but, so she'll be here this afternoon.

5 THE COURT: Okay. I would just suggest  
6 getting her, because what we'll do is try to get your  
7 cross if we can done on this witness, maybe call one  
8 other, if it's a short witness.

9 MR. COVINGTON: Oh, man, I didn't realize it  
10 was that late.

11 THE COURT: And then, so she's safe in  
12 getting here this afternoon, okay.

13 MR. GRANADOS: Okay.

14 THE COURT: And we'll go from there. All  
15 right.

16 MR. COVINGTON: Thank you, Your Honor.

17 THE COURT: So we'll get you all a copy of  
18 those questions, you will give them back to me.

19 MR. FARMER: Yes, sir.

20 THE COURT: The Defendant I gather has been  
21 taken down to the --

22 COURT CLERK: To use the facilities, uh-huh.

23 THE COURT: -- the restroom?

24 COURT CLERK: Uh-huh.

25 THE COURT: And you'll call me when you're

1 ready.

2 COURT CLERK: Yes, sir.

3 THE BAILIFF: All rise.

4 COURT CLERK: All rise.

5 (Recessed 11:03 a.m.)

6 (Reconvened 11:14 a.m.)

7 THE COURT: Be seated.

8 All right. We will bring the jury back in  
9 and continue direct examination, unless there's  
10 something that's come up during the recess.

11 Bring the jury back in.

12 Counsel got a copy of the notes, right?

13 MR. GRANADOS: Yes, Your Honor.

14 THE COURT: Okay, thank you.

15 (Whereupon, the Jury entered the Courtroom  
16 and the following occurred in open Court.)

17 THE COURT: All right. With respect to the  
18 notes that I received, the questions are going to be,  
19 except for one is going, are going to be asked, so you  
20 should please be listening to the testimony by either  
21 the Defense Counsel or the State.

22 There is one question and you'll recognize  
23 the fact that it didn't get asked that I have ruled is  
24 not something that can be asked, for legal reasons,  
25 all right.

1                   You may proceed and continue your direct  
2 examination of this witness.

3                   MR. FARMER: Thank you, Your Honor.

4                   BY MR. FARMER:

5           Q.       This one will be in relation to one of the  
6 notes that we got, do you have an understanding of  
7 what happened after the shooting in terms of I think  
8 you already said she got into a car with her son  
9 Richard? You already said that?

10           A.       Yes.

11           Q.       Okay. And so it is your understanding that  
12 after the shooting, or the shootings, she got into a  
13 car with Richard?

14           A.       Yes.

15           Q.       And then they went to, they went to where?

16           A.       To Target, I think, and let the kids go to  
17 the bathroom and then they went to the Gale's  
18 eventually.

19           Q.       Okay, so they went to the Gale's, that's the  
20 acquaintances, the people that you talked about?

21           A.       Yes.

22           Q.       The ladies and gentlemen of the jury have  
23 heard from them.

24                   Is it your understanding that -- do you have  
25 an understanding of what was done at the Gale's in

1 terms of rid of getting rid of clothing, potentially a  
2 gun, those sorts of things?

3 A. Yes, I know that she told the Gales that she  
4 had done the shootings and that she went to the  
5 restroom and while in the restroom it appears that she  
6 likely went into the laundry room and changed out of  
7 the hoodie that she was wearing into a yellow shirt.

8 Q. Okay. Now was she able to give you a full,  
9 was she able to locate in her memory and provide you  
10 with a full accounting of exactly what she did there?

11 A. No.

12 Q. You were able to learn more from the Police  
13 reports --

14 A. Yes.

15 Q. -- is that fair?

16 A. Yes.

17 Q. As far as what we know happened?

18 A. What the Gales told them and they have a  
19 video camera at their house, so I think they pieced  
20 some of that together from that.

21 Q. Okay. Do you, are you able to say with any  
22 certainty whether Ms. Conway herself decided I need to  
23 take my clothes off or whether her son, Richard,  
24 decided that, or anybody in particular?

25 MR. GRANADOS: Objection, Your Honor.



1                   THE COURT: Sustained.

2                   BY MR. FARMER:

3           Q.     Do you know what, if anything, caused  
4 Ms. Conway to remove clothes and do those things?

5           A.     I don't know.

6           Q.     Okay. And again, this is sort of in  
7 relation to this, to the jury's question, do you have  
8 an opinion to a reasonable degree of psychological  
9 certainty if she was able to, assuming for this  
10 question she did, in fact, get rid of or she washed  
11 her hands of blood or she changed her shirt into a  
12 totally different bright yellow shirt, do you have an  
13 opinion to a reasonable degree of psychological  
14 certainty or does that change your opinion that you  
15 have as far as her being in the psychotic state and  
16 her not being able to appreciate the criminality of  
17 what has been happening?

18          A.     I --

19          Q.     How do you explain that, basically, if you  
20 could explain to the jury.

21          A.     Okay. Well I, I can't really answer very  
22 clearly because she can't really tell me what  
23 happened.

24                   It's possible somebody suggested to her to  
25 change her clothes, it's possible she started to

1 realize --

2 MR. GRANADOS: Objection, Your Honor.

3 THE COURT: Sustained. You can't testify as  
4 to possibilities.

5 THE WITNESS: Okay.

6 THE COURT: Okay.

7 THE WITNESS: Okay.

8 THE COURT: Next question.

9 THE WITNESS: She may have thought of this  
10 on her own or --

11 MR. GRANADOS: Objection, Your Honor.

12 THE COURT: Can't, can't testify as to what  
13 she may have, can't speculate.

14 THE WITNESS: Oh, okay.

15 BY MR. FARMER:

16 Q. Okay.

17 A. So I don't have a psychological --

18 THE COURT: So the answer is, if I hear you  
19 correctly, you don't have an opinion?

20 THE WITNESS: Correct.

21 MR. FARMER: Right.

22 THE COURT: Next question.

23 BY MR. FARMER:

24 Q. Okay. My, I guess my question then would be  
25 would you be able to explain if it was Mrs. Caroline

1 Conway's decision alone, if she decided it and she did  
2 it, assuming that --

3 MR. GRANADOS: Objection, Your Honor.

4 THE COURT: Sustained.

5 MR. FARMER: Okay.

6 BY MR. FARMER:

7 Q. Do you have an opinion to a reasonable  
8 degree of psychological certainty as to one in a  
9 psychological -- or I'm sorry, a psychotic  
10 dissociative episode, whether one is able to I guess  
11 move about and live or look like they're, they're not  
12 in a psychotic state?

13 A. Yes, they can.

14 Q. Okay. Do you have an opinion to a  
15 reasonable degree of psychological certainty whether  
16 if I'm in a, I'm in -- I'm psychotic right now for  
17 whatever reason, whatever triggers and I throw these  
18 on the floor, do I understand that I did that and then  
19 am I able to pick them up and clean up after myself?

20 A. You may or may not be able to. It depends  
21 on what your delusion or hallucinations are.

22 Q. Okay. All right. Moving on.

23 MR. FARMER: Okay. I'm going to locate the  
24 State's exhibit, if I may approach, Counsel.

25 THE COURT: You may.

1 MR. FARMER: State's Exhibit 362 is the  
2 report.

3 MR. GRANADOS: Uh-huh.

4 MR. FARMER: Oh, is that your copy?

5 MR. GRANADOS: No, that's the exhibit.

6 MR. FARMER: Okay.

7 BY MR. FARMER:

8 Q. I'm approaching you with State's Exhibit  
9 362. Is this your report?

10 A. Yes.

11 Q. Okay. Okay. And you don't need to look at  
12 it unless you need to refresh your memory. On page 2  
13 you indicate, and I think you already, there was a  
14 slide as to this, regarding when the children -- when  
15 an individual's children reach the same age --

16 A. Yes, it was --

17 Q. -- as the individual that was originally  
18 traumatized or abused, and specifically for  
19 Ms. Caroline Conway, you are referring to Ms. Caroline  
20 Conway when she was two, two and a half, three, that  
21 range of time and being sexually abused, is that your  
22 understanding?

23 A. Yes.

24 Q. Okay. And it is your understanding as you  
25 testified to earlier that Gabriel and Gracen were the

1 same, or very similar ages as her and her sister; is  
2 that what you testified to?

3 A. Yes.

4 Q. Do you have an opinion, number one, as to  
5 Ms. Caroline Conway in her explanation to you of what  
6 happened to her when she was two years old or two and  
7 a half years old, whether, one, a child can remember  
8 details of that, or if some people might have told her  
9 what happened, do those things combine to become her  
10 memory now or how does that work?

11 A. To clarify one thing, first, her father died  
12 when she was roughly two and they began going to  
13 baby-sitters at that time.

14 Q. Yes.

15 A. Because her mom went from stay at home mom  
16 to working multiple jobs, so she was seeing  
17 baby-sitters or being, you know, taken care of by  
18 baby-sitters for years.

19 And so it's not that the abuse just happened  
20 when she was two, it went on. And so I'm reporting  
21 that her abuse, and Stardust corroborated this, went  
22 on by a number of different baby-sitter families, not  
23 just this first set of men. I didn't tell you some of  
24 the other stories; there were other stories.

25 One woman would take the money from her

1 mother, lock Stardust and Ms. Conway in the house with  
2 her older boys, leave them, take the money, go  
3 shopping and the boys would sexually and physically  
4 abuse the girls. I mean this just went on for years.

5 So what she remembers at age two or two and  
6 a half, you wouldn't expect people to have good memory  
7 for two, two and a half. It tends to be that  
8 children, if they have some recollection, they tend to  
9 play it out in their games. They don't tell you in  
10 words so much at that point in time. I can give you a  
11 clinical example if you want.

12 Q. Yeah, if you could give a clinical example,  
13 that would be great.

14 A. Yeah, I'm thinking of a child who is about  
15 age two when he and his mother were at home and his  
16 father committed suicide, put a gun in his mouth, shot  
17 himself. And the mom and the little boy went running  
18 in to the bathroom to see what happened and his  
19 father's brains and head were splattered all over the  
20 wall.

21 A couple months later he was, or maybe  
22 years, I'm not sure, he was seeing my supervisor who  
23 told this story and the boy played again and again and  
24 again with guns and made the supervisor put a gun in  
25 his mouth, kind of the reenactment idea. The boy was

1 telling the story through his play and one day the  
2 boy's eyes kind of glazed over as he put the gun in  
3 the supervisor's mouth and the supervisor said what do  
4 we see. And he said pizza, blood, cheese. He didn't  
5 understand it was brains and blood, he was telling  
6 what a little boy thought it was, pizza smeared down  
7 the walls; it was dad's brains.

8 So it can be, in some form memory can, can  
9 exist, behavioral reenactments, which is what I think  
10 happened with her in the car doing the shootings. She  
11 would not, not at that age be able to verbally tell  
12 the whole story, but the feeling can remain, the kid  
13 dissociated, the boy with the dad dissociated; she  
14 could still have that dissociative kind of  
15 recollection or reaction. And then over time as it's  
16 occurring she could tell me some pieces of the traumas  
17 probably from three or four is more likely.

18 Q. Okay. And so basically it's more likely  
19 that she would remember, in your experience, becoming  
20 three, that range of time?

21 A. Yeah.

22 Q. Four --

23 A. Yeah.

24 Q. -- as opposed to being two?

25 A. Yeah.

1           Q.     Okay.  And you indicated in what she told  
2     you, you indicated something, she said it stopped, as  
3     far as the molestation, on a slide, one of these  
4     slides, it stopped.

5                     Do you have an opinion to a reasonable  
6     degree of psychological certainty whether at a certain  
7     period of time when she thought or remembers now that  
8     it stopped or that it continued and that she was, is  
9     actually blocking it out?

10           A.     She said that episode stopped there.  It  
11     seems very unlikely the way that, that the scenario  
12     was going that these guys would just stop right there.  
13     I mean I don't, I don't know, I wasn't there, but from  
14     all the hundreds and hundreds and hundreds of abuse  
15     stories I've heard over the years, pedophiles tend to  
16     do more than just that when they have a kid at, at  
17     their access.

18                     So it would seem to me likely that it would  
19     go on further beyond that and she just doesn't  
20     remember it, it's blocked out.

21           Q.     And does that affect your opinion, does that  
22     change your opinion in any way that she has blocked  
23     out or does not remember some sexual abuse?

24           A.     No, it actually, one of the risk factors for  
25     dissociative amnesia later in life is having earlier



1 dissociative amnesia. So if a child has been abused  
2 earlier and they already have some amnesia, their mind  
3 is using that defense of disconnecting, not  
4 remembering, numbing out and they're more likely to  
5 have that again later in life. It actually provides  
6 some support for the diagnosis.

7 Q. Now to a reasonable degree of psychological  
8 certainty, and you've already testified to what she  
9 experienced, does it help to corroborate her  
10 experience with other witnesses, strike the reasonable  
11 degree of psychological certainty --

12 A. I'm --

13 Q. -- but in your training and experience  
14 before you write an opinion, whether you're treating  
15 clinically a patient or rendering an opinion for Court  
16 for a jury.

17 A. Yes.

18 Q. Does it help to corroborate the story, if  
19 you will, with other people such as her sister?

20 A. Absolutely. I have more faith in it if  
21 multiple people tell me similar enough stories.

22 Q. Do you have any doubt that Stardust Faci was  
23 lying to you?

24 A. She was crying on the phone, as did both of  
25 her daughters as they told me these stories. This

1 family's distraught about all of this and the trauma  
2 they've gone through.

3 Q. I want to make, can you make sure you  
4 reference towards the -- yeah, thank you.

5 A. Stardust was crying as she told me about all  
6 of this. She did not in any way seem to be making  
7 this up.

8 Q. Okay. Now I'm going to ask you about the  
9 experiences that in her mind her, or, in what she told  
10 you as far as what her grandchildren, Gabriel and  
11 Gracen, were experiencing.

12 To a reasonable degree of psychological  
13 certainty, do you have an opinion with regards to how  
14 those experiences that Gabriel and Gracen were  
15 experiencing triggered or caused flashbacks or  
16 anything like that?

17 MR. GRANADOS: Objection, this has been  
18 asked and answered.

19 THE COURT: I'll sustain the objection.  
20 The, you're asking her based on what she's told us,  
21 she obviously doesn't have any direct knowledge of  
22 these children's state of mind or what was happening  
23 to hem.

24 MR. FARMER: Okay, all right.

25 BY MR. FARMER:

1 Q. So I'll ask this, ma'am, to a reasonable  
2 degree of psychological certainty, do you have an  
3 opinion as to Caroline Conway's mind of what she  
4 believed was happening to her grandchildren?

5 Do you have -- to a reasonable degree of  
6 medical certainty, do you have an opinion as to  
7 whether there are flashbacks? Was that involved in  
8 your opinion at all?

9 A. Whether she was having flashbacks, if that  
10 influenced my opinion?

11 Q. Well, do flashbacks play a role in your  
12 opinion or a role in this situation with what  
13 happened?

14 A. Her flashbacks support the diagnosis of  
15 PTSD.

16 Q. Okay.

17 A. So they do support my opinion that she had,  
18 that was one of her disorders.

19 Q. Okay. Her flashbacks of when she was a  
20 child?

21 A. Yes.

22 Q. How does it relate, if at all, to what her  
23 grandchildren or she believed her grandchildren were  
24 experiencing?

25 A. Because it was sexual abuse, because the

1 kids would, Gracen and Gabriel would cry and beg for  
2 her not to take them back, which is very similar to  
3 her own. It was what I talked about with the  
4 triggers, that their, elements of their behavior and  
5 their trauma were similar enough to her behavior, her  
6 sister's behavior and their trauma that it triggered  
7 her PTSD and it became very serious PTSD at that  
8 point.

9 Q. Okay. And you already testified to the, to  
10 what you indicated that her father died when she was  
11 actually age two and that the sexual abuse for her and  
12 her sister was continuing after that point.

13 A. Yes.

14 Q. Now does it change your opinion or how does  
15 it affect your opinion, if at all, whether 100 --  
16 whether the memories of her being sexually abused and  
17 raped were based on her knowledge or based on what  
18 other people told her, such as her sister telling her  
19 at some point later in time?

20 A. I would believe -- assuming that she  
21 actually was abused, and it sounds like that is  
22 accurate, their stories were similar enough, whether  
23 she remembers all elements of it or not, it could  
24 still be very troubling.

25 Let me go back to the pizza example, that

1 little boy, after he saw his father shot and the  
2 brains all blown over the bathroom wall, that boy  
3 began to have very serious behavioral problems.

4 So even if a kid can't put it in words and  
5 understand exactly the way an adult does what they've  
6 seen, what the trauma was, you know, two-years-olds  
7 don't know what rape is, but they know it hurts, they  
8 know they are terrified, they know there's something  
9 about being threatened, they, they feel dirty,  
10 they're, they're, they become terrified of adults  
11 rather than feel safer around adults. It has a huge  
12 impact, still.

13 Q. Okay. All right. And now directing your  
14 attention back to the question that I had asked awhile  
15 ago regarding the TSI-2 test.

16 I do not know what that is, I wanted to ask  
17 you specifically about that test, what was that?

18 A. So that's the trauma symptom inventory two,  
19 second version of that test. It's a test, again,  
20 that's been well validated on a large sample of  
21 Americans and it assesses a number of problems you  
22 could see in someone who has been traumatized. So the  
23 different clusters of symptoms of post traumatic  
24 stress disorder like intrusions of nightmares and  
25 flashbacks, hypervigilance, where they're forever

1 watching to see if they're going to be hurt.  
2 Physiological hyperarousal, which means they're on  
3 edge, they can't concentrate, they can't sleep,  
4 they're jumpy. Avoidance, they stop -- they work very  
5 hard not to remember the trauma, not to talk about it,  
6 not to go around people that might trigger those  
7 memories. It also gets at dissociation, there's a sub  
8 scale for dissociation, for anger, for suicidality,  
9 for sexual acting out and for different kinds of  
10 relationship problems.

11 Q. Okay. Were there any specific results of  
12 that test that were either surprising or significant  
13 in the opinion you're rendering in this case?

14 A. So in all those different clusters of post  
15 traumatic stress disorder I was talking about,  
16 intrusions, the intrusive thoughts that are very  
17 disruptive, you can't function, with nightmares,  
18 flashbacks, she was high on that, she was high on  
19 overall level of anxiety, being extremely anxious, the  
20 physiological kind of revving sort of a feeling.

21 Think for yourself if you've almost ever  
22 been in a car accident but it doesn't happen,  
23 afterward your heart's racing and you just feel kind  
24 of jacked up, that is, that's, that sub scale gets at  
25 those kind of symptoms, plus insomnia. She was

1 elevated on all those. She was also very high on  
2 dissociation. She was high enough on the, the feeling  
3 of being really physiologically jacked up and all  
4 these intrusive symptoms, nightmares and flashbacks  
5 and thinking about it non-stop and distressed about  
6 that, those last couple symptoms, that tends to happen  
7 when somebody's just been traumatized, like somebody  
8 who's just been raped tends to have those symptoms  
9 very high. Over time they, they get higher on  
10 dissociation and avoidance. She was very high on  
11 these, all of these. That's what I thought was  
12 interesting.

13 So it supports the diagnosis of PTSD which  
14 means, I'm sorry, post traumatic stress disorder, but  
15 it also looked more like acute trauma, meaning recent  
16 trauma. And what recent trauma had she undergone?  
17 She had not been raped, held at gunpoint.

18 I, my interpretation of this is that the  
19 kids talking about their trauma, her not being able to  
20 protect them, them screaming and sobbing and crying  
21 and having to give them back again and again and  
22 again, that was the trauma, the recent trauma.

23 So she has long-term PTSD and sort of this  
24 superseded, superimposed real recent traumatization.

25 Q. And that was the TSI-2, test?

1           A.     Yes, yes.

2           Q.     Okay.

3           A.     By the way, on that one she was not high on  
4     anger and there's another scale that gets at what's  
5     called externalizing, when people act out their anger,  
6     throwing stuff, threatening people, driving too fast;  
7     she was very low on that.  She's law abiding.  She's  
8     not angry, you know.  This is a person who doesn't  
9     have those kind of problems.  She tends to keep it  
10    inside, hidden, pushed away.

11          Q.     Okay.  Did you do other tests to see if she  
12    had disorders that were relating to the same trauma?

13          A.     Yes.

14          Q.     And what were those?

15          A.     Again, so thinking about the idea of a  
16    doctor getting different X-rays for a twisted ankle or  
17    maybe a broken ankle, I did another test called the  
18    post traumatic checklist, just showed very similar  
19    results to the TSI-2, really high levels of post  
20    traumatic stress disorder.

21                 I did another test called the dissociative  
22    experiences scale.  On that one she approached  
23    100 percent probability for having a dissociative  
24    disorder, so that's, that's a very, very high score.

25          Q.     So of course 100 percent is a very high



1 score, what does, how do you get to 100 percent?

2 A. You endorse items that in particular tend to  
3 be endorsed only by people who have dissociative  
4 disorders, so people who have problems with their  
5 memory like amnesia, she also has this numbing out  
6 problem, feeling numb, emotionally numb when she  
7 shouldn't, when she should have emotions, she was high  
8 on that.

9 And sometimes some, another kind of  
10 dissociative symptom is called de-realization, that's  
11 when the world around you looks different. So an  
12 example might be right now if anybody in the jury was  
13 having de-realization, maybe I look like I'm a mile  
14 away even though you know darn well I'm not, or if the  
15 Courtroom looks like it's in a fog, even though you  
16 know there's no fog. It's something like that, the  
17 environment around you is altered, so she has some  
18 de-realization, too.

19 So her having a number of different types of  
20 dissociations gave her a higher score on that.

21 Q. Okay. You indicated you did the structural  
22 clinical interview for dissociative disorders?

23 A. Yes.

24 Q. What is that, what does that mean?

25 A. That is what I called earlier the gold

1 standard interview in my field. It's, that's the test  
2 you use in a forensic setting. If you really want to  
3 be sure if a person has a dissociative disorder, you  
4 do that one. People don't always do it just because,  
5 clinicians don't always do it because it takes two to  
6 three hours and that's a lot of time for a clinician  
7 not in a private practice, but it's the definitive  
8 test.

9 And I just gave her these other shorter  
10 tests just to see, are all the data points lining up  
11 to support this. And on the dissociate -- on the  
12 SCID-D, the Structured Clinical Interview for  
13 Dissociative Disorders, she showed up as being high on  
14 amnesia, which we talked about a lot, she had amnesia  
15 for childhood trauma, some current day events, even at  
16 the jail, as well as the shootings.

17 She had some de-personalization where she  
18 felt out of touch with her body and occasionally she  
19 had one other type of de-personalization.

20 When somebody's really disconnected from  
21 their body, sometimes they see themselves from a  
22 distance, like they're looking down and watching a  
23 movie of themselves, that's actually very common for  
24 rape survivors, but she has had that sometimes.

25 And the other one is de-realization, where

1 the world around her looks altered, surreal.

2 So all those taken together, that, those,  
3 the DES and the SCID-D results, plus how she scored  
4 high on dissociation on the TSI, plus what I observed  
5 of her and her spontaneous reports to me as well as  
6 what she said to the Detective, all of that evidence  
7 amasses and shows that she has what is called other  
8 specified dissociative disorder, just means a  
9 conglomeration of different types of dissociation.

10 Q. Did you, did you seek or obtain any  
11 corroboration from sources other than the testing and  
12 other than speaking to Ms. Caroline Conway, herself?

13 A. Yes, by talking to her family and reviewing  
14 all these documents.

15 Q. And what corroboration was that exactly?

16 A. The daughters, for example, told me that she  
17 seemed out of it, like she wasn't tracking  
18 conversations very much, very well. They had to  
19 repeat questions to her, like she was much more  
20 forgetful than usual. They weren't understanding that  
21 was possibly some dissociation going on, they thought  
22 it was early dementia.

23 Q. Okay. I just thought of a question and I  
24 forgot it.

25 Oh, did you, you mentioned the cleaning,

1 doing laundry over and over again.

2 What significance does doing loads of  
3 laundry have to do with your opinion?

4 A. So when you have a psychotic illness, the  
5 specific illness I think she has is called brief  
6 psychotic disorder, and in response to marked  
7 stressors is the full name.

