

EXHIBIT 3

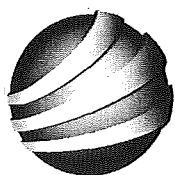
ORIGINAL

In the Matter Of:
FELDMAN vs. KNACK

69747/2014

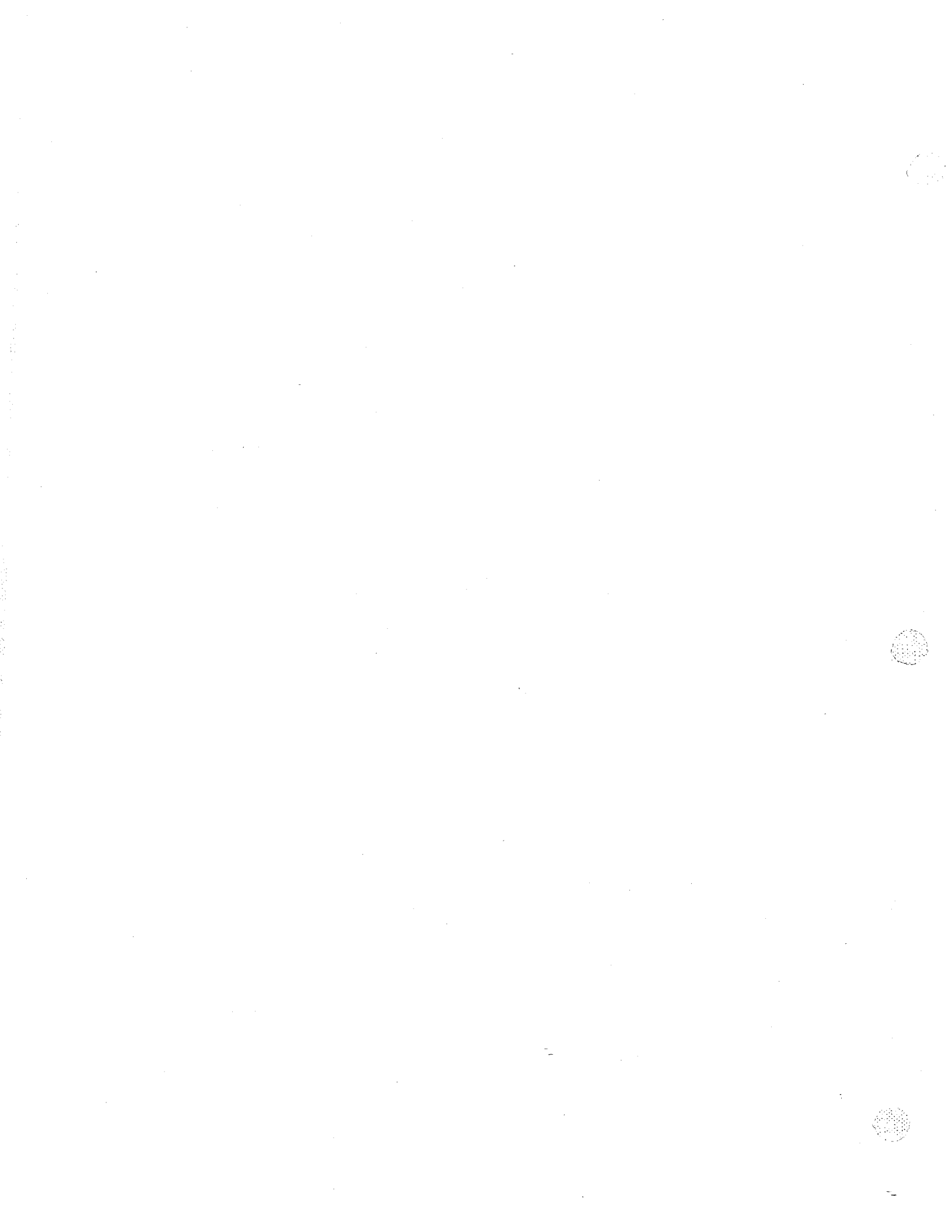
WILLIAM KNACK

November 16, 2015



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SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

-----X
NOELLE FELDMAN,

Plaintiff,

vs.

No. 69747/2014

WILLIAM KNACK,

Defendant.
-----X

CONTINUED VIDEOTAPED DEPOSITION OF

WILLIAM KNACK

White Plains, New York

Monday, November 16, 2015

Reported by:
JOAN WARNOCK
JOB NO. 241482

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November 16, 2015
10:19 a.m.

Continued videotaped deposition of
WILLIAM KNACK, held at the offices of
McCarthy Fingar, LLP, 11 Martine Avenue,
White Plains, New York, before Joan
Warnock, a Notary Public of the State of
New York.

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A P P E A R A N C E S :

BLEAKLEY PLATT & SCHMIDT, LLP

Attorneys for Plaintiff

One North Lexington Avenue

White Plains, New York 10602-5056

BY: JOHN P. HANNIGAN, ESQ.

PETER F. HARRINGTON, ESQ.

MCCARTHY FINGAR, LLP

Attorneys for Defendant

11 Martine Avenue

White Plains, New York 10606

BY: JOSEPH J. BROPHY, ESQ.

ALSO PRESENT:

SUSAN L. LAMPASONA, MCCARTHY FINGAR, LLP

MORRIS RHODES, VIDEOGRAPHER

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W. Knack

VIDEOGRAPHER: This is tape number one to the videotaped deposition of William Knack in the matter of Noelle Feldman versus William Knack being heard before the Supreme Court of the State of New York, County of Westchester, File Number 69747/2014.

This deposition is being held at McCarthy Fingar, LLP, 11 Martine Avenue, White Plains, New York, on November 16th, 2015, at 10:19 p.m. My name is Morris Rhodes. I am the videographer. The court reporter is Joan Warnock.

Counsel will please introduce themselves.

MR. HANNIGAN: John Hannigan representing Noelle Feldman, Bleakley Platt & Schmidt.

MR. HARRINGTON: Peter Harrington, Bleakley Platt & Schmidt.

MR. BROPHY: Joseph Brophy, McCarthy Fingar, LLP, representing Dr. Knack.

1 W. Knack

2 MS. LAMPASONA: Susan Lampasona,
3 McCarthy Fingar, LLP.

4 MR. BROPHY: Paralegal. She's
5 assisting me today.

6 VIDEOGRAPHER: The witness will be
7 sworn in.

8 MR. BROPHY: He's been sworn.

9 MR. HANNIGAN: I would like him to
10 be sworn in, please.

11 MR. BROPHY: Sure.

12 W I L L I A M K N A C K, called as a
13 witness, having been duly sworn by a
14 Notary Public, was examined and
15 testified further as follows:

16 COURT REPORTER: Please state your
17 name for the record.

18 THE WITNESS: William Knack.

19 EXAMINATION (Cont'd.)

20 BY MR. HANNIGAN:

21 Q. Dr. Knack, we met at your truncated
22 deposition several weeks ago. I represent
23 Noelle Feldman, as you know. And I know
24 you've been deposed quite a few times before,
25 so I won't go through all the litany of

1 W. Knack
2 instructions and so forth. I'll just say one
3 thing, and that is, if you don't at any time
4 fully and completely understand and
5 comprehend any of my questions, please say
6 so, and I'll do my best to get us to a point
7 where you do fully comprehend and understand
8 my question so that your answers can be as
9 accurate as possible. Is that okay with you?

10 A. Yes.

11 Q. Great. We left off looking at a
12 document that was marked at the time
13 Plaintiff's Knack Exhibit 4, the Ethical
14 Principles of Psychologists and Code of
15 Conduct from the American Psychological
16 Association. If you could take this document
17 back again, sir. Thank you.

18 I gather from the last deposition
19 you're familiar with that document, sir?

20 A. I am, yes.

21 Q. And could you turn to Page 5,
22 please. The numbers are on the bottom right.

23 A. Um-hmm.

24 Q. Do you see the section entitled
25 "Section 3.02, Sexual Harassment"?

1 W. Knack

2 A. I do.

3 Q. Could you read that paragraph down
4 through the end of the parenthetical into the
5 record, please.

6 MR. BROPHY: Objection. You may
7 answer.

8 A. You want me to read it out loud?

9 Q. Yes, sir.

10 A. "Psychologists do not engage in
11 sexual harassment. Sexual harassment is
12 sexual solicitation, physical advances, or
13 verbal or nonverbal conduct that is sexual in
14 nature, that occurs in connection with the
15 psychologist's activities or roles as a
16 psychologist, and that either is unwelcome,
17 is offensive, or creates a hostile workplace
18 or educational environment, and the
19 psychologist knows or is told this or is
20 sufficiently severe or intense to be abusive
21 to a reasonable person in this context.
22 Sexual harassment can consist of a single
23 instance or a severe act of multiple,
24 persistent or pervasive acts. (See also
25 Standard 1.08, Unfair Discrimination Against

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W. Knack

Complainants and Respondents)."

Q. Before you read that today, were you familiar with the content generally of that --

A. Yes.

Q. -- provision?

A. Yes.

Q. Let me say sometimes my questions are longer than you may think they are. So you need to wait until I'm completely done before so answer so that she can get it in a constructive way. Thank you.

Now, during the time you were treating my client, Noelle Feldman, did you abide by the tenets of this provision that you just read at all times?

A. Absolutely.

Q. Now, am I correct that it's your position that Noelle Feldman initiated sexual contact with you?

A. That's correct, yes.

Q. And that you never initiated such sexual contact with her?

A. Absolutely not.

1 W. Knack

2 Q. And how many times did she initiate
3 sexual contact with you?

4 A. Can you define "initiate," please.

5 Q. How many times did she have sexual
6 contact with you?

7 A. Once.

8 Q. And did she initiate it on that one
9 occasion?

10 A. Yes.

11 Q. You understand what the term
12 "initiate" means?

13 A. As you've defined it now, yes.

14 Q. And are there any guidelines in
15 your profession as to what a therapist should
16 do in a situation like that where a patient,
17 i.e., Noelle Feldman, as you say, initiates
18 sexual contact with you?

19 A. I'm hesitating because of the word
20 "guidelines." So there would be -- there
21 would certainly be strategies for dealing
22 with that kind of an occurrence depending
23 upon how and why and what it meant within the
24 context of the entire treatment.

25 Q. Were there strategies and

1 W. Knack
2 approaches that you employed with Noelle
3 Feldman --

4 A. Yes.

5 Q. -- given the fact that you claim
6 that she sexual assaulted you?

7 A. Um-hmm. Yes.

8 Q. And what were they?

9 A. We talked about it, and we agreed
10 that the treatment could not continue.

11 Q. Now, this sexual assault that you
12 say she committed on you or did to you, this
13 was in September of 2013?

14 MR. BROPHY: Object to the form of
15 the question. I specifically object to
16 the use of the word "assault." That's
17 something new we haven't heard before.
18 So I would ask you to rephrase the
19 question. If you don't want to rephrase
20 the question, you can ask the question
21 over my objection. But that's the basis
22 of the objection.

23 Q. You can answer.

24 A. Excuse me?

25 Q. You can answer, sir.

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W. Knack

A. I'm going to have to ask you to repeat the question.

MR. BROPHY: You can have it read back.

MR. HANNIGAN: Yes, please, read it back.

(The following record was read:)

"QUESTION: Now, this sexual assault that you say she committed on you or did to you, this was in September of 2013?"

A. That's correct, yes.

Q. And since that point in time did you report this sexual assault to anyone?

A. I did not.

Q. Did you tell the police about it?

A. I did not.

Q. Did you speak to any therapist or professional regarding how to handle this situation?

A. I did not.

Q. Did you inform anyone at the college you teach at at Westbury regarding this situation?

1 W. Knack

2 A. I did not.

3 Q. And that includes up until today, I
4 assume? Have you notified anyone at Westbury
5 regarding the sexual assault or the lawsuit
6 up until today?

7 A. Well, they were informed by an
8 article that appeared in the internet when
9 Noelle and yourself spoke with the press
10 concerning the incident. So they became
11 aware of that.

12 Q. How did you come to know they
13 became aware of it that way?

14 A. They asked me to account for it.

15 Q. What do you mean when you say they
16 asked you to account for it?

17 A. Well --

18 MR. BROPHY: Over my objection, you
19 can answer the question.

20 THE WITNESS: Okay.

21 A. I'm the chair of the psychology
22 department in a university that's part of the
23 State University of New York. It would be
24 their responsibility to make sure that my
25 behavior wasn't questionable or that students

1 W. Knack

2 weren't at risk. So of course they would
3 have to ask about it.

4 Q. I'm asking you did they ask about
5 it?

6 A. I thought I said that they did,
7 yes.

8 Q. In what context did they ask? How
9 did that happen?

10 A. I was asked to come meet with them.

11 Q. To talk about this incident;
12 correct?

13 A. Yes.

14 Q. With Noelle Feldman; correct?

15 A. About Noelle Feldman.

16 Q. Involving Noelle Feldman?

17 A. Yes.

18 Q. The plaintiff in this case?

19 A. Yes.

20 Q. Okay. So what happened at that
21 meeting?

22 MR. BROPHY: I'm going to object
23 and let him answer the question.

24 MR. HANNIGAN: Thank you.

25 A. They asked me what it was about, if

1 W. Knack
2 it was true, and what the circumstances were
3 of the whole case.

4 Q. Who was at this meeting?

5 MR. BROPHY: Same objection. You
6 may answer the question.

7 A. It would have been the provost of
8 the university and the director of human
9 resources.

10 Q. Did you have counsel with you?

11 A. No.

12 Q. Was this meeting recorded in any
13 way?

14 A. No.

15 Q. When I say that, I mean either
16 someone like a court reporter type person
17 taking it down, to your knowledge, or a tape
18 recording made of any type?

