

Timeline for Case 2015-2

Label	Value
Respondent:	Jennifer Lee Keilin
Credential:	SWL.LW.60064966
Profession:	Social Worker Independent Clinical License
Created:	01/02/2015
Closed:	07/23/2015
Alleged Issues:	Practicing Beyond the Scope of Practice Substandard or Inadequate Skill Level
Case Nature:	Beyond Scope Standard of Care/Services
Resolutions:	Evidence does not support a violation

Timeline Detail	Start	End	Days Used
OPENED	12/31/2014	01/05/2015	5
Intake	01/05/2015	01/05/2015	0
Assessment	01/05/2015	01/08/2015	3
Investigation	01/08/2015	07/16/2015	189
Case Disposition	07/16/2015	07/23/2015	7
CLOSED	07/23/2015		0

Timeline Summary	Auth Days	Extend Days	Days Used	Days Remain
OPENED	0	0	5	-5
Intake	7	0	0	7
Assessment	14	0	3	11
Investigation	170	0	189	-19
Case Disposition	140	0	7	133
CLOSED	0	0	0	0
Total:			204	

Jennifer
KeilinRespondent: Jennifer Keilin
Date Presented: 7/15/2015Presented by: Tammy KelleyCase Disposition WorksheetCase Number: 2015-2 LW

Profession:

Staff Attorney: _____

Pre-Assigned or Requested (circle one)¹Staff Present: Tammy Kelley Bill Kellington Nancy Tyson Bill Dean
 Mariama Gondo Mark Triplett**SEXUAL MISCONDUCT CASES**

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (It is recommended to make this referral only after investigation; however, any pre-investigation referral should include a panel authorization for investigation.)

- Panel finds there are clinical issues, do not refer.
- No clinical issues, refer case to Secretary

Complete Signature Below Only If Case Is Referred to Secretary

Authorized by Panel Chair: _____

Print Name of Panel Chair: _____

per Program Staff (Initials) _____ Reviewing Commission Member _____
(if applicable) (if applicable)

Date referral authorized: _____

A. REQUEST FOR LEGAL ACTION: Summary Action: Suspension Practice Restrictions _____ Statement of Charges: _____ Compliance: Unique closure – profession terminated Statement of Allegations: _____ Compliance: Release from Order Notice of Correction: _____ Compliance: Referral to Collection Agency Notice of Determination: _____ Compliance: Authorization for Fast Track Withdrawal of SOC: _____ Notice of Req. Eval: _____ Withdrawal of SOA: _____**Alleged Violations—RCW 18.130.180:**

- (1) Moral turpitude
- (2) Misrepresentation of facts
- (3) False advertising
- (4) Incompetence
- (5) Out of state action
- (6) Illegal use of drugs
- (7) Violated state or fed law
- (8) Failure to cooperate
- (9) Failure to comply

- (10) Aiding and abetting
- (11) Violation of rules
- (12) Practice beyond scope
- (13) Misrepresentation or fraud
- (14) Failure to supervise
- (15) Public health risk
- (16) Unnecessary or inefficacious drugs
- (17) Criminal conviction
- (18) Criminal abortion

- (19) Treating by secret methods
- (20) Betrayal of patient privilege
- (21) Rebating
- (22) Interference w/ investigation
- (23) Current drug/alcohol misuse
- (24) Sexual contact/patient abuse
- (25) Acceptance of more than nominal gratuity

Other Violations of Relevant State or Federal Law: _____

Or

RCW 18.130 .170:

 Mental Impairment Physical Impairment**B. FILE CLOSED:**

<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> No violation at the time the event occurred	<input type="checkbox"/> Conduct was within standard of practice	<input type="checkbox"/> No violation determined
<input checked="" type="checkbox"/> Evidence does not support a violation	<input type="checkbox"/> Risk minimal, not likely to reoccur	<input type="checkbox"/> Mistaken identity	<input type="checkbox"/> Care rendered was within standard of care
<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Complainant withdrew	<input type="checkbox"/> No Whistleblower	<input type="checkbox"/> Complaint unique closure
<input type="checkbox"/> Application Investigation Only- No Action to Deny			

Further explanation (if any): _____

C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):¹ Program may request a specific staff attorney who has prior experience with the file or the Respondent.

CASE REVIEW FORM-SECRETARY PROFESSIONS

DATE: 7/16/2015 **CASE #:** 2015-2 LW

ALLEGATIONS (from the original complaint):

C alleges that R that R failed to conduct a thorough investigation and that her parenting evaluation was substandard and incomplete.

SUMMARY OF CASE (ex. *Criminal Conviction Dates, Classification of Crime, Pleadings, etc*):

C states that she had R's evaluation reviewed by a forensic psychologist and he determined that R: practiced outside her scope and skill level, failed to contact C's collaterals (including treatment providers), didn't include information about child's health concerns and her report was incredibly brief which could have resulted in a risk of harm to the child.

R denies the allegations and states that parenting evaluations are within her scope of practice and skill level. The method she used was consistent with the Association of Family and Conciliation. She states she has previously completed parenting evaluations involving a hearing impaired child. R states that she used her discretion when determining which collaterals to speak with and that she interviewed two for each party. She was unable to contact the child's health care provider because the child was over the age of consent and refused to consent to R contacting them.

CREDENTIAL INFORMATION:

ISSUANCE: 2010 **EXPIRATION:** 2016 **STATUS:** active

COMPLAINT HISTORY:

PREVIOUS COMPLAINTS: no

INITIAL RECOMMENDATION (*To CMT*) :

AGGRAVATING FACTOR:

*

MITIGATING FACTOR:

*

CHARGING/CLOSURE RECOMMENDATION: Evidence doesn't support

FINAL CHARGING/CLOSURE RECOMMENDATION (*By CMT*) :

#2015-2LW

Respondent: Keilin, Jennifer.

**Description: CD contains copies
of Complainant's records,
submitted by Respondent.**

EVIDENCE ITEM #102

#2015-2LW

Respondent: Keilin, Jennifer.

**Description: CD contains copies
of Complainant's records,
submitted by Respondent.**

EVIDENCE ITEM #102

**-DEPARTMENT OF HEALTH
HEALTH SYSTEMS QUALITY ASSURANCE DIVISION**

**CONFIDENTIAL INVESTIGATION REPORT
PREPARED FOR THE
SECRETARY OF THE DEPARTMENT OF HEALTH**

Case(s) #2015-2LW

RESPONDENT: Keilin, Jennifer L.

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Investigator: Todd Terhaar
Health Care Investigator

APPROVED BY

Keilin, Jennifer L.

DATE 07/15/15

APPENDIX A
RESPONDENT INFORMATION

NAME: Keilin, Jennifer L.

BUSINESS ADDRESS: 1715 114th Ave SE, Suite #210
Bellevue, WA. 98004

BUSINESS TELEPHONE #: 1 - DOH Licensee Health P...

RESIDENCE ADDRESS:

RESIDENCE TELEPHONE #:

LICENSE NUMBER: SWI.LW.60064966

DATE ISSUED: 1/28/10

EXPIRATION DATE: 2/6/16

BIRTH DATE: 2/6/68

SPECIALIZATION: None.

PREVIOUS COMPLAINT HISTORY: 2 previous, no discipline.

ATTORNEY IDENTIFICATION: None.

APPENDIX B

COMPLAINANT INFORMATION

NAME:

BUSINESS ADDRESS:

BUSINESS TELEPHONE #:

4 - Name - Whistleblower Regarding Health Car...

RESIDENCE ADDRESS:

RESIDENCE TELEPHONE #:

ATTORNEY: N/A

ATTORNEY ADDRESS: N/A

ATTORNEY TELEPHONE #: N/A

APPENDIX C

GENERAL SUMMARY

Allegation:

The Complaint alleged the Respondent, *Jennifer Keilin*, was unprofessional in her assessment of the Complainant in a Parenting Evaluation (PE). The Complainant alleged the Respondent failed to conduct a thorough investigation, her evaluation was sub standard, and incomplete.

Complaint Summary:

On 12/13/14, a complaint against the Respondent was submitted to the DOH by 4 - Name - Wh... (*Evidence pages #2-7*). For the purposes of this investigation 4 - Name - Whistlebl... will be referred to as the Complainant.

In April 2014, the Complainant went to the respondent for a PE. The Complainant's daughter has a rare genetic condition and is deaf and would need a sign language interpreter when interviewed by the Respondent. The process was not begun until June 2014. The Respondent produced her report in August 2014. The Complainant stated she was forced to seek help of a forensic psychologist, *Dr. Daniel Rybicki*, who reviewed the Respondent's report. Dr. Rybicki allegedly found the Respondent:

- Practiced outside her scope of practice and was out of her skill level.
- The Respondent stated that she had never worked with a deaf child before and didn't know how to find an interpreter.
- Failed to contact many of the Complainant's collaterals including treatment providers.
- The Respondent didn't mention the child's health concerns or that the interview was done without appropriate interpreting services.
- The Respondent did not interview any of the child's health care providers, only a hospital social worker who had not met the child or the Complainant.
- The Respondent told the Complainant she would be able to review the final report before it was submitted to the court. The report contained two options for parenting but no recommendations nor description of how she came to the conclusion.
- The Complainant stated because the report was so brief/exceptionally short she was concerned the report may have created an unreasonable risk and harm for the child.
- The Respondent's parenting plan was not productive, responsive or based on compelling data.

On 1/15/15, the Complainant was mailed a Complainant Notification Letter and Authorization to Release Complainant's Name Form (*Evidence pages #8-9*).

On 1/26/15, the Complainant's signed Authorization to Release Complainant's Name Form was received (*Evidence pages #10*).

Complainant Interview:

#2015-2LW/ Keilin, Jennifer L.

On 4/7/15, the Complainant was interviewed via telephone. The Complainant confirmed the details in her complaint letter. The Complainant identified her daughter as *Megan Charney*, hereafter referred to as Patient A. This same date the Complainant sent the following additional documents:

- An information printout on Kearns-Sayre Syndrome (*Evidence pages #11-13*).
- A list and detailed explanation the Complainant made of "Errors and Omissions" she believes were made by the Respondent (*Evidence pages #14-22*).
- A copy of a Declaration, authored by Dr. Daniel Rybicki, to the King County Superior Court (*Evidence pages #23-47*).

