

1 entail discouraging him from working there and
2 instead to get a job driving a delivery truck
3 or working as a mechanic.

4 JUDGE SIPPEL: I didn't follow
5 that. You said, I understood what you said
6 about a pedophile working in a childcare
7 center, but now what was the other thing about
8 mechanic and driving?

9 THE WITNESS: He might instead be
10 encouraged to seek other employment, including
11 possibly driving a truck or a warehouse or
12 working as a mechanic.

13 JUDGE SIPPEL: All right. I
14 understand you now. Thank you.

15 BY MR. KNOWLES-KELLETT:

16 Q You recommend that Mr. Titus and
17 your other clients make appropriate choices?

18 A Well, I recommend that for
19 everybody.

20 Q Okay. And that's part of the risk
21 management that you recommend?

22 JUDGE SIPPEL: I don't think that

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1 the doctor is involved in risk management.

2 MR. KNOWLES-KELLETT: Okay.

3 JUDGE SIPPEL: Forget that
4 question.

5 BY MR. KNOWLES-KELLETT:

6 Q Dr. Allmon, do you have a
7 treatment program for sex offenders?

8 A Yes, I do.

9 Q Okay. Is part of your treatment
10 program to teach them to control their urges?

11 A Yes, in the way that I've already
12 delineated twice.

13 Q Okay. The self talk, that when
14 they get the urge they get self talk and they
15 curb the behavior?

16 A They curb the behavior by that
17 means, or they curb the behavior by not
18 placing themselves in excessive risk
19 particularly while they're in treatment, or
20 they avoid use of alcohol and drugs, which
21 might dis-inhibit them, or they might be
22 required to avoid looking at pictures of

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1 little children and masturbating. So there
2 are many things that come into play and, of
3 course, the treatment all depends on the needs
4 of the individual enrollee in treatment.
5 There is no one-size-fits-all treatment
6 program for sex offenders, the contrary to
7 what sometimes people have argued.

8 Q Okay. Would many of those factors
9 would you consider fall under risk management?

10 A Well, that term I suspect you are
11 seizing on it and looking for a particular
12 definition. I don't have a particular
13 definition, except as inclined in my general
14 comment.

15 Q Okay. Thank you, Dr. Allmon.
16 Would you recommend that Mr. Titus work in a
17 daycare center?

18 MR. LYON: Objection, irrelevant.

19 MS. LANCASTER: No, it's not.

20 JUDGE SIPPEL: I'll let that
21 question, I'll let the question go. Doctor,
22 did you hear the question?

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1 THE WITNESS: I would, not because
2 I had a particular strong worry about his
3 predisposition to pedophilia, it just seems
4 imprudent of him, given his history, to place
5 himself in that circumstance. So if he came
6 to me and said, "Do you think this is a good
7 idea?" I'd say to him, "No, I think it might
8 be unnecessarily risky; and, if nothing else,
9 putting you in a position where you could be
10 accused of something that you didn't even do."
11 It's just prudent. It isn't because any
12 particular concern I have that he's going to
13 move on to some kid sexually at the daycare
14 center.

15 BY MR. KNOWLES-KELLETT:

16 Q Okay. You testified as an expert
17 witness somewhere between 20 and 40 times.
18 Did all of those situations involve sex
19 offenders?

20 A No.

21 Q Okay. What other expert matters
22 have you testified on?

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1 JUDGE SIPPEL: It's irrelevant.
2 Can you give a percentage or estimate a number
3 of the 20 and the 40 as to which was sex
4 offender issues?

5 THE WITNESS: Well, they were all
6 sexual anomaly issues. I've had a number of
7 occasions where I testified for a
8 professional, such as a physician or a
9 chiropractor or a dentist, various
10 professionals who have been alleged to have
11 done sex crimes, and some have done the sex
12 crimes. And I've had occasion to testify in
13 their cases. I've also testified in cases
14 involving child protective service or what
15 locally is called child protective service.
16 It's a state agency that has to do with
17 preserving the welfare of minors. And
18 occasionally, in fact fairly frequently, a
19 man, usually, will be alleged to have done
20 something inappropriate with a child. He may
21 have done so. Even though it doesn't entail
22 criminal charges, it certainly would entail

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1 poor judgment in some cases, and I would treat
2 somebody in that category. So they were not
3 all in criminal court matters.