19 A. No. No. We sat at a table and had
20 a conversation about it.

21 Q. Was this meeting called a hearing?
22 Did it have any formal name to it?

23 A. No.

24 MR. BROPHY: Note my continuing --

25 THE WITNESS: Sorry.

1 W. Knack

2 MR. BROPHY: Note my continuing
3 objection.

4 A. No.

5 Q. What were the names of the
6 individuals who were at this meeting?

7 A. The provost is Dr. Patrick
8 O'Sullivan. And the chief officer for human
9 resources is a William Kimmins.

10 Q. Did they ask you to sign any
11 documents before, during, or after this
12 meeting regarding this incident?

13 A. They did not.

14 Q. Did they ask you for any follow-up
15 actions on your part at this meeting for you
16 to take?

17 A. They did not ask for any follow-up
18 actions. They have inquired every couple of
19 months or so as to what the status of the
20 case is.

21 Q. Who inquired as to that?

22 A. Typically the head of human
23 resources.

24 Q. Is that who inquired of you?

25 A. Yes.

1 W. Knack

2 Q. What did you tell them at this
3 meeting regarding the incident involving
4 Noelle Feldman?

5 A. That because it was an ongoing
6 case, I couldn't speak with them in any
7 detail, that the charges are false, and that
8 the case was ongoing.

9 Q. Was there any discussion with
10 respect to the existence of audiotapes of you
11 and Noelle Feldman talking to each other at
12 some point in time?

13 A. No. All that was said was exactly
14 what I just said, that I couldn't speak with
15 them about it in detail.

16 Q. Did they indicate to you that they
17 were satisfied with that explanation?

18 MR. BROPHY: Objection. You may
19 answer.

20 A. There was no direct statement that
21 they were satisfied.

22 Q. Were you ever involved in any type
23 of claims of sexual misconduct at Westbury --

24 MR. BROPHY: Objection.

25 Q. -- at the college before this time?

1 W. Knack

2 MR. BROPHY: Objection. You may
3 answer.

4 A. No.

5 Q. Besides the people at Westbury, did
6 you speak to any or did you contact any
7 professional organizations regarding this
8 incident at any time?

9 A. Does that include the insurance
10 company?

11 Q. No.

12 A. Okay. Then no.

13 Q. Besides what you've told me so far,
14 not including your lawyer, who have you
15 spoken to about this incident with Noelle
16 Feldman?

17 A. Only my wife and daughters.

18 Q. And what did you say to them?

19 MR. BROPHY: Objection. Don't
20 answer with respect to your daughter who
21 is an attorney. As to your other
22 daughter, you can answer that question.

23 THE WITNESS: Okay.

24 Q. Is your daughter your attorney?

25 A. She has offered a great deal of

1 W. Knack

2 advice.

3 Q. Is she your attorney on this case
4 is my question.

5 MR. BROPHY: Objection. He's
6 answered the question. She's an
7 attorney. She's given legal advice
8 about this case. I think that's
9 sufficient to invoke the privilege. You
10 have a problem with it, we can deal with
11 it later. Let's move on.

12 Q. Is she your attorney?

13 THE WITNESS: Am I supposed to
14 answer that?

15 MR. BROPHY: You can answer that.
16 You can answer that -- actually, that's
17 a legal conclusion. I don't think it's
18 an appropriate question.

19 MR. HANNIGAN: Then make an
20 objection --

21 MR. BROPHY: We're invoking a
22 privilege with respect to conversations
23 with Stella. There is another daughter
24 who is not an attorney. You can ask
25 what he told her.

1 W. Knack

2 Q. What is your daughter's name who is
3 the attorney?

4 A. Stella Goldstein.

5 Q. And is she your attorney with
6 respect to this case?

7 MR. BROPHY: Mr. Hannigan, you're
8 not going any farther with this.

9 MR. HANNIGAN: Then instruct him
10 not to answer.

11 MR. BROPHY: I just did. I
12 instructed him -- we invoked a
13 privilege, okay.

14 MR. HANNIGAN: So you're
15 instructing him not to answer?

16 MR. BROPHY: I'm instructing him
17 not to answer on the basis of privilege.

18 MR. HANNIGAN: And you're therefore
19 stating that his daughter is his
20 attorney. Otherwise, there wouldn't be
21 any such privilege.

22 MR. BROPHY: I'm stating that she
23 gave him legal advice, and he gave her
24 information in confidence with respect
25 to legal matters, and that is enough,

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W. Knack

regardless of whether she's an attorney
of record or has appeared in this case,
to invoke an attorney client privilege.
If you want to test it, you're welcome
to make a motion.

MR. HANNIGAN: Sure. We'll make
it.

MR. BROPHY: In the meantime,
there's another daughter. You can ask
what he said to her.

MR. HANNIGAN: Joe, I don't need
you to tell me what I can do and not do,
okay.

MR. BROPHY: I just did.

MR. HANNIGAN: You probably do that
around this firm a lot, but you're not
going to do it here, okay.

MR. BROPHY: No, I don't do it
around this firm. I'm just a counsel in
this firm.

Q. So besides your attorney daughter,
who you claim to be your lawyer, and your
other daughter and your wife, have you spoken
to anybody else about this case, other than

1 W. Knack
2 the people you've told me about already?

3 A. No.

4 Q. Do you have a psychotherapist that
5 you see?

6 A. No.

7 Q. If you could look at Page 5 that
8 you read from before, if you could look above
9 there to Section 2.06 entitled "Personal
10 Problems and Conflicts." Do you see that?

11 A. Yes.

12 Q. Can you read Section A and B into
13 the record, please.

14 A. "Psychologists refrain from
15 initiating an activity when they know or
16 should know that there is a substantial
17 likelihood that their personal problems will
18 prevent them from performing their
19 work-related activities in a competent
20 manner. When psychologists become aware of
21 personal problems that may interfere with
22 their work performing work-related duties
23 adequately, they take appropriate measures
24 such as obtaining professional consultation
25 or assistance and determine whether or not

1 W. Knack
2 they should limit, suspend, or terminate
3 their work-related duties. (See also
4 Standard 10.10, Terminating Therapy)."

5 Q. Now, you told us that at some point
6 in time you developed feelings for Noelle
7 Feldman during her treatment regimen? Is
8 that true?

9 MR. BROPHY: Objection. I don't
10 recall any such testimony. Do you want
11 to lay a foundation.

12 Q. Then let me ask it this way. At
13 some point in time during her treatment am I
14 correct that you developed feelings for her?

15 A. It depends upon how you define
16 feelings.

17 Q. How would you define them?

18 A. With regard to Noelle, those
19 feelings had to do with caring, concern,
20 worry.

21 Q. Did those feelings ever include
22 romantic or sexual feelings?

23 A. No. Absolutely not.

24 Q. Neither one of those?

25 A. No.

1 W. Knack

2 Q. At no time?

3 A. No.

4 Q. If you had developed such romantic
5 or sexual feelings towards Noelle Feldman or
6 any other patient, would you have any ethical
7 duty to take any steps or strategies,
8 implement some strategies or approaches with
9 respect to that situation?

10 A. It would not be possible to
11 continue treating someone under those
12 circumstances.

13 Q. Would it be the treating
14 psychologist's, i.e., yourself's obligation
15 to discontinue treatment --

16 A. Yes.

17 Q. -- of a patient in that situation?

18 A. Yes.

19 Q. Are you familiar with something
20 called the New York Board of Regents rules
21 regarding your profession?

22 A. To some extent.

23 MR. HANNIGAN: If we could mark
24 this as Plaintiff's Knack 5.

25 (Plaintiff's Knack Exhibit 5, Rules

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W. Knack
of the Board of Regents, Part 29,
Unprofessional Conduct, Effective
October 5, 2011, marked for
identification, as of this date.)
Q. Dr. Knack, before I ask you about
this document, I want to go back to something
for a minute. After you met with the
provost, the person from human resources at
Westbury, were any changes or limitations or
anything put into place by the school
regarding your duties, responsibilities with
respect to students, classes, anything
whatsoever?
A. No, not at all.
Q. What is the New York Board of
Regents?
A. The New York Board of Regents is
the division of the state government that
licenses people in numerous professions.
Q. Would that include psychologists?
A. Yes.
Q. And they publish rules regarding
what they consider to be unprofessional
conduct; is that correct?

1 W. Knack

2 A. Yes.

3 Q. And the document I've placed in
4 front of you, that includes information
5 regarding those rules and regulations set out
6 by the Board of Regents; correct?

7 A. Yes.

8 Q. Do you consider yourself to be
9 bound by those rules as a licensed
10 psychologist?

11 MR. BROPHY: Objection. You can
12 answer.

13 Q. Do you understand?

14 MR. BROPHY: You can answer the
15 question over my objection.

16 A. I would say so generally or in
17 large part. I mean this looks like a 30,
18 40-page document, so I'm not familiar with
19 everything that is in there. But generally
20 speaking, yes.

21 Q. In all your years of practice, have
22 you come across any situations where you
23 became aware that there were certain rules
24 for professional conduct set down by the
25 Board of Regents that you did not consider

1 W. Knack
2 yourself to be bound by?

3 A. No.

4 Q. I would like to direct your
5 attention to Page 28 of 30. The numbers are
6 in the lower left-hand section, lower left
7 part of the pages. You'll be able to find it
8 more quickly. 27 of 30 the section starts,
9 the bottom of the page, 29.12, "Special
10 Provisions for the Profession of Psychology."
11 Do you see that?

12 A. Yes.

13 Q. It says under subdivision (a),
14 "Unprofessional conduct in the practice of
15 psychology shall include conduct prohibited
16 by Sections 29.1 and 29.2 of this part except
17 as provided in this section and shall also
18 include the following."

19 On the next page under number two
20 it states, "In the interpretation of the
21 provisions of Section 29.1(b)(5) of this part
22 in the treatment of sexual dysfunction as
23 well as in other areas of the practice of
24 psychology," and then Roman numeral or small
25 (i), "Immoral conduct shall include any

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W. Knack

physical contact of a sexual nature between
psychologist and client." Do you see that
text?

A. Yes.

Q. Do you agree that you're bound by
that provision of the Board of Regents rules?

A. Yes.

MR. BROPHY: Objection. But you
can answer.

Q. And that you were so bound during
the entire time you were treating Noelle
Feldman?

A. Yes.

MR. BROPHY: Objection. Please let
me -- give it a second, Dr. Knack --

THE WITNESS: Okay.

MR. BROPHY: -- before you answer
the question. Thank you. Over my
objection.

Q. So that I understand this, so would
you agree that if you engaged in any type of
sexual contact with a patient during the time
you were treating that patient, then you
would be in violation of the professional

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W. Knack
conduct standards of the Board of Regents --
MR. BROPHY: Over my objection.
Q. -- to which you were bound?
MR. BROPHY: Over my objection, you
may answer the question.
A. Yes.
Q. Have you ever been disciplined by
any professional licensing organization for
any errors or omissions regarding your care
of your patients?
A. No. Never.
Q. Do you know if you've ever been
investigated by any professional agency for
professional misconduct of any kind?
MR. BROPHY: Objection. But you
can answer the question.
A. Assuming that I would be aware if I
was being investigated, then the answer is
no.
Q. Do you have a specialty within the
practice of psychology?
MR. BROPHY: That was asked and
answered last time. But you can answer
it again.

1 W. Knack

2 A. A few. I specialize in working
3 with people who struggle with addictions. I
4 specialize in working with people who are
5 victims of trauma, usually, but not
6 exclusively, violent traumas such as those
7 that emergency responders and service
8 personnel suffer from.

9 Q. You have significant experience
10 treating alcoholism; is that correct?

11 A. Yes.

12 Q. And what specific training did you
13 receive in order to allow you to treat
14 specifically alcoholics?

15 A. Well, it was a part of my initial
16 training and doctoral -- actually, my
17 postdoctoral program, and then in my clinical
18 internship. Subsequently I worked in several
19 rehabilitation and dual diagnosis psychiatric
20 facilities, became the director of several
21 drug treatment facilities, and have written
22 and published in this area as well.

23 Q. And I understand you also -- am I
24 correct that you have significant experience
25 treating victims of sexual abuse?

1 W. Knack

2 A. Some. I don't identify it as a
3 specialty, but there's a high percentage of
4 people who develop addictive disorders who
5 have had experiences like that.

6 Q. Would you consider yourself an
7 expert in that area?

8 A. Yes.

9 Q. So there came a time when Noelle
10 Feldman for the first time became a patient
11 of yours; is that correct?

12 A. Yes.

13 Q. And when was that?

14 A. On July 21st, 2011.

15 Q. And how did that come about? What
16 is your best recollection of that?

17 A. She had been referred by a
18 Dr. Gerald Lindsner, who was treating her in
19 tandem with a Dr. Alex Lehrman, a treating
20 psychiatrist at that time. Dr. Lindsner had
21 previously consulted me regarding some
22 supervision and training in his work with
23 people who are struggling with alcoholism and
24 addictions. And my best recollection is that
25 he felt like he had come up against a wall

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W. Knack

with this particular patient, who was an extremely difficult patient from a psychiatric perspective, but also had alcoholism and other addictions on top of that.