8 The person has to have delusions, which I've  
9 already explained I think she had -- was definitely  
10 having delusions of paranoia, and you can have a  
11 couple of other potential things. You can be seeing  
12 or hearing things that aren't there, hallucinations.  
13 Her, Ms. Conway and her husband both reported to me  
14 that she was seeing people that weren't there, people  
15 that eventually died or that had died, so she was  
16 seeing people.

17 The other symptom of this disorder that I  
18 think she has is what is called disorganized behavior.  
19 What that means is the person is doing something that  
20 doesn't make sense, it's purposeless, to us. To them  
21 it may make sense.

22 So -- this is a bad example, but from the  
23 Shining, if you saw the Shining, when the guy's  
24 sitting there typing all work and no play makes Jack a  
25 dull boy and he's doing it hundreds of time, that's an

1 example of repetitive purposeless behavior. I mean  
2 she wasn't doing it hundreds of times, but she was  
3 washing clothes again and again and again and not that  
4 their -- their laundry bills went up, their  
5 electricity bills went up. She was just non-stop  
6 washing, cleaning, washing, cleaning. It didn't make  
7 sense. The stuff was clean already.

8 Q. Now let me ask this, so far as your opinion  
9 regarding electric bills and things of that nature,  
10 did that have -- how much of a role did that play in  
11 your opinion?

12 A. Knowing that she was doing it enough that it  
13 made their bills go up? I, how much did that -- just  
14 a little bit of corroboration. I just, I don't like  
15 to rest on just my opinion, I like to see more data.  
16 I'm a scientist, I just like to see are there any  
17 other things that could support this or is this person  
18 possibly exaggerating or making it up.

19 Q. Okay. And so you did discuss with the  
20 family members and they did tell you about the, her  
21 doing more laundry?

22 A. Yes. And an important note is I didn't say  
23 did she do more laundry, that's leading the witness.  
24 I said describe her behavior, what was it like in the  
25 weeks and days leading up to the shootings, did you

1 notice anything different. And they spontaneously  
2 told me about these things and that's really  
3 important.

4 Q. If the actual bills for the months, the  
5 month before was not more expensive, would that change  
6 your opinion?

7 A. Well it --

8 Q. I mean would it change your opinion  
9 ultimately in this case?

10 A. No, because I've got enough, you know, her  
11 thinking that the, the therapist is in cahoots against  
12 getting the safe, that DSS is in cahoots against these  
13 kids getting safe, that the kid -- her children and  
14 her husband have to constantly be checking around the  
15 house and cars, there's plenty of other evidence that  
16 shows that she was paranoid.

17 Q. Okay. Did, did you determine that there  
18 were any other types of dissociation that you haven't  
19 mentioned?

20 A. De-personalization, de-realization, amnesia,  
21 those, and numbing out, emotionally numbing out, but  
22 that's a type of de-personalization, so I think I've  
23 named them all.

24 Q. Okay. Did you discuss with her when, did  
25 you discuss with her and at some point determine when

1 dissociative symptoms began, when she started  
2 dissociating herself from, from things?

3 A. She spontaneously, when I asked her about  
4 her father's murder, she spontaneously said I just  
5 numbed out to it. So again, I didn't prompt that  
6 question, I didn't say -- first of all she didn't know  
7 what dissociation was, but I didn't say were you  
8 numbing out, she spontaneously said it, which gives me  
9 more belief in it. And then talking to the Detective,  
10 she spontaneous talked about being numbed out, very  
11 relaxed. She said some of those things that, right  
12 after the shooting.

13 Q. In the interview with the Detective she says  
14 I'm numb or something of that nature?

15 A. Something of that nature and I'm relaxed.  
16 She remarked on it three times and even she seemed  
17 just a little bit surprised.

18 Q. Did you see the end of the interview after  
19 which time the Detective told her okay, well you've  
20 already mentioned lawyer, so I'm not going to actually  
21 ask you or inquire of you any questions?

22 A. Yeah.

23 Q. Did you watch that part, ma'am?

24 A. Yes.

25 Q. And without playing it here again for the

1 jury, the, he stopped asking questions, the Detective  
2 stopped asking questions and she continued to say I  
3 didn't do it and I'm, her trying to be respectful and  
4 repeated that over and over again?

5 A. Yeah.

6 Q. Do you have an opinion as to that type of  
7 conduct and how it relates to your opinions in this  
8 case?

9 A. What I would tend to say is dissociation is  
10 a psychological defense. Somebody, when they're  
11 having dissociative amnesia, they are working to push  
12 it away at some level. I mean they don't know that  
13 they're doing it, they don't know how to do it, but if  
14 you're repeating to yourself I didn't do it, I didn't  
15 do it, it may be part of the defense of I'm not going  
16 to know about that, I'm not going to remember that,  
17 that's awful.

18 I've had clients tell me specifically as  
19 children, actually a former Ms. America talks about  
20 this in one of her -- in a book. Marilyn Van Derbur  
21 had forgotten her dad would sexually abuse her at  
22 night, by morning she'd forget it. And she talked  
23 about how she would purposefully push it away so she  
24 could go to school and look normal. She purposefully  
25 tried not to think about it and so in a sense Caroline



1     could have been doing that, just I didn't do it, I  
2     didn't do it, I didn't do it, pushing it away, because  
3     of course she did do it.

4           Q.     Regarding the dissociative experiences  
5     scale, DES, you said it approached 100 percent?

6           A.     Yes.

7           Q.     And forgive me if you already answered the  
8     question, but, you know, 100 percent, oh, that sounds  
9     like a really high number, obviously, but what exactly  
10    do you use to determine whether somebody is at a low  
11    percentage, whether it's 25 percent or 50 or  
12    51 percent or, as you said, close to 100?

13          A.     So the cut-off on that score that's been  
14    supported by research around the world is, is you  
15    typically find somebody with a dissociative disorder  
16    to be above 30 as an average score. And that  
17    probability scale is generally in the ball park of 75,  
18    80, 90 percent. She was almost 100 percent.

19          Q.     Is there like a range of error, if you will,  
20    or a range of accuracy of a test like that?

21          A.     That's actually not available on that test,  
22    but, you know, 20 points, 30 points, I mean that's,  
23    she's in a pretty safe zone for saying this is really  
24    high dissociation.

25                   Now if I only had that one test I wouldn't

1 put that much stock in it, to be honest with you, but  
2 because I had multiple tests, I saw it, she had  
3 reported some things independently to me, to the  
4 Detective, there was a preponderance of evidence that  
5 supported dissociation.

6 Q. All right. Now as we sit here today, do you  
7 think she's more capable of -- do you have a  
8 reasonable degree of psychological certainty, do you  
9 have an opinion as to whether she's able to think more  
10 clearly and rationally now?

11 A. Well --

12 MR. GRANADOS: Objection, Your Honor.

13 THE COURT: Well the question is does she  
14 have an opinion, I'll let her answer that and then  
15 I'll see where we go from there.

16 Do you have such an opinion?

17 THE WITNESS: I haven't examined her for a  
18 year, but last year when I interviewed her she was  
19 much more rational, still had those little bits of  
20 disorganization that I showed on the slide.

21 BY MR. FARMER:

22 Q. Right.

23 A. But she wasn't psychotic at that point.

24 Q. Okay. So at that point --

25 A. At that point.

1 Q. -- referencing when you, when you did last  
2 examine her and when was that, ma'am, if you remember?

3 A. I could get the exact date from my test. It  
4 was October. Let me find the exact date. On  
5 October 8th, 2015.

6 Q. Okay. So reference specifically on that  
7 date, not today, but on that date, so she's had some  
8 dissociative symptoms, does that mean that she's still  
9 blocking some memories out?

10 A. Yes.

11 Q. Now if she had gotten out, escaped from jail  
12 and went and shot people on that day, would you have  
13 had an opinion as to whether she was criminally  
14 responsible on that day?

15 MR. GRANADOS: Objection.

16 THE COURT: Sustained.

17 MR. FARMER: Okay.

18 BY MR. FARMER:

19 Q. Okay. In any event, is there a difference,  
20 do you have, to a degree of psychological certainty,  
21 is there a difference between merely having some  
22 dissociative symptoms, forgetfulness and the actual  
23 state that you've opined that she was in on May 20th,  
24 2015, when she was committing the acts?

25 A. There's a difference in a degree of severity

1 and the degree to which it impairs somebody's  
2 functioning.

3 Q. Okay. And let's see if I can get to.

4 Okay. Do you conclude, or what is your  
5 opinion to a reasonable degree of psychological  
6 certainty as far as what her mental illnesses were on  
7 May 20th, 2015, at the time of the shooting?

8 What is your opinion as to what she was  
9 suffering from that actually impaired her so much to  
10 get to the point where you've already testified that  
11 she did not have a substantial capacity to appreciate  
12 the criminal behavior?

13 MR. GRANADOS: Objection.

14 THE COURT: I think she's answered that.

15 MR. GRANADOS: Yes, Your Honor.

16 MR. FARMER: Okay.

17 THE COURT: Sustain the objection for that  
18 reason.

19 Is there any condition that you think, that  
20 you had an opinion about to a reasonable degree of  
21 psychological certainty that you haven't already  
22 described on the date in question, May 20th, 2015?

23 THE WITNESS: I haven't described her major  
24 depressive disorder.

25 MR. FARMER: Okay.

1 THE COURT: All right.

2 BY MR. FARMER:

3 Q. Does that relate --

4 MR. FARMER: Sorry.

5 THE COURT: I'll allow her to do that.

6 BY MR. FARMER:

7 Q. Okay. Does your, her major depressive  
8 disorder relate to your opinions in this case?

9 A. I think --

10 Q. Is it -- that's a yes -- I'm sorry, I don't  
11 mean to say, yes or no.

12 A. Yes, but a minor role.

13 Q. Okay. Could you explain to the ladies and  
14 gentlemen of the jury what role, if any, it did have?

15 A. When somebody has a major depressive  
16 disorder, they don't enjoy anything anymore that they  
17 used to. They don't have energy. They don't sleep  
18 well. They can't concentrate. They may be suicidal;  
19 she was not.

20 But those symptoms together impair their  
21 functioning and so I just think it was one more  
22 contributor to how poorly she was thinking, sleeping  
23 and I really do think that that lack of sleep  
24 contributed to her being vulnerable to the psychotic  
25 disorder and her ultimate behavior in the shootings.

1           Q.     Do you have an opinion as to why or do you  
2     have an understanding as to why she would have been  
3     losing sleep?

4           MR. GRANADOS:  Objection, Your Honor.

5           THE COURT:  Well the answer to that is a yes  
6     or a no.

7           THE WITNESS:  Yes.

8           BY MR. FARMER:

9           Q.     And what is that opinion?

10          MR. GRANADOS:  Objection.

11          THE COURT:  Basis?

12          MR. GRANADOS:  Her opinion as to why she's  
13     losing sleep, I mean I think that's speculating at  
14     this point.

15          THE COURT:  Well that's what opinions do.  
16     Overruled.

17          THE WITNESS:  PTSD has that symptom of  
18     hyperarousal where you're all revved up and you can't  
19     calm down.  It's very, very common for trauma  
20     survivors to not be able to sleep at night.  It's one  
21     of the things we have to work on first early on in  
22     treatment.

23                    And so I think her PTSD both from her own  
24     trauma, but then this more acute trauma from the, what  
25     she thought was going on with the children just was

1 destroying her sleep. Depression probably also  
2 contributed.

3 BY MR. FARMER:

4 Q. Now, and this is the last slide, references  
5 your opinion in this case. You've already testified  
6 as to your opinion to a reasonable degree of  
7 medical -- I'm sorry, to a reasonable degree of  
8 psychological certainty.

9 One last time as far as just simply how it  
10 relates to this specific case, your ultimate opinion  
11 in this case, and specifically is there something you  
12 haven't mentioned, but explain to the ladies and  
13 gentlemen of the jury what your opinion was to a  
14 psychological degree of certainty, to a reasonable  
15 degree of psychological certainty on the date of  
16 May 20th, 2015, the moment of the shootings, what your  
17 opinion is as to her ability to understand, the  
18 substantial capacity to understand the criminality of  
19 her behavior?

20 MR. GRANADOS: Objection.

21 THE COURT: Sustained. She's answered it.

22 MR. FARMER: Okay.

23 THE COURT: And we're not going to --

24 MR. FARMER: All right.

25 THE COURT: -- have her answer it again.

1 MR. FARMER: All right. Sure. Nothing  
2 further at this time.

3 THE COURT: Okay, cross-examination.

4 MR. GRANADOS: Your Honor, do we --

5 THE COURT: Are you, do you need a glass of  
6 water or anything, ma'am?

7 THE WITNESS: Actually, yes, that would be  
8 nice.

9 THE COURT: Okay. Can we get her --

10 THE WITNESS: They'd let me use this one.

11 THE COURT: Huh?

12 THE WITNESS: They'd let me use this.

13 MR. GRANADOS: Your Honor, while they're  
14 getting her a drink, may we approach?

15 THE COURT: Yes.

16 (Whereupon, Counsel approached the Bench and  
17 the following occurred:)

18 MR. GRANADOS: Given that it's almost noon,  
19 do we want to start this cross before lunch because  
20 it's probably going to last at least as long as the  
21 direct did. I don't want to, I don't want to lose  
22 them to hunger pangs while we're trying to make  
23 points.

24 THE COURT: All right. What we'll do is  
25 we'll recess for an hour and then come back, it looks



1 like it's close to five of 12 so I'll tell them --

2 MR. GRANADOS: Yes, Your Honor.

3 THE COURT: -- to be back at five of 1, all  
4 right.

5 All right, there's a note that says may not  
6 be applicable to this witness, can we clarify how  
7 Ms. Caroline Conway, can't remember -- well,  
8 100 percent of time in jail that she could  
9 definitively state that she did not talk to Megan  
10 Scott. The answer is this witness wouldn't have  
11 anything to do with that, okay.

12 MR. GRANADOS: Right.

13 MR. FARMER: Yeah.

14 THE COURT: And I'm going to tell them that  
15 the answer to her question is it's not -- it's not  
16 applicable to this witness and therefore it's not  
17 going to be asked, okay.

18 All right.

19 (Whereupon, Counsel returned to trial tables  
20 and the following occurred in open Court:)

21 THE COURT: The question that has been  
22 handed to me is preceded with, says may not be  
23 applicable to this witness, that is correct, it is  
24 not, so it will not be asked.

25 And the second bit of news is that in light

1 of the cross-examination being anticipated to be  
2 lengthy and it is cruel and unusual to deprive the  
3 jury of lunch, so we will allow you a luncheon recess.  
4 It is five of 12, or close to it, please be back at  
5 five of 1 and as soon as everybody's back and we're  
6 ready to proceed, we'll take cross-examination.

7 The witness is excused. Don't discuss, we  
8 have what's called a rule on witnesses which do not  
9 discuss your testimony, either the past testimony or  
10 your contemplated testimony with anyone, including the  
11 attorneys or parties or witnesses and don't have any  
12 contact with any of them, other than to say hello  
13 during the luncheon recess.

14 All right. Thank you.

15 COURT CLERK: All -- all rise.

16 (Lunch Recess 11:57 p.m.)

17 (Reconvened 1:11 p.m. )

18 AFTERNOON SESSION --

19 THE COURT: Be seated.

20 COURT CLERK: K 15-557, State of Maryland  
21 versus Caroline Conway.

22 THE COURT: All right. Counsel, before we  
23 have the witness resume the stand for cross, any  
24 preliminary matters?

25 MR. FARMER: I don't believe so.

1 MR. GRANADOS: No, Your Honor.

2 THE COURT: All right. Witness may resume  
3 the witness stand. Jury can be brought in, madam  
4 clerk, or madam Bailiff, I'm sorry.

5 (Whereupon, the Jury entered the Courtroom  
6 and the following occurred in open Court.)

7 THE COURT: I believe everybody's here.

8 We'll resume this case and, Dr. Brand,  
9 obviously you remain under oath.

10 THE WITNESS: Yes.

11 CROSS-EXAMINATION

12 BY MR. GRANADOS:

13 Q. Good afternoon, Dr. Brand.

14 A. Good afternoon.

15 Q. I'd like to circle back to what we last  
16 spoke about during voir dire, the specialty guidelines  
17 for forensic psychology.

18 I think you indicated that's something that  
19 you follow when you do NCR evaluations?

20 A. Yes.

21 Q. Or at least you follow them in the five or  
22 six that you've conducted?

23 A. Yes.

24 Q. Okay. And I think you said you followed  
25 them in this case?

1 A. Yes.

2 Q. All right. Now I just want to be clear as  
3 to what those recommend because we're going to circle  
4 back to these a little bit later on.

5 The guidelines recommend that you as the  
6 evaluator should strive for accuracy, impartiality,  
7 fairness and independence, correct?

8 A. Correct.

9 Q. That's because this is a forensic setting  
10 rather than a clinical setting, right?

11 A. Correct.

12 Q. You're not going to have a doctor/patient,  
13 or therapist/patient relationship with this person  
14 that you're evaluating?

15 A. Correct.

16 Q. You should also strive to be unbiased and  
17 impartial and avoid partisan presentation of  
18 unrepresentative, incomplete or inaccurate evidence  
19 that might mislead the finders of fact, right?

20 A. Right.

21 Q. You don't want any type of that information  
22 infecting your report in any way, correct?

23 A. Correct.

24 Q. So you want your report and the information  
25 in it to be complete, correct?

1           A.     Correct.

2           Q.     And you want the information in your report  
3 to be accurate?

4           A.     Correct.

5           Q.     Now you should also strive to access  
6 information or records from collateral sources, right?

7           A.     Correct.

8           Q.     And you mentioned some of that in your  
9 direct, those collateral sources include interviewing  
10 people other than the Defendant, they include  
11 obtaining records from other places, right?

12          A.     Correct.

13          Q.     And those records would be Police reports,  
14 oftentimes, and I'm, please say yes or no, they could  
15 be Police reports?

16          A.     Yes.

17          Q.     Those records could include past medical  
18 history of the person you're evaluating, right?

19          A.     Yes.

20          Q.     Whether or not they have any previous  
21 psychiatric treatment, anything of that sort?

22          A.     Yes.

23          Q.     And the, one of the reasons you do that and  
24 you get information from collateral sources is that  
25 information is another way to check and see if the

1 person you're evaluating is being truthful with you,  
2 right?

3 A. Yes.

4 Q. Now the guidelines that you followed also  
5 require that you, as the evaluator, should seek to  
6 maintain integrity by examining the issue or problem  
7 at hand from all reasonable perspectives and seek  
8 information that will differentially test plausible  
9 rival hypotheses.

10 Now those are some big words. I'm just a  
11 lawyer, what does it mean to differentially test  
12 plausible rival hypotheses?

13 A. Well like what I did with the malingering,  
14 it was very, very possible she was malingering, and so  
15 I tested malingering multiple different ways compared  
16 to, you know, psychiatric disorders.

17 Q. So basically you look at information that,  
18 that might challenge your own opinion and might  
19 support a different opinion?

20 A. I don't come in with my own opinion, I look  
21 at what the data suggests, but I also consider a range  
22 of different possibilities in a forensic case, is the  
23 person a psychopath, are they malingering, do they  
24 have psychiatric disorders, if so, what are they and  
25 did they impact the crime.

1 Q. And it's important to, to note and consider  
2 all information that might support any one of those  
3 conclusions?

4 A. Correct.

5 Q. And you're, the guidelines that you follow  
6 also state that you as the evaluator should ordinarily  
7 avoid relying solely on one source of data and  
8 corroborate important data whenever feasible, right?

9 A. Yes.

10 Q. Why is it important to not rely just on one  
11 source of information?

12 A. Because any given witness, including the  
13 Defendant, could be biased, could have reasons for  
14 misrepresenting things.

15 Q. Now you would agree that in a forensic  
16 setting the evaluator needs to look at sources of  
17 information beyond just what the person you're  
18 evaluating says?

19 A. Yes.

20 Q. You would agree that you're going to need to  
21 interview family members?

22 A. Yes.

23 Q. Interview maybe some acquaintances they  
24 know?

25 A. If you can.

1 Q. Interview perhaps past employers or  
2 co-workers?

3 A. If possible.

4 Q. Interview friends of theirs?

5 A. If possible.

6 Q. And in a criminal setting, possibly  
7 interview witnesses that may have observed their  
8 behavior and actions on the day of the crime?

9 A. If possible.

10 Q. Now you'd agree when conducting a forensic  
11 evaluation to make an NCR determination, it's  
12 important to have adequate facts and information on  
13 which to base your opinion?

14 A. Yes.

15 Q. You need to take everything into account?

16 A. Yes.

17 Q. Because if you don't, your opinion might not  
18 be reliable, right?

19 A. Right.

20 Q. Opinions that are based on incomplete or  
21 inaccurate information aren't reliable, are they?

22 A. They could be, but they also might not be.

23 Q. Well let's talk a little bit about your  
24 diagnoses in this case.

25 As you indicated, you diagnosed the



1 Defendant as suffering from four different mental  
2 illnesses, and the first one that I think you talked  
3 about was a brief psychotic disorder in response to  
4 marked stressors, correct?

5 A. Correct.

6 Q. And I, do you still have your DSM-5 up there  
7 with you?

8 A. No, sir, I don't, but I can get it.

9 Q. Okay. Do you know where it is?

10 A. Yeah.

11 Q. We can grab it for you.

12 A. It's in my briefcase in the first row.

13 MR. GRANADOS: Your Honor, would you mind if  
14 she could step down and have it just so --

15 THE COURT: Sure.

16 MR. FARMER: I'll get it.

17 MR. GRANADOS: In the event --

18 THE COURT: Sure.

19 MR. GRANADOS: -- that she needs to refer to  
20 it.

21 MR. FARMER: Is this it?

22 THE WITNESS: It's in my briefcase, yeah.

23 Thank you.

24 BY MR. GRANADOS:

25 Q. All right. So you've got it out there with

1 you?

2 A. Yes.

3 Q. Now I think you referred to this on your  
4 direct as the Bible of mental health, if you will?

5 A. Of diagnosing.

6 Q. Of diagnosing, okay.

7 So this is what you're going to follow or  
8 look to to see the specific symptoms laid out that  
9 would I guess support a particular diagnosis, right?

10 A. Right.

11 Q. Now. The DSM-5, the symptoms that are  
12 listed that you might look for, one or more of these  
13 for a brief psychotic disorder, those include  
14 delusions, hallucinations?

15 A. Yeah.

16 Q. Disorganized speech and they describe that  
17 as frequent derailment or incoherence; is that right?

18 A. Yes.

19 Q. And also grossly disorganized or catatonic  
20 behavior?

21 A. Yes.

22 Q. Right?

23 The DSM-5 also states that the duration of  
24 an episode for one of these brief psychotic disorders  
25 is at least one day, but less than one month?

1           A.     Yes.

2           Q.     Right?

3                     Is it your opinion that Ms. Conway was  
4 suffering a brief psychotic disorder for an entire  
5 day?

6           A.     I would assume it was beginning, going back  
7 several days or even weeks where she was becoming  
8 increasingly paranoid in making her family check the  
9 house, check the cars, that kind of thing.

10          Q.     Well I don't -- to -- I don't want you to, I  
11 don't want your assumptions with your opinion.

12                     Was she suffering a brief psychotic disorder  
13 that entire day of May 20th of 2015?

14          A.     Yes.

15          Q.     So that entire day she would be exhibiting  
16 these symptoms that we just went through, one or more  
17 of them?

18          A.     Not the entire day. Do you remember the  
19 example I gave earlier of the patient who was fighting  
20 demons that weren't present and then said to me I like  
21 your haircut, Bethany. They can look okay for periods  
22 of time and still be having hallucinations or  
23 delusions.

24          Q.     But, but they would still be having  
25 hallucinations or delusions, right?

1           A.     Not constantly the whole day, that was my  
2 point, is that they can go in and out. It's not every  
3 minute of the day. It doesn't say in the DSM that  
4 every minute of every day that they have this disorder  
5 they must have these symptoms at that moment.

6           Q.     But for the duration of that day, you should  
7 be able to point to Ms. Conway suffering from  
8 delusions or hallucinations or disorganized speech or  
9 grossly disorganized or catatonic behavior --

10          A.     That's right.

11          Q.     -- at some points during the day?

12          A.     That's right.

13          Q.     Even though if it's not persistent the  
14 entire time?

15          A.     Correct.

16          Q.     Okay. Now these symptoms, let's kind of  
17 unpack those a little bit.

18                    What does the DSM-5 or what do you as an  
19 expert mean when you say disorganized speech?

20          A.     I gave some more subtle examples on my slide  
21 where she starts to lose train, her train of thought,  
22 she's not answering the question, she's going back and  
23 forth in time, something like that.