4 BY MR. KNOWLES-KELLETT:

5 Q Okay. Approximately, how many
6 times have you testified for the prosecution?

7 A Prosecution, not very many.
8 Probably five times or fewer.

9 Q Okay. Did Mr. Titus enroll in
10 your treatment program in approximately 1995?

11 A He did.

12 Q And he dropped out of that
13 treatment program?

14 A He did.

15 Q And then he intended treatment
16 with two other treatment providers?

17 A He did.

18 Q Okay. And then did you have any
19 involvement with Mr. Titus until he came to
20 you to have this psychosexual analysis done?

21 A I believe I had no contact with
22 him since he left treatment when Ms. McCarty,

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1 my memory is that she and I consulted on the
2 telephone on a couple of occasions. But once
3 he finished his treatment programs, I think I
4 had no contact with him whatever until
5 recently.

6 Q Okay. The report that's Exhibit 3
7 is a standard report that you do?

8 A Exhibit 3?

9 Q Yes. Exhibit 3 is your report,
10 your psychosexual evaluation.

11 MR. LYON: I think you'll find,
12 counsel, that it's Exhibit 2.

13 BY MR. KNOWLES-KELLETT:

14 Q Oh, I apologize. Titus Exhibit 2.
15 I'm sorry. That's a standard report that you
16 do?

17 A Yes.

18 Q Okay. And how many of these
19 reports have you done?

20 A I'm guessing about 4800.

21 Q Okay.

22 MR. LYON: Could we clarify

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1 whether that was an estimate or a guess? I
2 just want to make sure.

3 BY MR. KNOWLES-KELLETT:

4 Q Okay. Do you have a basis for
5 that number?

6 A Well, I would get questions about
7 it, so I sat down one day and reconstructed as
8 many as I could. I'm currently in my 70s and
9 have closed my practice down about 75 percent,
10 but there was a time when I had two groups of
11 48 and two of 14 and concurrently running
12 maybe seven to ten evaluations. I very seldom
13 saw my spouse or got home, so I aired things
14 way down. Allowing for those years when I was
15 really churning out reports and treatment, the
16 best estimate I can give was about 4800.

17 Q Okay. That's precisely what I
18 mean for an estimate. Okay. Typical purpose
19 of a report such as this is to answer a
20 question like is a person pedophilic, prone to
21 rape, or prone to engage in some other
22 sexually abhorrent behavior?

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1 A What is called the research
2 question is always stated. It may be does
3 this man need treatment for sexual deviancy or
4 not? That is the most frequent research
5 question that I have posed for me.

6 Q Okay. Ultimately, you, as the
7 evaluator, determine what goes in the report;
8 is that correct?

9 A Subject to some guidelines that
10 are established, what are called standards of
11 care requirements.

12 Q Okay. And those standards of
13 care, you look at statutory requirements and
14 organization requirements; is that correct?

15 A It depends on the circumstance.
16 In Washington State, there is a statute which
17 delineates what must go into an evaluation of
18 this kind if the evaluatee is seeking to be sent
19 to the outpatient treatment option rather than
20 prison. Other than that, the guidelines are
21 dictated by traditional standards of care
22 rules, which say that if a licensed

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1 psychologist up and down the West Coast, in
2 general, include X in their evaluations 51
3 percent or more, then I am expected to include
4 X or have a good reason for not having
5 included X.