Q. Do you have any notes regarding that conversation?

A. No.

Q. That was by telephone?

A. Yes.

Q. Not email?

A. No.

Q. There's no email regarding that?

A. No.

Q. Do you recall your initial conversation with Noelle Feldman?

A. I do.

Q. How did that come about?

A. Her husband had called to schedule the appointment for her on the 21st. Since she was the person who was identified as the patient, she was the person that I was expecting to see. He had said that he would be bringing her. When that time came, he

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W. Knack

showed up alone, anxious and distraught that his wife might not show up but had said that she was right behind him in another vehicle.

Q. Was he going to be involved in the treatment?

A. It was not the plan or the intention.

Q. So did she show up that day?

A. She showed up about ten minutes before the session ended.

Q. And there were further sessions after that?

A. Yes.

Q. Did the husband attend any of the other future sessions in addition to the first one?

A. I would say at least two.

Q. It may have been more than two?

A. Perhaps.

Q. And when he did attend, was he there for the entire session?

A. Yes. I mean I can refer to my notes. He may have stepped out of the room toward the end of one of the early sessions

1 W. Knack

2 to allow her to speak with me privately. I
3 am not recalling.

4 Q. At some point after some number of
5 sessions where he attended at least in part,
6 if not in full, did he stop attending the
7 sessions?

8 A. Yes.

9 Q. Why was that?

10 A. Noelle was identified as the
11 patient.

12 Q. So she was there for treatment for
13 alcoholism?

14 A. For a variety of psychiatric
15 disabilities, including alcoholism.

16 Q. Was she there for marriage counsel?

17 A. Not in the beginning. There were
18 times when she asked for help with some
19 issues within the family. There was never a
20 structured marriage counseling.

21 Q. Did you obtain and record a mental
22 health history with respect to Noelle Feldman
23 when you started your treatment of her?

24 A. Yes.

25 Q. Did you record that mental health

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W. Knack

history in some document?

A. It's documented in my progress notes.

Q. There's no other document which contains a detailed history of her mental health treatment and condition over time?

A. Not that I generated, no.

Q. Did you attempt to obtain any mental health history information from other doctors who had treated her or therapists?

A. Yes.

Q. And who was that?

A. I spoke with both Dr. Lehrman and Dr. Lindsner.

Q. Was that before you saw Noelle Feldman?

A. Before and during.

Q. Are there records of your conversations with those two doctors during the time you were treating Noelle Feldman?

A. I don't think so. I may have made reference to those conversations in some of my early notes, but there's not a specific documentation of those conversations.

1 W. Knack

2 Q. So to get this out of the way, are
3 there any other documents that you created at
4 any time regarding Noelle Feldman aside from
5 the treatment notes that you produced?

6 A. I believe that I created a document
7 for my malpractice carrier summarizing the
8 treatment.

9 Q. Do you have a copy of that document
10 with you?

11 A. I don't have it with me.

12 Q. Does it exist?

13 A. Yes. Yes.

14 MR. HANNIGAN: We'll call for the
15 production of that. We'll send you a
16 letter.

17 THE WITNESS: Sure.

18 MR. HANNIGAN: I mean your lawyer.

19 MR. BROPHY: Make a motion. Our
20 position is that it's privileged.

21 MR. HANNIGAN: Just don't interrupt
22 me. We'll send you --

23 MR. BROPHY: I'm not interrupting
24 you. I'm responding.

25 MR. HANNIGAN: I was talking and

1 W. Knack

2 you interrupted. We'll send you a
3 letter and you can respond.

4 Q. Did you take a mental health
5 history regarding Noelle from her husband?

6 A. Yes.

7 Q. And did you do the same for her?

8 A. Yes.

9 Q. And any and all notes regarding
10 that are in your treatment notes?

11 A. That is correct.

12 Q. So when her treatment started, her
13 initial sessions, did you speak with her
14 about any type of history she may have had
15 starting from a very young age regarding
16 sexual abuse?

17 A. I took a history from her going
18 back as early as she could remember, and
19 sexual abuse was part of her report.

20 Q. Did she tell you about having been
21 sexually abused at a very young age by her
22 father?

23 A. She did.

24 Q. Did you believe her?

25 A. You know, it's impossible to know.

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W. Knack

The report that she gave was that she had been abused by her father and her brother, not just her father, and it was a pretty horrific kind of repetitively occurring scene that she described. So it certainly could be true. She certainly seemed to believe that it was true. So typically under circumstances like that, you act as if.

Q. You what?

A. Act as if. Make the assumption that it's credible. Even if it's not, it certainly is the way that she experiences things.

Q. Did she tell you about having been sexually abused by her brother?

A. Yes.

Q. And as to those two instances of sexual abuse, putting aside what you typically do, did you believe her when she was telling you this?

MR. BROPHY: Asked and answered.

But you can answer it again.

A. Yeah, it's, umm -- the attitude has to be one of acceptance without -- I can't

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W. Knack

make an assumption that something like that is true. But, again, I treated it as if it was.

Q. Did she tell you about her father murdering her brother at some point in time?

A. Yes.

Q. Did you believe her about that?

A. Again, I had the same attitude toward it.

Q. Did you make any efforts in any way at any time to corroborate through any independent sources, like her husband or anybody else or any records that might exist, regarding these claims of sexual abuse by her father and brother and this claim that her father had murdered her brother at some point in time?

A. I spoke with her husband, who validated her report, and I believe that I spoke with Dr. Lehrman and Dr. Lindsner concerning it as well.

Q. When you use the term -- I'm just not familiar with it, when you use the term "validated her report," what do you mean by

1 W. Knack

2 that?

3 A. He said the same thing that she
4 said. He wasn't present either, so, you
5 know, he could only report what she reported.
6 But he did.

7 Q. Did he express any doubt that these
8 incidents had, in fact, occurred?

9 A. He did not.

10 Q. Did anyone ever express any doubt
11 that these incidents had, in fact, occurred
12 to you in your presence?

13 A. The best answer that I have to that
14 question is that any of the treatment people
15 that I work with would have the same attitude
16 or stance toward an unverified report of
17 something like this.

18 Q. Let's talk about her husband. I
19 mean did he say, in sum and substance, oh,
20 that probably never happened, or she makes
21 stuff up and she was never abused, or
22 anything like that to you when you asked
23 about the father, brother, and the murder?

24 A. He did not say that she made any of
25 that up. He did not say that he thought that

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W. Knack
it had never occurred. He repeatedly accused her of making things up.

Q. But not those things?

A. Not those things specifically.

Q. Now, you may have answered this, and I apologize. Did you ever attempt to corroborate in any way her claim that her father had killed her brother through public records or anything like that?

A. No. That would not be a standard procedure. I spoke with people who had treated her previously.

Q. Regardless of whether it's the standard procedure, did you do it?

A. No.

Q. Did Noelle ever tell you she was raped by two unknown assailants when she was in her 20's in California?

A. Yes.

Q. Did you spend any time discussing that event with her in your treatment of her?

A. There was not a great deal of discussion about it, no. It did come up.

Q. Did you ever comment to Noelle

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W. Knack

during your treatment sessions at any time
about her appearance?

A. No.

Q. You never did?

A. No.

Q. Did you ever say anything to her
about her makeup, makeup meaning makeup she
put on her face?

A. The reason why I'm pausing is
because, umm --

Q. You're allowed to pause.

A. Well, when she first started seeing
me, her hygiene was really an issue, and the
fact that she would dress at later points in
time in a very provocative and sexual way was
an issue. So I certainly made comments about
that in that context.

Q. Comments to her?

A. Yes. Yes.

Q. And you thought that at times the
way she dressed, as you just said, was
provocative; is that correct?

A. Yes.

Q. And at times you thought the way

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W. Knack

she dressed was sexualized?

A. Yes.

Q. And you noticed that?

A. Yes.

Q. And you commented on it in your treatment notes a number of times; correct?

A. Yes.

Q. Did you ever tell Noelle that you had a favorite outfit that she wore?

A. No.

Q. Did you ever tell her that you really liked it when she wore jeans and a t-shirt and no makeup?

A. No.

Q. When she appeared to you to be dressing provocatively, did you become attracted to her?

A. No, not at all.

Q. We'll go through your treatment notes later, but you make quite a number of references in there to her dressing provocatively or her breasts coming out of her blouse or her being highly sexualized quite a number of times throughout your

1 W. Knack
2 notes. Why are there so many references in
3 there to that if you're treating her for
4 alcoholism?

5 A. Well, as I've said from the
6 beginning, treating her for alcoholism was
7 just a part of why she was there and just a
8 part of her treatment. This is a woman who
9 presents with a lifetime history of severe
10 psychiatric pathology. She was being treated
11 for a number of different issues. The
12 drinking was just part of it. Commenting to
13 her about the way that she's dressed, the
14 message that she's sending is important
15 information for her to have, particularly a
16 patient who believes that numerous other
17 people are interested in her sexually and who
18 believes and has reported that she has been
19 abused sexually, to be walking around in a
20 manner that would encourage that response
21 from men is information that she needs to
22 have, and not information that was
23 well-received either. The comments about her
24 personal hygiene I think are kind of
25 self-explanatory.

1 W. Knack

2 Q. Yeah. I understand that you say
3 you commented to her about those aspects of
4 her clothing, how she looked provocative.
5 Why is it noted throughout your reports that
6 you noticed these sort of things?

7 A. Because the behavior was evidenced
8 repeatedly. It was a significant component
9 of her treatment.

10 Q. How did Noelle schedule
11 appointments with you, generally?

12 A. Typically in the beginning we had
13 agreed to meet twice a week, and we had two
14 set appointment times. And those times were
15 regularly recurring. So there typically was
16 not, you know, an ongoing discussion about
17 scheduling. Those appointment times were
18 there for her to keep.

19 Q. Now, she had your cell phone
20 number; correct?

21 A. Yes.

22 Q. Is that normally what you do with
23 your patients?

24 A. Yes.

25 Q. And when did you first give it to

1 W. Knack

2 her?

3 A. I would image at the very
4 beginning. It's the way that people reach me
5 to schedule, reschedule, cancel, or if
6 anybody needs to talk to me. It's actually
7 on my card.

8 Q. How often did you communicate with
9 Noelle outside the treatment sessions?

10 A. When you say outside the treatment
11 sessions, you're including telephone calls,
12 texts, and emails?

13 Q. Sure.

14 A. Innumerable times.

15 Q. All having to do with her
16 treatment?

17 A. Yes.

18 Q. Now, when you called to wish her a
19 happy new year late on New Year's Eve night,
20 was that part of the treatment?

21 A. I have no recollection of that.

22 Q. You're saying it didn't happen?

23 A. I'm saying I have no recollection
24 of it.

25 Q. So it might have happened and it

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W. Knack
may not have happened, you just don't recall?

A. I can't imagine it happening,
actually.

Q. I'm going to ask you about your
treatment notes that you've produced in this
case. It's a long section. Let's take five
minutes and I'll use the men's room.

VIDEOGRAPHER: We are now going off
the record at 11:06.

(Recess taken from 11:06 a.m. to
11:27 a.m.)

(Plaintiff's Knack Exhibit 6,
Progress Notes, marked for
identification, as of this date.)

VIDEOGRAPHER: We are now on the
record at 11:27 a.m.

Q. Dr. Knack, through your lawyer
you've produced your treatment notes in this
case. Do you agree with that?

A. Yes.

Q. And you made those all of those
notes yourself?

A. Yes.

MR. HANNIGAN: I think we marked a

1 W. Knack
2 photocopy of those notes as Exhibit 6.
3 Could those be shown to the witness.

4 Q. Do you have them there, sir?

5 A. Yes.

6 Q. Can you look at those, please.

7 A. Yes.

8 Q. Not in detail, but is that a copy
9 of your notes, Exhibit 6?

10 A. It certainly looks like them.

11 Q. What was your general practice with
12 respect to these notes as far as when you
13 recorded the notes?

14 A. Occasionally I'll write a note the
15 day of the session. Most often I write my
16 notes at the end of the week. Occasionally I
17 fall behind and have a little catch-up to do.

18 Q. When you say you occasionally write
19 them during the day of the session --

20 A. Um-hmm.

21 Q. -- is that during the session or
22 after the session?

23 A. Always after.

24 Q. So you don't take any notes
25 contemporaneously with the session going on?

1 W. Knack

2 A. Not during the session, no.

3 Q. So if you can estimate, what
4 percentage of those series of notes with
5 regard to the treatment of Noelle Feldman did
6 you make on the day of the session?

7 A. So this really has to be an
8 estimate because I don't track it, but I
9 would say --

10 Q. Yes, an estimate.

11 A. -- 25 percent.

12 Q. And the other 75 percent were made
13 when?

14 A. I would say an additional
15 50 percent are made at the end of the week.
16 And then there have been periods where I get
17 behind and have to catch up, I would say
18 another 25 percent in that way.

19 Q. And they're all handwritten?
20 There's no dictation involved?

21 A. That's correct.

22 Q. And while Noelle Feldman was being
23 seen by you during that time period, how many
24 patients on average were you seeing per week
25 in addition to her?

1 W. Knack

2 A. I would say approximately 20 hours,
3 and maybe that's accounted for by fifteen
4 patients, thirteen patients.

5 Q. So 75 percent, approximately, of
6 the notes on the sessions with those patients
7 were made either at the end of the week when
8 you did all the patients from that week or at
9 some other time; is that correct?