No additional information was provided at that time, see these documents for additional details.

Collateral Investigative Activity:

Dr. Daniel Rybicki, Records and Statement:

On 6/11/15, Dr. Rybicki was mailed a Letter of Cooperation (LOC) (*Evidence pages #48-50*).

On 6/26/15, Dr. Rybicki submitted:

- An emailed statement letter (*Evidence pages #51*).
- His copy of his declaration (*Evidence pages #52-76*).
- A list of errors and omissions he believed the Respondent made (*Evidence pages #77*).
- Signed Witness Notification Form (*Evidence pages #78*).
- A copy of his billing records for the review and declaration (*Evidence pages #79*).

Respondent Statement and Activity:

On 1/15/15, the Respondent was mailed a Respondent Notification Letter (*Evidence pages #80*).

On 5/4/15, the Respondent was mailed a Letter of Cooperation (LOC) (*Evidence pages #81-95*).

On 6/11/15, the Respondent's statement (*Evidence pages #96-101*) and copies of the related patient records (CD) were received (*Evidence pages #102*). From the CD the following records were selected, downloaded, and printed out:

- The Respondent's Parenting Plan Evaluation (*Evidence pages #103-126*).
- Billing records (*Evidence pages #127-132*).
- List of collaterals contacted (*Evidence pages #133-145*).
- Interviews conducted by the Respondent (*Evidence pages #146-247*).

The CD contains a large volume of additional records, see this CD for additional documentation, details and information.

In her statement the Respondent stated:

- During the PE she adhered to statutory criteria to establish a permanent parenting plan set forth in RCW 26.09.187, and to the WAC 246-44-445 criteria of PE standards.
- She used methods consistent with the Association of Family and Conciliation Courts (AFCC) model guidelines for conducting custody evaluations.
- PE's are within the scope of her practice and skill level.

- She has previously conducted PE's involving a hearing impaired child.
- Regarding the number of collaterals she spoke with, she used her professional judgment in selecting the number of collaterals she spoke with. This included two personal collaterals from each party, and the most relevant professional collaterals.
- In accordance with AFCC guidelines she informed the Court in her report of the limitations to her conclusions because all of the collateral data was not available due to the lack of Patient A's consent and the inability to contact school personnel during summer break.
- Patient A does not use interpretive services all the time and thus she used her professional judgment as to her ability to effectively communicate. The Respondent described how Patient A participated in an interview with her where communication occurred directly with her looking at Patient A, speaking slowly and in short sentences, with Patient A lip reading.
- The Respondent was unable to communicate or interview Patient A's healthcare providers because she was over the age of 12, and refused grant the Respondent consent to contact a number of her healthcare providers.
- Two sets of recommendations regarding time-share were offered to the Court as both sets met Patient A's needs.
- Her report was not too brief, and contained all of the necessary criteria and factors as set forth by statute.

See this statement for additional details.

This investigation is complete and submitted for review by Program.

APPENDIX D

EVIDENCE/EXHIBITS

<u>Page #'s</u>	<u>Description</u>
1	WAC notice 246.15.030.
2-7	Complaint letter.
8-10	Copy of Complaint Notification Letter to Complainant, and signed waiver.
11-47	Additional documents submitted by Complainant.
48-79	Copies of LOC to Dr. Rybicki, his response, and related documentation.
80-95	Copy of Notification Letter and LOC to Respondent.
96-101	Respondent statement.

#2015-2LW/ Keilin, Jennifer L.

Page 6 of 7 pages

102 CD submitted by Respondent.

103-247 Printouts of several items from CD.

APPENDIX E

ACTIVITY REPORT

SEE ILRS INVESTIGATION ACTIVITY SUMMARY

APPENDIX F

CONTACT LIST

Respondent

Complainant

Todd M. Terhaar, Investigator
Washington State Dept. of Health O.I.I.
Office of Investigation and Inspection
111 Israel Road SE
PO Box 47874
Olympia, WA 98504-7874
E-Mail Address: todd.terhaar@doh.wa.gov
(253) 395-6710 (P)
(253) 395-6365 (F)

Dr. Daniel Rybicki
PMB #287
4810 Pt. Fosdick DR NW
Gig Harbor, WA 98335
(253) 509-0922

Investigation Activity Report

Lists the Effective Date, User Assigned, Description and Comments for all Investigative action items for the selected case.
 Updated 04/04/12

Filtered By:

Case # = 2015-2

Run Date = 7/13/2015

Number of records = 19

Effective Date	Assigned To	Description	Comments
01/20/2015	Terhaar, Todd M	Investigative - Initiate Investigation	Accepted file from supervisor, review complaint file, transfer to caseload in ILRS.
01/29/2015	Terhaar, Todd M	Investigative - Case Activity	Received signed w/b waiver granting release of the Complainant's identity.
02/26/2015	Terhaar, Todd M	Investigative Correspondence - General	Voicemail from the Respondent asking for status of investigation and details. Retrieved file, reviewed, called her back and left her a v/m with summary of complaint, and explained process. Respondent contact phone (206) 244-5216.
04/03/2015	Terhaar, Todd M	Investigative Correspondence - General	Exchanged emails with Respondent, re update.
04/07/2015	Terhaar, Todd M	Investigative - Case Activity	Started report, input data into computer. Conducted Complainant interview, updated report. Drafted LOC in preparation of mailing.
04/08/2015	Terhaar, Todd M	Investigative Correspondence - General	Phone call with Respondent. Spoke at length about complaint details, investigative process, all other questions from Respondent etc...
04/15/2015	Terhaar, Todd M	Investigative - Case Activity	Reviewed and updated report with details from complainant emails and records provided on 4/7/15.
04/24/2015	Terhaar, Todd M	Investigative - Case Activity	Report work
05/06/2015	Terhaar, Todd M	Investigative - Case Activity	Drafted and mailed off LOC to Respondent with copy of complaint.
05/21/2015	Terhaar, Todd M	Investigative - Case Activity	Contacted by Respondent who requested, and was granted, an extension to submit her response to 6/13/15.
05/26/2015	Terhaar, Todd M	Investigative Correspondence - General	Corresponded with Respondent, another extension granted to 6/16/15.
06/05/2015	Terhaar, Todd M	Investigative - Case Activity	Report work.
06/12/2015	Terhaar, Todd M	Investigative - Case Activity	Received Respondent statement and records, updated report.
06/15/2015	Terhaar, Todd M	Investigative Letter of Cooperation	Drafted and mailed off LOC to subsequent Dr. Rybicki, updated report, copies to file.
06/16/2015	Terhaar, Todd M	Investigative - Case Activity	Travelled to Kent RJC, conducted search of all court records for Dr. Rybicki's declaration. Document is either sealed or was not submitted. Travel time back.
06/29/2015	Terhaar, Todd M	Investigative - Case Activity	Received statement and records from Dr Rybicki, reviewed and updated report.
06/30/2015	Terhaar, Todd M	Investigative Report	Started work on completing report, organizing, evidence.
07/13/2015	Terhaar, Todd M	Investigative Report	Completed report and submitted for supervisory review.
07/13/2015	Terhaar, Todd M	Investigative Forward for Closure of Investigation	

Investigator: TER HAAR

Respondent Notification Letter

Priority: A B C D E Date: 1 / 1 /2015

Complainant Notification Letter
 Whistleblower

**COMPLAINT INTAKE
SUMMARY WORKSHEET**

RESPONDENT INFORMATION

Name & Address	JENNIFER LEE KEILIN					Case #	2015-2LW	
	1 - DOH Licensee Health Professional Home Address and/or H...					Allegation	<ul style="list-style-type: none"> • Practicing Beyond the Scope of Practice • Substandard or Inadequate Skill Level 	
						License #	SWI.LW.60064966	
Phone #						Issued	1/28/10	
Legal Action	Yes	No	Compliance	Yes	No	Expires	2/6/15	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Status	Active in Renewal	
						Cases	Open: 0	Closed: 2

COMPLAINANT INFORMATION

Name & Address	4 - Name - Whistleblower Regarding Health Care Provider or Health Care Fa...		
Phone #		E-Mail	

SUMMARY OF COMPLAINT

Respondent is alleged to have practiced outside her scope of practice and was out of her skill level.

The complainant went to the respondent to conduct a parenting evaluation in April 2014. The process was not begun until June 2014 and produced the report in August 2014. The complainant's daughter has a rare genetic condition and is deaf and would need a sign language interpreter when interviewed by the respondent. The respondent stated that she had never worked with a deaf child before and didn't know how to find an interpreter. The respondent didn't mention the child's health concerns or that the interview was done without appropriate interpreting services. The respondent did not interview any of the child's health care providers, only a hospital social worker who had not met the child or the complainant. The respondent also told the complainant that she would be able to review the final report before it was submitted to the court. The report contained two options for parenting but no recommendations nor description of how she came to the conclusion.

The complainant is concerned that the report may have created a unreasonable risk and harm for the child.