24          Q.     Okay. So they kind of can't, can't keep on  
25 track in terms of telling a, telling a story?

1           A.       But more than, I mean a lot of us struggle  
2 with that from time to time, but it's more pronounced  
3 than that, like she was shifting time frames back and  
4 forth and not aware of it, she said one thing and  
5 turned around and completely contradicted herself in  
6 the next sentence, things that --

7           Q.       So kind of all over the place, not just, so  
8 she's going to be jumping around is kind of what  
9 you're saying?

10          A.       One possibility, or saying contradictory  
11 things that don't make sense, contradicting exactly  
12 what she just said and she's not aware of the  
13 discrepancy, that kind of thing.

14          Q.       Okay. Now what's meant by grossly  
15 disorganized or catatonic behavior?

16          A.       I don't think she had catatonic behavior,  
17 that, one of the examples is just holding still, like  
18 a statute.

19                   Grossly disorganized behavior is doing  
20 repetitive tasks like Jack Nicholson in the Shining  
21 typing again and again that, that sentence, or, in  
22 Ms. Conway's case, washing clothes and dishes again  
23 and again and again and again that weren't dirty.

24          Q.       And those type of repetitive tasks, the  
25 washing the dishes, the washing the laundry over and

1 over and over again, that's indicative or a symptom  
2 that you would point to that supports your diagnosis  
3 of this, the psychotic disorder?

4 A. Yeah.

5 Q. Now your opinion is that it lasted at least  
6 for that whole day on May the 20th, right?

7 A. Yes.

8 Q. So there should be some information to point  
9 to, people observing her engaged in that grossly  
10 disorganized behavior on that day, right?

11 A. I'm not sure if the family would have  
12 actually seen her do it that day or not, but I would  
13 expect that if somebody had been around following her  
14 all day long, they would have seen it.

15 Q. Okay. Say somebody that had been with her  
16 the entire day may have observed at different points  
17 in the day her maybe exhibiting some of those  
18 behaviors?

19 A. Right.

20 Q. Are you aware that her son Richard was with  
21 her for the entire day?

22 A. I don't think it was the entire day. There  
23 was some times when he was driving the kids without  
24 her.

25 Q. Okay. The times when she was at the

1 McDonald's doing the shooting?

2 A. Yes.

3 Q. They were separated?

4 A. Yes.

5 Q. Aside from that separation, it's your  
6 understanding based on, I mean you read the Police  
7 reports, Richard was with her the entire day other  
8 than that one gap?

9 A. Yeah.

10 Q. Did you interview Richard at all?

11 A. No, I didn't.

12 Q. Did you review his statement, though?

13 A. No, I didn't.

14 Q. You did not review his statement?

15 A. No, I didn't.

16 Q. The person that was with her the entire day?

17 A. I'm not going to change my answer, I'm  
18 staying with the same answer.

19 Q. Okay. Now someone who's engaging in grossly  
20 disorganized behavior, how would their behavior  
21 different than -- how would it differ than how they  
22 normally behave?

23 Like you gave us some examples, you know,  
24 the washing of the laundry, what might be some other  
25 things they would do that's indicative of them being

1 in that grossly disorganized fashion?

2 A. Well for a homemaker it would be those kinds  
3 of things, it would be tasks around the house that  
4 just don't make sense.

5 For other patients, I had a patient one time  
6 who was collecting paper plates and stacking spoons in  
7 rows with forks in rows and so that was the  
8 disorganized behavior. She thought they were babies,  
9 that was the delusion. So it varies widely by person.

10 Homemakers, they do things around the home.

11 Q. Now I'd like to, to shift to another of your  
12 diagnoses, one of the other four mental illnesses and  
13 that's the, I want to make sure I say this right, the  
14 other specified dissociative disorder?

15 A. Yes.

16 Q. And you diagnosed her with suffering from  
17 that and it's your conclusion that the cause of that  
18 disorder was primarily the trauma that she experienced  
19 during childhood?

20 A. Yes, that was the beginning of that  
21 disorder, correct.

22 Q. And that's something that kind of develops  
23 over time, that earlier trauma is going to affect her  
24 basically the rest of her life, really, if she's not  
25 treated for it?



1           A.       Theoretically. We don't have good  
2 longitudinal studies, but that's what we believe.

3           Q.       Okay. Now specific symptoms that you point  
4 to in your report that support your diagnosis of this  
5 dissociative disorder, one of those is amnesia,  
6 specifically you note that there's some selective  
7 amnesia for some, if not all of her childhood actions?

8           A.       Not all, for some.

9           Q.       Some, but not all?

10          A.       For considerable amounts.

11          Q.       Okay. You note de-personalization?

12          A.       Yes.

13          Q.       And I think you note experienced on a daily  
14 or weekly basis, what is, what's de-personalization,  
15 what do you mean by that?

16          A.       So the couple of examples I gave earlier  
17 were that feeling numb at a time when it's not normal  
18 to feel numb. When her father died, for example, she  
19 told me the story about getting a puppy for one of the  
20 grand kids, I believe, and she saw herself at a  
21 distance as if she were watching a movie of herself  
22 interacting with her family. That's  
23 de-personalization.

24          Q.       Okay.

25          A.       So de-personalization means when the person

1 is disconnected from their body, their emotions,  
2 they're detached in some way from their personhood.

3 Q. Now that kind of detach, that numb feeling,  
4 does that by itself necessarily mean you can't  
5 understand what you're doing and control your  
6 behavior?

7 A. No.

8 Q. Okay. Now I think you also noted that  
9 another symptom supporting your diagnosis for this  
10 dissociative disorder was de-realization on a daily or  
11 weekly basis.

12 A. Yes.

13 Q. What's de-realization?

14 A. So de-realization is, the examples I was  
15 giving earlier is when the person is detached in some  
16 way from their environment or their environment looks  
17 altered in some way. So the example that she gave was  
18 being at the school with the children and it looked  
19 like it was a scene, like it wasn't the real world, it  
20 looked surreal in some way. She felt like she was  
21 almost like watching a play.

22 Another example could be somebody seeing  
23 this room in a fog right now, even though there's no  
24 fog in this room.

25 Q. Now does de-realizing, does experiencing

1 that necessarily mean someone that's experiencing it  
2 can't understand their behavior or control their  
3 behavior?

4 A. Not necessarily, but each of these things --  
5 I didn't actually show one of the slides, I have some  
6 slides that show the difference between a brain when  
7 it's not dissociated, when it's more flooded with  
8 regular old PTSD and dissociated, where there are  
9 different parts of the brain that are literally not  
10 getting normal blood flow, literally parts of the  
11 brain are, to use lay person's terms, shutting down,  
12 kind of offline.

13 And so the brain's not working normally.

14 Q. Despite the brain not working normally,  
15 everybody that, every person that has a dissociative  
16 condition that experiences those symptoms, all those  
17 people, you're not saying they can't control their  
18 actions and understand their behavior, it has to be  
19 severe enough that it gets to that level, right?

20 A. Correct, and I think it was the two  
21 disorders in particular in combination, the  
22 dissociative disorder and especially the psychotic  
23 disorder where she was delusional.

24 Q. Okay.

25 A. I think that's what really made her do what

1 she did.

2 Q. Now you noted in your report that it was  
3 particularly important for you to assess whether the  
4 Defendant has a dissociative disorder because she  
5 claims to not remember the shootings?

6 A. Uh-huh, correct.

7 Q. And you also noted that it's critical to her  
8 legal case that she does not recall anything involving  
9 the shootings?

10 A. I'm not sure if I used anything, but she's  
11 got, she remembers the McDonald's and then after that  
12 it's a ways before she remembers anything.

13 Q. All right. I'm going to hand you what I  
14 think Mr. Farmer showed you, it's marked as State's  
15 Exhibit 362.

16 A. Uh-huh.

17 Q. It's a copy of your report in this case.

18 A. Yeah.

19 Q. All right. I'd like you to flip to page 19.  
20 All right.

21 Under the section where it's, subsection  
22 says SCID-D-R?

23 A. Yes.

24 Q. Do you see that?

25 A. Yes.

1 Q. I'd like you to go to the second full  
2 sentence in that paragraph where it reads, critically  
3 for her legal case Ms. Conway does not recall anything  
4 involving the shootings?

5 A. Yes.

6 Q. End quote. That's a statement in your  
7 report, correct?

8 A. It is, so, may --

9 Q. Okay, well that's, there's no additional  
10 question, that's your statement in your report.

11 Now you also opined in your report that she  
12 was suffering from, I think you used the phrase  
13 episodic amnesia and that she does not remember the  
14 shootings, correct?

15 A. Correct.

16 Q. She also says, or reported to you or you  
17 found that she does not remember all of the places she  
18 drove to with her son and her grandchildren?

19 A. Correct.

20 Q. Now you would agree that, and I think you  
21 went over this a little bit, trauma or overwhelming  
22 stress is what precedes the development of  
23 dissociative amnesia and many other cases of other  
24 specified dissociative disorders?

25 A. Typically. The DSM doesn't say it

1 absolutely has to, but that is the most common  
2 scenario.

3 Q. Now let's talk a little bit about  
4 dissociative amnesia.

5 Now that involves the inability to recall  
6 the important autobiographical information?

7 A. Yes.

8 Q. And that's typically information of a  
9 traumatic nature?

10 A. Yes.

11 Q. You'd agree with me that shooting somebody  
12 is a traumatic event?

13 A. Yes.

14 Q. For the person being shot and the shooter?

15 A. Correct.

16 Q. And the person doing the shooting can be  
17 traumatized by their own actions?

18 A. Yes.

19 Q. And that type of trauma can cause a person  
20 to dissociate?

21 A. Yes.

22 Q. They can do, I think you pointed to it in  
23 Detective Elliott's interview where she's pushing  
24 away, I didn't do it, I didn't do this, she's  
25 adamantly denying it, so just committing a crime

1     itself can cause you to dissociate?

2           A.     Yes.

3           Q.     If it's of a traumatic nature?

4           A.     Yes.

5           Q.     And that doesn't necessarily mean that you  
6     were dissociating at the time you committed the  
7     offense?

8           A.     Not necessarily.

9           Q.     Let's talk about your opinion on criminal  
10    responsibility, and for this, for reference, let's  
11    take a look at your report starting on page 25, I  
12    think it's the last section of your report.

13          A.     Okay.

14          Q.     If we need to refer to it while we're going  
15    along.

16                    Now it's your opinion that on the day that  
17    she learned, and I'll just quote from you, on the day  
18    that she learned that once again DSS would not take  
19    any steps to protect her grandchildren --

20          A.     Excuse me, can you identify where you are?  
21    It's a -- I have a lot of typing on that page.

22          Q.     Sure. Start with, it's in the middle of the  
23    second full paragraph under the implications and  
24    opinions section.

25          A.     Okay.

1 Q. Starting with on the day.

2 A. Okay, I see it.

3 Q. Okay. So that day she learns, and this is  
4 your words, once again DSS would not take any steps to  
5 protect her grandchildren, correct?

6 A. Yes.

7 Q. And you further opine that Ms. Conway was  
8 massively triggered into a profoundly psychotic and  
9 dissociated state, correct?

10 A. Yes.

11 Q. So this final trigger, if you will, was her  
12 hearing about that phone call?

13 A. Yes.

14 Q. I think in direct you may have referred to,  
15 you know, she's at the, she hears the phone call and  
16 then she basically just snapped I think was the, I  
17 guess the lay person's --

18 A. Colloquial term, yes.

19 Q. -- term you used, right?

20 So she hears about this and she snaps and  
21 that's when she basically launches into this psychotic  
22 state that you mentioned before?

23 A. I wouldn't say it quite like that. She had  
24 already been having paranoid delusions for some period  
25 of time, so I, my understanding is that they worsened



1 at that point, then she was -- I mean I wasn't there  
2 observing her, but I think it worsened, she  
3 decompensated further.

4 Q. Okay. But it's from that point where you're  
5 really saying she can't understand what she's doing,  
6 from that point on?

7 A. Possibly, it's possibly earlier in that day.  
8 I would think it's that point, but she was delusional,  
9 so like with the example of the woman with the tea  
10 bags, you know, when exactly did she start to think  
11 that neighbors were stealing tea bags, I don't know,  
12 but at the time of the shooting it is my opinion that  
13 she did not know that what she was doing was wrong due  
14 to her mental illness, I --

15 Q. Well let's focus in on that a little bit  
16 because you said you're not certain at which point she  
17 loses the ability to appreciate what she's doing.

18 How, if you don't, if you can't pinpoint it,  
19 how are you able to say that by the time she's firing  
20 the shots she can't appreciate her conduct, if you  
21 can't pinpoint?

22 A. Because with her already having been  
23 delusional and then some of the behavior that she was  
24 showing that day, using her son's revolver, doing this  
25 in broad daylight, taking no, making no attempt to run

1 away quickly, to not have a get-away car, she wasn't  
2 showing the kind of planful behavior let's say a bank  
3 robber or somebody who has planned a murder does.  
4 She's doing things that are not logical, that are not  
5 going to cover her tracks.

6 Q. I'd like to go through that list you just  
7 gave.

8 You said using her son's gun, you said in  
9 broad daylight?

10 A. Yes.

11 Q. Okay. You said not running away quickly?

12 A. Yes.

13 Q. You said not having a get-away driver?

14 A. Right there at McDonald's, yes.

15 Q. Let's unpack that a little bit.

16 I think on direct you brought up this issue  
17 of her using her son's gun and I think you mentioned  
18 that it was easily traceable and the Police knew  
19 pretty early on that's the gun that was used?

20 A. Uh-huh.

21 Q. I mean you've read the reports, you're aware  
22 the gun was never recovered, right?

23 A. But it was from the bullet, it's my  
24 understanding they understood it was the Police  
25 revolver, his service weapon.

1 Q. You're aware that that identification wasn't  
2 made for several months, if not six months after the  
3 murder took place?

4 A. Oh, I, in that case I'm mistaken, I thought  
5 it was sooner.

6 Q. Okay. I mean because in the reports I mean  
7 they had to collect shell casings, they had to do  
8 testing, you're aware of all that?

9 A. Uh-huh, yeah.

10 Q. And they had to drive to Kentucky to find  
11 test fires for the gun because the Defendant, her son,  
12 had gotten rid of it; you're aware of that?

13 A. Well I thought it was sooner that that all  
14 got figured out.

15 Q. Okay. So uses her son's gun and I think you  
16 used the phrase easily traceable.

17 Now as you said a couple times, you read the  
18 reports. Are you aware that they found this  
19 non-traceable firearm in the trunk of the vehicle that  
20 the Defendant and her son were riding around in?

21 A. That I'm not aware of.

22 Q. You were not aware of that.

23 Are you aware that the son a month to two  
24 months before the murder was asking questions of a  
25 co-worker about whether or not he has to register a

1 .22 caliber firearm?

2 A. I was not aware of that.

3 Q. Now you said this took place in broad  
4 daylight.

5 Are you aware that the Defendant took steps  
6 to conceal her identity?

7 A. You mean by wearing a hoodie?

8 Q. Uh-huh.

9 A. Yeah.

10 Q. Not just a hoodie, she had the hood up,  
11 you're aware of that?

12 A. Yeah.

13 Q. And she had gloves on, you're aware of that?

14 A. Yeah, yeah.

15 Q. And she didn't talk to anyone on the way to  
16 the McDonald's, that you're aware of?

17 A. Correct.

18 Q. And after she got out of the car, she didn't  
19 talk to anyone as she's fleeing the scene, correct?

20 A. Correct.

21 Q. As far as you know, the only two people at  
22 the McDonald's that knew her are the two people she  
23 shot, right?

24 A. Yes, with witnesses everywhere.

25 Q. Okay. Witnesses that don't know her,

1 correct?

2 A. I'm not sure if any of them knew her or not,  
3 but she didn't know whether they know her or not, she  
4 didn't try and go late at night.

5 Q. Well you say you're not sure if they knew  
6 her.

7 Did you read any Police reports that --

8 A. Well, I meant her going in --

9 Q. -- reports of a witness who indicated they  
10 knew her?

11 A. -- to the shooting, she didn't know who  
12 would be there or not, if any neighbors would be  
13 there.

14 Q. Okay. And when she walked away you said  
15 that she didn't walk away quickly, was not running  
16 away?

17 A. She wasn't running.

18 Q. Have you seen the surveillance footage of  
19 the shooting?

20 A. No.

21 Q. Have you seen the surveillance footage of  
22 the Dunkin Donuts that's across 301 that she was  
23 walking very quickly away --

24 A. No.

25 Q. -- from the scene --

1 A. No.

2 Q. -- no?

3 You haven't seen the footage that shows her  
4 right after the shooting taking off that hoodie?

5 A. No.

6 Q. Getting back to your NCR opinion, this  
7 triggering event, that, I guess that last trigger, I  
8 know you mentioned multiple ones, but that phone call.

9 A. Okay.

10 Q. What about that phone call was so stressful,  
11 if you will, to be the straw that broke the camel's  
12 back?

13 A. Because in Ms. Conway's mind there were  
14 three people that were posing incredible danger to her  
15 grandchildren, her children and her husband, and one  
16 of them, Montana, had just been, not acquitted, but  
17 found that he had not been abusing the kids and so she  
18 understood or believed that there was not a legal way  
19 she was going to be able to, to protect the kids.

20 DSS had repeatedly, repeatedly failed to  
21 protect the kids.

22 Q. How would someone who doesn't appreciate the  
23 criminality of their conduct know that what they're  
24 doing is not a legal way to get what they want?

25 A. Well she had tried --

1 Q. You used the phrase it wasn't a legal way,  
2 if they can't appreciate legality, how are they taking  
3 that into account?

4 A. Well she didn't, she understood that DSS,  
5 after repeated efforts from her and the therapist,  
6 they weren't going to protect the kids.

7 Q. She understood that is what you're saying?

8 A. Yes.

9 Q. Okay. Now you're aware that this initial  
10 disclosure she claims that Gabriel made to her  
11 happened the Tuesday after Easter?

12 A. Yes.

13 Q. And that would have been somewhere in early  
14 April?

15 A. Correct.

16 Q. I think the 6th may have been that Tuesday.  
17 Now Gabriel, as you said, was of an age when  
18 she was, when she was abused, or I guess her older  
19 sister was?

20 A. Right.

21 Q. And at that point this whole child abuse  
22 investigation kicks off, you've read, you went through  
23 the DSS reports?

24 A. Yes.

25 Q. And she makes a phone call to her therapist

1 on the 10th reporting what Gabe had said, you're aware  
2 of that?

3 A. Yes.

4 Q. She brings Gabriel in to meet with the  
5 therapist on the 11th of April, right?

6 A. Yes.

7 Q. So she's able to take proper legal channels,  
8 if you will, at that point?

9 A. Yes.

10 Q. Now this is someone you've described based  
11 on her childhood trauma is acutely sensitive to  
12 stress?

13 A. Correct.

14 Q. Would it not have been incredibly stressful  
15 for this woman who was molested in the bathroom of her  
16 home as a child to have her grandchild disclose him  
17 being molested to her?

18 A. Absolutely it was.

19 Q. That wouldn't have triggered her to go off  
20 the deep end, if you will, at that point?

21 A. I think due to her own resiliency she kept  
22 it together, got him to therapy. She was trying to  
23 help her, her grand baby.

24 Q. Wouldn't you agree it would have been more  
25 stressful and more triggering to hear about it from



1 Gabe than to hear the results of this investigation  
2 being relayed to her?

3 A. You know, I can't say that. What I know is  
4 that she held it together enough, although she was  
5 highly symptomatic, she held it together until the  
6 phone call came in about Montana.

7 Q. Now you're aware that --

8 A. That's what I know.

9 Q. -- after Gabe meets with the therapist on  
10 the 11th, he has a forensic interview on the 15th of  
11 April.

12 And you had a chance to review the DSS notes  
13 about that?

14 A. Yes.

15 Q. Are you aware that following that interview  
16 the Defendant saw her son confronted in front of her  
17 by the investigator in Virginia and that investigator  
18 challenged Richard's parenting, basically, almost  
19 accusing him of wrongdoing; you're aware of that?

20 A. Yes.

21 Q. And you remember she actually mentioned that  
22 when she was interviewed by Detective Elliott, right?

23 A. I'm not remembering that specific part of  
24 it, but --

25 Q. I mean you remember her walking through the

1 whole back story --

2 A. Yes.

3 Q. -- of the, the alleged child abuse, the  
4 custody dispute, all of that?

5 A. Yes.

6 Q. Do you recall her making a statement that,  
7 you know, when Richard, when they confront Richard  
8 with that, that's when her and Richard stood up and  
9 walked away?

10 A. That actually does sound familiar, yes.

11 Q. Do you remember her making a statement in  
12 the interview that it was at that point that Virginia  
13 was being a pain in the ass?

14 A. I don't recall those direct words, but I'm,  
15 I believe that they were there.

16 Q. So they found out on the 15th of April that  
17 Virginia wasn't going to do anything, right?

18 A. Yes.

19 Q. I mean they had essentially been told the  
20 child hadn't disclosed anything, right?

21 A. Yes.

22 Q. You're aware that following that interview  
23 there was a Final Protective Order hearing on the 22nd  
24 of April, right?

25 A. Yes.

1 Q. And Richard's Protective Order was denied,  
2 right?

3 A. Yes.

4 Q. And that come May the 6th, which was the  
5 next custody day, they didn't give the kids to  
6 Krystal, they kept them home; you're aware of that?

7 A. Yes.

8 Q. And there was an emergency hearing on the  
9 8th of May, right?

10 A. Correct.

11 Q. And she had to take, or Richard had to bring  
12 the kids back, the kids were going back to Virginia on  
13 Mother's Day weekend?

14 A. Yeah.

15 Q. This was after the April 15th forensic  
16 interview where her and her son knew Virginia just  
17 wasn't buying it, right?

18 A. Correct.

19 Q. Wouldn't her having to return the kids on  
20 the 8th have been just as massively triggering since,  
21 I mean in their minds he had already been cleared?

22 A. It was awful for her, she sobbed as she told  
23 me about it.

24 Q. She didn't shoot anyone on the 8th of May,  
25 did she?

1 A. No, she didn't.

2 Q. I mean not that you know about.

3 Now, so the kids had to go back to Virginia  
4 and they came back on Mother's Day, right?

5 A. Correct.

6 Q. And Gabe had an appointment following that,  
7 right?

8 A. You mean with his therapist?

9 Q. With his therapist?

10 A. Yes.

11 Q. You're aware that when he came back from  
12 Virginia, Gabe exhibited being in a good mood, he was  
13 happy about his visit, right?

14 A. Yes.

15 Q. His father reported being relieved, right?

16 A. Yes.

17 Q. Now getting back to your opinion, so we  
18 talked about this trigger, and you can read on, I  
19 think we're a couple lines in to that paragraph I  
20 pointed you to.

21 A. Okay.

22 Q. You will find that Ms. Conway was so  
23 mentally ill that afternoon that she could no longer  
24 think rationally, correct?

25 A. Yes.

1 Q. Reason and self-control were gone, correct?  
2 A. Do I say that? I don't see that sentence.  
3 Q. It's one, two, three, four --  
4 A. Oh, render --  
5 Q. -- lines from the bottom of the page?  
6 A. -- her, you're, you're reading, you said it  
7 slightly differently, yes.  
8 Q. Reasoned and self -- reason and self-control  
9 were gone?  
10 A. Okay, yeah.  
11 Q. That's exactly what's written in there,  
12 correct?  
13 A. Yes, I'm sorry. I was reading the sentence  
14 ahead of that --  
15 Q. Sure.  
16 A. -- about rendered her unable to control her  
17 behavior, yeah.  
18 Q. Okay. You have opined a little bit later,  
19 the last line, her thinking logical brain was so shut  
20 off that she cannot even recall what she did?  
21 A. Correct.  
22 Q. And you go on to finish with the level of  
23 profound dissociation proves that her brain was  
24 functioning so poorly that her memory could not even  
25 work, right?

1           A.     Yes.

2           Q.     So, I mean it's your opinion she's not even  
3 storing information at that point, her memory's not  
4 functioning?