10 A. That's correct.

11 Q. By employing that method that you
12 just described of making your notes, did you
13 find you sometimes forgot things or mixed
14 things up?

15 A. I don't believe so.

16 Q. At the end of the week when you
17 were sitting down to recall and put down your
18 notes for each of the patients you saw during
19 that week, were there any notes that you
20 worked from, or was it all what you
21 remembered from all of those hours during the
22 week?

23 A. It's my recollection of the
24 sessions during the week.

25 Q. And throughout those progress notes

1 W. Knack

2 that are marked as Exhibit 6, is that in all
3 cases your handwriting?

4 A. Yes.

5 Q. And that's a complete copy of your
6 progress notes with respect to Noelle
7 Feldman; correct?

8 A. Well, I see the beginning and the
9 end. I'm assuming that everything in between
10 is.

11 Q. Okay. That's fair. You turned
12 over to your lawyer a complete copy of the
13 progress notes --

14 A. Absolutely.

15 Q. -- for Noelle Feldman; correct?

16 A. Yes.

17 Q. Now, did you review these progress
18 notes in preparation for your deposition
19 either the last time when we started and
20 stopped and then before today, did you review
21 them on either of those occasions in
22 preparation?

23 A. I reviewed them prior to our first
24 meeting.

25 Q. Did you review them again prior to

1 W. Knack

2 today?

3 A. No.

4 Q. When you reviewed them, did you
5 take notes?

6 A. No.

7 Q. Did you review them outside the
8 presence of your attorney?

9 A. Yes.

10 Q. Where were you when you reviewed
11 them?

12 A. In my office.

13 Q. Was anyone else present?

14 A. No.

15 Q. And when you say you reviewed them,
16 what did you do?

17 A. I read them.

18 Q. Did you do anything else with
19 respect to the notes besides read them?

20 A. No.

21 Q. Did you make any notations or
22 outline or anything?

23 A. No.

24 Q. You took no notes whatsoever?

25 A. No.

1 W. Knack

2 Q. Did you take any notes from any
3 documents at any time to prepare yourself for
4 your deposition today?

5 A. No.

6 Q. What documents did you review
7 besides these treatment notes in order to
8 prepare yourself for your deposition today?

9 A. Today?

10 Q. Yes. For the first time and today.
11 Let's go with the first day. Before the
12 first say. I'll withdraw that.

13 Before the first day of your
14 deposition, did you review any documents to
15 prepare yourself for the deposition besides
16 your treatment notes?

17 A. I think that I also reviewed a
18 transcript of a recorded telephone call, two
19 recorded telephone calls.

20 Q. Did you review those transcripts
21 outside the presence of your attorney?

22 A. I believe so, yes.

23 Q. And when you reviewed those two
24 transcripts of telephone calls, did you
25 recall that those calls had, in fact, taken

1 W. Knack

2 place?

3 A. I did, yes.

4 Q. Now, when you reviewed the
5 treatment notes with respect to Noelle
6 Feldman, did that refresh your recollection
7 with respect to her treatment course over
8 time and what occurred?

9 A. That was the intention, but the
10 notes were consistent with my recollection.

11 Q. From reviewing the notes, would you
12 agree that there are some days when -- and I
13 can give you examples if you like, when
14 there's a very short entry as to patient
15 continues to need support or --

16 A. Yes.

17 Q. -- things of that sort? Is that
18 correct?

19 A. Yes.

20 Q. What causes particular days to be
21 so noted as opposed to a longer explanation?

22 A. Right. I think most often it would
23 have to do with a repetitive theme.

24 Q. What do you mean by a repetitive
25 theme?

1 W. Knack

2 A. That what was occurring on that
3 session was the same or similar to something
4 that had occurred in previous sessions.

5 Q. Early on in your treatment of
6 Noelle did there come a point when you
7 created a written fairly detailed treatment
8 plan for her?

9 A. Written?

10 Q. Yes.

11 A. No.

12 Q. Is that not your practice? That's
13 not your practice to do that?

14 A. That would not be my practice.

15 Q. And why is that?

16 A. Well, treatment plans are most
17 useful when you have a treatment team
18 providing services, so that they're used to
19 share information and coordinate treatments
20 among a number of professionals that would be
21 working on the case at the same time. In
22 most cases I am the sole practitioner, the
23 sole provider of service. And when that's
24 not the case, I'm typically only working with
25 one other psychiatrist or other specialist

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W. Knack
that I would speak to directly.
Q. Was there a treatment plan with respect to Noelle Feldman?
A. Sure.
Q. What was that?
A. That's a big question. So there were a number of issues. When she first presented, she really wasn't functional at all. She wasn't able to kind of meet the normal demands of life, take care of the house, take care of the kids. She was drinking excessively. Her sleep cycle had been reversed, which was a major and continuing problem throughout her treatment that she would sleep during the day and be awake at night when there was nobody else at home. Or, rather, nobody else awake. So early on there was a concern for her safety and her functional level. And the treatment plan included monitoring that really closely to see if there needed to be something different in terms of medication or whether she required a hospitalization. You know, her drinking was a significant focus of

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W. Knack

attention, particularly in the beginning it was out of control.

Q. She was an alcoholic; right?

A. Yes.

Q. She came to you for treatment because of her drinking; correct?

A. That was part of the reason that she came.

Q. What was the other reason?

A. She had numerous psychiatric problems and issues, including depression, anxiety. She suffers from a very severe borderline personality disorder with all of the interpersonal and behavioral problems that comes along with that.

Q. Did she seek treatment from you for all of those other issues or for alcoholism?

A. For all of those issues.

Q. So your treatment plan included all of those issues?

A. Absolutely.

Q. Not just alcohol?

A. Absolutely. You can't treat alcoholism in isolation from the rest of the

1 W. Knack

2 person.

3 Q. What were the psychiatric disorders
4 aside from alcoholism that you were treating
5 her for?

6 A. I would say the most significant
7 would be the borderline personality disorder,
8 and then anxiety, depression, post-traumatic
9 stress, perhaps attention deficit
10 hyperactivity disorder, although the presence
11 of that condition is unclear.

12 Q. Do your notes reflect anywhere that
13 you were treating her for PTSD?

14 A. It may be mentioned in there.

15 Q. You think so?

16 A. Maybe.

17 Q. You don't recall reading it when
18 you reviewed the notes?

19 A. I do not.

20 Q. How about ADHD, do you recall
21 seeing that anywhere in the notes?

22 A. I believe so.

23 Q. And did you use the term
24 "borderline personality disorder" anywhere in
25 your treatment notes?

1 W. Knack

2 A. I'm not sure.

3 Q. You don't recall one way or the
4 other?

5 A. I do not.

6 Q. Now, you're not licensed to give
7 medication prescriptions or prescription type
8 medication, are you?

9 A. That's correct.

10 Q. So you never had anything to do
11 with altering her medications, did you?

12 A. Well, monitoring a patient's
13 progress on medication is a part of my
14 responsibility as the treating psychologist.
15 I don't prescribe the meds, but if it's my
16 view that she is under-responsive to the
17 medication or having a negative reaction to
18 the medication, needs a different medication,
19 or is not compliant with the medication, not
20 taking the medication, then my role was to be
21 in touch with the prescriber.

22 Q. Did you ever recommend specifically
23 and is it reflected in your notes that any of
24 her medications be changed?

25 A. I'm sure I recommended that they be

1 W. Knack

2 reevaluated.

3 Q. Is that reflected in your notes?

4 A. I am not sure.

5 Q. Is it reflected in your notes that
6 you ever had any conversation or
7 conversations with any of her treating
8 psychiatrists with respect to changing her
9 medication?

10 A. I don't think so, no. I wouldn't
11 typically make notes about that.

12 Q. Oh. That's not an important issue?

13 A. When you're an individual
14 practitioner, typically the notes that you
15 make are notes that contain information
16 that's important to you as the treatment
17 person.

18 Q. When you say typically, you're
19 talking about what you do; right?

20 A. I'm talking about what I do and
21 what I believe independent practitioners
22 typically do.

23 Q. In your experience, do people who
24 have heavy drinking problems and are
25 alcoholics and are in a drinking phase often

1 W. Knack
2 have sleep-related issues similar or
3 sometimes sleep reversal that you talked
4 about?

5 A. They often have sleep-related
6 issues. A sleep reversal like this is not
7 typical of an alcoholic.

8 Q. Were you able to work with Noelle
9 to get that sleep reversal changed somewhat
10 so she had better sleeping habits?

11 A. To some extent. There were a
12 number of things that contributed to that,
13 that sleep reversal. She found interactions
14 with family members enormously anxiety
15 producing. It was difficult for her if she
16 had contact from people from the outside and
17 had to respond to them. So she found it
18 enormously reinforcing to be awake when
19 everybody else was asleep. She could relax a
20 little bit and not have to deal with the rest
21 of the world.

22 Q. She was involved in a difficult
23 protracted divorce proceeding during this
24 time period; is that correct?

25 A. During part of this period, yes.

1 W. Knack

2 Q. Did you help her with that, too?

3 A. Yes.

4 Q. Could you look at the first page,
5 the entry for 7/21/11, and could you read
6 from the written text, in other words, what
7 does it say there? Because I can't read all
8 those notes.

9 A. Um-hmm. Sure. Family is Noelle,
10 51. Andrew, 7/28/58. Bobby, 10/27/94.
11 Suzanna, 1/3/98. Noelle is the identified
12 patient. She arrives very late after history
13 obtained from husband. Presents Noelle as a
14 victim of child sexual abuse at the hands of
15 father and brother. Reports father shot and
16 killed brother. Describes Noelle as always
17 seeing herself as a victim. Blames everyone
18 else for her own impulsive actions and
19 feelings. Arrives ten minutes before the end
20 of session screaming and yelling and --
21 something did not -- oh. And did not stay.

22 Q. Did not stay?

23 A. Yes. Return appointment was
24 scheduled for her with Andy.

25 Q. So the first information you got

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W. Knack
with respect to her having been sexually
abused at the hands of her father and brother
and her father killing her brother were from
her husband; is that correct?

A. I may have had a conversation with
-- I believe I had a conversation with
Dr. Lindsner -- actually, I know I had a
conversation with Dr. Lindsner prior to
seeing them, because he would have given me
some basic information about the case before
I would agree to take the case on and
schedule it. So some of that information was
-- this was all shared during this session,
but some of it and likely other information
was shared with me beforehand.

Q. In this note would you agree that
it appears that the husband told you about
these incidents as well?

A. He did tell me about these
incidents.

Q. Was she intoxicated when she showed
up at that first meeting?

A. It was hard to tell. She was
certainly in a rage and unable to kind of

1 W. Knack

2 control herself and even sit.

3 Q. Now, the next entry, 7/26/11, can
4 you look at that for a minute, please.

5 A. Yes.

6 Q. Do you see that? You talk in this
7 note about poor hygiene; is that correct?

8 A. Yes.

9 Q. And, again, she's highly agitated
10 and laughing maniacally; is that right?

11 A. Yes.

12 Q. At the very end you say, after all
13 that you say she's very sexualized.

14 A. Um-hmm.

15 MR. BROPHY: Uh-huh is not an
16 answer.

17 A. Oh. Yes. Sorry.

18 Q. At the end do you see that?

19 A. Yes.

20 Q. What about her, in addition to the
21 notes here, is that what made her seem highly
22 sexualized here, that conduct and the poor
23 hygiene?

24 A. No, not at all. The highly
25 sexualized had to do with wearing clothing

1 W. Knack

2 that was too tight or not fastened.

3 Q. Do you remember her wearing
4 clothing that day, as you sit here now, that
5 was too tight and not fastened?

6 A. I don't remember exactly what she
7 was wearing, no.

8 Q. Do you remember if it was too tight
9 and not fastened, as you say?

10 A. I believe so.

11 Q. Do you know what article of
12 clothing was too tight?

13 A. I would, you know, I would have to
14 speculate.

15 Q. Okay. We don't want you to do
16 that.

17 A. Okay.

18 Q. When you say it's too tight, it's
19 too tight, like what's the standard? What
20 made you think that in your mind?

21 A. Well, frequently she wore jeans
22 that were too tight in that her body fat
23 would hang over the top of the jeans.

24 Q. Is that what was sexualized to you?

25 A. I was describing what -- you asked

1 W. Knack

2 me what too tight was.

3 Q. I'm sorry. Sure. Go ahead.

4 A. And the unfastened would typically
5 be the blouse that she would wear, or on some
6 occasions she would be wearing a t-shirt with
7 a bra underneath that was unfastened so that
8 she would constantly have to adjust herself.

9 Q. You noticed all that; is that
10 correct?

11 A. I would not be able to report it to
12 you if I hadn't.

13 Q. Correct. When I asked you about
14 this phrase "very sexualized," you gave me
15 two examples. One was too tight and one was
16 not fastened. And then you just testified
17 that by too tight you meant that at times her
18 jeans were too tight and her body fat was
19 hanging over the jeans?

20 A. Um-hmm.

21 Q. Is that what you meant by very
22 sexualized, that look?

23 A. I think that what's sexualized
24 is --

25 Q. I'm just trying to understand.

1 W. Knack

2 A. Yeah.

3 Q. Go ahead.

4 A. I think that what's sexualized is
5 the wearing of clothing that is too tight in
6 that it emphasizes her body.

7 Q. So when you saw her that day and
8 you looked at her, one of the things that
9 came into your mind was that she looked very
10 sexualized, as you noted here; is that
11 correct?