Assessment Worksheet

Respondent:
Jennifer Keilin
Date: 1/8/2015

Case Number: 2014 - 2
Board/Commission/Profession: LW
Facility Type: _____

Presented by: TLK

- | | | |
|---|--|--------------------------|
| <input type="checkbox"/> Conference Call | <input checked="" type="checkbox"/> Board/Commission/CMT meeting | Panel members: _____ |
| <input checked="" type="checkbox"/> Tammy Kelley | <input type="checkbox"/> Mariama Gondo | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Bill Dean | <input checked="" type="checkbox"/> Betty Moe | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Bill Kellington | <input type="checkbox"/> Nancy Tyson | |

A. FILE CLOSED:

<input type="checkbox"/> BT- No Jurisdiction	<input type="checkbox"/> BT- No violation at the time the event occurred	<input type="checkbox"/> BT- Advertising that is a technical violation	<input type="checkbox"/> BT- Communication and personality issues
<input type="checkbox"/> BT- Aged or outdated complaints	<input type="checkbox"/> BT- Risk minimal, not likely to reoccur	<input type="checkbox"/> BT- Lack of complaint credibility	<input type="checkbox"/> BT- Complainant withdrew
<input type="checkbox"/> BT- No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> BT- Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT- Practice on an expired credential for a period of time accepted by the disciplining authority	<input type="checkbox"/> BT- Insufficient information
<input type="checkbox"/> BT- Profession-specific threshold. Explain: _____ a) Violating confidentiality b) Inappropriate delegation c) Failure to supervise d) Isolated incidents	<input type="checkbox"/> BT- Issues which have been otherwise resolved. Explain resolution: _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT- If allegations are true, no violation of law occurred	<input type="checkbox"/> BT- Referral to another program or agency. <input type="checkbox"/> BT- Incident reported by facility

B. Investigation of the complaint is authorized.

Additional Instructions to investigator: _____	
Initiate investigation and obtain relevant records, including patient records and any required subpoenaed docs.	
Authorized by Panel Chair/CMgr:	Jennifer Kelley
Print Name of Panel Chair/CMgr:	Tammy Kelley
Per Program Staff (initials)	Reviewing Commission Member
(If applicable)	(If applicable)
Date Investigation authorized: 1-8-15	

Recommended priority:

- | <u>Professions</u> | |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | (risk of immediate danger) |
| <input type="checkbox"/> B | (serious risk) |
| <input type="checkbox"/> C | (moderate risk) |
| <input type="checkbox"/> D | (minor risk) |
| <input type="checkbox"/> E | (technical violations) |

- | <u>Facilities</u> | |
|-------------------|--|
| (_____ # of days) | |

C. SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- Panel finds there are clinical issues, do not refer.
- No clinical issues, refer case to Secretary

Case View Screen [update] 

Case	2015-2	Date Created	01/02/2015	Audit
Status	OPENED	Date Received	12/31/2014	Entry Items
Respondent ID	653258	How Received	Email	Document
Respondent	Jennifer Lee Keilin	Receiving Board	SECRETARY	Notes
Credential	SWL.LW.60064966	Receiving Profession	Social Worker Independent Clinical	Master Ca:
Jennifer Lee Keilin		License		Participant
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail	Receiving Department	Case Intake	Add Maste
	Jennifer Lee Keilin 1715 114th Ave SE Ste 210 Bellevue, WA 98004-6906	Received By	Joe J. Johnston	Timeline
Complainant ID	1165705	Alleged Issues		
Complainant	4 - Name - Whistleblowe...	Practicing Beyond the Scope of Practice		
		Substandard or Inadequate Skill Level		
		Case Nature		
		Beyond Scope		
		Standard of Care/Services		

Comments:

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created
No action items found								

Credential View Screen [update]



Jennifer Lee Kellin

Address:

 Public Mail

[change mail address]

Jennifer Lee Kellin
1715 114th Ave SE Ste 210
Bellevue, WA 98004-6906

ID 653258

Warnings

SSN/FEIN

Contact Standing

Contact Type

Birth Date

Public File

Mailing List

US Citizen

Email:

2 - DOH License...

Living

INDIVIDUAL

02/08/1968

YES

jkeilin@comcast.net

Contact

Audit

Enforcement

Cont. Edu

Documents

Owned By/For

Exams

Experience

Notes

Schools

Librarian

Application

Other State

Online Info

Comments:

Social Worker Independent Clinical License [update] [form letter]

Credential # SWI.LW.60064966

Application Date 11/17/2008

Effective Date 02/14/2014

Expiration Date 02/06/2015

First Issuance Date 01/28/2010

Last Date Of Contact 01/25/2010

CE Due Date 02/06/2015

Credential Status

Status Reason

Amount Due

Date Last Activity

Last Updated by

Certificate Sent Date

ACTIVE IN RENEWAL (12/02/2014)

RENEWAL NOTICE SENT

\$0.00

12/2/2014 10:29:57 AM

Stewart, Kevin

02/19/2014

Audit

Documents

Verification

Workflow

Key Mgmt

Fees

Notes

Print Docs

Comp. Audit

Renewal

License Status

Comments:

- Supervises
- User Defined License Data
- Workflow

Supervises [update] [Show All]

No active Supervises Data.

Office of Investigation and Inspection
Department of Health
NPDDB/HIPDB

JAN 09 2015

Background Check Processed

Contact View Screen [update]		
Jennifer Lee Keilin Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail <div style="border: 1px solid black; padding: 5px;">Jennifer Lee Keilin 1715 114th Ave SE Ste 210 Bellevue, WA 98004-6906</div>	ID Warnings SSN/FEIN Contact Standing Contact Type Criminal History Public File Mailing List US Citizen Email: jkeilin@comcast.net	653258 2 - DOH License... Living INDIVIDUAL NO YES
Preferred Communication Method:		

Comments:

- Addresses
- Individual Information
- Credential List
- Legacy

Contact Addresses [add]

Address Information	Contact Information	Update Addresses
Jennifer Lee Keilin 1715 114th Ave SE Ste 210 Bellevue, WA 98004-6906 County: King Country: United States Joined on: 03/21/2014 Last updated by Mama A Keller (DOH)	Phone Fax Cell Email (425) 270-1436 jkeilin@comcast.net	[update] MAIN ADDRESS Contact Public Address Contact Mail Address Form Letter Public Address for: - RC.RC.00021187 - SWI.LW.60064966 Mail Address for: - RC.RC.00021187 - SWI.LW.60064966

Individual Information [update]

Field	Value	Field	Value
Birth Place	Santa Clara CA	Gender	F
Birth Date	02/06/1968	Online User ID	KEIL653258
Drivers License State	WA		

Credentials [add]

Credential	Sub	License Type	Effective Date	Expiration Date	Status	Reason
RC.RC.00021187 Jennifer Lee Keilin 1715 114th Ave SE Ste 210 Bellevue, WA 98004-6906		Counselor Registration	02/10/2009	02/06/2010	EXPIRED	PROFESSIONAL DISCONTINUED
SWI.LW.60064966 Jennifer Lee Keilin 1715 114th Ave SE Ste 210 Bellevue, WA 98004-6906		Social Worker Independent Clinical License	02/14/2014	02/06/2015	ACTIVE IN RENEWAL	RENEWAL NOTICE SENT

Legacy Contact Information

Legacy Credential History

CASE HISTORY

Enforcement View for Keilin, Jennifer Lee

[Close]

Public Case(s)

Case	Credential Number	Case Status	Resolution	Date Created	Date Closed
2009-137218	RC.RC.00021187	CLOSED	- Evidence does not support a violation	06/23/2009	01/25/2010
2009-137219	SWI.LW.60064966	CLOSED	- Evidence does not support a violation	06/23/2009	01/25/2010

Public Master Case(s)

Master Case	Credential Number	Case Status	Resolution	Date Created	Date Closed
No Public master case(s) associated with this contact.					

Public Examinations(s)

Examinations	Credential Number	Case Status	Resolution	Date Created	Date Closed
No Public examinations(s) associated with this contact.					

Close



CUSTOMER SERVICE COMPLAINT INTAKE SUMMARY WORKSHEET

RESPONDENT INFORMATION

NAME & ADDRESS	JENNIFER LEE KEILIN 216 1ST AVE S STE 333 SEATTLE, WA 98104-2534					CASE #	2009-137219LW	
						ALLEGATION	UNPROFESSIONAL CONDUCT	
						LICENSE #	SWILW.60064966	
						ISSUED		
						EXPIRES		
PHONE #						STATUS	PENDING	
Legal Action:	YES	NO	Compliance	YES	NO	Cases	Open:	Closed:
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0	0

COMPLAINANT INFORMATION

NAME & ADDRESS	4 - Name - Whistleblower Regarding Health Care Provider or H...	
PHONE #	E-Mail	

SUMMARY OF COMPLAINT

Respondent was retained to do a parenting evaluation as part of a legal proceeding. Respondent is alleged of lying to both clients and interviewees, misappropriation of client money, failure execute her job fully and professional misconduct.

COMPANION CASE:

KEILIN, JENNIFER L: 2009-137218RC

Date Summary Created 6/22/09



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

July 23, 2015

Jennifer Lee Keilin
1715 114th Ave SE Ste 210
Bellevue, WA 98004-6906

Subject: Case No: 2015-2

Dear Jennifer Keilin:

The department has completed our investigation of this case. We closed this case without disciplinary action because the evidence does not support a violation.

We may reconsider this decision if we receive new information or identify a pattern of similar concerns.

We have notified the person who filed the complaint of this decision. Because of state law RCW 43.70.075, we may not be able to release information about the person who filed the complaint. We cannot release details of the report via telephone or email.

You have the right to request any publicly disclosable information contained in the file. To do so, submit a written request to the Department of Health, Public Disclosure and Records Center, P.O. Box 47865, Olympia, WA 98504-7865; fax 360-586-2171; email pdrc@doh.wa.gov. Please include the case number listed above.

If you have questions, call the complaint intake unit at 360-236-2620 or email hsqacomplaintintake@doh.wa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristi Cholski".

Kristi Cholski
Office of Customer Service
Complaint Intake Unit

Notice

The identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider or in a health care facility shall remain confidential.

RCW 43.70.075

Department of Health staff need to:

- Place this notice in the file with the complaint.
- Keep this notice in the file with the complaint when the case is closed.

WAC 246-15-030

Notice

000001

Cholski, Kristi (DOH)

From: 4 - Name - Whistleblower Regarding Health Care Provider or Health...
Sent: Tuesday, December 30, 2014 6:50 PM
To: DOH HSQA Complaint Intake
Subject: Complaint Attached
Attachments: Complaint.doc

RECEIVED
DEC 31 2014
COMPLAINT INTAKE
UNIT

Please find attached a complaint that I am submitting against Ms Jennifer Keilin, LICSW.

Please contact me if there are any questions regarding this complaint.

Regards,

4 - Name - Whistleblower Regarding Health ...

"If all you ever do is all you've ever done, than all you'll ever get is all you ever got" - Anonymous

000002



Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

RECEIVED
DEC 31 2014
COMPLAINT INTAKE
UNIT

Complaint Form

Today's Date: 12/30/14

1. Your Information

Name: 4 - Name - Whistleblower Regardin...