5           A.     It's not functioning normally, I mean --

6           Q.     Right.

7           A.     -- I would assume that somewhere in her  
8 brain those memories are there and they may actually  
9 in her lifetime still come back, but.

10          Q.     But at that point, and thereafter, up to now  
11 those memories were not there, her brain was  
12 functioning so poorly that they're stored in the back  
13 of her head to the point she can't describe them to  
14 anyone?

15          A.     Correct.

16          Q.     Now let's unpack this opinion a little bit.  
17                 Would a person in a profoundly psychotic  
18 dissociative state be able to think logically about  
19 their actions and their implications?

20          A.     Sometimes they can. An example of the woman  
21 who is fighting demons that aren't there but she could  
22 remember to walk in to the back room where we doled  
23 out her medicine and she could reflect on my haircut.

24                 So in regards to Montana or Krystal or  
25 Robert, I don't think she was thinking rationally.

1     Could she maybe wash the dishes that day, probably.

2           Q.     Could a person in a profoundly psychotic  
3     dissociative state carry out a pre-planned set of  
4     actions that they had put in place before they  
5     snapped?

6           A.     They could have.

7           Q.     Now if they had planned it out beforehand,  
8     before they snapped, that would mean they're  
9     responsible for the planning, right?

10          A.     Yes.

11          Q.     Now would a person that is in a profoundly  
12     psychotic and dissociative state coordinate with  
13     another person while they're in that state to take  
14     particular actions?

15          A.     They could.

16          Q.     Okay. Now would a person in that state  
17     whose logical brain is shut off, who is so mentally  
18     ill their memory's not working, could they continue to  
19     engage in conversations that were taking place before,  
20     during and after they entered into that state?

21          A.     Remember the two clinical stories I told  
22     you, the woman looked normal who had a delusion that  
23     her neighbors were stealing her tea bags. Yes, they  
24     absolutely can engage and look normal, even a trained  
25     mental health professional, it took me some digging to

1 figure out what the delusion was, so yes.

2 Q. Now when someone's brain is functioning in  
3 the way that you said the Defendant's is, how does  
4 that affect their ability to recall what happened  
5 while they're in the psychotic dissociative state?

6 A. They typically have more difficulty  
7 accessing it. Not always, but typically.

8 Q. And you found that the Defendant had  
9 difficulty accessing that?

10 A. Yes.

11 Q. Still hasn't been able to access it?

12 A. Yes.

13 Q. Now a person who can't access that memory  
14 should not be able to tell you what they said during  
15 the time they're claiming a lack of memory?

16 A. Do you remember my discussion earlier about  
17 like a brown out kind of memory and Swiss cheese  
18 memory. It's not every single time they forget just  
19 these five minutes, then this ten-minute period and  
20 then this. It can kind of wax and wane, what's  
21 available and what's not, so that's not atypical.

22 Q. For the day of the murder and specifically  
23 the time of the shooting, Ms. Conway did not relay to  
24 you what was said during the shooting, did she?

25 A. No, she did not.



1 Q. She's claimed a lack of memory for what  
2 others said at that time as well, correct?

3 A. Correct.

4 Q. She's claimed a lack of memory for what she  
5 did at that time, correct?

6 A. Correct.

7 Q. And what she did thereafter, shortly  
8 thereafter?

9 A. Immediately thereafter, yes.

10 Q. She's claimed a lack of memory as to where  
11 she went immediately thereafter?

12 A. She knows she went to Target and to the  
13 Gale's.

14 Q. Is that the sequence of events that she  
15 described to you?

16 A. I don't remember if Target came first or  
17 Gale's came first to be honest. I'd have to consult  
18 with my notes.

19 Q. And that would have been information you got  
20 from the Police reports?

21 A. No, from her talking to me.

22 Q. She had told you she went to the Gale's?

23 A. Yes, I believe so, yeah.

24 Q. Really. Could you find in your report in  
25 notes there where she told you she went to the Gale's

1 house?

2 A. Now, now I'm actually wondering if that's  
3 true or if I had gotten that from the Police report.

4 I have my laptop where I can consult my  
5 notes.

6 Q. I can give you your notes, I've got them  
7 marked as an exhibit here --

8 A. Okay.

9 Q. -- if that would help?

10 A. Yeah, thank you.

11 Q. Okay.

12 MR. GRANADOS: And I'll show this to James  
13 just so he's got it.

14 BY MR. GRANADOS:

15 Q. I mean these are the ones you E-mailed to  
16 me --

17 A. Yes, yeah.

18 Q. -- so I hope they're complete.

19 MR. FARMER: You and I are calling each  
20 other by first names now. I did it, too.

21 MR. GRANADOS: I'm sorry, Mr. Farmer. We're  
22 of an age, you know, he called Mr. Covington, I guess  
23 he can call me Fran.

24 MR. FARMER: Both do it.

25 (Whereupon, State Exhibit



1 Q. That's okay.

2 All right. Now let's talk a little bit more  
3 about this dissociative diagnosis, the other specified  
4 dissociative disorder.

5 Now a person suffering from dissociative  
6 disorders like that one based on early life trauma,  
7 maltreatment as a child, they're also at higher risk  
8 for engaging in other types of behavior throughout  
9 their life, correct?

10 A. Yes.

11 Q. That would include behaviors or conditions  
12 like depression?

13 A. Yes.

14 Q. Substance abuse?

15 A. Yes.

16 Q. Suicide?

17 A. Yep.

18 Q. Self-destructive behavior?

19 A. Yes.

20 Q. Problems with relationships?

21 A. Yes.

22 Q. Work impairments?

23 A. Yes.

24 Q. Some people suffer from conditions like  
25 morbid obesity?

1 A. Yes.

2 Q. Some engage in high risk sexual behavior,  
3 right?

4 A. Yes.

5 Q. Early pregnancy?

6 A. Yes.

7 Q. Sexually transmitted diseases can be an  
8 issue?

9 A. Yes.

10 Q. Now persons who have suffered from this type  
11 of complex trauma usually have long-lasting effects  
12 that include problems with affect regulation?

13 A. Correct.

14 Q. Controlling their, their mood and the way  
15 they appear.

16 Impulse control, right?

17 A. They can. So you're saying a list of things  
18 involved and supported by research, but it doesn't say  
19 that every person has all these problems, but true.

20 Q. I'm just saying things that are commonly  
21 seen, right?

22 A. Sure.

23 Q. Okay. Now patients that have this type of  
24 high dissociative symptomology, it's common that these  
25 persons will have engaged in, many of them, repeated

1 self-injurious behavior?

2 A. Yes.

3 Q. Such as things like chronic suicidal  
4 ideations, thinking about killing themselves?

5 A. Yes.

6 Q. And multiple suicide attempts?

7 A. Yes.

8 Q. Now isn't it a fact, isn't it a fact that  
9 having these, this type of dissociative symptomology  
10 is one of the strongest predictors of repeated suicide  
11 attempts?

12 A. Yes, it is.

13 Q. Now when you met with the Defendant, I think  
14 you said one of the first things you did, you kind of  
15 took that history from her, getting, you know,  
16 basically her history of her life and what went on,  
17 you know, it was a very long interview, a lot of  
18 information?

19 A. Yes.

20 Q. During the history you obtained from her,  
21 you learned that despite her abuse and trauma as a  
22 child, you didn't see any indication that she had  
23 issues with substance abuse, correct? She, hers?

24 A. She did get high one time and her siblings,  
25 older siblings gave her a bong without water and she

1 burned her lungs and she didn't ever touch a drug  
2 again.

3 Q. Okay. Smoking a bong once doesn't put you  
4 in a category where you're depicted as someone having  
5 an issue with substance abuse, does it?

6 A. No, and it taught her the hard way to not  
7 touch that stuff.

8 Q. Okay. She did not report nor did anyone  
9 else that she had had any suicide attempts during her  
10 lifetime?

11 A. That's correct.

12 Q. She didn't report engaging in any type of  
13 high risk sexual behavior?

14 A. Correct.

15 Q. Early pregnancy wasn't an issue?

16 A. No.

17 Q. No sexually transmitted disease history that  
18 you're aware of?

19 A. Not that I'm aware of.

20 Q. Now instead you actually learned that she  
21 entered the military at the age of 19, right?

22 A. Yes.

23 Q. She met her husband, they got married and  
24 she's been married for the last I think 30 years now?

25 A. Yes.

1 Q. She initially worked as a stay at home  
2 mother?

3 A. Yes.

4 Q. And then later when her kids got older she  
5 worked outside of the home, no work issues that you're  
6 aware of?

7 A. No.

8 Q. No issues with work relationships?

9 A. No.

10 Q. None of that.

11 You're aware that she raised three children  
12 in a stable home environment, right?

13 A. Yes.

14 Q. And you actually took particular note of her  
15 children in your report?

16 A. Yes.

17 Q. You noted that the way that the Conway  
18 children have been raised, it's actually unusual since  
19 they're raised by a parent who is the victim of  
20 trauma, right?

21 A. I don't understand your question.

22 Q. I think in your report you indicate that  
23 usually when children are raised by parents who have  
24 been badly abused, they, themselves, often get abused  
25 as well?



1 A. Yes.

2 Q. This is what you refer to as the cycle of  
3 abuse?

4 A. That's right.

5 Q. But there was no cycle of abuse in the  
6 Conway household, right?

7 A. That's exactly right.

8 Q. Despite her abuse, she was able to basically  
9 keep things under control and raise a family?

10 A. She broke the cycle with very hard effort.

11 Q. And that's not characteristic for someone  
12 who's suffered from childhood trauma and is suffering  
13 from a dissociative condition that you diagnosed her  
14 with, to be able to break the cycle of abuse and be as  
15 productive as Ms. Conway has?

16 A. There's a paper that shows that about a  
17 third of patients with serious dissociative disorders  
18 end up being very good parents because they work  
19 extraordinarily hard at doing so.

20 She took her children away from Chicago and  
21 moved them away from her family, which she saw as  
22 destructive and undermining and unhealthy so that they  
23 would never be exposed to her family or their  
24 dynamics.

25 Q. And it wasn't until some, I'm estimating

1 here, 45 to 50 years following her abuse that her  
2 mental illness manifested itself in a way that people  
3 actually noticed?

4 A. I don't think to be honest with you they  
5 actually noticed. They didn't understand what they  
6 were seeing. Without the shooting, I'm not sure if  
7 anybody would have ever figured out what was really  
8 going on.

9 Q. Now I'd like to talk to you a bit about the  
10 information that you used and relied upon in forming  
11 your opinion here.

12 Now the sources that you point to in your  
13 report, and we'll, for sake of reference make sure  
14 we're referring to the same thing, starting on page 3  
15 going to the top of page 4, it would be fair to say  
16 your opinions are based on tests that you administered  
17 to the Defendant, tests and measures?

18 A. Yes.

19 Q. An interview of the Defendant?

20 A. Yes.

21 Q. Interviews of her family?

22 A. Yes.

23 Q. And that included her husband, Richard  
24 Danett Conway, right?

25 A. Yes.

1 Q. Her daughters Amber and Rowena?

2 A. Yes.

3 Q. And her sister, Stardust?

4 A. Yes.

5 Q. Now the other materials listed in your  
6 report that you reviewed are a search warrant, and you  
7 give the search warrant number, right?

8 A. Yeah, yes.

9 Q. And you list some pages of discovery, 1824  
10 to 1916, that's the DSS records, right?

11 A. Yes.

12 Q. Nowhere in your report do you indicate that  
13 you ever reviewed any Police reports?

14 A. So this report was written January 28th,  
15 2016. Since then I have reviewed a lot more material,  
16 including Dr. Grant's reports and her tests, but at  
17 the time when I wrote this report, that's what I had  
18 reviewed, my --

19 Q. When you formulated these opinions that  
20 we've been going through --

21 A. Yes.

22 Q. -- you had not read any of the Police  
23 reports?

24 A. I believe that's accurate, or I would have  
25 listed them.

1 Q. Okay. So let's go through the other things  
2 that aren't listed in there, I want to confirm whether  
3 you had seen those things before you reached this  
4 opinion.

5 A. Okay.

6 Q. So you hadn't looked at the Police reports.  
7 Had you looked at any of the surveillance  
8 videos, I think you still haven't seen those?

9 A. I never have. I haven't seen the  
10 surveillance videos.

11 Q. Had you watched the Defendant's purported  
12 interview --

13 A. No.

14 Q. -- prior to reaching this opinion?

15 A. No.

16 Q. Had you read the transcript of it prior to  
17 reaching this opinion?

18 A. No.

19 Q. Had you seen any photographs of the scene  
20 prior to reaching this opinion?

21 A. No.

22 Q. Had you read any witness statements of  
23 people that had interacted with Ms. Conway that day  
24 before you reached this opinion?

25 A. No.

1 Q. Now circling back to something you said, I  
2 want to make sure I get your words right, I don't like  
3 to misquote people.

4 You mentioned that your process for  
5 conducting an evaluation, you list out a number of  
6 steps. Do you remember doing that?

7 A. Yes.

8 Q. The first step you mentioned was reviewing  
9 all kinds of documents regarding past behavior, right?

10 A. Correct.

11 Q. And in that group you listed Police reports,  
12 right?

13 A. Yes.

14 Q. Medical records, prior treatment history,  
15 all of those things?

16 A. Yes.

17 Q. You didn't review a single one of those  
18 items before you reached the opinion you have listed  
19 in your report?

20 A. That's correct. Since then, having reviewed  
21 more material --

22 Q. I'm not talking about since then, I mean  
23 before you reached the opinion that we just went  
24 through in your report?

25 A. Yes.

1 Q. Which I would note is the same opinion you  
2 rendered earlier today?

3 A. Yes.

4 Q. You mentioned that the reason you review  
5 those things is, quote, the stakes are so high you've  
6 got to be sure of your opinion, right?

7 A. Right.

8 Q. You didn't review any of this stuff before  
9 you reached your opinion, any of the Police reports,  
10 any of the collateral data, correct?

11 A. My opinion as of January was this. I've  
12 reviewed more materials since then. My opinion  
13 remains consistent.

14 Q. All right. Getting back to my question, you  
15 did not review those items before reaching your  
16 opinion --

17 A. That's correct.

18 Q. -- that's listed in your January report?

19 A. That's correct.

20 Q. How could you have been so sure, the stakes  
21 were just as high -- well let's step back.

22 The stakes were just as high January 22nd of  
23 2016, when you wrote that report, right?

24 A. Yes.

25 Q. Despite the stakes being so high, you still

1 authored this report without looking at any of that  
2 information?

3 A. Yes.

4 Q. That's in direct violation of those  
5 specialty guidelines for forensic examiners, isn't it?

6 A. I would not say that. I --

7 Q. Let's go back to it, I just --

8 A. This is a family paying for this assessment  
9 and there's limited finances. If they had the kind of  
10 funding that the State has, I'm sure I would have been  
11 given a lot more material early on. This family's  
12 been scraping together the money for her defense.

13 Q. So you don't do a full job unless they pay  
14 you enough?

15 A. I did what was adequate. I would have liked  
16 to have had more time, but since then I've been able  
17 to review much more.

18 Q. I thought you said the stakes were high,  
19 your words is your reputation is at issue?

20 A. And I wouldn't --

21 Q. Do you stake your reputation or sacrifice it  
22 because a client doesn't have enough money?

23 A. Absolutely not. I would not have written a  
24 report if I felt like I didn't have adequate  
25 information upon which to base it.

1 Q. Now you indicated you did not violate the  
2 standards when you wrote that report on January 22nd  
3 without reviewing that collateral information; that's  
4 your position, you did not violate the specialty  
5 standards of the APA?

6 A. Correct.

7 Q. Let's go back to what those standards say.  
8 You admitted this earlier, you should strive  
9 for accuracy, impartiality, fairness and independence?

10 A. Yes.

11 Q. You're willing to maintain you did that  
12 before you wrote that report?

13 A. Yes.

14 Q. You're to strive to be unbiased and  
15 impartial and avoid partisan presentation of  
16 unrepresentative, incomplete or inaccurate evidence  
17 that might mislead the finders of fact.

18 Are you telling us you complied with that  
19 guideline when you wrote that report?

20 A. I felt like my report was validated by the  
21 measures that I used and the steps that I took.

22 Q. That's not what I asked.

23 Did you follow that guideline from the APA?

24 A. I feel like I did.

25 Q. Did you follow the guideline that requires



1 or tells you that you should strive to access  
2 information or records from collateral sources?

3 A. Yes, I did.

4 Q. Aside from speaking to the Conway family,  
5 reading a search warrant and looking at DSS records,  
6 can you tell us one collateral source of information  
7 you reviewed before you wrote this report?

8 A. I talked to her sister.

9 Q. I said aside from the Conway family, that's  
10 her relative, give me somebody not related to the  
11 Defendant that you talked to before you wrote this  
12 report?

13 A. There wasn't anybody.

14 Q. Can you really sit here with a straight face  
15 and say you followed the guideline that tells you to  
16 get collateral information?

17 A. I feel like I did.

18 Q. Your guidelines also require that you should  
19 seek to maintain integrity by examining the issue or  
20 problem at hand from all reasonable perspectives.

21 Are you willing here to sit and tell us you  
22 considered all reasonable perspectives at the time you  
23 wrote this report?

24 A. Yes.

25 Q. Let's get back to what your source of

1 information was when you wrote the report.

2 So we know who you interviewed. You'd agree  
3 that in conducting a criminal responsibility  
4 examination it's crucial to understand exactly what  
5 criminal behavior is being considered, right?

6 A. Yes.

7 Q. You need to understand what that person  
8 said, what they did, right?

9 A. Yes.

10 Q. Because you're going to be rendering an  
11 opinion as to what their mental state was at the time  
12 they said and did those things?

13 A. Yes.

14 Q. Now what information at the time you wrote  
15 this report and reached your conclusion, what was your  
16 source of information about what exactly happened on  
17 May 20th of 2015?

18 A. The documentation that I have reviewed here  
19 and talking to the family and talking to her, talking  
20 to the attorneys. That was the sources.

21 Q. Well talking to her, she told you she didn't  
22 remember the shooting.

23 What witness information did you have about  
24 the shooting at the time you wrote this report?

25 A. I didn't.

1 Q. You didn't?

2 A. I didn't have witness information.

3 Q. You had a search warrant, though, right?

4 A. Yes.

5 Q. And you read that?

6 A. Yes.

7 Q. Madam clerk, can I retrieve that. Actually,  
8 you know what, I think I already did. State's 375.

9 And, Dr. Brand, for your convenience I'll  
10 point you to, this is page 4 of the document, the  
11 paragraph here that gives a description of the  
12 shooting.

13 A. Uh-huh.

14 Q. Can you read that for us, out loud.

15 A. Victim Kristin -- Krystal Mange, who is  
16 29 weeks pregnant, was transported to a regional  
17 trauma center where she was treated for her gunshot  
18 wounds. Detectives interviewed victim Krystal Mange  
19 who identified the person who shot her and her  
20 husband, Robert Mange, as Caroline Marie Conway, who  
21 is the grandmother of her children and the mother of  
22 her ex-boyfriend, Richard Travess Conway.

23 Victim Krystal Mange told Detectives she and  
24 the victim, Robert Mange, were seated inside their  
25 Jeep passenger vehicle which was parked in the parking

1 lot of the Rock 'N' Roll McDonald's located in  
2 Waldorf, Charles County, Maryland, awaiting the  
3 arrival of her ex-boyfriend, Richard Conway, who was  
4 scheduled to deliver her two children to her for  
5 visitation.

6 Victim Krystal Mange reported without any  
7 warning Caroline Marie Conway entered the rear  
8 passenger seat of their Jeep vehicle, displayed a  
9 handgun, then fired several gunshots inside the  
10 vehicle which struck and injured victim Robert Mange.

11 Victim Krystal Mange said she immediately  
12 exited the Jeep vehicle to escape the gunfire, however  
13 Caroline Marie Conway chased her around the outside of  
14 the vehicle, then fired several gunshots which struck  
15 and injured her, Krystal.

16 Victim Krystal Mange told Detectives  
17 Caroline Marie Conway lives at a residence located on  
18 Guilford Road in Waldorf, Charles County, Maryland,  
19 and that she, Caroline, has a green truck.

20 Q. All right. Would it be fair to say that  
21 that was the most detailed description of the shooting  
22 that you had at the time you wrote your report?

23 A. From documentation. I had also heard from  
24 Mr. Farmer, I had asked him some questions about the  
25 case.

1 Q. What did Mr. Farmer tell you?

2 A. He filled in those kind of gaps, said that  
3 she had on the hoodie, that she had gone to the Gale's  
4 house, those kind of details, what had happened at the  
5 Gale's house, apparently she had changed clothes.

6 Q. Did you document those details in your  
7 report anywhere?

8 A. I don't know if I did or not, I'd have to  
9 review the whole report.

10 Q. Well how about when you list out the sources  
11 of information, do you list Mr. Farmer as being a  
12 person that you interviewed to get information about  
13 the case?

14 A. No.

15 Q. Well we'll come back to the information  
16 that's in there.

17 Now aside, the other collateral piece of  
18 data or material that you had were these DSS reports,  
19 in addition to the search warrant, right?

20 A. Yes.

21 Q. The DSS reports that do not contain a  
22 description of the shooting at all?

23 A. Right.

24 Q. They don't contain a description of any of  
25 the actual criminal behavior that you were evaluating,

1 do they?

2 A. I'm not a Police Detective, I was evaluating  
3 her psychiatric status.

4 Q. Okay. It, for purposes of Court?

5 A. Right.

6 Q. That's what an NCR evaluation is --

7 A. Right.

8 Q. -- right?

9 And it didn't strike you as odd that you  
10 weren't given any Police reports to look at?

11 A. Well I knew I would be getting them  
12 eventually and that I would have the opportunity if I  
13 felt like something didn't jive with this initial  
14 opinion based on seven hours of investigating -- or  
15 assessing her that I would be able to change.

16 I wouldn't come to Court with an opinion  
17 that I didn't still uphold with more data.

18 Q. So when they got you involved in the case,  
19 the Defense didn't give you the Police reports?

20 A. I don't believe they got it in the  
21 beginning, I would have had it listed.

22 Q. You don't believe they got it?

23 A. I don't believe they gave it to me.

24 Q. Oh, okay. But when they provided you with  
25 this collateral information, you didn't ask them, hey,

1 can I have some Police reports to look at?

2 A. Not to the best of my knowledge.

3 Q. I mean I know this is only your fifth or  
4 sixth NCR evaluation, but you'd agree in a forensic  
5 setting it's really important to look at those witness  
6 statements to see what happened because you're going  
7 to be opining about what happened, but you didn't  
8 follow up with asking him for that?

9 A. Not until -- I didn't get them until later,  
10 I'm not sure.

11 Q. So they kept them from you until after you  
12 wrote this report?

13 A. I don't think that's a fair way to  
14 characterize it.

15 Q. Well let's characterize it this way, you  
16 didn't get them until after you had already given your  
17 opinion?

18 A. Yes.

19 Q. So other than the DSS records and the search  
20 warrant, your only source of information were blood  
21 relatives of Caroline Conway, at the time you wrote  
22 the report?

23 A. At the time I wrote the report.

24 Q. Okay. Are you confident that the  
25 information provided to you by the Conway family was

1 accurate?

2 A. It was consistent across people with, you  
3 know, slight variations. There was, they were very  
4 upset as they talked about different parts of it. I  
5 saw no reason to not believe it. There were not  
6 over-exaggerating problems.

7 Sometimes in families where they're trying  
8 to cover up for somebody in the family they go to  
9 extremes. Mr. Conway, in particular, was willing to  
10 say, you know, I, I thought it was menopause, I mean  
11 he wasn't in any way --

12 Q. I believe my question was did you think that  
13 the information they gave you was accurate?

14 A. I do.

15 Q. If that information was inaccurate or even  
16 demonstratively false, that could affect your opinion,  
17 couldn't it?

18 A. It could.

19 Q. And if it were or inaccurate or false, you  
20 wouldn't have put it in your report or relied upon it,  
21 right?

22 A. If I thought that any witness was being  
23 inaccurate or false, I would have absolutely put it in  
24 my report and I also did testing.

25 Q. But you would not have relied upon it,



1 right?

2 A. Of course I would have, I use all the data  
3 to rely on.

4 Q. So you would base your opinion on inaccurate  
5 or false information?

6 A. I would interpret that I have false  
7 information or what I have is suspicious information  
8 from the family and I would indicate that and it would  
9 not, it would sway my opinion but not toward -- I  
10 understand what you're trying to get at, you're trying  
11 to say that I would discount it. I'm not saying I  
12 would discount false information. I would actually be  
13 quite suspicious of it and be very careful in how do  
14 I -- how I interpret it.