12 A. Was that she was presenting herself
13 in a very sexualized way.

14 Q. Do you typically note in your
15 treatment of how sexual somebody appears when
16 you're treating them for, as you said,
17 alcoholic addiction and various other
18 psychiatric conditions?

19 MR. BROPHY: Object to the form of
20 the question. You may answer it.

21 A. I would typically pay attention to
22 and note someone's physical appearance.

23 Q. I don't want to count them all, but
24 would it be fair to say that you made quite a
25 number of references to Noelle's sexuality

1 W. Knack
2 throughout your treatment notes?

3 MR. BROPHY: Object to the form of
4 the question. You can answer the
5 question if you can.

6 A. It would be fair to say that I made
7 frequent notes about her presentation in that
8 manner.

9 Q. In that manner being the sexual
10 nature --

11 A. Yes.

12 Q. -- of her presentation?

13 A. Yes.

14 Q. Is that fair?

15 A. Yes.

16 Q. If you could look at 8/11/11,
17 please. Can you read the last sentence of
18 that entry, please.

19 A. "Noteworthy that she dresses in
20 such a provocative manner."

21 Q. Do you remember how she was dressed
22 that day that caused you to write that she
23 was provocative?

24 A. I could not say, no.

25 Q. You don't recall?

1 W. Knack

2 A. I do not.

3 Q. Would you agree that you wouldn't
4 have written down that phrase had she not
5 appeared to be provocative to you that day?

6 MR. BROPHY: Objection to the form
7 of the question. That is totally,
8 totally mischaracterizing it.

9 MR. HANNIGAN: It's just a
10 question. He can answer it any way he
11 likes.

12 Could you read it back, please.

13 (Record read.)

14 A. No, I would not agree.

15 Q. Okay. Can you explain, please.

16 A. I would not agree. I can describe
17 what I'm interpreting her behavior as without
18 experiencing that way myself. And that,
19 actually, would be my response to a number of
20 the questions that you've asked about this
21 I'm describing her behavior. I'm not
22 describing my reaction or response.

23 Q. At that point in time on August 11,
24 2011, had you developed any romantic or
25 sexual feelings toward Noelle by this point?

1 W. Knack

2 A. I never developed any romantic or
3 sexual feelings toward Noelle.

4 Q. If you could look at 9/22/11,
5 please. Can you read that? I can't read
6 that too well.

7 A. 9/22?

8 Q. Yes, please.

9 A. "Looks hung over. Unkempt.
10 Breasts popping out and popping then back in.
11 Toxic, angry, difficult discussion about
12 drinking. Discussion about drinking to
13 abusive Andy."

14 Q. Do you recall here that when she
15 came to your appointment, that during the
16 session that her breasts were popping out of
17 her blouse and then popping back in in a
18 repetitive manner?

19 A. Yes, I do remember that.

20 Q. You specifically remember that?

21 A. Yes, I do.

22 Q. Did you tell her that you were
23 noticing that that was occurring?

24 A. I said something to her about it.
25 I was probably less than direct out of a

1 W. Knack

2 concern for, you know, further angering her
3 and having her leave.

4 Q. Do you recall what you said?

5 A. I said something about her being
6 kind of disorganized and having trouble
7 getting it together.

8 Q. Referring to her breasts popping
9 out of her blouse?

10 A. Her whole presentation. You know,
11 she had appeared hungover like it had been a
12 particularly bad night the night before. It
13 was basically saying you're a mess.

14 Q. Did you say anything to her, as you
15 recall, specifically about what your notes
16 say here, that her breasts were popping in
17 and out and popping back in and so forth?

18 A. No. As I said, I believe I was
19 less than direct about that for the reason
20 that I stated.

21 Q. What does the term in your field
22 object constancy mean?

23 A. Object constancy refers to the
24 ability to retain a relationship with another
25 person even in their absence.

1 W. Knack

2 Q. And does this term bear any
3 significance in your treatment of Noelle
4 Feldman?

5 A. A great deal. A great deal.

6 Q. Can you explain?

7 A. Noelle often feels very much alone
8 and abandoned. And part of it comes from
9 never having been able to establish solid
10 connections with other people in her life. A
11 lot of that probably had to do with other
12 people in her life who were inconsistent or
13 unavailable, but it basically leaves her
14 feeling very much alone.

15 Q. If you could turn to 4/10/12,
16 please. Do you have that, sir?

17 A. Yes.

18 Q. Could you read that from your
19 handwriting, please, into the record.

20 A. "4/10/12. Abrupt shift back to old
21 behavior and themes. Projects impulses,
22 anger, and rage. Makes world a scary place.
23 Everyone just wants to fuck her. Can't
24 accept any of her own motivations. Andy is
25 going to hurt her and bury her in the

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W. Knack
backyard. On a tirade about him. Need a
constant object container for her rage.
Directed more at me. Set limits and
boundaries. Patient" something "in session
seductively."

Q. You don't know what that word is?

A. Can't make it out at the moment.

Q. The second word?

A. Can't make it out at the moment.

Q. Can you read that sentence again
without the word.

A. "Patient in session seductively,
seeking a battle. Confronted. Left angry.
Ran out."

Q. The sentence that says "Set limits
and boundaries," was that something you did?

A. Yes.

Q. What limits and boundaries did you
set, that you recall?

A. She was extremely nasty and abusive
and screaming and yelling. And this is
something that would happen often in session.
I did my best to -- the expression that we
use is to contain it, which basically means

1 W. Knack
2 to tolerate it, to allow her to express it,
3 the idea being that it's better for her to
4 get it out and not carry it, you know, with
5 her. So this kind of thing was a frequent, a
6 frequent occurrence. It would get to the
7 point where it was almost intolerable and I
8 would have to say that's enough.

9 Q. That's how you set limits and
10 boundaries, by telling her that's enough?

11 A. In that case that she couldn't
12 continue to behave in that way.

13 Q. Or what? What were the
14 consequences? Did you tell her what the
15 consequences were?

16 A. I was telling her that I wouldn't
17 tolerate it. I wasn't threatening her with a
18 particular action but that she needed to not
19 act like that.

20 Q. Now, when you wrote here that she
21 said that everyone just wants to fuck her,
22 did you take that in a literal sense as in a
23 sexual act or a figurative sense in that she
24 was being unfairly treated by the world?

25 A. Actually, in both, in both senses.

1 W. Knack

2 Q. You took it that she meant both
3 senses at that point --

4 A. Yes.

5 Q. -- at that moment when she said it?

6 A. I believe so. That would be
7 consistent with my understanding of her.
8 Talking about a session from April of 2012.

9 Q. Yes, I am. Well, you have reviewed
10 these notes; correct?

11 A. Yes.

12 Q. Could you look at 5/8/12, please.
13 It's a short notation. Could you read that,
14 please.

15 A. "5/8/12. Very needy. Overly
16 seductive. She wants to be held. Very
17 sexualized."

18 Q. When you wrote there that she's
19 overly sexual -- overly seductive I guess
20 is --

21 A. Very sexual.

22 Q. Overly seductive. Is there like a
23 level of seductiveness that is the standard
24 and she was more than that? I don't
25 understand that entry.

1 W. Knack

2 A. Well, someone can smile and be
3 overly familiar or flirtatious, and that's
4 one level of seductive behavior. Or one
5 could, as she did in one session, open her
6 legs not wearing underwear and exposing
7 herself, and that's a whole other level of
8 seductive behavior.

9 Q. Where in your notes is the incident
10 you just described of her opening her legs
11 with no underwear on? Where is that
12 reflected in the notes?

13 A. I would have to read through them.
14 They're --

15 Q. Is it reflected in the notes?

16 A. I believe that it is, yes.

17 Q. Okay. We'll have you look for that
18 later.

19 A. Yeah.

20 Q. So you said --

21 MR. HANNIGAN: Could you read his
22 answer back, please.

23 (The following record was read:)

24 "ANSWER: Well, someone can smile
25 and be overly familiar or flirtatious,

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W. Knack

and that's one level of seductive behavior. Or one could, as she did in one session, open her legs not wearing underwear and exposing herself, and that's a whole other level of seductive behavior."

Q. Just let me ask you, are you certain from your review of the notes in preparation for the deposition that there's a reference somewhere in your notes about this incident regarding opening her legs without underwear on?

A. I believe so.

Q. Okay.

A. I believe so.

Q. It says here that she wants to be held. Did you mean there physically held?

A. Yes. That's what she meant.

Q. And did you hold her?

A. I did not.

Q. 6/21/12, please. Can you read that entry, please.

A. "Discharged from Barrett House" -- again, do you want me to say "AMA" or what it

1 W. Knack

2 means?

3 Q. What it means.

4 A. Okay. -- "against medical advice
5 for interpersonal conflicts. Something about
6 the -- her hospitalization. "Increased
7 sexualized."

8 Q. Is this the first treatment session
9 you had with her after she was released from
10 the Silver Hill facility?

11 A. I believe so, yes.

12 Q. Did you talk to her about her
13 experience at Silver Hill and what was going
14 on with her drinking and so forth?

15 A. I did, yes.

16 Q. And why is that not reflected in
17 the notes?

18 A. I didn't feel it was necessary to
19 remind myself about it.

20 Q. It was more important to talk about
21 her being sexualized in the notes; is that
22 right?

23 A. I wouldn't say that it's more
24 important. I would say that my awareness and
25 understanding of the drinking was not

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W. Knack
something that I needed to make note of. The fact that she continued to behave in this way subsequent to a hospitalization was meaningful.

Q. So her appearing to be sexualized is noted, but nothing about her drinking, which is what she was there for, is discussed at all; is that right?

A. That is not the only reason that she was in the hospital.

Q. Was she in the hospital for being highly sexualized?

A. She was in the hospital for suffering from a severe borderline personality disorder that was accompanied by all of the behaviors that I've described. This is not a simple case.

Q. What kind of facility is Silver Hill?

A. Silver Hill is a psychiatric facility.

Q. And were you the doctor that referred her there?

A. Yes.

1 W. Knack

2 Q. And do the admission notes there
3 indicate that she was being admitted for
4 alcoholism?

5 A. I believe that they include that.

6 Q. Did they include other psychiatric
7 disorders?

8 A. Yes, I believe so.

9 Q. 6/28/12, please. Could you look at
10 that, and if could you read that into the
11 record, please.

12 A. "6/28/12. Continued in the same
13 theme. Focus is supporting ego functions and
14 ADLs." Something "task oriented."

15 Q. Does that say "discussed," do you
16 think?

17 A. Perhaps. Perhaps. "Discussed task
18 oriented, very entitled, wants things done
19 for her. You really don't care for me.
20 Seductive."

21 Q. Again we see this reference to
22 seductive. I mean is there something going
23 on in your mind about her sexualization or
24 her being seductive that is noted throughout,
25 including this entry?

1 W. Knack

2 A. Well, first of all, the individual
3 notes that you've had me read are all notes
4 that mention her seductive behavior, and not
5 all of the notes that focus on other aspects
6 of her presentation and other aspects of her
7 care. Her sexual behavior, of which
8 seductive and flirtatious behavior is one
9 example of, is a significant part of who she
10 is and the problems that she suffers from.
11 It's also the main way that she makes her way
12 through the world. She uses this behavior to
13 get men to basically take care of her. So of
14 course it's commented on.

15 Q. The last sentence there, can you
16 read that again. "You"?

17 A. "You really don't care."

18 Q. "Seductive."

19 A. The "You really don't care" was in
20 response to my talking with her about her
21 need to become capable of taking care of
22 herself and manage some of her own tasks.
23 Her response to my wanting her to become more
24 self-reliant was that I didn't care about her
25 because I wasn't going to do it for her.

1 W. Knack

2 Q. 7/5/12, please. There's a sentence
3 in here that reads, and tell me if I'm wrong,
4 "She can be flirtatious, seductive, cute,
5 manipulative, and easily feels wounded,
6 rejected when this is identified or not
7 responded to"; is that correct?

8 A. Yes.

9 Q. Was she flirtatious, seductive,
10 cute, and manipulative at the same time, or
11 are those at different times? What do you
12 mean by that entry?

13 A. I think that this note is a
14 continuation of earlier themes where I'm
15 working on trying to support basic ego
16 functions or what you would refer to as basic
17 things that an adult needs to do to be able
18 to take care of herself and get by. And the
19 more that I talk with her about being
20 self-reliant and developing some of these
21 skills, which include things like opening her
22 mail, paying bills, establishing a calendar
23 so that she can get the kids to be where
24 they're supposed to be on time, the more that
25 I would talk with her about her need to do

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W. Knack

those things rather than getting other people to do them, she would at first become, you know, flirtatious and attempt to be disarming in that way. And then when that didn't work, she'd just get very angry.

The rest of this note is explaining a process that's very important in terms of understanding her. She has a tendency to either idealize people and you are the most wonderful thing to come along ever, like the knight on a shining steed, or completely devalues you.

Q. At times were you both?

A. Never at the same time. It doesn't work that way.

Q. But at times?

A. But absolutely. Absolutely. When you're taking care of her, you're wonderful. When you frustrate her, don't take care of her, encourage her to take care of herself, you're terrible.

Q. 11/1/12, please. If you could read that into the record, please.

A. "11/1/12. Patient not following

1 W. Knack
2 through on tasks. Writing correspondence in
3 sessions. Angry. Wants it done for her.
4 Angry. Wants things done for her.
5 Seductive. Spread room with papers. Denial.
6 Angry and left."