Address: 4 - Name - Whistleblower Regarding Health Care...

City: 4 - Name - Whistleblower...

State: 4 - Na...

Zip: 4 - Name ...

Phone: Work 4 - Name - Whistleblower Regar... Home (4 - Name - Whistleblower Reg...

2. Information about the Facility or Health Care Professional

Type of facility or profession: LCISW

Name of facility or professional: Jennifer Keilin

Address: 1715 114th Ave SE, Suite 210

City: Bellevue

State: WA

Zip: 98004

3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient)

Date of incident: July - August 2014

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360-236-2626, or mail to the address above.

Please attach any supporting documentation and additional sheets if necessary.

Ms Keilin was appointed to conduct a parenting evaluation in April 2014. She did not begin the process until June 2014 and produced her report on August 1, 2014. Ms Keilin did not have the skill needed to complete this evaluation, resulting in significant breaches of ethical practice, ignoring requirements of the

Americans with Disabilities Act and practicing outside of her scope of practice. Rather than provide the court with useful information to guide decisions related to custody and residential time, she presented an overly brief, hurried report that fell far short of even minimum standards set by The Association of Family and Conciliation Courts (see <http://www.afccnet.org/Portals/0/ModelStdsChildCustodyEvalSept2006.pdf>)

Prior to my first interview with Ms Keilin I provided her with detailed information about my family, including information about the rare genetic condition that my daughter has. I informed Ms Keilin that my daughter is deaf and would need a sign language interpreter when she was interviewed by Ms Keilin. At my first meeting with Ms Keilin, she informed me that she had never worked with a deaf child before and did not know how to find an interpreter. Additionally she had no knowledge of the significant challenges associated with parenting a child who has a rare, progressive health condition. Ms Keilin willfully and illegally ignored my daughter's civil rights, a dangerous ethical breach. Ms Keilin did not mention my daughter's significant health concerns at all in her report and did not mention in her report that her interview with my daughter was done without appropriate interpreting services, thus compromising the accuracy of the report.

At my first meeting with Ms Keilin she told me that I would have an opportunity to review her report prior to submission to the court. I did not realize that Ms Keilin had not been truthful until I was told that the report had been submitted without allowing me to discuss her conclusions with her.

Ms Keilin did not adhere to any professional standard in producing her report. It was obvious that she rushed to provide a report based on an arbitrary deadline that had no relevance to my divorce. At my last meeting with Ms Keilin I voiced my concerns with this apparent rush to report. Her response was only to tell me that she has hamsters in her garage who are typing away. That is hardly the type of response that should be given to a valid concern in such a high-risk situation.

Ms Keilin's report contained two options for parenting - but no recommendation for one over the other and no description of how she came to this conclusion. Although it was noted throughout the report that my husband has significant anger issues, is set off "by anything that Pam says or does" (his psychologist's interview) and has exhibited an ongoing inability to collaborate with anyone (report that he lost control when disagreeing with our daughter's physicians in front of our daughter) Ms Keilin chose to ignore this evidence and instead stated that his "bulldog approach" might be beneficial. Apparently Ms Keilin feels that it is entirely appropriate to lose one's temper, verbally abuse healthcare providers, and exhibit such anger towards our daughter that he had to be removed from the home on two occasions for our daughter's safety.

Ms Keilin committed serious ethical and scope of practice breaches that must be addressed. As mentioned earlier, my daughter has a rare health condition that is

progressive and has no cure. She has significant healthcare needs - not once did Ms Keilin indicate that this was an issue. Although I provided her with a list of potential collateral contacts that included all of my daughter's teachers and health care providers, she chose to interview only the first two on that list. Rather than take the time to interview any of my daughter's healthcare providers, Ms Keilin decided to interview a clinic social worker who has never met me or my daughter.

Most distressing is Ms Keilin's decision to ignore her own scope of practice and make conclusions about my daughter's health care that are clearly outside of Ms Keilin's scope of practice as a Licensed Independent Clinical Social Worker. A social worker at Seattle Childrens Hospital gave Ms Keilin a clinic note from the Biochemical Genetics clinic. Ms Keilin incorrectly interpreted the contents of the note resulting in incorrect and potentially dangerous conclusions. Ms Keilin made no attempt to contact medical or nursing staff at Seattle Childrens to assist her interpretation of the note. She was clearly outside of her scope of practice and should have recognized that she was "in over her head" and sought assistance from a doctorally prepared evaluator who has experience with similar complex family units.

Because Ms Keilin's report was so brief, potentially dangerous and virtually useless, I sought a review by a forensic psychologist. His review identified a number of shortcomings, some of which include:

- Exceptionally short report fails to meet AFCC expectations
- Multiple problems with home visit information
- Neglect of important developmental and situational issues
- Failure to contact many of my collaterals including treatment providers
- Reliance on faulty methods for psychological testing, increased error for confirmatory bias

The forensic psychologist concluded that:

- Ms Keilin's approach to the assessment fuels conflict and fails to move the family toward better resolution of concerns
- Parenting plan provided by Ms Keilin is not productive, responsive or based on compelling data

I am a healthcare professional and have co-authored standards of practice for my own profession. I understand the importance of scope of practice boundaries and the protection such boundaries give to patients and clients. It is distressing to me that Ms Keilin abused her power as a parenting evaluator to hurry through

this evaluation, provided a flawed report and created an unreasonable risk for harm to my daughter.

For Department of Health use only:

Reviewed for multiple authority applications	date	
Routed to:	Multi-authority coordinator	name
Office	date	date
Office	date	

000007



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 15, 2015

4 - Name - Whistleblower Regarding Health Care Provider or Health...

RE: **Jennifer Lee Keilin**
Case No: **2015-2LW**

Dear Shelby Scott Bottemiller:

Your recent complaint about Jennifer Lee Kellin, has been referred for investigation. The investigator assigned to your complaint is:

Todd Terhaar, Health Care Investigator
Investigation & Inspection Office
20425 72nd Avenue South, Suite 310
Kent, WA 98032
Phone: (253) 395-6710 FAX: (253) 395-6365
Email: Todd.Terhaar@doh.wa.gov

Due to recently enacted legislation, RCW 43.70.075, regarding confidentiality, we ask that you read, sign and return the enclosed "Whistleblower Release Form" within fourteen (14) days after your receipt of this letter. A postage paid envelope has been included for your convenience. Thank you for your cooperation in this matter.

Respectfully,

A handwritten signature in black ink.

Tina Crawford
Health Services Consultant

Enclosures:
Whistleblower Release Form



000008

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

**AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
(DOH WHISTLEBLOWER STATUTE)**

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to Jennifer Lee Keilin, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceeding, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____

Date: _____

Home Phone: _____

Day Phone: _____

DENIAL OF CONFIDENTIALITY WAIVER

I hereby deny my waiver of confidentiality and deny consent to release of my identity. I understand this denial may impair the Department of Health's ability to pursue disciplinary/adverse actions.

Signature: _____

Date: _____

Home Phone: _____

Day Phone: _____

CASE #: 2015-2LW

RESPONDENT: Jennifer Lee Keilin

000009

RECEIVED

JAN 26 2015

DEPARTMENT OF HEALTH
Office of Investigation and Inspection

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

**AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
(DOH WHISTLEBLOWER STATUTE)**

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to Jennifer Lee Keilin, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceeding, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____ 4 - Name - Whistleblower Regarding Health Care ... _____

Date: _____

Home Phone: _____

4 - Name - Whistleblower Regardin... _____

Day Phone: _____

DENIAL OF CONFIDENTIALITY WAIVER

I hereby deny my waiver of confidentiality and deny consent to release of my identity. I understand this denial may impair the Department of Health's ability to pursue disciplinary/adverse actions.

Signature: _____

Date: _____

Home Phone: _____

Day Phone: _____

CASE #: 2015-2LW

RESPONDENT: Jennifer Lee Keilin

000010

Terhaar, Todd (DOH)

From: _____
Sent: Tuesday, April 07, 2015 2:36 PM
To: Terhaar, Todd (DOH)
Subject: Re: Contact email/address
Attachments: KSSSynopsis copy.docx; Audiol_Feb_18_2014 copy.pdf; Charney_P_v2_response_to_Keilin_report.docx; Errors and Omissions Keilin in Charney short.pdf

Hi,

Please find attached to this message some of the information requested. I was quickly able to find a list of errors and omissions that Dr Rybicki had created as a preface to his report, a copy of Megan's audiogram from February 2014, and a fact sheet regarding Kearns-Sayre Syndrome (KSS) that I prepared for the court (in the event that we were to go to trial).

I also found a set of notes that I started during the evaluation when I had a feeling that something fishy was going on. The document (Charney_P_v2_response_to_Keilin_report) was an edited version of those notes. I don't know if that will be helpful at all.

The audiogram was done when Megan still used 1 hearing aid. I think it was a month or so after that Megan decided that the hearing aid wasn't helping any more and she stopped using it. She did not have the hearing aid when she met with Ms Keilin. As a side note, Megan has been using sign interpreters at all medical appointments, beginning early in 2014. I don't recall an audiogram after February but will double check.

I will send Dr Rybicki's report in a little while. Let me know if there is any other information that would be helpful.

Regards,

4 - Name - Whistleblower Regarding Health Ca...

"If all you ever do is all you've ever done, than all you'll ever get is all you ever got" - Anonymous

On Apr 7, 2015, at 1:45 PM, Terhaar, Todd (DOH) <Todd.Terhaar@DOH.WA.GOV> wrote:

Todd M. Terhaar
Health Care Investigator
Washington State Department of Health
Office of Investigation and Inspection
P.O. Box 47874
Olympia, WA 98504-7874

(253) 395-6710, Desk
360.586.0123, fax
Todd.terhaar@doh.wa.gov

000012

Kearns-Sayre Syndrome

General Information

Kearns-Sayre syndrome (KSS) is a rare neuromuscular disorder caused by a mutation in mitochondrial DNA (primary mitochondrial diseases) that affects many parts of the body, but mainly the eyes and heart. Because the mitochondria are the energy producing parts of almost every cell in the body, mitochondrial diseases like KSS may impact virtually every bodily function.