15 Q. Okay. Now in your report you discuss this  
16 DSS investigation in Virginia.

17 A. Yes.

18 Q. You reference it quite a few times, right?

19 A. Yes.

20 Q. And I believe at one point, and you can turn  
21 to page 13 so you can follow along.

22 A. In my report you mean?

23 Q. Yes, ma'am. It's the last full paragraph on  
24 page 13.

25 A. Okay.

1 Q. And you state, it is crucial to understand  
2 that Krystal and her mother, Teresa Crocker,  
3 repeatedly called DSS and insisted that the Conways  
4 were making up the claims of abuse and neglect due to  
5 a contentious child custody battle. They made strong  
6 accusations against the Conways, including that  
7 Richard Conway had been so violent to Ms. Mange that  
8 she was hospitalized and that he threatened to kill  
9 Ms. Mange.

10 No evidence for these complaints has been  
11 found. Mr. Conway has no history of criminal activity  
12 or violence, end quote.

13 A. Okay.

14 Q. That's an accurate statement from your  
15 report?

16 A. Yes.

17 Q. Now can you tell us what was your basis for  
18 stating no evidence for these complaints has been  
19 found?

20 A. From talking to Mr. Farmer.

21 Q. Did Mr. Farmer share with you a set of  
22 hospital records showing that Krystal Mange was  
23 admitted to the hospital within two days of that  
24 assault?

25 A. No.

1 Q. He didn't tell you that?

2 A. No, not to the best of my recollection.

3 Q. Now these DSS records you looked at, you  
4 actually solicited the Conway family to make some  
5 notes on them for you when you went through them?

6 A. No, I didn't.

7 Q. You didn't ask them to make any notes on the  
8 DSS records?

9 A. No.

10 Q. I'd like you to take a look at your notes in  
11 this case. You should have them up there still.

12 I'd like you to go to your note from  
13 January 21st of 2016 your, regarding your interview  
14 with Rowena Conway.

15 A. Okay.

16 Q. Do you see your handwritten note there?

17 A. Yes.

18 Q. I'd like you to go to the bottom third of  
19 the page, there's a line across it with a note written  
20 above it, it says will E-mail their notes on DSS  
21 paperwork?

22 A. Okay, so I misunderstood your question.  
23 They had already done that, I had gotten a clean copy  
24 of the DSS paperwork, but she said they had gone  
25 through and found all these errors and I asked her can

1 you send me that, I didn't ask her to go through and  
2 do all that, I said but the copy you had already done  
3 for Mr. Farmer, could I see that. So I did ask for  
4 that.

5 Q. So you read their handwritten notes on the  
6 DSS records?

7 A. Yes.

8 Q. And by that point you still hadn't seen a  
9 single page of Police reports yet?

10 A. Yes.

11 Q. Now you indicated, getting back to page 13  
12 in your report where you said Mr. Conway has no  
13 history of criminal activity or violence, are you  
14 aware of an incident in October of 2013 where it is  
15 alleged that Mr. Conway assaulted Ms. Mange?

16 A. I'm aware that it was alleged, but what I  
17 understand is that there was actually no proof of  
18 that.

19 Q. Are you aware that during previous Court  
20 hearings on the record Ms. Mange had described how  
21 Mr. Conway had physically abused her during their  
22 relationship?

23 A. I'm aware of that, but I'm aware of  
24 absolutely no proof to support her allegations.

25 Q. Did you solicit any proof?

1           A.     I asked Mr. Farmer for, was there any Court  
2 records, were there any documentation, photos, and he  
3 said no.

4           Q.     Okay. So Mr. Farmer is your source of  
5 information to see if the Manges are giving you things  
6 that are supported by evidence, you're asking him if  
7 there's proof?

8           A.     Well, yes, in this case I did.

9           Q.     Did you ever contact the State to ask?

10          A.     No.

11          Q.     How about the Court where you could get  
12 transcripts to read these sorts of things?

13          A.     No.

14          Q.     Now in the DSS records, I think you  
15 mentioned this earlier, you are aware of the notes  
16 regarding the April 15th, 2015, forensic interview of  
17 Gabriel Conway?

18          A.     Yes.

19          Q.     And you're aware that Gabriel stated during  
20 that interview a comment to the effect that his father  
21 and the Defendant were planning on shooting, or in his  
22 words, putting down his mother; were you aware of  
23 that?

24          A.     Uh-huh, yes.

25          Q.     That didn't make its way anywhere into your

1 report?

2 A. I don't believe so. I don't believe that's  
3 here.

4 Q. A statement by a criminal Defendant who  
5 you're evaluating for NCR makes a statement about  
6 planning the murder and that doesn't even get assessed  
7 by you in your report, not even noted, right?

8 A. There were some unusual claims by Gabriel in  
9 there.

10 Q. I'm asking whether you noted that particular  
11 claim?

12 A. That particular claim I didn't, nor any of  
13 his others that were pretty far fetched about girls  
14 being, strange things happening to young girls.

15 Q. But you noted all Gabriel's claims about  
16 being sexually molested?

17 A. Yes.

18 Q. But not the claims that might hurt Caroline  
19 Conway?

20 A. And some of them were about Krystal and  
21 Robert hurting some girl and stomping on her and  
22 hammering her, I mean some of the things that sounded  
23 like a child misunderstanding things. I didn't quote  
24 everything Gabriel said, it was, it is a very lengthy  
25 document.

1 Q. And this particular quote was regarding his  
2 grandmother and his father talking about killing his  
3 mom and you didn't think that warranted so much as a  
4 footnote?

5 A. No.

6 Q. Now you also note in your report and you  
7 mentioned it several times today that according to the  
8 Defendant and her daughters, Gabriel would cry, sob,  
9 and cling to the Defendant every time he had to go  
10 back to his mother's house; and you noted that?

11 A. Yeah.

12 Q. And you relied upon that in reaching your  
13 diagnosis?

14 A. No, I relied on the DSM criteria in reaching  
15 my diagnosis.

16 Q. Let me phrase it this way, you relied upon  
17 that as being one of these triggers that helped cause  
18 Ms. Conway's mental state?

19 A. The DSM doesn't address that there have to  
20 be triggers, it's not part of the PTSD criteria.

21 Q. You talked at length about these triggers?

22 A. Yes.

23 Q. One of the triggers you identified was the  
24 crying and the sobbing?

25 A. Yes.

1 Q. Going back to mom's house?

2 A. Right, but that is not how I diagnosed her,  
3 I diagnosed her according to the DSM.

4 Q. That's fine, we've moved off that question.  
5 You identified that as one of the triggers?

6 A. Yes.

7 Q. And these triggers are what are building  
8 over time to cause her to have this mental break?

9 A. Yes.

10 Q. Did Mr. Farmer provide you with videographic  
11 documentation of any of these child exchanges?

12 A. No.

13 Q. Did he show you a video from May the 8th,  
14 the last time Gabriel and his sister were given back  
15 to their mother, did he show you that video --

16 A. No.

17 Q. -- of them running up to their mommy and  
18 giving her a hug?

19 A. No.

20 Q. He didn't show you the video where they're  
21 not crying and sobbing and begging and clinging, he  
22 didn't show that to you, either?

23 A. No. But Rowena sup --

24 Q. That, no question, ma'am, that's a yes or  
25 no.



1                   Now you also interviewed her husband,  
2   Richard Danett Conway?

3           A.     Yes.

4           Q.     And that interview took place in October of  
5   2015?

6           A.     I could look up the precise date.

7           Q.     I think it's the 27th if you want to double  
8   check it, I don't want to misspeak.

9           A.     Okay.

10          Q.     Now when you talked to Mr. Conway, you were  
11   obviously, again, trying to get information and  
12   understand information relevant to the Defendant's  
13   mental state?

14          A.     Yes.

15          Q.     And that kind of information for the day of  
16   a crime would include, again, things that she said,  
17   things that she did, ways that she was acting.

18                 Did Mr. Conway describe having a telephone  
19   conversation with his wife on May the 20th about, I  
20   don't know, hour and a half before the murder?

21          A.     No.

22          Q.     He, he left that part out?

23          A.     He didn't tell me about it.

24          Q.     Now you did read the Police reports, did you  
25   read his Police report where he made, described that

1 to a Detective?

2 A. At this moment I'm not recalling it.

3 (Whereupon, State Exhibit

4 Number 386 was marked

5 for identification)

6 BY MR. GRANADOS:

7 Q. I'm going to show you what's been marked for

8 identification as State's Exhibit 386.

9 A. Okay.

10 Q. It's the witness narrative for Richard

11 Danett Conway?

12 A. Okay.

13 Q. Take a minute and look at that.

14 A. How, how far would you like me to read?

15 Q. Read the whole thing.

16 I mean do you recall reading this or this is

17 the first time you're seeing it?

18 A. This is the first time I'm seeing it.

19 Q. So this is another document that the Defense  
20 did not give you to review?

21 A. Correct.

22 Q. I think once you get past that big paragraph  
23 on the second page you can probably stop.

24 A. Okay.

25 Q. Now you can read in here that according to

1 Mr. Conway's interview by Detective Shankster on May  
2 the 20th that he does make a statement about speaking  
3 to his wife that day?

4 A. Yes.

5 Q. And you're aware now, though you weren't  
6 before, that he received a phone call from his wife at  
7 3:20 in the afternoon and that in that phone call she  
8 discusses the call that Richard had got from Virginia  
9 DSS?

10 A. Yes.

11 Q. And she mentions hearing that Montana's  
12 coming back into the house and he's been cleared and  
13 all that?

14 A. Yes.

15 Q. And when the Detective asked about the  
16 Defendant's demeanor, asked Mr. Conway, he says, I  
17 think it's quoted at the top of the second page,  
18 quote, she didn't seem to be upset over the phone  
19 call?

20 A. Yes.

21 Q. That information was not shared with you at  
22 all before coming here today?

23 A. No.

24 Q. Now there's an additional phone call that he  
25 makes to his wife's phone at 5:30 p.m. that's

1    referenced in there as well and according to  
2    Mr. Conway, his son Richard answers his wife's  
3    telephone, right?

4           A.     Yes.

5           Q.     And Mr. Conway, Richard, Senior, reports  
6    that Richard, his son, Richard's children and his wife  
7    were all present together for that phone call?

8           A.     Yes.

9           Q.     And you were unaware of that before coming  
10   today?

11          A.     Yes.

12          Q.     Now in your report and in your testimony  
13   today you found it very significant this repetitive  
14   behavior of washing the laundry, washing the dishes,  
15   just doing it over and over again for no real reason?

16          A.     Yes.

17          Q.     And you noted that, that's one of those  
18   symptoms that's indicating that she's building up to  
19   having this psychotic break?

20          A.     Yes.

21          Q.     I think in your report you note this was a  
22   sign, this was on page 17 and 18, it was a sign of her  
23   becoming acutely psychiatrically disabled I believe  
24   are the words you used.

25          A.     Okay.

1 Q. You also note that the family had no idea  
2 what they were observing, what they were observing was  
3 a psychotic decompensation, or said in lay  
4 terminology, a woman having a serious nervous  
5 breakdown.

6 And part of your basis for that conclusion  
7 is this repetitive laundry washing, dishes and all  
8 that, just over and over again for no reason?

9 A. Among other things, yes.

10 Q. Okay. Now this was first brought to your  
11 attention and I think you noted a couple times on your  
12 direct that each of the Conways reported this to you  
13 spontaneously, right?

14 A. Yes.

15 Q. This wasn't something you brought up to  
16 them?

17 A. No.

18 Q. So Ms. Conway's husband mentioned it to you,  
19 let's talk about that. Let's look at your notes from  
20 your conversation with him on October the 27th.

21 A. Okay.

22 Q. You can get to your handwritten notes of  
23 that.

24 A. Yeah, I see it.

25 Q. In your notes for that conversation, let's

1 see, it's one, two, three, four lines down you have a  
2 little paragraph here that you write about what  
3 Mr. Conway told you?

4 A. Yeah.

5 Q. And it reads, started washing clothes a lot,  
6 and you make a notation above it, re-washing, washing  
7 four to five loads per day. Water bill 21,000 gallons  
8 versus 9,000 gallons, electric 300 dollars, now  
9 100 dollars, and you note bizarre change in bills.

10 Now in your notes you actually put a star  
11 next to this paragraph indicating you found it  
12 significant, right?

13 A. Yes.

14 Q. You put a box around the words started  
15 washing clothes a lot?

16 A. Yes.

17 Q. Because you found it significant, right?

18 A. Yes.

19 Q. Now let's go to your interview of their  
20 daughter Amber Conway, and that will be the interview  
21 from October 27th.

22 A. Okay.

23 Q. First page of your notes, one, two, three,  
24 four, five lines down you note she was doing, more at  
25 the end, lots more laundry, noticed it but brushed it

1 off?

2 A. Yes.

3 Q. Then if we flip over to the next page, just  
4 past the halfway mark, you have a question that says  
5 habits of the Defendant, habits, and then the little  
6 delta sign?

7 A. Habits change, were there any habits  
8 changes.

9 Q. Oh, habits changes, okay.

10 A. Yeah.

11 Q. Okay. And she responds, you make a note  
12 doing more cleaning, washing, seemed she needed, needs  
13 to do it?

14 A. Uh-huh.

15 Q. Needs to do?

16 A. Uh-huh.

17 Q. Okay. And you found that to be important  
18 because it looks like you may have drawn a circle  
19 around it?

20 A. Yeah, it's a vague, I can't be sure if  
21 that's what I did, but, yeah.

22 Q. Now if you can get back to your report, and  
23 we've talked about two of the times you've mentioned  
24 it. Let's go to page 24 of your report in this case,  
25 your opinion.

1 I'll follow along.

2 A. I'm sorry, which page?

3 Q. 24 of your opinion, your report.

4 A. Okay.

5 Q. Now this section of your report is sub  
6 titled, it begins on page 22, the connection between  
7 the grandchildren's abuse, Conway's childhood abuse  
8 and the crimes.

9 A. Okay.

10 Q. All right. So we're going to page 24, and  
11 we're going to look at the middle of the last full  
12 paragraph.

13 A. Okay.

14 Q. The sentence that says they reported.

15 A. Hang on. Okay.

16 Q. You noted here they reported that Ms. Conway  
17 began doing bizarre things such as washing four to  
18 five loads of laundry every day, which meant that she  
19 was washing and re-washing the same clean clothes. As  
20 a result, their water bill jumped from 9,000 gallons  
21 to over 20,000 gallons and their electricity bill  
22 triples, end quote.

23 A. Okay.

24 Q. That's what you put in your, your report and  
25 you found that to be significant?



1 A. Yes.

2 Q. Would it surprise you to know that the  
3 Conway's flat out lied to you about that?

4 A. Yes.

5 Q. Now you're aware, because you read the  
6 search warrant, that the Defendant's home was searched  
7 on May the 21st of 2015?

8 A. Yes.

9 Q. That's the day after, about 7:15, 7:30 in  
10 the morning?

11 A. Okay.

12 Q. Did Mr. Farmer give you any of those  
13 pictures to look at?

14 A. No.

15 Q. Well let's take a look at them.

16 These have already been admitted, we're  
17 going to start with State's 162. These are  
18 photographs of the Conway residence and this is the  
19 state it's in within a little over 12 hours of the  
20 murder.

21 MR. FARMER: Objection, Your Honor, may we  
22 approach.

23 THE COURT: Yes.

24 (Whereupon, Counsel approached the Bench and  
25 the following occurred:)

1           MR. FARMER: Multiple grounds, number one,  
2    relevance, number two, the State is going to indicate  
3    oh, this is what it looked like, she has no reason to  
4    know that's what it looked like, just because the  
5    Police Officer said they didn't disturb anything does  
6    not mean that's what it looked like. In fact, before  
7    they executed the search warrant they said they did go  
8    in and look -- they did go in and look for people, for  
9    bodies, that means they did, in fact, touch things,  
10   they did, in fact, move things around.

11           So this is prejudicial and it has very, very  
12    little probative value.

13           MR. GRANADOS: In terms of prejudice, it's  
14    already been admitted and gone through.

15           In terms of its relevance, this witness has  
16    stated repeatedly this whole issue of laundry washing  
17    is pretty important to her opinion and I'm asking and  
18    showing her evidence that might contradict that to see  
19    if it might change her opinion because it was not  
20    shared with her by Defense Counsel.

21           THE COURT: The objection is overruled.

22           (Whereupon, Counsel returned to trial tables  
23    and the following occurred in open Court:)

24           BY MR. GRANADOS:

25           Q.    Dr. Brand, can you see the screen clearly

1 from where you are?

2 A. Yes.

3 Q. All right, we're going to walk through the  
4 Conway residence a bit and I'm going to ask you a few  
5 questions.

6 And if you need me to slow down, just let me  
7 know.

8 A. Okay.

9 Q. I'm just going to kind of click through them  
10 to give you an overview.

11 MR. ALLEN: For the record, the numbers are?

12 MR. GRANADOS: It started at 162 and I'll,  
13 I'll state the last one when we get to it. We'll stop  
14 at 182 -- actually, no, let's get to the other  
15 bedroom, let me go a little further. There's 194.

16 BY MR. GRANADOS:

17 Q. Now, Dr. Brand, now that you've seen these,  
18 I know you're here as an expert on psychology, but  
19 you, all lay people are familiar with house cleaning.

20 Does this look like the home of someone who  
21 was obsessively cleaning?

22 A. I didn't say she was obsessively cleaning, I  
23 said she was washing clothes and dishes again and  
24 again and again. I didn't say anything about  
25 cleaning.

1 Q. So nothing you saw in those pictures  
2 contradicts the claim that she's washing clothes again  
3 and again and again?

4 A. No, and one of her daughters even said that  
5 she was purchasing things in an obsessive way so that  
6 there were many, many, too many items, it seemed  
7 obsessive. I don't know what the house looked like  
8 months and months earlier or if that was part of her  
9 decompensation that it got to that level.

10 Q. Now you noted that what she was doing was a  
11 bizarre change and that was a sign that she was  
12 becoming psychiatrically disabled?

13 A. Yes.

14 Q. Now you talk about the water usage going up,  
15 the electric bill going up, you'd agree that electric  
16 bills and water bills are things that are easily  
17 obtainable collateral sources of information that you  
18 could rely on?

19 A. Yes.

20 Q. Did you ask the Conways for any of their  
21 electric bills to see if they were being truthful for  
22 you?

23 A. No.

24 Q. How about any of their water bills?

25 A. No.



1 these one at a time. So if we could find the bill  
2 with a due date of August 21st of -- actually let's go  
3 back, February 23rd, 2015.

4 A. Okay.

5 Q. Have you got that one in front of you?

6 A. Yes.

7 Q. What does it show for the usage for that  
8 billing cycle?

9 A. 190,000 -- I'm sorry, 19,000, I don't know  
10 what the metric is.

11 Q. So 19,000 and then the read date is given on  
12 that?

13 A. 10/9 to 1/12.

14 Q. 10/9/14 to 1/12/15?

15 A. Yes.

16 Q. Okay. Let's go to the next bill, which is  
17 going to be for May the 19th of 2015. We'll go to the  
18 next one. Take a look at that one.

19 A. Okay.

20 Q. What are the usage, what's listed as usage  
21 for that bill?

22 A. It's the same, 19,000.

23 Q. And what's the billing cycle here, the read  
24 dates?

25 A. Is 1/12 to 4/13/15.

1 Q. Okay. So January 12th, 2015, to April 13th,  
2 2015?

3 A. Yeah.

4 Q. And our usage is 19,000?

5 A. Yes.

6 Q. Okay, let's go to the next bill. This one  
7 is dated August 21st of 2015.

8 A. 13,000 is the usage.

9 Q. Uh-huh.

10 A. From April -- 4/13/15 to 7/13/15.

11 Q. Okay. So the usage went down?

12 A. Yes.

13 Q. Okay.

14 A. And she would have been gone for half of  
15 that time.

16 Q. Sure. Thank you.

17 A. You're welcome.

18 Q. What we don't see here is a dramatic  
19 increase from January through May, right?

20 A. Yes.

21 Q. Okay. That contradicts what the Conways  
22 told you?

23 A. Yes.

24 (Whereupon, State Exhibit  
25 Number 367 was marked

1 for identification)

2 BY MR. GRANADOS:

3 Q. Okay. Now I'm next going to move to admit  
4 what's been marked for identification as State's  
5 Exhibit 367.

6 MR. FARMER: I don't have any objection to  
7 the other exhibit, I do have an objection to 367, Your  
8 Honor.

9 THE COURT: Approach the bench.

10 (Whereupon, Counsel approached the Bench and  
11 the following occurred:)

12 MR. FARMER: For the 366, that is the water  
13 bill, that was a water bill, correct?

14 MR. GRANADOS: Uh-huh.

15 MR. FARMER: That is the water bill, so that  
16 directly correlates to exactly what she's testified to  
17 and what the pertinent portion of the testimony is  
18 about washing dishes, washing clothes over and over.

19 THE COURT: Uh-huh.

20 MR. FARMER: The State's Exhibit Number 367  
21 is the SMECO power bill and it is basically this is  
22 power; therefore, it's going to have many, many, many  
23 other factors involved in it other than actually  
24 washing dishes and doing laundry.

25 In fact, with seven people residing in the



1 home, I don't think that the electric bill has nearly  
2 the probative value that the water bill is, so we're  
3 letting the water bill in. This is, this is barely  
4 relevant to her actually washing dishes over and over  
5 again, Your Honor.

6 MR. GRANADOS: If I --

7 THE COURT: She has said that the electric  
8 bill, I mean that the information she was given and  
9 that's being offered to impeach that and so the  
10 objection is overruled.

11 MR. FARMER: Okay.

12 (Whereupon, Counsel returned to trial tables  
13 and the following occurred in open Court:)

14 MR. GRANADOS: So will State's 367 be  
15 admitted, Your Honor?

16 MR. FARMER: Your Honor, we have no  
17 objection -- or we do have an objection.

18 THE COURT: All right. Overruled.

19 (Whereupon, State Exhibit  
20 Number 367 was admitted  
21 into evidence)

22 BY MR. GRANADOS:

23 Q. Okay, so now that 367 has been admitted, I'm  
24 going to hand that to you, Dr. Brand, and for the  
25 record, these are certified copies of the electric

1 bills for the Conway residence and we're going to flip  
2 to the first bill here.

3 A. Okay.

4 Q. And we're going to start with, what we're  
5 really going to be looking at is over on the left side  
6 of the page here and we see billing period 29 days?

7 A. Yes.

8 Q. What's the billing period for this bill?

9 A. 12/29/14 to 1/27/15.

10 Q. And can you tell us how much the total  
11 current charges are?

12 A. 286 dollars.

13 Q. All right. Let's go to the next page, next  
14 bill. All right.

15 You can, can you see on there what the  
16 billing period is?

17 A. Yeah, it's the next month and it's  
18 315 dollars.

19 Q. For the month January 27th, '15, to 2/26/15?

20 A. Yes.

21 Q. Okay. Let's go to the next month,  
22 February 26, '15, to March 26, '15, what's the amount  
23 of their bill for that month?

24 A. 245 dollars.

25 Q. All right. Let's go to the next bill,

1 March 26th of 2015 to April 27th of '15, what's that  
2 bill?

3 A. 207 dollars.

4 Q. All right. And then last, April 27th of  
5 2015 to May 28th of 2015, what's the amount on that  
6 one?

7 A. 149 dollars.

8 Q. So their bill steadily dropped from January  
9 to May?

10 A. Yes.

11 Q. All right. Thank you.

12 A. You're welcome.

13 Q. And this directly contradicts what the  
14 Conways told you about the electric bill?

15 A. Yes.

16 Q. I asked you before if you were confident  
17 that the Conways gave you accurate information, you  
18 said yes.

19 Are you still confident that they gave you  
20 accurate information during your interviews?

21 A. Not about the utility bills.

22 Q. Okay. Now other than speaking to the  
23 Conways, did you ever interview any of Ms. Conway's  
24 former co-workers before you wrote your report?