7 Q. That doesn't say "Sprayed room with
8 perfume," does it?

9 A. Oh, actually, it does say "Sprayed
10 room with perfume." Yes.

11 Q. Did she spray this perfume in your
12 presence?

13 A. No, she didn't. She started
14 coughing and had difficulty speaking and
15 asked for a glass of water. I got her a
16 glass of water. And when I came back, the
17 room was filled with the scene of perfume.
18 It was not there when I left the room.

19 Q. Did you perceive this to be
20 seductive on her part, consistent with your
21 explanation of that term throughout?

22 A. That's what I meant by that. I
23 confronted her about it. She got very angry
24 and just left the room.

25 MR. BROPHY: Mr. Hannigan, why

1 W. Knack

2 don't we think about taking a break in
3 about ten minutes. Whenever it's
4 convenient for you.

5 MR. HANNIGAN: Why don't we just
6 have lunch.

7 MR. BROPHY: Whenever you like.

8 MR. HANNIGAN: In a few minutes I
9 think would be a good time. Okay?

10 MR. BROPHY: Fine.

11 Q. 1/3/13, if you could read that into
12 the record, please, doctor.

13 A. "1/3/13. Reports Andy raped her.
14 Was physically abusive. Seems took advantage
15 of her when drunk. Advised her to see a
16 physician."

17 Q. You have the word "raped" in
18 quotes. Why did you do that?

19 A. That was her exact word.

20 Q. That's why you put it in quotes
21 because she --

22 A. It was meant as a quote, yes.

23 Q. She used the word "rape"?

24 A. It was an exact quote, yes.

25 Q. If she had said he was also

1 W. Knack
2 physically abusive, would you have put that
3 in quotes, too?

4 A. Perhaps. Perhaps.

5 Q. Did you believe her?

6 A. It certainly was possible. It
7 certainly was possible.

8 Q. Why do you say that?

9 A. Well, I'm trying to come up with a
10 succinct answer. I mean --

11 Q. Sure. Take your time.

12 A. They have a complicated
13 relationship between the two of them. And he
14 frequently gets identified as an abuser.

15 Q. By her?

16 A. Yes. And sometimes I believe that
17 he has been. But it's also the case that
18 Noelle often experiences herself as being
19 abused when, in fact, she's the person that
20 initiates the activity, whatever it is that
21 she feels like she's being abused for. So
22 the best way I can describe my assessment of
23 all of this is that, you know, you have to
24 remain open to the possibility and not assume
25 that anything is just true simply because

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W. Knack

it's said. These things need to be qualified and investigated and understood. That's why I told her to go see a physician so if anything had happened, she could document that something had occurred and we could take some action.

Q. Were you still treating her at that point in time for marriage counseling?

A. I didn't say that I ever treated her for marriage counseling.

Q. You were treating her for problems in her marriage?

A. Some of her marital problems were part of why she was in session, but she, again, came to me for a whole list of psychiatric problems, including alcoholism.

Q. Did you reach out to Andy, her husband, who you had met with in sessions early on, as you described, after she told you about this rape?

A. I did not. I did not. What I was telling her to do was to go to the doctor and then to the police.

MR. HANNIGAN: Okay. Why don't we

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W. Knack

have lunch. This is longer than I
thought it would be.

MR. BROPHY: Okay.

MR. HANNIGAN: But there's not that
much left of these notes.

MR. BROPHY: All right.

VIDEOGRAPHER: We are now going off
the record at 12:22 p.m.

(Lunch recess taken from 12:22 p.m.
to 1:32 p.m.)

VIDEOGRAPHER: We are now back on
the record at 1:32 p.m.

AFTERNOON SESSION

EXAMINATION (Cont'd.)

BY MR. HANNIGAN:

Q. Dr. Knack, referring you back to
the entry we discussed this morning regarding
your claim that Noelle sprayed perfume in the
office when you went out to get a drink of
water, do you recall that testimony?

A. Yes.

Q. Given that and some of the comments
we discussed regarding seductiveness and
flirtation and all that sort of thing, by

1 W. Knack
2 that point in time, 11 November of 2012, were
3 you becoming at all concerned that Noelle
4 Feldman was trying to seduce you?

5 A. Not in a specific or an individual
6 way. I think that she was treating me the
7 way that she treats men in general.

8 Q. So were you concerned that she was
9 trying to seduce you, or were you not
10 concerned that she was trying to seduce you?

11 A. I was not concerned about it.

12 Q. Was she trying to seduce you, aside
13 from whether you were concerned about it or
14 not? Was that your perception?

15 A. In the same way that I described,
16 this is her way of controlling and
17 manipulating people. Whether or not she
18 ultimately wanted that to result in some
19 sexual contact, I don't know. But that's the
20 way that she manages men.

21 Q. When you observed her conduct over
22 time, including the perfume incident, was it
23 your observation that it was her intent to be
24 trying to seduce you through these various
25 actions?

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W. Knack

MR. BROPHY: I think we had that already and he answered it, but I'll let him answer it again.

MR. HANNIGAN: Thank you.

A. I keep trying to address your use of the term "seduce" and the way that it's meaningful to me. You're asking me what my experience was in that session. I don't know that she necessarily was interested in me personally. This is her style, particularly with men, is either to be seductive and disarming, manipulating in that way or to become very infantile and regressed and I need you to take care of me.

Q. If you could go to June, 6/6/13. Can you read that, please. I'm having trouble with that.

A. "Rejection. Abusive in session. Boundary list."

Q. So that second word is not "advice," it's "abuse"?

A. "Abusive."

Q. "In session"?

A. Yes.

1 W. Knack

2 Q. Okay. Could you go to 6/18/13,
3 please. Does that say "Late, giddy,
4 schoolgirl, flirtatious"?

5 A. Yes.

6 Q. Was there nothing noteworthy that
7 happened in that session as far as the
8 treatment other than your observations about
9 her being late, giddy, schoolgirl, and
10 flirtatious?

11 A. Well, there could be numerous
12 things that would be noteworthy that I
13 wouldn't make a note about. This is
14 describing a sequence of events in reaction
15 to attempts to help her to become competent
16 to take care of herself. So I'm pushing her
17 to deal with her business, address her bills,
18 deal with her attorneys, so on and so forth.
19 And her response is either to get angry with
20 me or to be the dependent little girl that
21 needs to be helped and taken care of.

22 Q. None of that lengthy explanation
23 you just gave appears in these words "Late,
24 giddy, schoolgirl, flirtatious," does it?

25 A. No, because I don't need that

1 W. Knack

2 explanation for me. I know it. I'm offering
3 that explanation to you because you're asking
4 about it.

5 Q. So you said in the beginning of
6 your answer that there were many things of
7 note, many things that were noteworthy but
8 you didn't feel necessary to note them in
9 your treatment records; is that right?

10 A. Yes.

11 Q. Why is it necessary to note giddy,
12 schoolgirl, flirtatious? Why is that
13 necessary?

14 A. Because it describes a process.

15 Q. And the other things don't?

16 A. This is what I felt was significant
17 about the process.

18 Q. Let's go to 9/23/13. That appears
19 to be the longest entry in the entire set of
20 notes. Would you agree with that?

21 A. It's certainly one of them.

22 Q. And do you recall whether you made
23 this entry on the day on 9/23/13 later that
24 day, the end of that week, or some other
25 time?

1 W. Knack

2 A. This note and the one following it
3 were made on the same day as the event.

4 Q. You specifically recall that?

5 A. Yes.

6 Q. All right. Could you read this
7 slowly and every word, if you can, to the
8 best of your ability.

9 A. "9/23/13. Sitting on the couch
10 with patient reviewing some documents she
11 asked for help with. Out of nowhere the
12 patient threw herself on top of me pushing me
13 down on my back on the couch. Laid on top of
14 me, kissing me, holding my arms down,
15 laughing saying, you know you want me, stop
16 acting like you don't. Trying to push her
17 off of me without hurting her. You see, I
18 knew you liked it. Patient had opened my
19 pants and was pulling on my penis. I jumped
20 up and pushed her off. Patient was tearful
21 for a moment, then flew into a rage. You led
22 me on. You made me do this just to humiliate
23 me. Here's your fucking birthday present.
24 Patient threw an opened package on my desk
25 and fled out of the office."

1 W. Knack

2 Q. Your office, is that set up --
3 there's a couch, I understand, and then there
4 is also a desk; is that correct?

5 A. There's a couch, a desk, two
6 chairs, file cabinet, credenza.

7 Q. Well, let me ask you this. Given
8 what you've described about Noelle with
9 respect to her seductive clothing and
10 flirtatiousness, those sorts of activities,
11 and spraying the perfume in your office,
12 given that you had a desk and chairs
13 available, why did you decide to move over
14 and sit next to this woman on the couch? Do
15 you think that was a good idea?

16 A. Given these events, I honestly
17 questioned whether or not my ever consenting
18 to treat her was a good idea.

19 Q. That's not my question.

20 A. Well, but no, it's -- things went
21 badly at the very end. I was sitting on that
22 couch, as I had in the past, with all of her
23 bills spread out on the floor, mail that had
24 been unopened that we were opening, and files
25 that were just being established then to try

1 W. Knack
2 to put her business in order and keep it in
3 order so that she could deal with it. That
4 could not be done with my sitting on one end
5 of the room and her sitting on the other.
6 She had never taken an action like this
7 before. There was no reason for me to expect
8 this level of action from her.

9 MR. HANNIGAN: Move to strike as
10 nonresponsive.

11 Q. Let me ask you this. Do you think
12 it was a good idea, as her treating
13 therapist, given her conduct and actions that
14 you've described throughout your notes in
15 very much detail regarding her
16 flirtatiousness, especially spraying the
17 perfume, do you think it was a good idea that
18 you went and sat on the couch next to her in
19 your office as opposed to using the two
20 chairs and the desk that was available in the
21 room?

22 A. For all of the reasons that I've
23 mentioned, yes.

24 Q. It was a good idea?

25 A. Yes.

1 W. Knack

2 Q. Okay. Did you sit on the couch
3 with your female patients on a regular basis?

4 A. Not typically, no.

5 Q. Only the ones that are flirtatious
6 and have their boobs coming out of their
7 blouse?

8 MR. BROPHY: Objection.

9 MR. HANNIGAN: Withdrawn.

10 Q. Now, you say here in the second
11 sentence, "Out of nowhere patient threw
12 herself on top of me."

13 How soon after you had been sitting
14 next to her on the couch -- withdrawn. Is
15 this a love seat type couch or a full couch?
16 How long is the couch?

17 A. I don't know. It's a couch.

18 Q. Do you know what a love seat is?

19 A. I imagine it's something less than
20 a couch.

21 Q. Right. A smaller version of a
22 couch, usually two cushions as opposed to
23 three to sit on. Which size is yours?

24 A. I don't know how many cushions
25 there on in it. It's a couch.

1 W. Knack

2 Q. So how soon after you sat down next
3 to her on the couch did she come at you out
4 of nowhere, as you say?

5 A. We were working on these papers for
6 a while. So I would imagine maybe
7 20 minutes, 30 minutes.

8 Q. Talking normally back and forth?
9 Would you characterize it as that?

10 A. No. Working on filing these
11 different things, having her identify what
12 some of them were, what needed to be
13 responded to, what needed to be filed, that
14 kind of --

15 Q. There was talking involved in --

16 A. Yes.

17 Q. -- the process, I assume?

18 A. It was task oriented, yes.

19 Q. Was this part of her therapy for
20 all of these different psychiatric disorders
21 that you say she has?

22 A. Yes.

23 Q. Do you do that with your patients
24 often, organize their personal life?

25 A. I wasn't really organizing her

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W. Knack

personal life. I was trying to teach her the skills necessary to organize her own personal life. When you work with patients who have psychiatric illnesses that impair their ability to function, they need not only to understand why they think and feel the way they do. They need help with the tasks of daily living.

Q. Did she have seductive clothing on that day, as you've described in other parts of your notes?

A. I don't recall.

Q. Was she acting cute or flirtatious as you've described her in other parts of your notes?

A. It seemed more like the dependent little girl, take care of me, do this for me. And the interaction was really one of, well, you can do this and here's how you do this.

Q. So she wasn't acting seductive that day?

A. Not that I recall.

Q. Did she have tight clothing on that day as you've described before?

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W. Knack

A. As I've just said, I don't recall.

Q. You didn't make any notes about that this time, right, that I see here? Is that correct?

A. I wrote exactly what's here.

Q. Do you see anything in here about her wearing tight, seductive type clothing?

A. I do not.

Q. Did she say anything before, as you say, throwing herself on top of you, or was it sort of a silent attack?

A. I don't remember her making any special statement. There was nothing said that allowed me to anticipate this.

Q. Was anybody home in the house, any other part of the house during this event?

A. I'm not clear as to whether we've established what day this event happened on.

Q. I thought it happened on 9/23/13, because you told us you made the notes --

A. Oh, I'm sorry.

Q. -- on the same day it happened.

A. I'm sorry. I'm confused.

Q. So have we established that now?

1 W. Knack

2 A. I'm confused. Yes.

3 Q. So was anybody else home that day?

4 A. I'm not sure, actually. Possibly.

5 Q. Well, after this happened did you
6 go upstairs in your house to see if your wife
7 was home so you could tell her about --

8 A. No, I know --

9 Q. -- this event?

10 A. -- that my wife --

11 Q. Let me finish my question.

12 MR. HANNIGAN: Can you read my
13 question, please.

14 (Record read.)