6 Q Okay. I think earlier today you
7 testified regarding what went into doing this
8 report. It started with an interview phase.
9 How long did the interview phase --

10 A It started with an intake phase.

11 Q Okay. How long did that take?

12 A Usually, about 45 minutes to an
13 hour and a half.

14 Q Okay. And do you call that the
15 intake interview?

16 A I call it the intake phase of
17 evaluation.

18 Q Okay. And then following that,
19 you administer the battery of tests; is that
20 correct?

21 A No, that's not correct.

22 Q Okay. What's next?

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1 A In the course of the intake, I
2 establish the reason for the interview and the
3 research question to be addressed so we don't
4 go off half-cocked and not stay focused on
5 what the intent of the project is and also
6 render at that time a tentative diagnosis, a
7 working diagnosis, which is probably going to
8 be changed later, but that is established;
9 name, address, phone number is there;
10 insurance company information; basic
11 administrative details. Then I move in to the
12 interview phase of evaluation, which includes
13 a statement of events surrounding, in a
14 criminal case, the charges that were made and
15 the particular charges. He may have other
16 charges not related to sex or related to sex,
17 but specifically the version of events is put
18 forth. I later, incidentally, assert the
19 official version, and I extract that from
20 official documentation.

21 Q Approximately how long did those
22 phases take in this case?

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1 A Those elements of that phase I'm
2 going to say ordinarily take something like an
3 hour to achieve. I can tell you how long
4 specifically it took me in Mr. Titus' case, if
5 necessary.

6 Q If you have that, I'm interested.

7 A Intake was conducted on the 25th
8 of September, 2007. And that phase also
9 includes disclosure statement or ground rules
10 and releases and the statement I'm going to
11 require a polygraph test. Some people refuse
12 to proceed if they hear they have to do a
13 polygraph test. And that took a period of two
14 hours that day to get that part.

15 Q Okay. Do you have notes there,
16 you're looking at notes regarding the time it
17 took on the different phases?

18 A Well, I know what went on. I can
19 tell the phase by what the activity was that
20 went on. I should also comment that Mr. Titus
21 then that same day was with me, although not
22 in an interview stance, filling out

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1 questionnaires. And I also interact at that
2 time since I'm required to go and inspect the
3 test taker. I usually go six times, sometimes
4 more and sometimes less, but seldom less, to
5 make sure that they aren't listening to a
6 walkman radio or had their girlfriend come in.
7 In one case, I caught somebody giving a test
8 to a girlfriend to fill out a questionnaire on
9 one case while he filled out the other one.
10 And I am looking for things like distractions
11 that have come up, noises, too cold, too hot.
12 So even though I am not actively involved in
13 intake or interview, what I'm doing is
14 interacting to some extent with Mr. Titus on
15 those occasions as he fills out the
16 questionnaires.

17 Q Okay.

18 A He came back later and filled out
19 further questionnaires.

20 Q Yes. I think you testified at
21 your deposition that takes, roughly, five
22 hours. Do you have that number for Mr.

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1 Titus'?

2 A For intake --

3 Q I'm interested in how long Mr.
4 Titus took to take the battery of tests that
5 you gave him.

6 A It's usually about five hours.

7 Q Okay.

8 A He bifurcated his test taking
9 between the 25th of September and the 26th of
10 September, some one day and some the next day.

11 Q Okay. And then what other phases
12 are there to developing a report --

13 JUDGE SIPPEL: What year would
14 that be? Because I got you down as 25
15 December, '07 on the intake?

16 THE WITNESS: Yes.

17 JUDGE SIPPEL: December. And then
18 the exams were administered when? Oh, I'm
19 sorry. September? Excuse me, Doctor. I'm
20 hearing things here. Let me ask the question
21 again. My notes say 25 December. Was that
22 wrong?

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1 THE WITNESS: September, your
2 Honor.

3 JUDGE SIPPEL: September. Thank
4 you.

5 THE WITNESS: And the next day he
6 came back and completed the rest of the
7 inventories, which also entailed my spot-
8 checking during the course he completed them.
9 Five hours is the average.