25 A. No.

1 Q. How about any of her former bosses?

2 A. No.

3 Q. Any of her previous doctors?

4 A. No.

5 Q. How about any of the people involved in the  
6 DSS investigation that you read about?

7 A. No.

8 Q. How about Gabriel Conway's therapist,  
9 Ms. Helms?

10 A. I tried to reach her and couldn't, she was  
11 no longer at that office.

12 Q. How about Detective John Elliott, the lead  
13 investigator in the murder case?

14 A. No.

15 Q. How about any witnesses to the crime, did  
16 you interview any of them or read any of their  
17 statements before you wrote your report?

18 A. No.

19 Q. How about any persons that interacted with  
20 the Defendant on the day of the crime either before  
21 it, during it or after it, other than her family?

22 A. No.

23 Q. Any persons from the Charles County  
24 Detention Center who interacted with the Defendant the  
25 day she was arrested and the several days following,

1 did you interview any of them?

2 A. No.

3 Q. Now in the Police reports that you  
4 interviewed -- or excuse me, that you reviewed after  
5 you wrote your opinion, do you recall seeing a  
6 statement from Ms. Conway's former boss, a Michael  
7 Fletcher?

8 A. Can I take a look at it?

9 Q. Sure.

10 MR. GRANADOS: And I'll show that to  
11 Mr. Farmer, first, it's marked as State's 384.

12 (Whereupon, State Exhibit  
13 Number 384 was marked  
14 for identification)

15 BY MR. GRANADOS:

16 Q. Dr. Brand I'm going to hand you this.

17 A. Okay.

18 Q. And it's going start at the middle of page  
19 for Michael Sterling Fletcher, take a peak at that.

20 MR. FARMER: Your Honor, I'll object to any  
21 questioning her on this, hearsay within hearsay.

22 THE COURT: Well it depends on what his  
23 question is, so when he asks it, I'll entertain your  
24 objection.

25 Right now you're, all you're having her do

1 is read it to herself; am I correct?

2 MR. GRANADOS: That's correct, Your Honor,  
3 to see if she recognizes it.

4 THE COURT: Is your only question does she  
5 recognize it?

6 MR. GRANADOS: At this point, yes.

7 THE COURT: Do you need to --

8 MR. GRANADOS: Dr. Brand.

9 THE COURT: Ma'am, you can read --

10 BY MR. GRANADOS:

11 Q. Do you recognize this?

12 THE COURT: Whatever --

13 THE WITNESS: I don't recognize it.

14 THE COURT: -- you need to read to answer  
15 that question.

16 THE WITNESS: I don't recognize it.

17 THE COURT: Pardon?

18 THE WITNESS: I do not recognize it.

19 THE COURT: Do not, okay.

20 BY MR. GRANADOS:

21 Q. Okay. Was that one of the reports that  
22 Mr. Farmer gave you to review?

23 A. No.

24 Q. So it would be fair to say at the time you  
25 wrote your opinion you had no idea what Mr. Fletcher

1 had said?

2 A. I did not.

3 Q. Okay. Would it change your opinion if he  
4 described Caroline Conway as someone who is angry?

5 MR. FARMER: Objection.

6 THE COURT: Sustained.

7 BY MR. GRANADOS:

8 Q. Now you'd agree, Dr. Brand, that if  
9 Ms. Conway had made previous threats against Mr. --  
10 against Ms. Mange's life, that's something that would  
11 be relevant to consider in an NCR evaluation?

12 A. Yes.

13 Q. And had she made such a threat, you would  
14 have wanted to know about it when you were writing  
15 your report?

16 A. Yes.

17 Q. Now other than interviewing the Conways,  
18 other than reading the search warrant, other than  
19 reading the DSS reports, can you tell me any other  
20 collateral data that you looked at before you wrote  
21 your report?

22 A. Well I did seven hours of testing and  
23 interviewing.

24 Q. Right. I mean collateral data outside your  
25 meeting with Ms. Conway.

1 A. No.

2 Q. Nothing else?

3 A. No.

4 Q. Now those APA guidelines we talked about,  
5 isn't it true that they tell you as a forensic  
6 interviewer to seek to maintain integrity by examining  
7 the issue from basically different sides, right?

8 A. Yes.

9 Q. And they tell you to avoid focusing on  
10 information --

11 MR. FARMER: Objection.

12 BY MR. GRANADOS:

13 Q. -- from one source?

14 MR. FARMER: Objection. I believe the rule  
15 is when I object, he stops.

16 THE COURT: Your objection is what?

17 MR. FARMER: Asked and answered at the very  
18 beginning.

19 THE COURT: Sustained.

20 BY MR. GRANADOS:

21 Q. Dr. Brand, are you required to rely on  
22 information beyond more than coming from one source?

23 MR. FARMER: Objection.

24 THE COURT: That's not been asked and  
25 answered, overruled.



1 THE WITNESS: Yes.

2 BY MR. GRANADOS:

3 Q. Now were you shown or did you review the  
4 contents of Ms. Conway's cell phone showing her text  
5 message conversations on the day of May 20th of 2016  
6 (sic)?

7 A. No.

8 Q. Were you present yesterday to observe the  
9 Defendant's testimony?

10 A. No.

11 MR. GRANADOS: A moment of the Court's  
12 indulgence.

13 BY MR. GRANADOS:

14 Q. Now you indicated that since you wrote your  
15 report you reviewed the statements of Robert and Linda  
16 Gale?

17 A. Yes.

18 Q. Okay, those were in the form of Police  
19 reports?

20 A. Yes.

21 Q. So you're aware that within approximately  
22 30 minutes of the shooting Ms. Conway went straight to  
23 the Gale residence?

24 A. I'm not sure about straight, but she was  
25 there within about 30 minutes.

1 Q. Okay. And you're aware that she confessed  
2 to both Robert and Linda Gale regarding what she had  
3 just done at the McDonald's?

4 A. Yes.

5 Q. And it was more than just saying she did it,  
6 she told them where it had happened, right?

7 A. Yes.

8 Q. Who she had shot?

9 A. Yes.

10 Q. Why she had shot them, right?

11 A. Yes.

12 Q. She told, you could see that she had told  
13 them that after the shooting she walked off and called  
14 her son?

15 A. Yes.

16 Q. That her son picked her up?

17 A. Yes.

18 Q. And that they went straight to the Gale's  
19 house?

20 A. Yes.

21 Q. So 30 minutes after this happened she has a  
22 memory of what occurred at McDonald's, right?

23 A. Yes.

24 Q. A memory that she's recounting to the Gales?

25 A. Yes.

1 Q. Did you review any of the surveillance  
2 footage from the Gale's residence?

3 A. No.

4 Q. But you're aware that when the Defendant got  
5 there she was wearing a T-shirt, a dark colored  
6 T-shirt, right?

7 A. A hoodie, I thought.

8 Q. You're not aware that the hoodie had already  
9 been taken off?

10 A. Actually yes, she did take that off I think  
11 as she was leaving the McDonald's, yes, yes.

12 Q. Okay. So she's wearing a dark colored  
13 shirt?

14 A. Yes.

15 Q. She goes in to the Gale residence?

16 A. Yes.

17 Q. You're aware that she asks the Gale's  
18 daughter, Ms. Costa, for a shirt?

19 A. I know that she asked for a trash bag. I  
20 don't recall a shirt. Okay.

21 Q. Okay. She received a shirt out of the  
22 laundry room, right?

23 A. Okay.

24 Q. Changed her shirt, right?

25 A. Yes.

1 Q. Because she's wearing a yellow shirt?

2 A. Yes, right.

3 Q. Okay. And then she asks for a trash bag?

4 A. Yeah.

5 Q. Now you'd agree with me that after someone's  
6 committed a crime, it's perfectly logical and rational  
7 to flee the scene, right?

8 A. Yes.

9 Q. It's perfectly logical and rational to try  
10 and get rid of the murder weapon?

11 A. Yes.

12 Q. It's perfectly logical and rational to  
13 change your appearance in terms of what you're  
14 wearing?

15 A. Yes.

16 Q. It's perfectly logical and rational to have  
17 an alibi?

18 A. Yes.

19 Q. Now you're aware that when Ms. Conway got in  
20 to the vehicle, she ordered Krystal Mange to make a  
21 phone call?

22 A. Yes.

23 Q. Correct?

24 A. Yes.

25 Q. Now this is during the period of time when

1 you're saying she's in a psychotic dissociative state,  
2 she was still able to order Krystal Mange to make a  
3 phone call?

4 A. Yes.

5 Q. And more than just make a phone call, you're  
6 aware that she specifically instructed her to call  
7 Richard and tell him that the child drop-off has  
8 changed to 7:30 at the Courthouse; isn't that right?

9 A. Yes.

10 Q. And you're aware that after they left the  
11 Gale's house, her and her son drove to the Courthouse?

12 A. Yes.

13 Q. You're aware that her son called Krystal  
14 Mange, right?

15 A. Yes.

16 Q. You're aware that her son texted Krystal  
17 Mange?

18 A. Yes.

19 Q. And you're aware that they then went to the  
20 Target in La Plata and used the restroom and went home,  
21 right?

22 A. Yes, yes.

23 Q. So they lived out the alibi that Ms. Conway  
24 had set up for them; isn't that right?

25 MR. FARMER: Objection.

1 THE COURT: Sustained.

2 BY MR. GRANADOS:

3 Q. Would it be fair to say that having that  
4 type of alibi and living it out is something that's  
5 perfectly logical and rational?

6 A. It could be. You remember the example of  
7 the patient who was fighting ghosts that weren't there  
8 and then turn to me and said I like your haircut. So  
9 you have to understand that people can be having some  
10 psychotic elements mixed in with what looks like  
11 perfectly rational behavior.

12 Q. You would agree that living out an alibi is  
13 perfectly rational behavior?

14 A. Absolutely. I don't know from which person  
15 that alibi came.

16 Q. Okay. Now you're aware that, and let's talk  
17 about leading up to the shooting, you're aware that  
18 Ms. Conway walked from the other side of 301, she  
19 crossed and she's actually captured on surveillance  
20 footage, are you aware that it exists?

21 A. Yes.

22 Q. I know that you haven't seen it.

23 A. Yes, right.

24 Q. And you're aware that she had clothed  
25 herself head to toe in dark clothing?

1 A. Yeah.

2 Q. And she brought her son's gun, right?

3 A. Yes.

4 Q. You're aware that following the shooting  
5 when she walks off she makes a phone call?

6 A. Yes.

7 Q. Now you said during direct, and I want to  
8 make sure I get this right, and this is when we were  
9 discussing those things, I think you pointed to a list  
10 of things that didn't make sense for someone who's in  
11 their right mind and of using the easily traceable gun  
12 and not having a get-away driver and those sorts of  
13 things, you mentioned that she made a call with her  
14 own phone?

15 A. Yes.

16 Q. Is it your understanding she used her  
17 personal cell phone to make that call?

18 A. I'm not sure. I know she made a call soon  
19 after the, the crime. I thought it was her own phone.

20 Q. Are you aware that she used a prepaid,  
21 non-traceable cell phone to make that call to her son?

22 A. No.

23 Q. Wouldn't it be perfectly logical and  
24 rational for someone to use a telephone that's not  
25 registered to them when they're carrying out a murder?

1 A. Yes.

2 Q. Because most people nowadays know that your  
3 phones track where you are, right?

4 A. Yes.

5 Q. And it would be perfectly logical and  
6 rational to have an untraceable weapon in the trunk of  
7 your son's car to use to kill somebody, right?

8 A. I could see that, yes.

9 THE COURT: Are you objecting?

10 MR. FARMER: No, sir.

11 THE COURT: Okay.

12 BY MR. GRANADOS:

13 Q. Now you said she didn't have a get-away  
14 driver.

15 You're aware that her son picked her up,  
16 right?

17 A. Yes.

18 Q. You're aware that those two phone calls she  
19 makes after the murder with that untraceable phone  
20 were to her son?

21 A. Yes.

22 Q. And that her son actually comes and picks  
23 her up?

24 A. Yes.

25 Q. Not at their house?



1 A. Yeah.

2 Q. Out and about?

3 A. Yes.

4 Q. Now let's get to the interview with  
5 Detective Elliott.

6 Now you had not reviewed that at the time  
7 you wrote your report?

8 A. Correct.

9 Q. But you've had a chance since then to watch  
10 it?

11 A. Yes.

12 Q. And I know you discussed it a little bit  
13 during direct.

14 Now you're aware that during that interview  
15 Ms. Conway gives a complete accounting for her  
16 whereabouts for that day?

17 A. Yes.

18 Q. Right. She doesn't express to Detective  
19 Elliott having any gaps in her memory?

20 A. That's true.

21 Q. She, and we'll walk through it just to be  
22 clear.

23 A. Yep. Yep.

24 Q. They go to Laurel Springs park in the  
25 morning to Gabe's picnic?

1 A. Yeah.

2 Q. They come back home and drop off some  
3 friends of theirs, they take Gabriel to his  
4 appointment?

5 A. Yes.

6 Q. Before going to the appointment Richard gets  
7 this phone call from DSS telling him about the  
8 investigation, right?

9 A. Correct.

10 Q. After Gabriel's appointment they leave and  
11 go back home, right?

12 A. Yes.

13 Q. To get the kids ready for the 6:00 drop-off?

14 A. Right.

15 Q. She tells Detective Elliott that she goes to  
16 take her walk?

17 A. Right.

18 Q. While she's taking her walk, her son picks  
19 her up, right?

20 A. Yes.

21 Q. And while she's in the car she tells  
22 Detective Elliott her son gets that phone call from  
23 Krystal changing the drop-off, right?

24 A. Yeah.

25 Q. That's what she tells Detective Elliott,

1 right?

2 A. Yes.

3 Q. And that's the reason she gives as to why  
4 they go from there and they start driving around  
5 killing time, right?

6 A. Yes.

7 Q. She tells Detective Elliott that they were  
8 driving around looking at houses in White Plains,  
9 right?

10 A. Yes.

11 Q. She never mentions, not a single time in  
12 that interview, that she ever went to the Gale's  
13 house, does she?

14 A. That's correct, she does not.

15 Q. She never mentions at any point in that  
16 interview that on her walk that day it took her to the  
17 McDonald's where she shot someone, two people?

18 A. That's true.

19 Q. But she doesn't say she doesn't remember  
20 where she was, she just says it didn't happen, right?

21 A. Yes.

22 Q. So the two things she leaves out of her  
23 story -- well, no, let's finish the story.

24 So she says they go around looking at  
25 houses, right, and then they go to the Courthouse,

- 1 right?
- 2 A. Yes.
- 3 Q. Go to Target and go home?
- 4 A. Yes.
- 5 Q. Not a single gap in her whereabouts that  
6 entire day for what she tells Detective Elliott?
- 7 A. Correct.
- 8 Q. And the two things she leaves out of that  
9 narrative are the shooting, right?
- 10 A. Yes.
- 11 Q. And going to the Gale's house, right?
- 12 A. Yes.
- 13 Q. Where she changes her clothes, gets a trash  
14 bag and gets rid of evidence?
- 15 A. Yes.
- 16 Q. Isn't it perfectly logical and rational for  
17 someone who has just committed a serious crime to lie  
18 about their whereabouts?
- 19 A. Yes, it could be.
- 20 Q. Isn't it perfectly logical and rational when  
21 you're being interviewed by a homicide Detective to  
22 leave out the portion of your day where you dispose of  
23 the murder weapon?
- 24 A. Yes, it could be.
- 25 Q. And I want to be clear on this, you did not

1 review the co-Defendant's statement, did you?

2 A. No.

3 Q. Richard Travess Conway?

4 A. No, no.

5 Q. So you did not compare Ms. Conway's story to  
6 the story told by her son as to their whereabouts?

7 A. No.

8 Q. Now we're not going to get into what he  
9 said, but I'd like to propose a hypothetical to you.  
10 If he gave the exact same story about their  
11 whereabouts --

12 MR. FARMER: Objection, Your Honor,  
13 objection.

14 THE COURT: Approach the bench.

15 (Whereupon, Counsel approached the Bench and  
16 the following occurred:)

17 MR. FARMER: This statement is not, this  
18 statement is after he was already, or after my client  
19 was arrest arrested and charged with conspiring with  
20 him, so he is a co-conspirator and this is not a  
21 statement prior to, it is a statement that he made  
22 afterwards likely trying to protect his mother, who  
23 knows the reasons for it.

24 However, it is hearsay, it is extremely  
25 prejudicial and it has, it cannot come in under those

1 bases.

2 MR. GRANADOS: I'm not asking about his  
3 statement. I'm proposing a hypothetical at this  
4 point. I know very well we can't get into --

5 THE COURT: Is the hypothetical based on his  
6 statement?

7 MR. GRANADOS: Yes.

8 THE COURT: All right. Give me the reason  
9 why that can be asked?

10 MR. GRANADOS: Because it could affect her  
11 assessment of their logical, rational behavior as to  
12 whether or not she had a pre-planned cover story with  
13 her co-Defendant.

14 MR. FARMER: It, Your Honor, of course  
15 everything must have a probative and prejudicial --

16 THE COURT: Well first of all, it's not,  
17 he's not offering the statement, he's offering a  
18 hypothetical.

19 I just asked him in the interest of, of  
20 being clear and realistic whether it's based on that,  
21 but whether it's based on that or something else  
22 doesn't matter as long as it's not presented as that  
23 and he's not offering it for the truth of what it  
24 asserts, in fact he's offering it as a, and using his  
25 word, as a hypothetical and he's asking it to, just as

1 she can say what her opinion is based on, he can  
2 cross-examine her on that same basis, so I'll overrule  
3 the objection.

4 (Whereupon, Counsel returned to trial tables  
5 and the following occurred in open Court:)

6 BY MR. GRANADOS:

7 Q. Now, Dr. Brand, let me propose a  
8 hypothetical.

9 If Ms. Conway's son had given the exact same  
10 story leaving out the exact same parts, would that in  
11 your opinion be logical and rational to have a  
12 pre-planned cover story with your co-Defendant?

13 A. It would certainly make sense that that is a  
14 possibility.

15 Q. Now I'd like to pivot to your interview of  
16 the Defendant and what she told you about that day, at  
17 least about what she remembers about it.

18 A. Yes.

19 Q. And I think for that we're going to have to  
20 flip to, it will be in your report and I'm going to  
21 look at page 32.

22 A. Okay.

23 Q. And it's that last full paragraph.

24 A. Okay.

25 Q. All right. Now when you asked -- and I

1 think you're trying several times throughout this to  
2 try and drill down into the last thing that Ms. Conway  
3 remembers?

4 A. Yes.

5 Q. And this was another attempt and you asked  
6 her what's the last thing you remembered.

7 What did Ms. Conway tell you was the last  
8 thing she remembered?

9 A. Walking up to the Jeep to talk to Krystal.

10 Q. Okay. Now further on in to this she  
11 describes to you, I only remember we were looking for  
12 houses for Richard.

13 A. Just a second.

14 Q. And actually, if we go back a little I'll  
15 put it in context, it says he picked me up and things  
16 were hazy looking. I don't remember where we were, I  
17 only remember we were looking for houses for Richard?

18 A. Yes, okay.

19 Q. She told that to you?

20 A. Yes.

21 Q. Now you talked quite a bit about malingering  
22 during your direct, I think you were asked your  
23 opinion several times?

24 A. Yes.

25 Q. That based on the tests that you had



1 administered, that you did not believe Ms. Conway was  
2 malingering or faking?

3 A. Right.

4 Q. Now malingering or faking is something that  
5 should be strongly considered in the context of NCR  
6 evaluations, right?

7 A. Or any forensic evaluation.

8 Q. But it's of particular importance when the  
9 person being evaluated has something to gain based on  
10 the results of the evaluation?

11 A. That's right.

12 Q. So you have to be careful to make sure that  
13 they're not malingering?

14 A. Correct.

15 Q. Now the ideal method for assessing  
16 malingering is usually within the clinical context  
17 where you can spend a lot of time with that person,  
18 right?

19 A. Yes.

20 Q. Time talking to them, observing them, that's  
21 the ideal situation, right?

22 A. Yes.

23 Q. But for a lot of NCR evaluations you don't  
24 really get that opportunity, it's got to be based on  
25 your interviews and then what other information you

1 can get through testing or collateral data, right?

2 A. Correct.

3 Q. And doing an NCR evaluation in that context  
4 where you can't have that long clinical evaluation,  
5 that makes that collateral information a lot more  
6 important, right?

7 A. It makes it important.

8 Q. And you were aware coming in to this when  
9 you were hired to do the evaluation that Ms. Conway  
10 had been charged in this matter?

11 A. Yes.

12 Q. And that the stakes were very high?

13 A. Yes.

14 Q. And you are aware that she has a substantial  
15 amount to gain if she's actually found NCR?

16 A. Yes.

17 Q. Now despite that, you still didn't request  
18 any collateral information beyond the DSS reports and  
19 that search warrant before you wrote this opinion?

20 A. You're not understanding the report. I  
21 understood there would be eventually more material  
22 coming and before I ever came to testify I'd have a  
23 lot more material, but this is what was available at  
24 the time.

25 Q. I'm focused on what happened before you

1 wrote the report.

2 A. I understand.

3 Q. And you did not request any additional  
4 collateral information?

5 A. At that point in time, no, this is what I  
6 had.

7 Q. And your opinion in your report was that  
8 she's not malingering?

9 A. Correct.

10 Q. And it was a portion you titled validity of  
11 assessment --

12 A. Correct.

13 Q. -- where you actually state, and you can  
14 look at page 17 in your report, given that Ms. Conway  
15 showed no signs of exaggeration or minimization of a  
16 psychiatric illness across three well validated tests,  
17 I determined that additional testing for the validity  
18 of her psychiatric symptoms was unnecessary?

19 A. Yes.

20 Q. I concluded her report of her symptoms is  
21 highly likely to be an honest account of her symptoms.

22 Now you based that conclusion on these tests  
23 that you conducted?

24 A. Yes.

25 Q. Your interview of Ms. Conway and the

1 information you had available to you at that point?

2 A. Knowing I'd also have access to more  
3 information since then and before I came to Court I  
4 could change my opinion if anything did not fit with  
5 this opinion.

6 Q. So you had already formulated an opinion  
7 before you looked at the Police reports?

8 A. Yes.

9 Q. Now isn't it true that it may be difficult  
10 to detect feigned dissociative disorders on many of  
11 the objective psychological scales that are applied?

12 A. Not on the ones that I used. I've actually,  
13 the person, as I said earlier, I'm the person in the  
14 world that's done most of this research and I've, I  
15 got a very deep knowledge base of how to distinguish  
16 feigned dissociative disorders.

17 Q. Aren't there specialized tests to check for  
18 malingering?

19 A. Yes.

20 Q. Now the one you administered is I think the  
21 M-FAST?

22 A. Yes.

23 Q. What does that stand for?

24 A. The Miller Forensic Assessment Test.

25 Q. Would you say that in the forensic community

1 that's the most reliable test for testing malingering?

2 A. It's one that's used often.

3 Q. Is it the most reliable?

4 A. I'm not sure if I'd say the most reliable.  
5 It's a good one.

6 Q. Okay. Now you're aware that there's several  
7 other tests that exist that are perhaps more detailed,  
8 more complete, maybe even more reliable than the  
9 M-FAST?

10 A. So what you do when you have limited time --

11 Q. I'm asking if you're aware of those other  
12 tests?

13 A. Of course I'm aware.

14 Q. Those tests include the SIRS, which is the  
15 Structured Interview of Reported Symptoms?

16 A. Yes.

17 Q. Did you administer a SIRS to the Defendant?

18 A. I did not because she passed the screening  
19 test.

20 Q. Now the MMPI-2, the Minnesota Multi Phasic  
21 Personality Inventory, did you administer that?

22 A. No, because my research shows that it's not  
23 a valid test to use with dissociative disorders  
24 patients.

25 Q. Now the Structured Interview of Malingering

1 Symptomology, the SIMS test, you're familiar with  
2 that?

3 A. Yes.

4 Q. Did you inter -- did you, and this is a yes  
5 or no question, did you administer that test?

6 A. No, it's not valid with these patients.

7 Q. How about the tests of memory malingering,  
8 this is someone who's alleged to have significant  
9 amounts of amnesia, did you administer the TOMM?

10 A. I brought it with me, but because she had  
11 passed the other things and I was scoring these at  
12 lunchtime so I knew that she had passed, there was not  
13 a need to do additional testing.

14 Q. And at that point you did not have the  
15 collateral information from the Police reports to  
16 double check what she was saying to you and to double  
17 check what these tests said, at that point?