KSS is characterized by progressive paralysis of eye muscles (chronic progressive external ophthalmoplegia [CPEO]) resulting in inability to fully open the eyes, abnormal accumulation of colored material on the retina that may or may not result in vision loss, and loss of ability to move the eyes as needed for peripheral vision. The heart problems associated with KSS can vary but include heart block. People with KSS may also have muscle weakness, hearing loss, diabetes, and progressive muscle weakness. There is also a very high risk for loss of cognitive abilities (progressive dementia). KSS is most frequently diagnosed before age 20.

When Megan was first thought to have a mitochondrial disease, blood tests were done that revealed a specific mutation in her mitochondrial DNA. That mutation, combined with the symptoms that she was experiencing (changes in her hearing and vision) led physicians at Group Health and Seattle Children's to conclude that Megan has KSS.

There is currently no effective treatment for KSS or other mitochondrial diseases, other than treating each symptom that appears. For example, when Megan developed heart block, she had surgery to implant a cardiac pacemaker. When her spinal muscles weakened, she had surgery to implant titanium rods and to fuse her spinal column. She is now deaf. Megan uses an insulin pump to help manage her type 1 diabetes. Megan also has severe headaches accompanied by nausea and vomiting once or twice a month.

Megan's many medical problems require constant monitoring while allowing her to be as normal as possible. She is now a high school sophomore and is doing well with the support of her resource teacher, para-professionals and sign language interpreter. Megan frequently misses school for medical appointments or on days that she isn't feeling well. Because she is followed by many different specialties at two different organizations (Group Health and Seattle Children's) there is a need to manage sharing of information. It isn't unusual to spend many hours each week following up on referrals, tests or other issues (see more detailed descriptions).

Any time that Megan is sick, there is the worry that KSS is the underlying cause. She is at very high risk for complications from minor illnesses because she isn't able to generate energy needed to recover. For this reason, Seattle Children's has a "fast pass" for Megan – if she goes to the Emergency Room, she is quickly admitted and her specialists are called to come see her.

KSS is progressive and has no cure. There is some promising research on the horizon, but it is not expected to come to fruition for some time. However, management of the complications of KSS means that estimations of life expectancy have greatly improved. No one can predict Megan's future, but we do expect that with proper support she will go to college, and live independently as an adult.

http://www.ninds.nih.gov/disorders/kearns_sayre/kearns_sayre.htm

<http://emedicine.medscape.com/article/950897-overview>

<http://www.disabled-world.com/health/neurology/kearns-sayre.php>

<http://www.rarediseases.org/rare-disease-information/rare-diseases/byID/367/viewAbstract>

<http://www.webmd.com/children/kearns-sayre-syndrome>

<http://www.ghr.nlm.nih.gov/condition/kearns-sayre-syndrome>

000013

**Errors and Omissions by Jennifer Keillin, MSW Marriage of Charney Report
Dr. Daniel Rybicki**

- 1. Exceptionally Short Report Fails to Meet AFCC Expectations**
- 2. Lack of Equivalent of Procedures Not Explained**
- 3. Multiple Problems with Home Visit Information:**
 - 3a. Summary of Home Visit Information was Skimpy and Lacking in Detail**
 - 3b. Home Visits Relied only on Naturalistic Observations; Omits Structured Tasks**
 - 3c. Ms. Keillin Failed to Check for if Home Visit Sample was Representative**
 - 3d. Home Visit Summary Omits Parenting Skills Information**
- 4. Ms. Keillin Neglects Important Developmental and Situational Issues in her assessment.**
- 5. Ms. Keillin Failed to Include ANY Parenting Measures or Other Specialty Scales of Importance to this Case.**
- 6. Ms. Keillin's Approach to Collateral Data Reveals Mixed Strengths, Weaknesses**
 - 6a. Attempt to Keep Equal was Positive Element**
 - 6b. Failure to Contact many of 4 - Name - Whist... Collaterals including Treatment Providers**
 - 6c. Failure to Utilize Written Format for Collateral Data Invites Error**
 - 6d. Failure to Check and Confirm Collateral Information Adds Error Variance**
- 7. Ms. Keillin Relied Upon Faulty Method for Psychological Testing, Increased Error for Confirmatory Bias**
- 8. Dr. Milner's Testing Approach is Limited in Scope and uses at least One measure which is not linked to Custody Litigant Norms.
Plus: Additional Clue in David's Testing Ignored**
- 9. Ms. Keillin fails to summarize the record review and identify areas she relied upon in forming her conclusions**
- 10. Ms. Keillin's Approach to the Assessment Fuels Conflict and Fails to Move the Family Toward Better Resolution of Concerns**
- 11. Parenting Plan provided by Ms. Keillin Is Not Productive, Responsive, or based on Compelling data with Logical Nexus from Data to Recommendations.**

000014

Ms Keilin's report contains a significant number of factual errors that demonstrate a poorly conducted evaluation. It is clear that she rushed through this to meet an artificial deadline set by Dave and Walt.

In July Dave's lawyer requested that she speed up her evaluation because we had a court date scheduled on August 25. After Dave was granted a continuance until October 20, there was no reason for Ms Keilin to produce her report so quickly. At my last meeting with her I expressed my concerns that she would not be able to thoroughly evaluate this complex situation. Her response was "Oh, I have hamsters in my garage typing away" and brushed off my concerns.

There are a number of spelling and grammatical errors throughout the report that are indicative of a poorly thought out, hastily written report.

I have a number of additional concerns:

- On July 29 when I had my last appointment with Ms Keilin. I noticed Dave's car in the parking lot. When she ushered me into her office for my meeting, I thought that she had perhaps decided that Dave and I should meet with her. When I entered her office and did not see Dave there, I was about to ask her where Dave was. However, she quickly stated that she had to do something and left the room. I heard a couple of doors close – presumably she was trying to have Dave leave without seeing me. I am not sure why she didn't think it was appropriate or safe for Dave and I to meet in her waiting room. I have made it clear to her that I always greet Dave and treat him with respect when I see him but Dave is so angry with me and hates me so much that he cannot even look at me. If she doesn't think we can safely interact for 30 seconds, what is the basis for her recommendation that we share decision-making?
- The collateral contacts did not include any of Megan's healthcare providers. Therefore Ms Keilin has no basis to make any judgment regarding Megan's ongoing health concerns. Megan and I have never met the social worker that Ms Keilin interviewed. Simply reading a progress note from one outpatient visit does not provide an accurate or clear picture of a long-standing health condition.
- Barbara Placek and Suji Lee have never observed my parenting skills with Megan. Because of their employment situation, Ms Placek's comments should be taken with a grain of salt. Dave could make her work life very unpleasant if he does not like what she says. It's interesting that she notes Megan talking to Dave on the phone. Megan is deaf and predominantly uses text messaging. I would like to know how Ms Placek can state that Dave works with Megan to help her become independent unless that's what Dave told her to say.
- Each of my collateral contacts has observed both Dave and I with Megan. In fact, I chose those individuals so that they could provide honest observations of BOTH parents, not just one. I would like to know how many of Dave's collateral contacts she was able to speak with and who she did not speak with since she did not make an effort to speak to all of the individuals on my list.
- I did not "hand copy" Megan's contact list (page 3). I told Ms Keilin that Megan wrote the list of contacts and I made a copy of Megan's handwritten list. Ms Keilin did not address the significance of this document. Megan has no way to contact any of the individuals that Dave designates as his back up. The contact list does include several of my neighbors who have agreed to be back up.
- The report also noted on page 4 that I provided Ms Keilin with copies of July and August calendars. She did not include in her report that Dave has continually refused to update our current Google calendar. In the past he flat out refused to utilize a shared parenting calendar even though he will often change his work schedule, which may have a significant impact on Megan's care.
- Should Megan require assistance while alone in Dave's apartment and he does not respond to her messages, there is no way for me to access his apartment to assist her. His back-up plan is to have two Group Health employees leave the office (while still being paid by Group Health?) but doesn't state what they are to do if and when they are able to get to Megan since they won't

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have a key to his apartment either. Dave knows where the spare key to the house is kept and could easily assist Megan if she were to text him from the house.

- Also on page 3 Ms Keilin entirely misrepresented the 6/13 email exchange regarding Megan's request for me to talk to him about walking her to school. She was afraid to approach him about his habit of walking her to the bus stop in his "smelly, sweaty" exercise clothing. She is embarrassed because everyone can see her walking with him wearing his workout clothes, which are drenched with sweat. When he insists on carrying her messenger bag the shoulder strap becomes soaked with his sweat. I explained to Ms Keilin that I did initially tell Megan she had to discuss this with her father. Megan asked me to bring this up with her father because she was afraid to tell him. She said that she hated walking to the bus stop with him in the morning. Therefore, I initiated that exchange, which Dave quickly escalated. Because of the level of conflict, on the last few days of school, Bekka offered to walk Megan to the bus stop from Dave's apartment.
- Ms Keilin notes that I gave her a "calendar with one or two appointments for Megan most weeks". This calendar is actually my informal record keeping, documenting day-to-day tasks that I do to manage Megan's care. These logs do not include all of my interactions with Megan's healthcare team, only those that I remember to document. Because this communication must be done during business hours I lose a significant amount of work time that must be made up at home.
- I have not seen the biochemical genetics note that Ms Keilin describes. Ms Keilin's report states that the note says "a little bit of weight", then "significant", etc. However, Ms Keilin made no attempt to reconcile the different descriptors. I told Ms Keilin that two days after her appointment in biochemical genetics Megan was seen in cardiology where her weight was significantly different. I explained to her that scales fluctuate quite frequently and weights will vary from day to day. As a Registered Dietitian I know to look for trends and that different scales can vary greatly. Additionally it doesn't make sense to recommend monthly weight checks for "significant weight loss" – you would want to check more frequently. For that reason, Megan's pediatrician and therapist have recommended that a "neutral party" (either an adolescent medicine provider or Megan's pediatrician) weigh Megan using the same scale each time. They recommend bimonthly weight checks. Dave is opposed to that plan and wants to force Megan to eat until she reaches some unknown goal that he has set and refuses to tell anyone. He had a shouting at two pediatric/adolescent providers in front of Megan and I because they did not agree with him. I have a copy of Megan's growth chart from Group Health that shows slow, steady progress. I agree that Megan is having a relapse of her eating problems but feel that with appropriate treatment we can reverse that. Dave's insistence on making this a huge deal will only backfire. Megan's providers at Group Health have significant experience treating adolescents with eating disorders and I respect their opinions.
- I cannot help but note that Dave's proposed solution for poor communication is "I hope it resolves". He has no plan other than "hope". I will continue to request family therapy or counseling to assist with improving communication. The situation is so difficult that "hope" will do nothing.
- Dave indicated that "we have been gently assisting Megan to decide to have cochlear implant surgery" (page 6). That is specifically NOT what the cochlear implant team wants us to do. When Megan was evaluated it was made clear to her that the decision is hers and hers alone. It is not appropriate to "gently assist". I have most certainly not been gently assisting. I also relayed instructions from the cochlear implant team that we were NOT to express any of our desires to Megan. In fact, the team will not do the surgery if Megan indicates that either Dave or I were encouraging her.
- Dave's request for flexibility is ludicrous. I provided Ms Keilin with evidence that Dave has been anything BUT flexible. His definition of flexibility is that his children and I do exactly what he wants.
- Dave hadn't spoken to his sister in at least 5 years (other than trips for her children's bat and bar mitzvahs, which always resulted in arguments and accusations) at the time we separated. In fact,