15 A. No. I knew my wife wasn't home.

16 Q. Was anybody else home?

17 A. I'm not sure. My daughter may have
18 been at home.

19 Q. Did you go and talk to anyone about
20 this right after it happened?

21 A. I did not.

22 Q. Do you think your daughter was
23 home?

24 A. She may very well have been.

25 Q. How much did you weigh at the time,

1 W. Knack

2 approximately?

3 A. About 150, 153.

4 Q. What's your height?

5 A. 5'6.

6 Q. You stay in pretty good shape?

7 A. I try.

8 Q. Do you know the height and weight
9 of Noelle at the time of this alleged
10 incident?

11 A. I would say that she's about 5'7
12 and perhaps the same weight. Maybe 5'8. I
13 mean she's taller than I am.

14 Q. When, as you say, she pushed you
15 down on your back, did you try to resist
16 that?

17 A. I did, yes.

18 Q. And were you able to push her right
19 off you immediately?

20 A. Not right off me, no.

21 Q. So did she have you pinned down on
22 the couch? Is that a fair description?

23 A. Yes.

24 Q. And that's when you say she started
25 "kissing me and holding my arms down"?

1 W. Knack

2 A. Um-hmm. Yes.

3 Q. Where on your body, what are all
4 the places she was kissing you on your body?

5 A. I'm only remembering her kissing me
6 on the mouth.

7 Q. Now, was she holding your arms down
8 with both of her arms, with one of them? How
9 did that work?

10 A. Again, I think that it was
11 different at different times. There was a
12 bit of a struggle going on here. I was
13 trying to push her off of me. At times both
14 of my arms were pushed down. Other times I
15 was able to free one or both and push back.
16 At some point she got a hand down my pants.

17 Q. We'll get there. Were you afraid
18 that if you resisted to any great extent or
19 to whatever extent you resisted, that she
20 would hurt you?

21 A. I wasn't worried that she would
22 hurt me, no.

23 Q. Did you yell out for help since you
24 thought someone might be home?

25 A. I did not, and I wasn't thinking

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W. Knack

that someone might be home. I was trying to deal with her.

Q. So you didn't yell out for help?

A. I did not.

Q. So you say you tried to push Noelle off of you without hurting her; is that right?

A. Yes.

Q. So describe to me exactly how did you do that?

A. I remember pushing on her shoulders. I remember trying to get a knee up toward her torso to push her back in that way.

Q. Why didn't you just try to push her off the couch onto the floor?

A. I was trying to punish her off of me.

Q. None of that worked?

A. Ultimately she was pushed back, not off the couch onto the floor.

Q. How much time had passed by now from the point where she out of nowhere jumped you and now you've managed to push her

1 W. Knack

2 back? How much time has passed?

3 A. It's really hard for me to
4 estimate. There was a struggle. It did go
5 on for a little while. It was probably a lot
6 faster than it seemed, but it seemed like a
7 few minutes.

8 Q. Now, were you getting angry that
9 this was happening at that point in time?

10 A. I think I was more -- first of all,
11 I was shocked because I didn't anticipate it.
12 So it took a little while to sort of catch up
13 with what was going on. I don't know. I
14 wasn't really feeling angry. I was worried.
15 I mean obviously this isn't something that
16 should be happening. I did have a concern
17 for her in this, because no matter what, this
18 wasn't going to go well.

19 Q. It wasn't going well up til then, I
20 gather?

21 A. No. There's been a very effective
22 treatment up to this point. When she needed
23 to get into the hospital, I got her into the
24 hospital. When she needed medication, I got
25 her medication changed. If she got sober and

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W. Knack
if she's sober today, it's as a function of
the treatment that she received from me.
This was out of the blue. There were many
other times that we worked on papers together
in exactly the same fashion, because they
need to be laid out in front of you in order
to be able to do them and set up files. This
is not something that had happened before.
It was shocking. So it took me a minute to
react.

Q. You testified before, I think, and
correct me if I'm wrong, that given that this
incident occurred, you doubted or wished you
had never taken her as a patient; is that
correct? Something like that?

A. Because of -- because of the way
the whole case has gone ultimately. I mean
I'm sitting here.

Q. So you didn't decide that that day?

A. No. No. I don't think I made that
decision that day.

Q. So it had gotten to the point where
you pushed her back up off of being right
directly on top of you; right?

1 W. Knack

2 A. Yes.

3 Q. And at that point what did she do
4 next? Or what did you do? What did you do
5 and what did she do next?

6 A. She got very offended. Her
7 feelings were hurt. She said so. She
8 immediately started telling me that I had
9 manipulated her into doing this, that this
10 was my doing just to be able to humiliate
11 her, took no responsibility for the fact that
12 she had initiated this at all, and threw a
13 birthday present that she had bought for me
14 that I had returned to her, threw it onto the
15 desk and went running out of the house.

16 Q. I think that you left the part out
17 when you got her up off of you, at what point
18 in time did she open up your pants?

19 A. Prior to my getting her up off of
20 me, that was when I -- when I felt that, I
21 just pushed and kicked at the same time and
22 then moved her back.

23 Q. She was holding your arms down,
24 right, and she was kissing you when she was
25 on top of you; right?

1 W. Knack

2 A. Not at the point that she had her
3 hand --

4 Q. I'm sorry?

5 A. Not at the point where she had her
6 hand on my penis.

7 Q. But that came later after the
8 kissing on the mouth?

9 A. Yes. Yes. When I felt that --

10 Q. I'm sorry. I thought you were
11 done. Did that come before you pushed her
12 up, sitting up?

13 A. That was what overrode my concern
14 about hurting her. At that point she was
15 getting off of me regardless.

16 Q. So did she open up your pants and
17 pull down your fly?

18 A. Apparently. I didn't feel that
19 happening. What I felt was a hand on my
20 penis.

21 Q. You were wearing underwear, I
22 assume?

23 A. Yes.

24 Q. So she let go of your arms, I
25 assume, when she opened up your pants and

1 W. Knack

2 grabbed your penis?

3 A. It would have to be at least with
4 one hand.

5 Q. Well, what was it? I'm asking what
6 it was, not what it could have been. You
7 were there.

8 A. And I'm telling you what I
9 remember.

10 Q. Okay.

11 A. I'm being held down. At some point
12 there's a hand on my penis.

13 Q. When she pulled on your penis, was
14 she still kissing you?

15 A. I don't think so.

16 Q. Why didn't you just knock her down
17 off the couch away from you at that point
18 when she was pulling on your penis?

19 A. I did. As I said, that's what
20 resulted in my being less concerned about
21 hurting her and just needing her off of me.

22 Q. How long had she been touching you
23 and pulling on your penis before --

24 A. When I felt that, I reacted
25 immediately.

1 W. Knack

2 Q. Let me finish the question. How
3 long was she doing that before you stopped
4 her from doing that?

5 A. I reacted immediately.

6 Q. Now, did she have direct contact
7 holding your penis, or was it through your
8 underwear or your pants?

9 A. No. When I say she grabbed my
10 penis, I mean she grabbed my penis. She had
11 my penis in her hand.

12 Q. Okay. You made that clear.

13 A. Um-hmm.

14 Q. So she must have gotten through
15 your pants and your underwear?

16 A. As I said, her hand was inside and
17 she grabbed me.

18 Q. How long do you think this entire
19 incident took from the beginning, that is,
20 where she came out of nowhere, until she
21 stopped?

22 MR. BROPHY: Asked and answered.

23 He's not going to answer it again.

24 Q. The entire time.

25 MR. HANNIGAN: No. I had asked him

1 W. Knack
2 about a smaller subset of it before.
3 The entire time.

4 MR. BROPHY: I don't think so.
5 I'll let him answer it over my
6 objection.

7 MR. HANNIGAN: Fine.

8 MR. BROPHY: Again.

9 A. Could you repeat the question,
10 please.

11 MR. HANNIGAN: Could you read it
12 back, please.

13 (Record read.)

14 A. So not counting the amount of time
15 leading up to it.

16 Q. Yes, sir.

17 A. Perhaps five minutes.

18 Q. Now, I assume that from your point
19 of view, this entire incident or attack on
20 you, as you say, was totally nonconsensual,
21 from your point of view?

22 A. It was nonconsensual. And I
23 haven't ever used the words "attack" or
24 "assault," you know, I believe. She was
25 impulsive. She acted out. It wasn't

1 W. Knack

2 consensual on my part. Obviously, there was
3 a struggle and a conflict about it. She
4 ultimately did stop.

5 Q. Well, if it wasn't an assault or an
6 attack, how would you characterize it?

7 A. It was unwanted.

8 Q. I understand that.

9 A. Yeah. Well, that's how I would
10 characterize it, you know. She was being
11 aggressive.

12 Q. So have you ever had a female
13 patient do anything like this to you before?

14 A. No.

15 Q. So this female patient jumps on
16 you, forcibly holds your arms down, kisses
17 you, pulls your pants open and grabs your
18 penis, and you would characterize all of that
19 as unwanted and that's it?

20 MR. BROPHY: Object to the form of
21 the question.

22 Q. Is that how you would sum it up?

23 MR. BROPHY: Same objection. You
24 can answer it, though.

25 A. I think what I'm trying to describe

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W. Knack

is this is a person whose treatment I've been responsible for, who I worked really hard to try to treat. She was an extremely difficult patient in a way because she required so much effort. There's almost kind of a deeper level of understanding for the things that she's going through. I knew this was an unfortunate thing for her as well as for me. And I did have a concern about what this was going to mean not just for the treatment, but for her. She is rejection sensitive to begin with. And this was clearly a rejection. So I did have a concern about her in all of this.

Q. Did you see this coming in any way?

A. No, I did not.

Q. In retrospect, looking at your notes and thinking back upon your treatment of her, do you think you professionally missed something or you should have seen this coming?

A. I don't, actually, because normally what you would see would be varying levels of escalation leading up to something. And

1 W. Knack
2 that's not the way that this went. She had a
3 general level of acting out which was pretty
4 consistent throughout the treatment. There
5 were some times when it was worse and some
6 times when it was less, but there was this
7 general level. And this did not -- even in
8 retrospect looking at it, there was not a
9 building of a more serious and a more serious
10 and a more serious act, which is the way that
11 kind of thing would typically go.

12 Q. So it's fair to say you were
13 shocked when this happened?

14 A. I was.

15 Q. Professionally shocked I mean;
16 right?

17 A. Well, and personally shocked.

18 Q. And personally shocked.

19 A. And I believe she was also.

20 Q. She was shocked when she was
21 pulling on your pants?

22 A. The whole thing I think was very
23 difficult for her.

24 Q. Now, would you agree that in your
25 position as psychologist and patient, that

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W. Knack

any sexual contact between the two of you,
consensual or not, would be wrong?

A. Could you state the question in
another way. I'm not clear about what you're
asking me.

Q. Sure. Am I correct that even if
you two had had consensual sexual contact,
nobody fought it off, it just happened, that
it would still be a violation of your
professional ethics and code given that she
was your patient?

A. Any consensual sexual contact would
be a violation.

Q. Now, after this incident on that
day, did you consult with any professional
colleagues of any type as to whether or not
you should continue to treat Noelle Feldman
given what happened?

A. I did not.

Q. Did you contact her other treating
psychiatrist that you had been in contact
with about her treatment regarding what had
occurred here?

A. I did not.

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W. Knack

Q. Did you contact the police or any authorities after this incident given that she had visited these sexual acts upon you as you've described?

A. No. I had no interest in getting her in trouble.

Q. And you agreed to continue to see her as a patient; is that correct?

A. I did not.

Q. Did she show up a couple of days later for an appointment?

A. She did.

Q. And did you see her?

A. I did.

Q. And what occurred?

A. She showed up very early, which was quite uncharacteristic of her, so I wasn't prepared for the appointment. I came down and I noticed her car in the driveway, and I heard the door to the waiting room downstairs. So I knew that she was there. So I went down a couple of moments later and found her sort of wandering around in another part of the house, not in the waiting room or

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W. Knack

the office area, but in a utility part of the basement. It's a part of the house that I would go through to get from our home upstairs to the office downstairs. As I came down the stairs, she darted back into the office and had a seat. I questioned her about it. She denied anything. I commented that I had just, you know, seen her. And she just denied it.

Q. What did you discuss with her at that session?

A. Well, we started to have a conversation about the previous session and kind of where to go, where to go from there. In a very convincing kind of way she spoke to me about my having manipulated the whole series of events that occurred.

Q. You had manipulated?

A. That I had manipulated that, that, you know, I had put those thoughts into her head, insisted that, you know, that I liked what had happened even though I had pushed her off of me and stopped it. And she began getting agitated and yelling at me that I

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W. Knack

didn't care about her, that I had never cared about her. I tried to counter that by telling her that I certainly had cared about her, I certainly was concerned with taking care of her. There was in there toward the beginning a recognition that we weren't going to be able to continue to work together.

Q. When you say there was a recognition, what do you mean by that?

A. That I believe I said something like, you know, of course we can't continue to work together after this.

Q. Why couldn't you? Why?

A. She had just been aggressive with me sexually. I wasn't comfortable with continuing with that. She was talking about feeling horribly wounded about being rejected. And, frankly, there's just a vulnerability going forward that I didn't want anything to do with at this point.