18 A. I -- I'm not sure if I understood your  
19 question. I actually scored things at lunch.

20 Q. Uh-huh.

21 A. And knew that she had passed all three of  
22 the validity tests that I gave her. That was  
23 sufficient to move on into looking at the different  
24 disorders.

25 Q. Now your interview of her when you

1 administered these tests occurred on October 7th of  
2 2015?

3 A. Yes.

4 Q. Are you aware that the previous Summer,  
5 let's say between May and August, she had actually  
6 spoken to another inmate about her intentions  
7 regarding her psychiatric defense?

8 A. I know that was alleged.

9 Q. You know it was alleged, did you see the  
10 statement that that person had made?

11 A. At some point I actually think I did see  
12 that, or was told about it.

13 Q. A woman by the name of Megan Scott?

14 A. Yeah.

15 Q. So you're aware that several months prior to  
16 you meeting with the Defendant she had actually  
17 discussed the events of May the 20th with that person?

18 A. That is my understanding what Megan Scott  
19 said happened.

20 Q. Okay. And you never interviewed Megan  
21 Scott?

22 A. No.

23 Q. You never administered her any tests to  
24 check her credibility?

25 A. No, but my understanding is she has a very,

1 very long history of all kinds of illegal behavior.

2 Q. What's your source of information for that?

3 A. It's the attorneys in the case.

4 Q. Mr. Farmer told you that?

5 A. Yes.

6 Q. So he gave you information about Ms. Scott's  
7 background but not all the information about the  
8 Conway background?

9 A. Yes.

10 Q. Okay. Now you're aware that Ms. Scott, when  
11 she spoke to the Defendant, that the Defendant had  
12 told her that about a month before the murder her and  
13 her son had started planning it; you're aware that  
14 that's what Ms. Scott says the Defendant told her?

15 A. I know that's what Ms. Scott told her. She  
16 didn't tell her husband of 30 years --

17 Q. Again, you'll be able to add stuff on  
18 redirect, I'm just asking what you're aware of.

19 MR. FARMER: Objection, Your Honor. If he's  
20 not going to let her explain it, this --

21 THE COURT: Well that was an explanation,  
22 I'll allow her to answer the question, then she can  
23 explain it if she wishes. If she doesn't on, in this  
24 answer, you can ask her.

25 Next question.



1 BY MR. GRANADOS:

2 Q. So, Dr. Brand, are you aware, and this is a  
3 yes or a no, that according to Ms. Scott, the  
4 Defendant told her --

5 MR. FARMER: Your Honor, objection, hearsay  
6 within hearsay, and he's not going to permit her to  
7 respond.

8 THE COURT: She's allowed for the same  
9 reason you were allowed to ask her questions based on  
10 evidence that's not in, he can do the same on cross.

11 BY MR. GRANADOS:

12 Q. So, Dr. Brand, and again, I'm trying to get  
13 at what you do when, before writing the report or  
14 giving your opinion.

15 And again, this is a yes or no; are you  
16 aware that according to Ms. Scott, and this is  
17 somebody who talked to the Defendant before you did,  
18 the Defendant told her that she discussed with her son  
19 about planning this murder about a month before it  
20 happened?

21 A. I understand that's what she said.

22 Q. Okay. Are you aware that Ms. Scott also  
23 said Ms. Conway had told her that they discussed  
24 different ways that they could do it?

25 A. I don't remember that specifically as

1 something that she said, but.

2 Q. You don't remember her saying that  
3 Ms. Conway had discussed possibly a murder/suicide, or  
4 making it look like a robbery?

5 A. No.

6 Q. Okay. Do you recall or are you aware that  
7 Ms. Scott reported the Defendant had told her that on  
8 May 20th her son dropped her off in the area of  
9 Toys-R-Us, or close to it on Mall Circle?

10 A. Not aware of that.

11 Q. You read the report regarding her statement,  
12 right?

13 A. I'm actually not certain if I saw that  
14 report or if Mr. Farmer told me about this inmate's  
15 report of what supposedly Ms. Conway said.

16 Q. Well let's get to this, did he tell you that  
17 according to Ms. Scott, his client had said their plan  
18 was to make it look like a robbery?

19 A. I don't recall.

20 Q. Do you recall being told by Mr. Farmer or  
21 reading it in the report that according to Ms. Scott  
22 the Defendant had said that her intent all along was  
23 to shoot and kill both of them?

24 A. I don't recall.

25 Q. Do you recall or were you aware that the

1 Defendant told Ms. Scott Krystal messed the plan up  
2 when she jumped out of the vehicle which Caroline  
3 wasn't expecting and hadn't planned for?

4 A. I don't recall that level of detail.

5 Q. Do you recall Ms. Scott reporting that the  
6 Defendant told her that after the shooting, she tried  
7 to go home to change her clothes so there wouldn't be  
8 any evidence of her being in the Jeep?

9 A. I don't recall that detail.

10 Q. Do you recall or were you aware that the  
11 Defendant stated to Ms. Scott she was concerned about,  
12 quote, GSR and blood?

13 A. I actually do remember that, yes.

14 Q. Do you recall Ms. Scott reporting that the  
15 Defendant told her that the only thing she didn't --  
16 the only thing she regretted was not shooting Krystal  
17 first?

18 A. I don't recall.

19 Q. You would agree that if the Defendant gave  
20 this description of the events of May the 20th to  
21 Ms. Scott, that directly contradicts her claim of  
22 amnesia?

23 A. The amnesia is at the crime, during the  
24 crimes and as I was saying earlier how amnesia can wax  
25 and wane, that level of detail and that level of

1 conversation is completely out of character with this  
2 Defendant. She didn't tell her husband of 30 years  
3 that she had been severely, savagely sexually abused  
4 throughout her childhood.

5 Q. This is according to her husband, right?

6 A. Yes.

7 Q. Okay.

8 A. He was startled when he found this out when  
9 she was in jail.

10 Q. This is the same guy that lied to you about  
11 the electric bill?

12 A. Okay, electric bill, but he didn't know --  
13 he was startled by this. She's going to go and reveal  
14 very private information to an inmate when States make  
15 all kinds of deals with inmates who have, you know,  
16 long legal histories and a lot to benefit from saying  
17 whatever they need to to get out of jail, seems highly  
18 improbable that she had that conversation to me.

19 Q. Now do you know or are you aware that  
20 Ms. Scott reported that the Defendant told her in the  
21 months preceding your interview of the Defendant that  
22 her defense was going to be that Robert was sexually  
23 abusing the children and that no jury would ever  
24 convict her; are you aware of that?

25 A. No.

1 Q. Are you aware that the Defendant told  
2 Ms. Scott she planned on using this in her, quote,  
3 unquote, psych defense?

4 MR. FARMER: Objection, Your Honor.

5 THE COURT: Sustained.

6 MR. FARMER: Which, which time, which time  
7 did she say that?

8 MR. COVINGTON: Objection, Your Honor.  
9 Let's not argue in front of the jury.

10 THE COURT: Well if we're going to have  
11 speaking objections, they're going to be at the bench.

12 MR. FARMER: Forgive me, I got excited.

13 THE COURT: Okay. Repeat the question.

14 BY MR. GRANADOS:

15 Q. Dr. Brand, are you aware that according to  
16 Ms. Scott the Defendant told her she never believed  
17 that anyone was actually sexually abusing the  
18 children, only that Robert had gotten a little rough  
19 with one of the children when he grabbed them?

20 A. This is becoming farcical what this woman is  
21 saying. I don't believe it.

22 Q. I didn't ask you for a commentary on her  
23 credibility.

24 Are you aware that she said that?

25 A. No, I'm not aware if she said that.

1 Q. And you've never met this person?

2 A. No.

3 Q. Never interviewed her?

4 A. No.

5 Q. You may not have ever read her report, her  
6 statement, you're telling me you don't remember  
7 whether you read it?

8 A. Okay.

9 Q. So Mr. Farmer may not have given you a  
10 report that told you --

11 MR. FARMER: Objection, Your Honor.

12 THE COURT: Sustained.

13 MR. FARMER: Objection, just to clarify,  
14 report versus recorded interview.

15 THE COURT: Clarify the question.

16 MR. GRANADOS: Okay.

17 BY MR. GRANADOS:

18 Q. Her statement to the Police, a Police report  
19 with Megan Scott's statement in it, was that ever  
20 provided to you by the Defense?

21 A. I don't believe so.

22 Q. But they did take the time to tell you about  
23 her criminal history?

24 A. And the statement, the GSR, it seems so  
25 unlikely that she knew these specific legal terms

1 without having been coached.

2 Q. This is based on your seven hour interview  
3 with her?

4 A. No, that was with Ms. Conway.

5 Q. I know, your seven hour interview with  
6 Ms. Conway, you think that she's been coached to say  
7 GSR?

8 A. No, Ms. Scott.

9 Q. Oh, so the State's coaching her on GSR now,  
10 that's your opinion?

11 A. I don't know who's coaching her, but it  
12 sounds like she has some really interesting knowledge  
13 about legal proceedings and, and such.

14 Q. You're aware that in her interview she said  
15 she didn't know what GSR is?

16 A. But she used the term?

17 Q. Okay. So your suspicious of Ms. Scott, whom  
18 you've never met but you believe the Conways who lied  
19 to you?

20 A. I've seen Ms. Conway's psych testing, I've  
21 spent seven hours with her. I have more faith in my  
22 opinion of her than in a woman who has a lot to gain  
23 from lying about things.

24 Q. Now I just want to be clear where we stand  
25 on this, you were hired by the Defense in this case?

1 A. Yes.

2 Q. And it was the Defense that was the conduit  
3 of information, if you will, the Defense team are the  
4 ones that were giving you the collateral data?

5 A. Well with, except for the whole day that I  
6 met with Ms. Conway, yes.

7 Q. Okay. And you're aware, based on your  
8 involvements with the legal system, that the State  
9 actually has legal obligations to turn over Police  
10 reports in discovery in a timely way to the Defense?

11 A. Yes.

12 Q. Now you are being paid for the opinions  
13 you've rendered in this case?

14 A. I'm being paid for my expertise and for  
15 examining Ms. Conway.

16 Q. How much?

17 A. I charge 350 an hour.

18 Q. Does that include Court time?

19 A. All the time, I bill at 350.

20 Q. All right. Do you get paid less if you  
21 don't testify?

22 A. If I do less hours I get paid less, if I do  
23 more, I get paid more.

24 MR. GRANADOS: All right, no further  
25 questions.



1 THE COURT: Redirect?

2 MR. FARMER: Your Honor, can we take a brief  
3 recess.

4 THE COURT: We'll take a brief recess, five  
5 minutes, which will turn into ten.

6 COURT CLERK: All rise.

7 (Recessed 3:12 p.m.)

8 (Reconvened 3:24 p.m.)

9 (Whereupon, the following occurred outside  
10 the presence of the Jury.)

11 MR. COVINGTON: Your Honor, I'm just going  
12 to run to the restroom real quick, but you can --  
13 don't wait for me.

14 THE COURT: Okay. You can have a seat,  
15 ma'am.

16 You probably want to stretch, but you can  
17 have a seat, unless you want to stretch.

18 THE WITNESS: I stood up quite awhile, thank  
19 you.

20 MR. FARMER: Your Honor, I apologize, I was  
21 just sitting down the hall, I, forgive me.

22 THE COURT: Oh, all right. We thought it  
23 was a health emergency, we were worried about you.

24 The, all right. We -- bring the jury in.

25 Counsel, while the jury's coming in, come on

1 up for a moment.

2 (Whereupon, Counsel approached the Bench and  
3 the following occurred:)

4 THE COURT: Not, I'm still going to try to  
5 get your State's witness in. How is that looking?

6 MR. COVINGTON: Your Honor, our expert --

7 THE COURT: Yeah.

8 MR. COVINGTON: -- I mean at this stage, not  
9 good, tonight, I'm talking about.

10 THE COURT: Well let me just make a couple  
11 of things just so that everybody is clear on what I'm  
12 doing and it doesn't look like I'm doing one thing one  
13 minute and another some other minute.

14 MR. COVINGTON: Right. Right.

15 THE COURT: You're going to do redirect.

16 MR. FARMER: Yes, sir.

17 THE COURT: I'm not unaware, having actually  
18 worked for a living before I went on the bench that  
19 the right to redirect is absolute, the right to  
20 anything after that isn't.

21 MR. GRANADOS: Uh-huh.

22 THE COURT: That goes for both sides.

23 MR. FARMER: Yes, sir.

24 MR. GRANADOS: Uh-huh.

25 THE COURT: I've been exercising discretion

1 in saying, okay, you know, this is, you know,  
2 obviously an important case and I'll continue to do  
3 that, but there are limits, okay. So with that in  
4 mind, if you have like a, when he's done I'm going to  
5 say, but whoever is, witness it is, which in this case  
6 is the Defense, will have the last word, period.

7 MR. FARMER: Yes, sir.

8 MR. GRANADOS: Uh-huh.

9 THE COURT: Okay. And so that's the law in  
10 a nutshell and that's what I'm following.

11 I was just telling Chris that there were  
12 Judges at least that I appeared in front of whose  
13 attitude was you'd redirect and then everybody's done  
14 and that's the end of that --

15 MR. GRANADOS: Yeah.

16 THE COURT: -- but I'm not --

17 MR. GRANADOS: Yeah, Judge West is that way.

18 THE COURT: -- doing it.

19 MR. GRANADOS: He says there's no such thing  
20 as recross.

21 THE COURT: Well there isn't, but the law is  
22 that if you want it to be you can, and not much  
23 anybody can do about it as long as it's not abusive.

24 But anyway, that's what we're doing.

25 MR. FARMER: In an effort to find the truth

1 I believe you said yesterday.

2 THE COURT: Yes, yes, it's a novel approach,  
3 but we'll do that, okay. So we'll do redirect and  
4 then we'll talk about whether, what to do with your --

5 (Whereupon, Counsel returned to trial tables  
6 and the following occurred in open Court:)

7 (Whereupon, the Jury entered the Courtroom  
8 and the following occurred in open Court.)

9 THE COURT: All right. The jury's back and  
10 you may redirect.

11 REDIRECT EXAMINATION

12 BY MR. FARMER:

13 Q. Good afternoon.

14 A. Good afternoon.

15 Q. Before today, had you and I ever met?

16 A. No.

17 Q. In person?

18 A. No.

19 Q. Any of the things that I told you such as  
20 about Megan Scott and her criminal history, such as  
21 about the facts of this case and everything else that  
22 I might have told you, in your review of everything,  
23 to include the Police reports which you were provided  
24 and you reviewed, has anything that I said been either  
25 wrong, false or leading you in one way or the other?

1           A.       No.

2                   MR. FARMER:  Your Honor, may I sit down with  
3  this witness?

4                   THE COURT:  Yes.

5                   MR. FARMER:  Thank you.

6                   BY MR. FARMER:

7           Q.       Ma'am, you were, or Mr. Granados seemed to  
8  be a little critical of the methodology with which you  
9  took regarding the evaluation of Mrs. Conway and at  
10 some point reviewing additional reports; do you recall  
11 that?

12           A.       Yes.

13           Q.       Firstly, before reviewing or making your  
14 opinion that you rendered, the first report that you  
15 provided with your opinion --

16           A.       Correct.

17           Q.       -- before doing that, you did, in fact,  
18 review the affidavit in support for an application for  
19 a search warrant?

20           A.       Yes.

21           Q.       What, if anything, is your understanding of  
22 what happened as far as what your understanding was at  
23 that time of what happened in this instant as far as  
24 facts?

25           A.       Caroline went to the McDonald's --

1 THE COURT: Okay, hold on one second. You  
2 can't hear? Okay. Speak up.

3 MR. FARMER: Is it me or is it her?, I'm, I  
4 feel like I'm loud.

5 THE WITNESS: Okay.

6 THE COURT: Thank you.

7 THE WITNESS: That's the first time I've  
8 ever been told I'm too quiet.

9 THE COURT: Thank you for telling us. Okay,  
10 ma'am.

11 THE WITNESS: That Caroline went to the  
12 McDonald's and shot both Robert and Krystal Mange,  
13 killing Robert, and Krystal, injuring her very  
14 severely when she was pregnant and then she walked  
15 away from McDonald's.

16 BY MR. FARMER:

17 Q. As far as before, before you rendered your  
18 opinion, you indicated you were aware that she walked  
19 away from the scene?

20 A. Yes.

21 Q. Your review, does your subsequent review of  
22 witness accounts change or support the facts that you  
23 believed at that time?

24 A. They supported it, they were consistent with  
25 it.

1 Q. Okay. In fact, let me ask it this way, you  
2 did review at a later time witness accounts at the  
3 scene of the McDonald's?

4 A. I don't believe I saw those, to be honest.

5 Q. Okay. Did you review Police reports which  
6 discussed what her conduct was, whatever the Police  
7 reports or discovery was?

8 A. Yes, yes.

9 Q. Okay. And what did those Police reports  
10 indicate as far as what she did at the time of the  
11 shooting or shortly thereafter the shooting?

12 A. That she got in to the car, shot both people  
13 multiple times, Krystal got out, that she went after  
14 her, continued shooting, then she left. Described her  
15 clothing being dark clothing with the hoodie on.  
16 Krystal's statement talked about her, Caroline,  
17 ordering Krystal to call Robert and I'm, I'm sorry,  
18 Richard, and to tell him to stay away with the kids,  
19 to go to a different place, not to come to McDonald's.

20 Q. And what about -- okay, so that was the  
21 shooting -- and then, okay. The shooting in the car?

22 A. Yes.

23 Q. And then what about after, after the  
24 shooting, what facts did you learn from the discovery  
25 and everything that you reviewed after the fact that

1 you, when you reviewed those reports, what facts did  
2 they discuss that either confirmed or denied what you  
3 believed initially?

4 A. That they went to the Gale's, you had  
5 already told me that, but that they went to the Gale's  
6 house and she talked to both the husband and the wife,  
7 told them what, that she had shot them, asked to use  
8 the restroom, apparently changed her clothing, asked  
9 for a trash bag. I don't believe her clothing was  
10 ever found, but she was wearing a bright yellow shirt  
11 instead of the hoodie.

12 Q. Okay.

13 A. They told her to turn herself --

14 Q. Here's what I want to ask you and I'd like  
15 to be clear on this point, all of that that you  
16 reviewed after the fact, all of the facts as far as  
17 what happened at the McDonald's and shortly after the  
18 McDonald's and in the following day up and through  
19 Detective Elliott's interview, was there anything  
20 there as far as the facts as to what occurred that was  
21 inconsistent with what you believed when you rendered  
22 your opinion in that first report?

23 A. Nothing, nothing was different.

24 Q. And the questions were asked about what I  
25 told you.



1           Anything that I told you about the facts,  
2 were those supported in what you reviewed in your  
3 opinion that you're rendering here today?

4           A.     Yes, they were consistent with what you had  
5 told me.

6           Q.     Ma'am, you indicated that you did a seven  
7 hour interview of many tests of Caroline Conway,  
8 correct?

9           A.     Yes.

10          Q.     I don't want to use the term rigorous, if  
11 it's, if it was not, would you, how do you feel that  
12 you did in terms of your sufficiency and completeness  
13 with regards to those tests?

14          A.     I think I, I did a rigorous job. I selected  
15 a variety of tests that would look at different  
16 alternative hypotheses. She could have shown herself  
17 to be psychopathic, which is very possible in a  
18 murderer, to be malingering or exaggerating her  
19 problems and then looking at through the interview a  
20 range of psychiatric disorders and then following up  
21 more specifically about the disorders that it looked  
22 like she had, I followed up and did more careful  
23 assessment using multiple tests.

24          Q.     Okay. And I don't want to get back into all  
25 of that that you went through --

1           A.     Right.

2           Q.     -- on direct that you weren't discussing on  
3 cross, I'm going to focus on what Mr. Granados  
4 discussed with you on, on cross.

5                     You were aware that Caroline Conway walked  
6 to the crime scene?

7           A.     Yes.

8           Q.     That she did so in broad daylight?

9           A.     Yes.

10          Q.     That she got into a vehicle?

11          A.     Yes.

12          Q.     And is that perfectly rational and  
13 reasonable, just doing those things alone?

14          A.     You mean minus the shooting?

15          Q.     Yes.

16          A.     Yes.

17          Q.     I mean if a person who has their wits about  
18 them certainly would be able to do those things?

19          A.     Yes.

20          Q.     That could be, could be perfectly rational,  
21 logical?

22          A.     Yes.

23          Q.     That she could do so at a McDonald's at  
24 5:35, 45 in the afternoon?

25          A.     Correct.

1 Q. Where there are many surveillance videos --  
2 or I'm sorry, surveillance cameras?

3 A. Yes.

4 Q. Do so with no mask on?

5 A. Yes.

6 Q. Doing it with her son's service weapon?

7 A. I want to be clear when you're asking me,  
8 are you saying that somebody who is sane could do  
9 these things or somebody who is insane? I'm not sure  
10 quite what you're wanting me to opine about.

11 Q. I'm saying that those things in and of  
12 themselves, taken alone, basically everything that  
13 Mr. Granados asked you about, all of the facts that  
14 you're aware of that Ms. Conway actually did on that  
15 day, taken alone, without an understanding of her  
16 entire history, taken alone, those things could be  
17 perfectly reasonable and rational?

18 A. Yes, correct.

19 Q. Not reasonable to shoot people, but --

20 A. Right.

21 Q. -- rational thought, correct?

22 A. Yes.

23 Q. To do so -- well let me ask you this, is it  
24 perfectly rational and reasonable to do so without a  
25 mask on?

1           A.     Many criminals put on masks or in some way  
2 really try and hide their face much more carefully  
3 than she did.

4           Q.     But if one is trying to hide their face,  
5 would they not realize when they walk over and shoot  
6 someone when they don't have their face fully covered  
7 and there's a girl about a few feet away from her in  
8 broad daylight?

9           A.     Starts to sound pretty illogical.

10          Q.     And not only when she shot the person the  
11 first time, but when she walked over and continued to  
12 shoot this person in broad daylight.

13                   Now, are you aware that she did, in fact,  
14 put the hood on her sweatshirt up?

15          A.     Yes.

16          Q.     Are you aware that before she got into the  
17 woods a witness, Mr. Lok, actually saw her with the  
18 sweatshirt off?

19          A.     Yes.

20          Q.     And then still being in broad daylight,  
21 within view of many people, are you aware that she  
22 then put it back on?

23          A.     Yes.

24          Q.     And that she walked, maybe walked fast  
25 through the woods?

1 A. Yes.

2 Q. And the surveillance videos, you didn't  
3 watch all the surveillance videos?

4 A. No.

5 Q. If the surveillance videos showed her  
6 walking, or walking fast through either the road, 301,  
7 through the parking lot or anything of that nature,  
8 would that change or actually support your opinion?

9 A. If she was walking quickly?

10 Q. Yes.

11 A. I mean you don't take any one data point out  
12 of context. I would note that and wonder why is she  
13 walking quickly, but I would still look at all the  
14 data together and look at the preponderance of  
15 evidence to make my opinion.

16 Q. Now certainly, as you were questioned on  
17 cross-examination, it would be very rational,  
18 reasonable, methodical and planned to actually take a  
19 prepaid cell phone and make a phone call from that?

20 A. Yes, that sounds pretty methodical.

21 Q. Now, same question, reasonable, rational,  
22 methodical and pre-planned if there's a murder plot to  
23 call a phone that is traceable? That --

24 A. That starts to sound less logical.

25 Q. Now if there was a plan in place, wouldn't

1 it have made more rational and more logical sense if  
2 there's any chance of getting away with it that you  
3 would actually call another prepaid cell phone? In  
4 fact, isn't it very easy to look at cell phone  
5 records?

6 A. Yes.

7 Q. Further, is it rational and logical to,  
8 after getting in a vehicle with her son and two  
9 grandchildren, to go to an acquaintance's home?  
10 Do you believe that's rational or  
11 reasonable?

12 A. After shootings, no, that starts to not make  
13 much sense to me.

14 Q. Well, ma'am, what about confessing to those  
15 people who are acquaintances?

16 A. That is highly illogical to me. These were  
17 not close friends.

18 Q. You were unable to -- you were not here  
19 listening to the witness' testimony?

20 A. No.

21 Q. Would it support your opinion or actually  
22 hurt your opinion if I were, if you were to hear that  
23 both Mr. and Mrs. Gale said, without indication, they  
24 thought that they were -- that they thought she was  
25 crazy?