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David always complained that his sister didn't get the girls birthday gifts and frequently told me that his sister was crazy. I'm glad to hear that they have mended fences.

- Dave did not have a simple emotional affair. I caught them kissing in my kitchen while I was in the living room with our children watching movies. A week or so later, I caught them kissing in my living room. He then had another affair with a woman in Dayton.
- Dave is correct that I did not agree to see Ms McNabb. It is not clear to me how she could diagnose depression with no evaluation and virtually no interaction with me. I asked him to see another counselor and he refused. I do not know why he chose Ms McNabb to counsel us. She is apparently not on the list of counselors that Group Health provides as Dave wrote out checks to her after each appointment. I did not do "exercises" that Ms McNabb assigned because Dave refused to do them jointly. I'm not sure how we could budget for our family together when Dave refused to participate.
- David did not spend 50% of the time with Megan following our separation. He would email me when he wanted her, which would typically be 2 or 3 days per week.
- Megan had reached a plateau with Dr McKeever. She had stopped completing her food charts (I have all of those but Ms Keilin declined my offer to share them) had started to backtrack on the amount of food that she was eating. Dave and I agreed to discontinue her meetings with Dr McKeever for that reason and the difficulties scheduling appointments. However, I discussed this with Megan's pediatrician who immediately referred Megan to the Adolescent Clinic at Group Health. Megan's current therapist met with Megan one time initially without an interpreter and more recently when the schedulers forgot to assign one. On both occasions we created workarounds and after the second time this happened the schedulers were specifically told to make sure that interpreters are always present. Dave neglects to mention that there were no interpreters at several appointments with Dr McKeever.
- It is no surprise that Dave thinks that joint decision-making is in Megan's best interest. Had Ms Keilin reviewed any of the materials that I provided, she would see that while my messages to him are brief and respectful, his are angry, rude, demeaning and demanding. It is not possible to share decision-making with someone who will not share.
- On page 14 Ms Keilin states that Megan was reading lips during her interviews. I had suggested that Ms Keilin utilize a sign language interpreter because lip reading is very inaccurate and should never be relied upon in such a high stakes situation. However, Ms Keilin stated that she did not know how to find an interpreter and "everything will work out".
- On page 14 Ms Keilin states that Megan wants more time with her dad. This is not surprising since Dave's current request for summer residential time involves him dropping Megan off here on his way to work and picking her up on his way home. The only time that she really has with Dave is on weekends but only if the weekend happens to fall on Dave's four days with Megan. Therefore, she is with him for very little time this summer.
- Ms Keilin did not mention in her report that Bekka told her that it was only natural that Megan would imply that I was too preoccupied with work because I am trying to work at home during the summer and both girls are constantly interrupting me. Bekka told me this after her interview because she said that she had the feeling that Ms Keilin thought that I was a bad parent based on Megan's comments.
- Ms Lee's comments about Dave checking Megan's blood sugar are incorrect. I am not sure how Ms Lee observed anything Dave does related to Megan's diabetes management. I offered to show Ms Keilin months of records that I've downloaded from Megan's glucometer that demonstrate gaps of up to 12 hours overnight with no blood sugar checks when Megan is with Dave.
- Page 19 – Ms Keilin states that I will need to be available on my non-residential days? I would like her to describe how that would look. If Megan has appointments or needs a parent on my non-residential day, that should become Dave's responsibility. If I don't have responsibility for Megan's care on a given day I should not be expected to sit around and wait in case Dave is not

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able to care for her. This is the antithesis of shared parenting and is closer to requiring me to be an on-call babysitter for Dave. I do not expect Dave to sit around waiting for me to call on days that Megan is with me.

- Did Ms Keilin feel that it was appropriate for Dave to comment that "he does not suffer fools gladly", a comment that he was clearly directing that at me? She does appear to think that it is fine for him to continue to maintain his superior attitude towards me.
- On page 22 Ms Keilin states that we "should *continue* to share medical decision making". Apparently she did not read our temporary court orders that gave me medical decision-making responsibility.
- Ms Keilin did not address Megan's educational needs at all.
- I am happy that Ms Keilin recommends that Megan have additional time with Dave. I have been amenable to that all along. My only concern is the additional burden placed on Dave when he has additional residential time and Megan is ill or has healthcare appointments. She also has a significant number of days where she becomes ill at school. Dave has also refused to have Megan for additional time on several occasions when I have offered this to him. Most recently I offered him an additional day and night. He stated that he would have to bring Megan home early because he has additional plans. On the day that Megan was in the Emergency Room, Dave I contacted Dave around noon to tell him that I was taking Megan to the ER. At 3:15 or so, Megan told me that she wanted her father, so we contacted Dave and asked him to come. He refused, saying that he was on his way to a meeting with Jennifer Keilin. I am not sure why he didn't reschedule his meeting to be with Megan in the ER.
- I would be happy to share decision-making with Dave if he will make the effort to collaboratively share decision-making rather than demanding that I do what he wants. When Dave perceives that I have not done exactly as he wishes, he goes behind my back to do what he wanted without my input. I cannot be expected to continue doing all the work involved in managing Megan's health and education while Dave sits in the background doing nothing but complain and undermine decisions that should have been made collaboratively.
- Ms Keilin did not describe what shared decision making and additional residential time would look like, other than I would become responsible for the additional burden she imposes while allowing Dave to continue to be the "fun parent". If Dave insists on sharing decision making, he will need to attend each appointment with me. He made it clear to me that shared decision-making means that I will contact him any time there is a decision to be made, large or small. What are the plans for Megan if she is sick while at Dave's? It is not in her best interests to be left alone in his apartment when he goes to work and he cannot take her to work with him. I cannot be used as his back up babysitter.
- What does she mean by the statement "Pam will continue to take point on scheduling Megan's healthcare appointments". She is effectively saying that I will be required to continue to do all of the work related to Megan's care while giving Dave the ability to thwart anything that I do if he decides to do so. This recommendation guarantees that Megan will continue to view Dave as the fun, easy-going parent while I am the one who is always working.
- Ms Keilin's report makes light of Dave's recent abusive behavior towards Megan. I not only described how Dave woke Megan up after midnight and forced her to take several pills, but I also provided her with Dave's email to me in which he described his actions and stated that he called Megan a "thief and a liar", among other insulting and demeaning names. She seems to think that forcing someone who is not quite awake to take a handful of pills and then calling that person names is perfectly fine. I told Ms Keilin that Dave's actions caused Megan to vomit, which is far more dangerous to Megan's health than simply upsetting her.
- Dave has also been forcing Megan to exercise on his exercise bike. She hates this and says it's "very creepy" when he stands there and stares at her while she exercises.

- Ms Keilin neglected to mention in this report that Dave became so depressed that he neglected to brush his teeth for so long that they rotted and fell out. I described this in my initial documents and discussed this with her.
- Ms Keilin also neglected to mention in her report that Dave has masturbated in front of the children on several occasions. He does not close the bedroom door when he does this and both girls have walked in on him. Because I have observed the same thing in the past, I knew exactly what had happened when the girls walked out of the room
- I also described to Ms Keilin that Dave once became so angry with Bekka's problems with constipation that one morning he manually disimpacted her while wearing kitchen gloves. I did not include this information early in our divorce because I was embarrassed and ashamed for my children. I did not want to have to publicly discuss some of Dave's more egregious behaviors out of respect for my children's privacy.
- Her report makes no mention of Dave's inability to control his anger. Throughout our marriage Dave had significant issues with road rage. He curses and screams at other drivers all the time. He will interrupt a conversation to scream at another driver. Megan has complained to me on several occasions about this and asked me to tell him to stop.
- Ms Keilin did not address the dichotomy in Megan's and Dave's descriptions of my parenting style. Megan complains of rules (like removing her access to technology in the evenings, which she hates) while Dave claims that I am less structured and less directed (I do not know what he means by "less directed"). I am not surprised that Megan says she enjoys being with her dad more often since he is less strict. She has told me on many occasions that he does not restrict her use of technology in the evening, evidenced by her frequent posts on Facebook, Twitter and text messaging between 11 pm and 1 am.
- I am concerned that several times throughout this report Dave is described as out of control, frustrated, angry, and not able to cope. Yet Ms Keilin feels that is ok and he should be able to safely manage Megan's care in spite of having to leave the home on two occasions when Megan's care became difficult.
- Most importantly, Ms Keilin's recommendation for shared decision-making does not take into account that Dave refuses to share information with me. Her report does not mention that he kept secret from Megan, her sisters and I that Megan would need a pacemaker. He refused to tell me when or if he was going to train school district personnel to manage Megan's diabetes. Once I learned that the meeting was scheduled, he refused to tell me where and when. More recently Dave contacted Megan's Group Health and Seattle Children's healthcare providers to request information on her growth chart because he disagreed with Megan's pediatrician and behavioral health specialist regarding Megan's weight. Any time I ask Dave for information he finds a way to blame me for some past offense. I described to Ms Keilin that Dave often simply ignores email when he feels like it. I would like to know what Ms Keilin's definition of shared is.