10 BY MR. KNOWLES-KELLETT:

11 Q Okay. And then what phase comes
12 next?

13 A Then he'd be required to undergo
14 polygraph testing. I do require that right
15 away when I send off the tests that must be
16 scored to scoring centers where the
17 manufacturers of the testing score the test
18 and send them back to me. So there's a gap
19 there of a few weeks until the polygraph test
20 can be administered and until I get the scored
21 test back.

22 Q Roughly, how long does it take to

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1 take the polygraph test?

2 A In many cases, they can do it as
3 quickly as 45 minutes. Of course, it depends
4 on the polygraphist and it depends on the
5 evaluatee, how forthcoming the evaluatee is. The
6 evaluatee is breathing in an odd way, for
7 example, or squirming, and the polygrapher has
8 a problem it could take an hour and a half or
9 two hours. But sometimes they just zip in and
10 in 45 minutes have the whole thing done.

11 Q Okay. Do you know if there were
12 any problems in Mr. Titus' case?

13 A There were no problems in Mr.
14 Titus' test-taking.

15 Q Okay. So you'd estimate 45
16 minutes?

17 A Well, there again is an estimate.
18 I have no way of knowing because I wasn't
19 there.

20 Q Okay.

21 A The polygraphist will comment if
22 there's something particularly odd about the

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1 testing situation, that he seemed deceptive
2 the first three go-arounds or they squirmed
3 around a lot, or he was very unclear about his
4 statements. Those kinds of things are noted.
5 And the polygraphist in this case made no
6 side-view marks any of this was a concern.

7 Q Okay. What was the next phase of
8 this report?

9 A Did somebody say something to me?

10 Q What was the next phase? I think
11 you went through the intake phase, the
12 interview phase, the testing phase.

13 A And the polygraph testing.

14 Q Is there a final phase? Are there
15 other phases?

16 A Yes, there are. My gathering the
17 data and allocating times on my calendar.
18 Five to eight hours or more sometimes to
19 arrange the data in a way that I can make use
20 of it, look at commonalities between test
21 findings, consider any questions about the
22 polygraph test result. And then I sit at the

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1 computer and start writing.

2 Q Okay. Can you tell me how long
3 that took in Mr. Titus' case?

4 A Yes, I can.

5 MR. LYON: I'm sorry. Are you
6 asking him how long it took to write?

7 MR. KNOWLES-KELLETT: The final
8 phase where he gathers the data and writes a
9 report.

10 JUDGE SIPPEL: Do you hear the
11 question, Doctor?

12 THE WITNESS: No, your Honor.

13 JUDGE SIPPEL: You have to speak
14 up and ask your question, Mr. Knowles-Kellett.

15 BY MR. KNOWLES-KELLETT:

16 Q Okay. I'm asking how long the
17 phase where you gathered the data and write
18 the report took in Mr. Titus' case.

19 A Well, on December 6th, I spent two
20 hours putting together what I call the matrix.
21 It is a very simple thing. I take some 13-
22 column accounting paper and across the top

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1 write the sources of data and down the left-
2 hand side I write a finding: is he depressed,
3 is he anxious, is he rageful? And if the same
4 finding gets X'ed in two or three columns, I
5 assign that with a lot of significance. In
6 this case, that process took me two hours.
7 And then also on the 6th of December, I spent
8 six hours writing. I also gathered
9 information from his mother by telephone.

10 Q Okay. And approximately how long
11 did that take?

12 A Both parts of that took eight
13 hours.

14 Q The collateral interview with his
15 mother.

16 A Oh, the collateral interview was
17 relatively brief. She was very cooperative
18 and just, of course, rightly said what she had
19 to say and that was the end of that.

20 Q At your deposition, you testified
21 ten minutes.

22 A That's probably accurate.

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1 Q Okay.