Q. Whose vulnerability?

A. Mine. Mine. Her response was just to get angry and start screaming and yelling at me. And, once again, she went storming

1 W. Knack

2 out of the house.

3 Q. Did you tell her that you would
4 recommend another therapist for her?

5 A. We didn't have a complete
6 conversation. It was clear that she couldn't
7 continue to work with me. She didn't stay.

8 Q. Did you tell her that you would
9 help her find another therapist?

10 A. I'm not sure exactly what it was
11 that I said. If I didn't say it directly, it
12 was implied in what I was speaking with her
13 about. She also did have a continuing
14 treatment relationship with the psychiatrist
15 that was working with her, as far as I know.

16 Q. So it's your testimony, then, that
17 the only sexual contact that ever took place
18 between you and Noelle Feldman occurred on
19 September 23rd, 2013?

20 A. That's correct.

21 Q. And that that was certainly
22 nonconsensual on your part?

23 A. That is correct.

24 Q. And it's your testimony, I assume
25 -- or I don't assume. Let me ask you this.

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W. Knack

Is it your testimony, then, that any claim by Noelle Feldman that she's made in this case that it was you that sexually assaulted and raped her is a total fabrication?

A. Absolutely.

MR. HANNIGAN: Okay. Let's take a break, and then I think I only have to go through the tapes. That's pretty much it. So we'll finish today.

MR. BROPHY: Good.

VIDEOGRAPHER: We are now going off the record at 2:15 p.m.

(Recess taken from 2:15 p.m. to 2:33 p.m.)

(Plaintiff's Knack Exhibit 7, CD, marked for identification, as of this date.)

(Plaintiff's Knack Exhibit 8, Transcript of 6/18/14 telephone call, marked for identification, as of this date.)

VIDEOGRAPHER: We are now back on the record at 2:33 p.m.

Q. Dr. Knack, I just want to go back

1 W. Knack
2 to a couple of things that you were
3 testifying about before regarding the
4 incident which took place on 9/23/13 in your
5 office.

6 First let me ask you the sessions
7 on 9/23 and 9/25, I wasn't clear on your
8 answer. Did you memorialize those in your
9 notes on the same day or each on the day that
10 they occurred? Like on 9/23 later that day
11 did you record this, or did you record it
12 later in time?

13 A. No. On those two days they were
14 written right after the session.

15 Q. On each day?

16 A. Yes.

17 Q. Now, as far as this incident you
18 were describing, what were you wearing that
19 day? Did you have a suit and tie on? What
20 did you have on?

21 A. I probably had a -- I don't know is
22 the answer.

23 Q. Did you have long pants on?

24 A. Yes. Yes.

25 Q. Sort of khaki pants, the Dockers

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W. Knack
variety, dress pants?
A. Probably jeans.
Q. Jeans probably?
A. Um-hmm.
Q. Did you have a belt on?
A. Yes.
Q. And the jeans would have had a fly
up the front; right?
A. Yes.
Q. That would zip up and down, I
assume?
A. I don't know.
Q. Well, do your jeans have flies in
the front?
A. Well, they all have flies in the
front. Some of them are zippers. Some of
them are button flies.
Q. Okay.
A. I do not know which jeans I was
wearing on that day.
Q. Well, the ones you had certainly
either had a fly or buttons down the front?
A. Yes.
Q. And you had a belt on; right?

1 W. Knack

2 A. Yes.

3 Q. So did Ms. Feldman at some point in
4 order to get to grab onto your penis, as you
5 say, would you agree she would have had to
6 unbutton the button on your pants and undo
7 either your fly or this series of buttons?

8 A. Yes.

9 Q. And after that she would have had
10 to get past your underpants which -- do you
11 wear briefs or boxers?

12 A. I wear both. So I don't know which
13 I had on that day.

14 Q. And when this event came to a
15 closure, so to speak, do you recall whether
16 you had to pull your pants back up and button
17 them?

18 A. I did. I did.

19 Q. So were your pants down below your
20 knees?

21 A. They weren't below my knees, but
22 probably just above.

23 Q. They were pulled down?

24 A. Yes.

25 Q. And she pulled them down, not you?

1 W. Knack

2 A. That's correct.

3 Q. And I assume in order to get the
4 pants down, the belt was undone and you had
5 to redo the belt?

6 A. Yes.

7 Q. When she was unclasping your belt
8 and then unbuttoning your jeans and pulling
9 down your fly to get at your penis, as you
10 say she did, what were you doing during all
11 that time to stop her from manipulating these
12 items as such?

13 A. As I have described for you, I was
14 pushing her off of me. I was pushing her
15 back.

16 Q. And why didn't your pushing her
17 back stop her from being able to undo your
18 belt, unbutton your pants, and undo your fly?

19 A. Until it hit that certain point, I
20 was not as aggressive as I could be. As I
21 had said to you, I was interested -- I was
22 interested in not hurting her. When I felt
23 ultimately her touching me, then I just
24 pushed harder.

25 Q. During this process of her grabbing

1 W. Knack
2 your penis and holding onto it and pulling
3 it, did you at any time experience any kind
4 of an erection?

5 A. I don't believe so, no. And it
6 wasn't as if she was pulling on it for any
7 period of time. When I felt her hand around
8 me, I reacted.

9 Q. Now, would you agree that she would
10 have had to use two hands to undo your belt,
11 undo the button, pull your fly down, that
12 that would be very difficult to do with one
13 hand?

14 A. No. I think empirically it wasn't
15 difficult for her to do with one hand.

16 Q. Did she do it with one hand?

17 A. I believe so.

18 Q. Really?

19 A. Um-hmm.

20 Q. Which hand?

21 A. I couldn't tell you.

22 Q. What was she doing with the other
23 hand during that time period while she was
24 doing all that?

25 A. Sometimes it was on one of my arms.

1 W. Knack

2 Sometimes her forearm was in this area here
3 across my chest. As I described, there was a
4 struggle involved here, so it was different
5 at different times.

6 Q. So it's your testimony that she was
7 holding you off with one hand or arm --

8 A. Um-hmm.

9 Q. -- at the same time with her other
10 hand she was undoing your belt, undoing the
11 buttons or zipper --

12 A. Um-hmm.

13 Q. -- and pulling your pants down to
14 your knees while holding you back; is that
15 right?

16 A. It must have been like that,
17 because ultimately that's where my pants
18 were. I couldn't tell you that I had a
19 recollection of each of those steps along the
20 way.

21 Q. But, as you say, empirically, they
22 would have had to have taken place that way;
23 right?

24 A. You would think so, yes. Yes.

25 Q. And at what time during all of this

1 W. Knack

2 did she say something to you to the effect
3 that, I know you liked it?

4 A. After I had pushed her off of me.

5 Q. Was she still hanging onto your
6 penis?

7 A. No. When she came off of me, she
8 was off of me.

9 Q. And what did you say to her when
10 she said that to you?

11 A. I don't recall.

12 Q. Did you say anything?

13 A. Excuse me?

14 Q. Excuse me. I'm sorry. I was
15 biting on my glasses while I was talking.

16 Did you say anything to her when she said to
17 you, I know you liked it?

18 A. I don't remember. It was all -- it
19 was all a very upsetting sequence of events.

20 Q. If you look at your notes for
21 9/23/13, doctor, halfway down it says, and
22 tell me if I'm wrong, "Tried to push patient
23 off me without hurting her. Quote, you see,
24 I knew you liked it. Patient had opened my
25 pants, and when she pulled on my penis, I

1 W. Knack

2 jumped up and pushed her off. Patient was
3 tearful for a moment."

4 A. Um-hmm.

5 Q. Now, doesn't that sound like she
6 said that to you while the events were still
7 taking place and not afterwards?

8 A. It does. It does.

9 Q. Which is it?

10 A. Well, I would go with the
11 documentation.

12 Q. As opposed to what you just
13 testified to?

14 A. Yes.

15 Q. Why is that?

16 A. I'm anxious. I'm upset about this.

17 Q. Okay. So the correct version
18 you're telling us, we, whoever is reading
19 this should rely on what's in these notes --

20 A. Yes.

21 Q. -- as the accurate description of
22 what occurred?

23 A. Yes.

24 Q. Is there anything else about what
25 you've told us during your testimony that's

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W. Knack

not correct and what's correct is in the notes besides this particular issue?

A. Not that I can think of.

Q. Were you standing up when you finally were pulling up your pants and buttoning your fly and so forth?

A. Yes.

Q. Were you having a conversation at all? Were you talking to her at that point in time?

A. I remember her yelling at me as I was gathering myself together, throwing the birthday present that she had brought for me on the desk, and her running out through the waiting room and leaving the house is the way that I remember it.

Q. Did you feel personally violated in any way given that she had just grabbed onto your penis?

A. Yes.

Q. How did that make you feel?

A. It was upsetting.

Q. Emotionally upsetting?

A. Yeah.

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W. Knack

Q. Who was the first person that you told about this after it occurred, and when was that?

A. I don't believe that I spoke with anyone about this until I received a phone call from the Chappaqua Police Department when she had filed that false police report about rape, accusing me of raping her. I think that's the first time I had a conversation about that was when I contacted an attorney.

Q. When you say the first time you had a conversation about --

A. About this event.

Q. And that was a conversation you had with an attorney?

A. Yes.

Q. That day or the days after, the weeks after did you tell your wife about this?

A. I did not. I actually don't have a release to speak with my wife about my patients.

Q. So would you have been permitted

1 W. Knack
2 professionally to go to the police and report
3 this as a sexual assault if you thought it
4 was?

5 A. I believe so. I believe so.

6 Q. That's different than telling your
7 wife about it?

8 A. Well, I mean you're the attorney,
9 so, you know, you would know better than I,
10 but it seems to me that if I'm assaulted by a
11 patient, that the right to privilege or
12 confidentiality is supposed to be a shield,
13 not a sword. So I believe it would be within
14 my rights to have reported this. I wasn't
15 interested in doing that.

16 Q. Was it within your rights to report
17 it -- could you have spoken to your wife
18 about this and not violated any professional
19 standards?

20 MR. BROPHY: I'm going to invoke a
21 spousal privilege at this point anyway.
22 I don't think you're --

23 MR. HANNIGAN: I didn't ask him
24 what he talked to her about. I asked
25 him whether he could have talked to

1 W. Knack

2 her --

3 MR. BROPHY: Well, he said he
4 didn't. You're asking theoretically
5 whether he could have. You're just
6 trying to circumvent a privilege. I'm
7 not going to let him do that.

8 Q. Did you speak to your wife about
9 it?

10 MR. BROPHY: You don't have to
11 answer the question.

12 MR. HARRINGTON: Yes, he does.
13 We'll make a phone call to Dorian on
14 that one.

15 MR. BROPHY: Make a phone call.

16 MR. HARRINGTON: Let's go. You
17 want to be on it, about whether or not
18 -- about whether or not he talked to his
19 wife? It's not privileged, Joe, and you
20 know that.

21 MR. BROPHY: All right. Answer the
22 question whether you ever talked to your
23 wife about it. We'll permit it to that
24 extent.

25 A. Not until I heard from the -- that

1 W. Knack
2 that article hit the paper and it all became
3 public, then I had a conversation with her
4 about it.

5 Q. So did you talk to anyone at all in
6 any capacity about this incident prior to
7 your getting a call from the police
8 department?

9 A. No. Who could I talk to? Who
10 would I talk to?

11 Q. That's not my question.

12 MR. BROPHY: Other than counsel or
13 your insurance company, is that the
14 purport of the question, or are you
15 including counsel and the insurance
16 company in the question?

17 MR. HANNIGAN: I'm not including or
18 not including anybody. I just asked a
19 question.

20 Q. Did you talk to any human beings
21 other than lawyers --

22 A. No.

23 Q. -- prior to hearing from the police
24 department about --

25 A. No.

1 W. Knack

2 Q. -- this incident? No?

3 A. No.

4 Q. All right. Did there come a time
5 when you spoke to Noelle on the telephone
6 after your treatment of her had ended,
7 sometime in the future after?

8 A. I believe there were a few times.

9 Q. Tell me about the first time.

10 A. Well, I'm not -- I'm not sure.

11 There were some, some contacts and
12 communications within the first few weeks of
13 terminating. I can't recall what was on the
14 telephone, what were texts. There were
15 multiple texts that were sent.

16 Q. Were they sent by you, too?

17 A. I replied.

18 Q. So you sent texts to her?

19 A. Yes.

20 Q. Have you produced those to your
21 lawyer?

22 A. Anything that was produced to my
23 attorney has been produced to you, so that's
24 -- whatever is there. I don't have --

25 Q. Whoa, whoa, whoa. Let me ask you

1 W. Knack

2 this. Did you produce to your lawyer all
3 texts between you and Noelle?

4 A. Yes. All that I -- all that I had.

5 Q. That's what I mean.

6 A. Right. There are numerous, perhaps
7 in the hundreds, of texts that I don't have
8 access to that I know existed both just
9 previous to this event and then subsequent to
10 this event.

11 Q. Why don't you have access to it?

12 A. They haven't been retrievable. I
13 haven't been able to get them. We made
14 efforts to try to get them off of devices,
15 and there was no access to them.

16 Q. You're aware that two of the phone
17 calls that you had with Noelle were recorded;
18 right?

19 A. Yes.

20 Q. Were there other phone calls
21 besides those two that occurred after your
22 treatment time with her ended?

23 A. If they were phone calls, yes.
24 It's possible that there were calls. I know
25 there were communications.