Ms Keilin told me at our initial meeting that she would not ask the children to report on their parents. However that is exactly what she did. It is distressing to me that she had access to Dr Merritt's note from biochemical genetics before Dave and I saw it and made no attempt to discuss the information with Dave or I. Ms Keilin did not seem to notice the discrepancy in Dr Merritt's description of Megan's weight (this has become a major issue with Dave – to the point that I am afraid of my safety due to his anger with me and Megan's healthcare providers at Group Health). Had I seen that I would have contacted the clinic and discussed that issue.

I would like to know Ms Keilin's level of experience evaluating families who have children with complex medical conditions. She clearly does not have the skill to work with hearing impaired children. It is clear that she does not understand how complex day-to-day case management is. It is obvious that she overlooked the "calendar with one or two appointments for Megan most weeks", which is actually my log of work done to support Megan (they do not include all of my interactions with Megan's healthcare team, only those that I remember to document). I cannot be expected to "take point" on non-residential days. That recommendation effectively puts me "on call" 24/7 while Dave has no responsibilities on his non-residential days.

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It is clear that Ms Keilin did not take this report seriously. She had only two days between my last meeting with her and completion of this report. Her flip comment that she had hamsters typing does not make me feel confident that she is a skilled and able evaluator. It certainly demonstrates that Ms Keilin did not consider all of the evidence before her, such as on-going comments that Dave is stressed, difficult to get along with, and has difficulty controlling his anger when stressed. Parenting a child with Megan's significant health issues is stressful all the time. Dave has already demonstrated on several occasions that he is not able to effectively manage Megan's care when she is sick – I had to ask him to leave the home out of concerns for Megan's safety on two occasions. On two other occasions, Dave dragged Megan to the ER unnecessarily due to his anger management problems.

At the beginning of our last meeting, Ms Keilin said that this really is weird for her because Megan is almost 16. Her statement to me was that in two years it won't matter because she'll be 18. She asked me what I would do if/when Megan goes to college. I told her that all depends on our ability to make her independent in all of her care. I then described that to Ms Keilin. However, she has completely ignored this, lending further support to my feeling that she did not take this evaluation seriously.

Frankly, her recommendation to use the BIFF technique in communication is a joke. I purchased that book months ago and have been using it in all of my email communication with Dave. I draft every single email to him and review them to be sure there is nothing that might set Dave off. I have made many requests to Dave to please be more civil and respectful in his communication with me, which has not happened. Does she really believe that our communication problems will be solved by a one-page description of a technique for communication with difficult people? I would be more than happy to share volumes of email communication between Dave and I in order to demonstrate differences in our communication styles.

I am requesting that this report be amended after Ms Keilin has access to Megan's pediatrician, school staff and others. Ms Keilin must speak with Dr Merritt rather than a social worker who has never met Megan. It is entirely inappropriate for Ms Keilin to make any assumptions based on her reading of one progress note. As a social worker, she is not qualified to do that. Ms Keilin must also address the concerns that I discussed with her but are not included in this report. She has plenty of time to do so now that Dave and Walt were granted their continuance.

If Ms Keilin will not conduct a thorough evaluation, I respectfully request that this report be deleted and another evaluation done.

Additional notes to add or not

- Bekka told me that Megan and Dave had a "huge" fight in two different restaurants on Friday afternoon. Things got so heated that they ended up leaving and having lunch at his apartment because Bekka was getting anxious and embarrassed because people were staring at them. It was also a very warm afternoon (individuals with mitochondrial disease are very heat sensitive) and Dave left the girls to walk to his apartment while he went to get his hair cut. Bekka told me that Megan "wilted" on the way back so Bekka took her to Einstein's to rest for a while and get water before they went up to his apartment.
- Dave took the girls to watch the Blue Angels at the intersection of W. Mercer Way and 24th St. Megan had no hearing protection, potentially doing irreparable damage to her remaining hearing.
- Dave's written materials claim that he enforces a reasonable bedtime for Megan. However, she is frequently on Facebook or Twitter around midnight (see photos).
- Megan wants more time with Dave
 - He will often text her telling her that he is so sad and lonely because he doesn't see her as much as he wants.
 - Dave gives in to her demands. On one occasion Megan and I were in Target. She saw a book that she wanted me to buy. I said no, we don't have room for more books and she can get it from the library. She became very angry with me and started texting Dave telling him that I was a jerk and wouldn't buy her the book. He knew that this happened, but still bought her the book. She texted me to let me know that her dad bought the book.

- Megan prefers that Dave do her set changes because he does all the preparation for her and lets her whine and carry on throughout. This does not support Megan gaining self-management skills.
 - It is not unusual for adolescent children of divorcing parents to favor one parent (see website article), particularly if they view that parent as being more lenient or lax.
- I am putting on a "façade" of being nice while covering up my real feelings. When I told my sister that, she said that's just being a Hurd (my maiden name). In my initial interview with Ms Keilin I described my childhood in great detail – when I was growing up it wasn't considered appropriate to act up in public. We were taught to remain calm. I thought there was some benefit to not losing control when things got tough.
- I was never rigid about residential time (Ms Keilin notes that in the report) – between October 2013 and now I have offered Dave additional time with Megan. In April during Megan's spring break he had two vacation days on his schedule. I asked him if he wanted Megan on those days and he said "Oh, I changed the schedule and I'm working now". Even though he is scheduled to have Megan for 2 weekends beginning the week of August 4th, I offered to let him have Megan the weekend of August 2 – 3, returning on the 4th. He agreed but stated that he would bring her back on the 3rd at 6 because he already had plans. He has brought Megan home early on Sunday evenings on several occasions.
- It is not clear if Dave's psychologist was aware that Dave continues to have angry outbursts or the way he acts when I in his presence (he won't speak to me or look at me). I am not sure that he has told her that on several occasions when Megan's illness or behavior become stressful, he has lost control. On two occasions I asked him to leave the home, on two others he took Megan to the ER, and when she was in the hospital in Dayton, nurses were concerned enough that they called social workers. Does his psychologist have an opinion about Dave forcing Megan to take pills at midnight and telling her that she is a "thief and liar". Is his counselor aware of his road rage? Does she know that he would routinely threaten to burn down our home? It is also telling that he lost control after our hearing for temporary orders. After the hearing I could hear him yelling at his lawyer across a long hallway. His anger was very noticeable. If he can't control himself in that situation, how can he be expected to control himself given any other stressful situation.

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Terhaar, Todd (DOH)

From: 4 - Name - Whistleblower Regarding Health Care Provider or Health C...
Sent: Tuesday, April 07, 2015 3:40 PM
To: Terhaar, Todd (DOH)
Subject: Charney - Documents
Attachments: declaration charney critique keilin_.pdf

Hi,

I'm attaching a copy of Dr Rybicki's declaration.

Let me know if you need anything else.

Regards,

4 - Name - Whistleblower Regarding Healt...

"If all you ever do is all you've ever done, than all you'll ever get is all you ever got" - Anonymous

000025

1
2 Daniel J. Rybicki, Psy.D. PY00003195
3 PMB #287
4 4810 Pt. Fosdick Dr. NW
Gig Harbor, WA 98335
(253) 858-8850
(253) 858-7696 fax
5
6

SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

In Re the Marriage of)
DAVID CHARNEY)
Petitioner,)
and)
Respondent)
4 - Name - Whistleblower Regarding Health Car...
12

Case No. 13-3-10288-2 SEA

DECLARATION OF DANIEL J.
RYBICKI, PSY.D.,
REGARDING CRITIQUE AND
REVIEW OF JENNIFER
KEILIN, MSW, LICSW
PARENTING EVALUATION

Date:
Time:
Dept.:

I, Daniel J. Rybicki, Psy.D., DABPS, hereby declare that I am over the age of eighteen (18) years and am in all respects competent to make this Declaration. I am not a party to this matter, have no personal relationship with any of the parties, and have no personal interest in the outcome of this case. While I am submitting this initial Declaration based on my review of the Keilin Parenting Evaluation, it is possible that I will be reviewing additional records in this matter at some later date. In that event, I reserve the right to amend or revise my professional opinions in accordance with any new data that I consider. I have professional expertise and personal knowledge of each of the facts and opinions stated herein and would and could competently testify to the following:

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1 EXPERT QUALIFICATIONS

2

3 1. I am a psychologist who has been licensed to practice in the State of Washington
4 since 2005. I am also licensed in the State of Illinois and have held that license since
5 1984. I have been licensed in the State of Indiana since 1980, although I have elected not
6 to renew that license any longer. And, I have been licensed in the State of California since
7 1994, although due to the nature of practice at present, I have elected to put the California
8 license on "inactive" status. My primary practice location is at 7191 Wagner Way, NW,
9 Suite 201, Gig Harbor, Washington, with a second office at 860 SW 143rd St., Burien,
10 Washington. All of my professional correspondence goes to 4810 Pt. Fosdick Dr. NW,
11 PMB#287 in Gig Harbor, Washington.

12

13 2. In my current work I perform child custody evaluations, psychological testing and
14 other forensic services, including consultation and reviews of work done by other
15 evaluators. I have extensive training and experience in the area of family assessment and
16 child custody evaluation and have professional publications and conducted seminars and
17 other professional presentations in this area. I routinely perform parenting evaluations
18 pursuant to WAC 246-924-445, and I have appeared in local jurisdictions as an expert in
19 family law matters. I also have experience in conducting parenting assessments for
20 families with special needs children.

21

22 3. I received my Doctorate Degree in Clinical Psychology from the University of
23 Illinois at Champaign in 1980. Throughout my academic training I have had several
24 advanced courses in child and adolescent development, professional ethics and standards
25 of care, personality theory, chemical dependency and addictions, abnormal psychology,
26 family therapy, and psychological testing, to name only a few domains. I am employed
27 full time in my forensic clinical private practice.