1           A.     Oh, I did not know that, and yes, that would  
2     support my opinion.

3           Q.     In fact, these people could not believe it,  
4     so they didn't even call the Police that day, would  
5     that support or hurt your opinion?

6           A.     Support.

7           Q.     And you already indicated they were there at  
8     the Gale's house, you are aware that they requested a  
9     trash bag at that point?

10          A.     Yes.

11          Q.     That they requested a change of clothes at  
12     that point?

13          A.     Yes.

14          Q.     Is that reasonable or rational?

15          A.     It's not hiding your tracks very well, it's  
16     very, very poorly planned, not very logical.

17          Q.     Now after doing all of this, you are aware  
18     and you did see the interview that she had with  
19     Detective Elliott?

20          A.     Yes.

21          Q.     And after doing all of that that we  
22     discussed, the McDonald's, in front of every --  
23     people, broad daylight, putting her hood on and then  
24     taking her hood -- whole entire sweatshirt off before  
25     putting it back on, and then walking across the

1 street, not through sections of woods but, in fact,  
2 through a convenience store that has a surveillance  
3 video, does that seem reasonable or logical to you,  
4 ma'am?

5 A. No.

6 Q. Does it seem reasonable or logical to you  
7 that after all of this she would tell the Detective  
8 that she wasn't even at the McDonald's and believed  
9 that she could get away with that?

10 A. This is the part that's most illogical to  
11 me, there's just no way somebody can have all those  
12 witnesses, cameras and in a sane mind think they can  
13 tell the Detective I wasn't there, I didn't do it,  
14 calm as can be. That's just not sane.

15 Q. To a reasonable degree of psychological  
16 certainty, you already testified about your opinion on  
17 direct, all of what we just discussed a moment ago and  
18 all of what Mr. Granados cross-examined you on, her  
19 entire statement to the Detective and these other  
20 witness accounts, do you still have the same opinion  
21 that you rendered?

22 A. Yes, I still have the same opinion.

23 Q. You were also asked about the DSS  
24 investigation, Department of Social Services  
25 investigation and you already indicated earlier that



1 that was a part of your opinion that the call that she  
2 got from the Department of -- I'm sorry, the call that  
3 was got by a family member was a trigger?

4 A. Yes.

5 Q. Did you have the opinion that immediately  
6 upon learning that that she went black and that she  
7 has no memory whatsoever?

8 A. I wouldn't expect it would necessarily be  
9 immediately total black, it's just not like a light  
10 switch, on again, off again.

11 Q. You were asked about, excuse me, I, my  
12 throat is dry, do you need any water, by the way?

13 A. That would be great, thank you. Thanks.

14 Q. You were asked about memory, you were asked  
15 a lot of questions about memory.

16 In fact, you were asked about her memory  
17 when she told you, when you interviewed her on that  
18 day for seven hours, you were asked about what she  
19 remembered on that day about the shooting. She did  
20 not deny 100 percent memory of the entire day?

21 A. No, she could remember approaching the car.

22 Q. I'm being loud, I don't know if you are.

23 And on that day she said she was approaching  
24 a car?

25 A. Yes.

1 Q. And that was, what, approximately a year ago  
2 or so?

3 A. May -- you mean from when I interviewed her?

4 Q. From the date of your interview.

5 A. Yeah, a little bit more than a year.

6 Q. Okay. Now take it a year later, would it  
7 support your opinion or would it hurt your opinion if  
8 her testimony or her memory of, right now is exactly  
9 the same or if it's slightly different?

10 A. The nature of memory in general, memory  
11 changes and fades. With dissociative amnesia, there  
12 can be shifting around, that is pretty typical, so I  
13 would expect there to be some shifting, at times.  
14 That's more typical. For --

15 Q. So, forgive me, so specifically she told you  
16 when you first met with her she remembers, she doesn't  
17 remember everything, she told you that she remembers  
18 bits and pieces; is that correct?

19 A. That's right.

20 Q. Okay. And she specifically said she  
21 remembers the vehicle or approaching the vehicle,  
22 getting in the vehicle?

23 A. Yes.

24 Q. Okay. At a later time, a year later, if her  
25 memory, it doesn't remember that part but actually

1 remembers a different part of getting into the vehicle  
2 or something like that, would that be consistent with  
3 your diagnosis or would it be inconsistent?

4 A. It's consistent with dissociative amnesia,  
5 which is part of the other specified dissociative  
6 disorder I diagnosed her with.

7 Q. Okay. In fact, if she said the same exact  
8 thing she told you a year ago, would that support or  
9 would that contradict your opinion?

10 A. Then I'd be just a bit suspicious. It's a  
11 little canned, it's a little too sterile, that's not  
12 typically how memory is, especially with dissociative  
13 amnesia.

14 Q. Forgive me, I got distracted by the water, I  
15 started ask you about the Department of Social  
16 Services and you were, you were questioned by  
17 Mr. Granados regarding the Department of Social  
18 Services and what you knew and what you did not know;  
19 do you remember that?

20 A. Yes.

21 Q. You were asked about what your awareness  
22 level of, was of certain things; is that correct?

23 A. Yes.

24 Q. Are you aware that the, excuse me, that the  
25 investigation was unfounded?

1 A. Yes. With Montana you mean?

2 Q. Yeah, well regarding Krystal and Montana?

3 A. Yes, yes.

4 Q. Are you aware that Krystal Mange came into  
5 Court and actually testified that she lied to DSS  
6 about her address?

7 MR. GRANADOS: Objection, Your Honor.

8 THE COURT: Sustained.

9 MR. FARMER: Okay.

10 BY MR. FARMER:

11 Q. Are you, are you aware that the unfounded  
12 disposition was in part based on, at least in part  
13 based on the DSS understanding that Krystal and Robert  
14 resided with their mother?

15 MR. GRANADOS: Objection.

16 THE COURT: Sustained.

17 BY MR. FARMER:

18 Q. You were asked questions about what videos  
19 you saw and didn't see?

20 A. Yes.

21 Q. You were asked questions about the video in  
22 the, the DSS video, the interview of Gabriel?

23 A. Yes.

24 Q. You did not see, you did not see those?

25 A. I did not see those.

1 Q. Did you see, you, you were asked whether you  
2 saw all of the text messages exchanged between  
3 Mrs. Caroline Conway and Richard Conway, correct?

4 A. Yes.

5 Q. And you were asked about actual phone calls  
6 between Mr. and Mrs. Conway; is that correct?

7 A. Yes.

8 Q. You didn't review all the call records or  
9 call history?

10 A. Not all of them, they were substantial.

11 Q. Okay. Did you review any videos that were  
12 taken from either phone?

13 A. No.

14 Q. Did you review any videos showing Montana  
15 Christensen being with Krystal late in the evenings?

16 MR. GRANADOS: Objection.

17 THE COURT: Sustained.

18 BY MR. FARMER:

19 Q. Okay, I'm going to reference your attention  
20 to the questioning regarding the timing of the phone  
21 call.

22 Without referencing the exhibit, do you  
23 recall when Mr. Granados approached you regarding --  
24 oh, here we go, State's Exhibit Number 387, regarding  
25 a conversation that the Police Officer had with

1 Richard Conway, Senior, her husband?

2 A. Yes.

3 Q. Do you remember him asking you, it was at a  
4 certain time and would that change your opinion?

5 A. I'm sorry, with, would what?

6 Q. That a phone call made at a certain time  
7 after -- or actually I'm not sure whether -- before,  
8 before the shooting, at a certain time before the  
9 shooting that my client, Caroline Conway, and Richard  
10 Conway, or at least their phones were in the same  
11 vicinity?

12 A. And that there was a call between them?

13 Q. Yes.

14 A. And you're asking me would that change my  
15 opinion about her diagnoses?

16 Q. I'm asking you do you recall Mr. Granados  
17 asking you about that specifically?

18 A. Yes, yes.

19 Q. Okay. And now I'm asking you, you have to  
20 evaluate various sources in connection with rendering  
21 your opinions?

22 A. Correct.

23 Q. And to include corroboration with other  
24 sources?

25 A. Correct.

1 Q. Do you find more trustworthy a Police's  
2 report or actual call records?

3 A. Actual call records.

4 Q. You were asked questions about Mrs. Caroline  
5 Conway and her voracity regarding whether or not she  
6 was sexually abused and raped as a child?

7 A. Yes.

8 Q. You were asked the same questions about  
9 Stardust Faci and her voracity and whether or not she  
10 was sexually abused and raped as a child?

11 A. Yes.

12 Q. Do you have an opinion as to whether  
13 Ms. Stardust Faci was being untruthful to you?

14 MR. GRANADOS: Objection, Your Honor.

15 THE COURT: Sustained. That's not for her  
16 to decide.

17 BY MR. FARMER:

18 Q. You see corroborating evidence with regards  
19 to many of your opinions in this case?

20 A. Yes.

21 Q. Do you see corroboration regarding many of  
22 the facts in this case to include, potentially a  
23 corroborating fact would be bills of the water bills,  
24 correct?

25 A. Yes.

1 Q. I'm going to approach you with what has been  
2 marked State's Exhibit Number 366, which I believe has  
3 been entered into evidence.

4 And you looked at these and you were  
5 questioned about these?

6 A. Yes.

7 Q. And this is all collectively one exhibited,  
8 but it is actually for various periods?

9 A. Yes.

10 Q. Now you reviewed and you were asked about  
11 the amounts, the charges for each of these. Now the  
12 date of the first page being February 23, 2015, I'll  
13 reference your attention to that, the due date.

14 A. Yes.

15 Q. And the, the water reading would be from  
16 October to January?

17 A. Yes.

18 Q. And that's a three-month period?

19 A. Right.

20 Q. And the next page, State's Exhibit 366, the  
21 next page it would, it would show you the three-month  
22 period directly after that period; is that correct?

23 A. Yes.

24 Q. And if I reference your attention to what  
25 I'm pointing at here, that's January to April 2015?



1 A. Correct.

2 Q. And does it break down month by month or  
3 week by week?

4 A. No, it doesn't.

5 Q. In fact, it's a three-month period?

6 A. Yes.

7 Q. And so are you able to tell from reviewing  
8 these exactly the amount or at least close to the  
9 amount 30 days, 30 days, 30 days, or is it only based  
10 on three months?

11 A. The lump amount.

12 Q. Okay. So you can't really tell whether  
13 there was, anything used more in one particular month  
14 or another?

15 A. No.

16 Q. Okay. And now the last one, the due date is  
17 August 22nd, 2015; is that right?

18 A. Yes.

19 Q. Okay. And the reading date is April 13th,  
20 2015, through July 13th, 2015?

21 A. Yep.

22 Q. And this balance is 155 dollars -- \$155.97  
23 to be exact?

24 A. Yes.

25 Q. In fact, that's significantly less?

1 A. It is.

2 Q. And this is the reading between April and  
3 July 2015; is that correct?

4 A. Yes.

5 Q. These are the water bills?

6 A. Yes.

7 Q. And it was your testimony that the Conways,  
8 Richard Conway, Amber Conway and Rowena Conway told  
9 you that she was incessantly washing dishes and  
10 running, doing laundry more often?

11 A. Yes.

12 Q. And during the period of April to June 2015,  
13 do you know where Ms. Caroline Conway was?

14 A. She was in jail.

15 Q. Well --

16 A. Well, May, I'm sorry, May 20th.

17 Q. Starting May 20th, 2015, for those two  
18 months she was in jail?

19 A. Right.

20 Q. Okay. And so this, this three months, two  
21 months being when Caroline Conway was not there?

22 A. Yes.

23 Q. That's significantly less than the other  
24 two, isn't it?

25 A. There's a big drop in the water usage.

1 Q. Do you believe for your, to render your  
2 opinion and corroborating with evidence, do you  
3 believe it's more important to look at water bills or  
4 electric bills?

5 A. In my house if we try and cut back, we can  
6 see a difference in the water much more easily than in  
7 the electric, so I think water is a little bit more  
8 sensitive to change and use.

9 Q. Water, okay. Because with water bills --  
10 I'm sorry, with water or water bills or water usage,  
11 it's actually directly usage of water, period,  
12 correct?

13 A. Right.

14 Q. However, and there were how many people  
15 residing at the home before May 20th, 2015, if you  
16 know?

17 A. Seven or.

18 Q. You said seven?

19 A. That's an estimate.

20 Q. Right. And then, well there's, there's  
21 Caroline, Richard, Amber, Rowena, and Richard and then  
22 the two grand babies for the 10 out of the 14 -- is  
23 that seven?

24 A. Yeah.

25 Q. Okay. In fact, aren't there many factors

1 that contribute to an electric bill that have nothing  
2 to do with water --

3 A. Yes.

4 Q. -- or washing dishes?

5 A. Sure.

6 MR. GRANADOS: Objection, Your Honor.

7 THE COURT: Sustained. That's enough on  
8 water bills and electric bills.

9 MR. FARMER: Okay.

10 BY MR. FARMER:

11 Q. You were asked about Megan Scott, do you  
12 remember that?

13 A. Yes.

14 Q. You were asked if you were aware that Megan  
15 Scott had said many things that my client allegedly  
16 told her; do you remember that?

17 A. Yes.

18 Q. You were, you were asked questions about  
19 whether Megan Scott said that she had no regrets  
20 except she didn't kill Krystal; do you remember that?

21 A. Yes.

22 Q. You were asked regarding Megan Scott and her  
23 saying that this, one of the plans, they had many  
24 plans, correct?

25 A. Yes.

1 Q. Did you hear anything about, did you get any  
2 corroborating evidence from any source whatsoever that  
3 there was any alternative plan?

4 A. No.

5 Q. You were asked about Megan Scott,  
6 specifically one of the plans being a murder/suicide;  
7 is that correct?

8 A. Yes.

9 Q. Do you recall being asked whether Megan  
10 Scott was told by Caroline Conway that it was an  
11 attempted kidnapping?

12 A. I'm --

13 MR. GRANADOS: Objection, Your Honor.

14 THE COURT: Sustained.

15 BY MR. FARMER:

16 Q. You were asked about Megan Scott's testimony  
17 and whether it would change your opinion.

18 Now would it change your opinion if Megan  
19 Scott --

20 MR. GRANADOS: Objection, Your Honor. She  
21 was never asked if it would change her opinion.

22 THE COURT: I agree, sustained.

23 MR. FARMER: Okay.

24 BY MR. FARMER:

25 Q. You were asked regarding Megan Scott,

1 specifically a comment regarding a psych defense; do  
2 you remember that?

3 A. Yes.

4 MR. GRANADOS: Objection, Your Honor. That  
5 comment was objected to and sustained.

6 THE COURT: Sustained.

7 BY MR. FARMER:

8 Q. Does it change your opinion, would it change  
9 your opinion regarding everything that Megan Scott  
10 said, would it change your opinion if the statements  
11 that she made to the Police from one time to another  
12 were inconsistent?

13 A. That would make me feel like she's less  
14 credible.

15 MR. GRANADOS: Objection.

16 THE COURT: Sustained.

17 MR. GRANADOS: Motion to strike the witness'  
18 comment on the credibility of Ms. Scott.

19 THE COURT: Alright, the jury will ignore  
20 the question and the answer in that particular  
21 exchange.

22 BY MR. FARMER:

23 Q. You were asked specifically about my  
24 client's violent history or lack thereof, correct?

25 A. Yes.

1 MR. FARMER: I'm looking for 368, it's been  
2 admitted.

3 COURT CLERK: I don't even have a 368.

4 THE COURT: What are you looking for?

5 MR. FARMER: I'm looking, sir, I'm looking  
6 for the medical records.

7 COURT CLERK: 368?

8 MR. COVINGTON: Right there.

9 COURT CLERK: Oh, sorry.

10 MR. FARMER: Forgive me, I'm, I apologize.  
11 Thank you very much.

12 It was, it was actually marked as a State  
13 exhibit, but I introduced it.

14 MR. COVINGTON: Yeah, yeah, he introduced  
15 it.

16 MR. GRANADOS: Should be right there.

17 MR. COVINGTON: That's the one.

18 MR. FARMER: Thank you very much.

19 COURT CLERK: You're welcome.

20 BY MR. FARMER:

21 Q. Now you indicated on direct when I was  
22 questioning you and you indicated in your report that  
23 part of the basis for your decision, or your opinion  
24 in this case, was Mrs. Conway's lack of a violent  
25 history?

1 MR. GRANADOS: Objection, Your Honor. This  
2 is beyond the scope.

3 THE COURT: Overruled.

4 MR. GRANADOS: She was never asked about her  
5 violent history on cross.

6 THE COURT: Overruled. You can ask.

7 MR. FARMER: Okay, thank you, sir. Forgive  
8 me, forgive me, the little faces I make.

9 BY MR. FARMER:

10 Q. Ma'am, you were asked about hospital records  
11 and medical treatment that Krystal Mange sustained as  
12 a result of the incident on October 2nd, 2013; do you  
13 remember that?

14 A. Yes.

15 Q. If I may approach with State's Exhibit  
16 Number 368.

17 I'm going to ask you, ma'am, to review --

18 THE COURT: Well why are we doing that on  
19 redirect?

20 MR. GRANADOS: That was the basis of the  
21 objection.

22 MR. COVINGTON: Can we approach, Your Honor,  
23 can we approach?

24 (Whereupon, Counsel approached the Bench and  
25 the following occurred:)



1 THE COURT: She's already testified that she  
2 did not see that.

3 MR. FARMER: Yes, sir.

4 THE COURT: I'm not going to spend the time  
5 of this Court and this jury having her look through  
6 something she's already said she didn't see.

7 MR. FARMER: Okay.

8 THE COURT: What is it you want to ask her?

9 MR. FARMER: Okay, my specific question was  
10 based on direct about the medical reports and are you  
11 aware that she did sustain, medical reports and would  
12 it change your opinion if she went, if she went to --  
13 or maybe not change her opinion, but I don't remember  
14 how it was phrased.

15 THE COURT: Well she's here as a  
16 psychologist and I've been sitting here and she's  
17 being asked all kinds of questions that don't have  
18 anything to do with psychology or her expertise, both,  
19 it's a little bit by both.

20 That said, it's been done, okay, but what  
21 I'm going to do is tighten it up now.

22 MR. FARMER: Okay.

23 THE COURT: I'm not going to allow her to  
24 spend this Court's time looking at something that  
25 she's already said she's never seen before so she can

1 say she hasn't seen it again.

2 MR. FARMER: All right.

3 THE COURT: What do you want to, what do you  
4 want to ask her?

5 MR. FARMER: I was going to ask her, because  
6 she was asked, she was made to seem that she, given  
7 that she was unaware of the medical treatment.

8 THE COURT: Uh-huh.

9 MR. FARMER: And the medical reports, it  
10 negatively affected her ability to render a proper  
11 decision, so I was going to reference her to two pages  
12 in this and then ask her if this has any affect on her  
13 opinion whatsoever or if that actually --

14 THE COURT: Well that's the record, so the  
15 record is clear what that is, that's the records.

16 MR. FARMER: These are the medical records  
17 of Krystal Mange and this is, Mr. Granados  
18 specifically asked about the assault incident of  
19 October 2nd, 2013, said that doesn't change your  
20 opinion.

21 THE COURT: Which is not alleged to have had  
22 anything to do with, with her -- I mean with, with  
23 your client, am I correct?

24 MR. GRANADOS: It did have something to do  
25 with her client.

1 MR. FARMER: It did.

2 MR. COVINGTON: She was there, but --

3 MR. GRANADOS: His client.

4 MR. COVINGTON: Any injuries would have been  
5 from Richard, not from her.

6 MR. GRANADOS: It came up in the cross.

7 THE COURT: Correct.

8 MR. ALLEN: In the allegations.

9 MR. GRANADOS: In the context of a statement  
10 she made about Richard not having a history of  
11 violence.

12 THE COURT: All right, I'll allow it, then,  
13 on that limited basis.

14 MR. GRANADOS: Right.

15 THE COURT: Those two pages, okay.

16 MR. FARMER: Thank you, sir.

17 (Whereupon, Counsel returned to trial tables  
18 and the following occurred in open Court:)

19 BY MR. FARMER:

20 Q. Okay, I'll try to make this quick, on this,  
21 this is State's Exhibit Number 368 and these have  
22 already been admitted into evidence and just to get,  
23 go real quick, these are the hospital records  
24 Mr. Granados referenced earlier.

25 You were asked about October 2nd, 2013, an

1 alleged incident that occurred regarding a potential  
2 assault that Krystal Mange alleges Richard Conway  
3 committed against her; do you remember being  
4 questioned about that?

5 A. Yes.

6 Q. I'm going to ask you to look at two pages,  
7 please, page 2 and page 19 of this.

8 A. Okay.

9 Q. I'm referencing you to the, is that page 2?  
10 Okay, the history of present illness section on  
11 page 2.

12 A. Okay.

13 Q. Okay. And then another question I'm going  
14 to be, the content of what's already been admitted,  
15 page 2, the history that is provided by her and then  
16 the complaints listed on page 19, does that have any  
17 affect whatsoever on your opinions previously rendered  
18 regarding Richard or Caroline Conway's propensity for  
19 violence?

20 MR. GRANADOS: Objection, Your Honor.

21 THE COURT: Sustained.

22 BY MR. FARMER:

23 Q. Okay. In any event, what you just read --  
24 I'll withdraw the question.

25 You were asked, excuse me, you were given a,

1 provided a hypothetical regarding what, if any,  
2 statements that a, her son might have made, I'll give  
3 you a hypothetical.

4 If, hypothetically, her son knew that his  
5 mother had shot and killed someone but had not known  
6 about it before the incident but only knew about it  
7 upon picking her up in the vehicle, at that time  
8 everything that you have learned as far as the facts  
9 of what happened afterwards, going to the Gale's,  
10 et cetera, or talking to each other, or having an  
11 opportunity to talk to each other, does his statement  
12 made to the Police, after the fact, does that have any  
13 affect on your opinion on what happened at the actual  
14 moments and moments thereafter of the shootings on  
15 May 20th, 2015?

16 A. Whatever he says afterward doesn't have any  
17 bearing on how she was psychiatrically at the time of  
18 the shooting.

19 Q. You were asked about this before being shown  
20 this, you don't know what this is?

21 A. Well it's a rifle.

22 Q. Okay. Do you have, do you have any  
23 knowledge that this is a .22 caliber rifle?

24 A. No.

25 Q. Do you have any knowledge that a Police

1 Officer actually testified out of all the rifles in  
2 the world, this is the least powerful next to an air  
3 rifle or a pellet gun?

4 MR. GRANADOS: Objection, Your Honor.

5 THE COURT: Sustained. Counsel, we're not  
6 going to continue to have -- that has nothing to do  
7 with anything that this witness has testified to.

8 Let's move on.

9 MR. FARMER: Okay.

10 BY MR. FARMER:

11 Q. You were asked about this gun and whether  
12 that had any affect on your opinion?

13 A. Okay.

14 Q. Okay. Does the fact this .22 was in a  
15 vehicle change your opinion in any way?

16 A. I'm interested in her mental status and how  
17 it was, you know, leading up to the crimes. I mean I  
18 can imagine some hypotheticals where that might be  
19 involved.

20 THE COURT: Now the witness is --

21 MR. FARMER: Okay.

22 THE COURT: The question is would it change  
23 your opinion, yes or no.

24 THE WITNESS: It -- I can't say it depends?

25 BY MR. FARMER:

1 Q. Well just that fact alone, knowing that?

2 A. That fact alone, no.

3 THE COURT: Okay. That answers the  
4 question.

5 MR. FARMER: No further questions, thank  
6 you.

7 THE COURT: Anything else?

8 MR. GRANADOS: No, Your Honor.

9 THE COURT: This witness, any reason why  
10 this witness can't be excused?

11 MR. GRANADOS: Not from the State, Your  
12 Honor.

13 MR. FARMER: No, Your Honor.

14 THE COURT: All right. You may be excused,  
15 ma'am, thank you.

16 THE WITNESS: Thank you.

17 THE COURT: Don't talk about your, what your  
18 testimony was with any other witnesses, as I'm sure  
19 you know, okay.

20 (Witness excused)

21 THE COURT: Counsel approach the bench.

22 (Whereupon, Counsel approached the Bench and  
23 the following occurred:)

24 THE COURT: You had indicated that you had  
25 one more witness.