2 A It may have been a little longer
3 than that.

4 JUDGE SIPPEL: Look, who's going
5 to ask the questions? Ms. Lancaster, do you
6 want to ask --

7 MS. LANCASTER: I'm trying to talk
8 to him, your Honor.

9 JUDGE SIPPEL: But I can hear
10 this. It's very, very distracting. Now, if
11 you want to ask the questions, that's fine.
12 If you want to go off the record and you want
13 to consult, that's fine, too. But I can't
14 have this. I keep getting it in my ear one
15 way, and it's not working too well.

16 BY MR. KNOWLES-KELLETT:

17 Q Okay. Do you have in your notes
18 how long the interview phase with Mr. Titus
19 lasted?

20 A I do.

21 Q How long did it last?

22 A Well, I think I already told you

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1 the intake and interview in his case went
2 fairly smoothly because it didn't appear to be
3 deceptive. I didn't keep getting conflicting
4 data. So on the 25th of September, intake and
5 interview collectively took two hours.

6 Q Okay. So the interview is one
7 component of that two hours, and you don't
8 know --

9 JUDGE SIPPEL: Could you tell me
10 what the purpose of this is?

11 MR. KNOWLES-KELLETT: I just want
12 to know how much time he spent evaluating Mr.
13 Titus.

14 JUDGE SIPPEL: Well, he's told us.
15 You're going down minute-by-minute. I mean,
16 this doesn't make sense to me.

17 BY MR. KNOWLES-KELLETT:

18 Q Okay. Now, you testified about
19 the standards of care for a report of this
20 type. Do the standards of care require two
21 collateral interviews at this point?

22 A They do now, yes.

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1 Q Okay. But this one included
2 simply one because that was the former
3 standard of care?

4 A My understanding of the former
5 standard of care is that one final interview
6 is required, so I did.

7 Q Okay. And the collateral
8 interview is when you call somebody else to
9 confirm with outside knowledge so you're not
10 just getting information from Mr. Titus and
11 the paper records?

12 A That's correct.

13 Q Okay. How do you select who to
14 call for the collateral interview?

15 A Well, who is not called is the
16 victim or alleged victim, so that is out of
17 the picture, or anybody in the family because
18 of the risk of re-traumatizing. Whoever I
19 talk to must be suggested and approved by the
20 evaluatee because I need a release signed, so I
21 discuss the possibility with every evaluatee.
22 In this case, it happened to be Mr. Titus'

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1 mother, which is whom he authorized.

2 I heard the laughter there. I
3 might just add that is not particularly funny,
4 given that a lot of times when I talk to the
5 mother the mother is the least supportive. So
6 it may sound as though I was going to the
7 grandstand and receiving applause, but in this
8 case I had no idea what she would say. And in
9 many cases the collateral interviewee has been
10 quite adverse, including moms.

11 Q Okay. Now, the report that you
12 did, the purpose was to assess Mr. Titus' need
13 for treatment and not to predict the risk of
14 re-offense?

15 A Well, I think that is misleading,
16 as well. It would be quite intuitive and
17 obvious, I would think, that if a person had
18 a high probability of re-offense, as the best
19 data showed and other data showed, then I
20 would say he needs more treatment. If he
21 appears there's no need for further treatment
22 and he retains treatment concepts that were

1 originally provided for him and he's not re-
2 offending, then the probability as implied is
3 not likely to re-offend.

4 Q Okay. I'd like you to turn to
5 your deposition, page 23.

6 JUDGE SIPPEL: For what purpose.

7 MR. KNOWLES-KELLETT: Prior
8 inconsistent statement, your Honor.

9 JUDGE SIPPEL: Read him the
10 statement and let him see it and then ask the
11 question.

12 BY MR. KNOWLES-KELLETT:

13 Q My question to you was, "But one
14 of the purposes of your report is really to
15 get you to do a narrative statement as to his
16 risk of re-offense --

17 JUDGE SIPPEL: What page? What
18 page are you reading from?

19 MR. KNOWLES-KELLETT: Page 23.

20 JUDGE SIPPEL: Do you have that in
21 front of you, Doctor?

22 THE WITNESS: I have page 23, but