28

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1 4. I have been a Registered Custody Evaluator with PACE -- the Professional
2 Association of Custody Evaluators-- since 1989. The Professional Association of Custody
3 Evaluators is a national organization of professional custody evaluators who have met
4 training and experience selection criteria to belong to this association. PACE publishes a
5 newsletter with recent advances in custody evaluation methods and related matters, as
6 well as conducting training and educational functions. I have previously published in this
7 newsletter regarding methods for conducting child custody evaluations.

8

9 5. I have conducted over 400 child custody evaluations and parenting evaluations in
10 Washington, California, Nevada and Illinois and have testified in a number of these cases
11 providing recommendations for the placement and best interests of the children. I am also
12 an active member of the Association of Family and Conciliation Courts (AFCC) and I am
13 the Founding President and Immediate Past President of our local state chapter of AFCC.

14

15 6. I am familiar with published professional guidelines for conducting child custody
16 evaluations (e.g., Association of Family and Conciliation Courts; American Psychological
17 Association), and related research on child custody evaluations. I remain current in the
18 field with reading and attendance at professional seminars, often serving as a presenter. I
19 am also on the editorial board for one of the two primary professional journals in the
20 field, the Journal of Child Custody. I apply information from research and clinical studies
21 to work in my practice which includes using this information as part of my professional
22 critique and review services when I examine custody evaluations done by other
23 evaluators.

24

25 7. I hold a Diplomate in Forensic Psychology awarded by the American Board of
26 Psychological Specialties. This reflects my professional expertise in forensic services.
27 The American Board of Psychological Specialities grants this Diplomate to those
28 professionals with at least five years post-doctoral experience who can document the

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1 necessary additional specialty hours of supervised training in forensic work, submit work
2 samples, and pass a written test of proficiency and familiarity with forensic psychological
3 matters. I am also a member and a Fellow of the American College of Forensic
4 Examiners, an international organization which recognizes special expertise in the
5 forensic application of psychological skills and methods. I specialize in my private
6 practice in several forensic activities, including conducting child custody evaluations and
7 reviews of the work of my colleagues in the field. I also have been qualified as an expert
8 witness in several civil and criminal matters, testifying as an expert with regard to
9 criminal competency, mitigation, addictions, child abuse, family issues, child sexual
10 abuse, parental alienation, and neuropsychology, among other topics. I have served as an
11 expert witness in Washington, Illinois, Indiana, Idaho, Oregon, and several California
12 jurisdictions.

13

14 8. I have conducted child custody evaluations for approximately 27 years with expert
15 services rendered in Washington, Illinois and California in this regard. I have prepared
16 over 400 full child custody evaluation reports, and I have reviewed over 175+ evaluations
17 by other professionals, in addition to providing psychological assessments for other
18 evaluators (GALs, social workers, other custody evaluators). In the past three years, I
19 have completed nearly 40 such reviews and critiques of other evaluators reports,
20 including some in family law and dependency court cases in Washington, Oregon, and
21 California. Some of those reviews have not required my appearance in court. In other
22 instances I have been called as a rebuttal witness and have assisted the Court in
23 evaluating the quality of the parenting evaluations submitted to the Court, in many cases
24 prompting more complete and more thorough re-evaluations. When there are faulty or
25 inadequate procedures or methods used in such evaluations, a properly structured review
26 and critique can assist the Court in determining the value of such professional opinions.
27 The review can offer input regarding the weight and validity of such parenting evaluation
28 findings. When recommendations are made to the Court and based on faulty methods or

1 erroneous assumptions, there is a significant risk that potentially harmful interventions
2 will be set into place which can have long-lasting deleterious effects on the minor
3 children in the matter. Serious damage to parent-child relationships can result and there
4 can be irretrievable harm done to those family ties. I have at times advised the Court to
5 set aside such poorly developed conclusions and parenting plan recommendations.

6

7 9. I am very familiar with the variety of professional standards that govern the forensic
8 mental health practice associated with parenting evaluations and child custody
9 evaluations. In the State of Washington there are certain code sections (e.g., WAC 246-
10 924-445) which delineate elements to include in conducting a psychological parenting
11 evaluation. Additional focused attention on criteria for permanent parenting plans (RCW
12 26.09.187) and related limitations (RCW 26.09.191) are part of any properly developed
13 parenting assessment. The American Psychological Association (e.g., APA Guidelines for
14 Conducting Child Custody Evaluations, 2008), and the Association of Family and
15 Conciliation Courts (e.g., AFCC Model Guidelines for Child Custody Evaluations, 2006)
16 have published guidelines for conducting child custody and parenting evaluations.

17 Additional ethical guidelines (APA Ethical Standards for Psychologists, APA Specialty
18 Guidelines for Forensic Psychology) and professional practice standards (The Principles
19 of Medical Ethics with Annotations Especially Applicable to Psychiatry; Code of Ethics
20 of American Mental Health Counselors Association; National Association of Social
21 Workers Code of Ethics) set forth some of the parameters of proper practice in this field.
22 Additional guidance regarding proper professional boundaries and roles may be found in
23 publications by groups such as the American Academy of Psychiatry and the Law (2005)
24 and American Association of Marriage and Family Therapists (2001), to name only a few.

25

26 10. I have special expertise in the areas of child custody evaluation, design and
27 implementation of parenting plans, evaluation of child sexual abuse issues, domestic
28 violence and substance abuse assessment, individual and family therapy, forensic

1 practice, professional ethics, and developmental psychology, among other related matters
2 which may be relevant to the current case. I am frequently called to serve as an expert on
3 such issues with declarations and testimony provided pertaining to specific case issues
4 and related hypothetical considerations.

5

6 11. I have provided more than thirty professional continuing education workshops on
7 child custody and forensic matters. I have continued to work on a manuscript for a book
8 on forensic psychology which will be published in the near future, most likely as a bench
9 book for judicial officers. A portion of this book pertaining to Parental Alienation and
10 Enmeshment Issues in Child Custody Evaluations is available on-line on the seminars
11 page at my website (www.danielrybicki.com). I have published book chapters on topics
12 such as sexual abuse allegations in divorce, parental alienation, and Munchusen's by
13 Proxy.

14

15 12. For the past six years I have presented the Investigation section of training for the
16 Title 26 GAL training sponsored by the King County Bar Association. More generally, I
17 have conducted professional continuing education workshops on related child custody
18 assessment topics for over 17 years. Some of those have been sponsored by groups such
19 as Pepperdine University, the Washington State Bar Association, the Oregon State Bar
20 Association, CA-AFCC, Washington AFCC and other groups on topics including
21 Attachment Issues in Child Custody, Abusive Use of Conflict; Review and Critique of
22 Custody Evaluations, Confirmatory Bias in Parenting Evaluations, Credibility Issues in
23 Family Law, and Art and Science of Parenting Plans. I have presented other professional
24 education workshops for attorneys, psychologists and child custody evaluators on topics
25 such as professional ethics, forensic practice standards, substance abuse, domestic
26 violence and high conflict custody cases. Related publications on these topics may be
27 found on my website (danielrybicki.com) or on the WA-AFCC website newsletter section
28 (www.wa-afcc.net). My full curriculum vitae is available on-line at my website and a

1 copy of the most current vita is attached. It is herein incorporated by reference.

2

3 13. This Declaration outlines material that I would be prepared to testify to if called
4 upon to do so. I would hope that the comments which follow help to highlight some of
5 my concerns in the above captioned matter based on the materials that I have reviewed,
6 and I would offer this Declaration to the Court in lieu of my testimony. Given that I could
7 and would testify competently and fully to the opinions and analysis set forth herein, and
8 operating within the limits of these professional caveats, I request that the Court receive
9 this Declaration into evidence as my direct testimony, and that the Court permit further
10 offers of proof, other testimony and/or documentary evidence at the time of hearing
11 and/or otherwise as appropriate.

12

13 **METHODOLOGY AND CONCLUSIONS**

14

15 14. My role in the current case involves that of serving as a consultant to Margaret
16 Bender who is representing 4 - Name - Whistleblower Regarding ... in this capacity I have
17 read and reviewed the parenting evaluation report submitted by Jennifer Keilin, MSW,
18 LICSW, on August 1, 2014. I have requested the psychological test reports and testing
19 data (MMPI-2 and PAI) for both David and 4 - Name - ... although I have not yet received
20 those from Dr. Milner. At this point, I have reviewed a limited initial set of other
21 documents which include the Responsive Declaration of 4 - Name - Whistleblower Re... re: Motion to
22 adopt Parenting Plan. It is possible that I will eventually be reviewing other items
23 including the entire file from Ms. Keilin.

24

25 15. I was contacted initially by Ms. Bender on August 5, 2014, to inquire as to my
26 availability. I was subsequently retained and conducted my review of the Keilin parenting
27 evaluation report. I am submitting this initial declaration in light of efforts being made by
28 opposing counsel to adopt the parenting plan recommendations in the absence of a full

1 evidentiary hearing. Since there may be a more complete judicial review in about seven
2 weeks, it would seem premature to adopt any recommendations which might be subject to
3 change after a full judicial hearing is conducted. I have additional points of concern based
4 on my review of the Keilin report which would call into question the wisdom of adopting
5 her recommendations and findings. This declaration will outline those additional
6 concerns.

7

8 16. In completing the current critique and review, I have relied upon my usual and
9 customary procedures. These methods are in keeping with critique and review practices
10 described in the AFCC and APA guidelines and in related professional articles in the field
11 (e.g. Martindale and Gould, 2004). I compared the reported procedures from Ms. Keilin's
12 report with the professional guidelines and with the current research findings that
13 summarize common professional practices. 4 - Name - Whistleblo... and her counsel were aware that
14 my review would be done according to both local and national standards of practice and
15 that my findings might include a mixture of favorable and/or unfavorable opinions
16 regarding the quality of work that was done by Ms. Keilin in this evaluation process.

17

18 17. I am prepared to delineate a number of concerns about the nature of the investigation
19 done by Ms. Keilin, although I may discover other features to address later once the full
20 file is obtained and once testing materials are gathered from Dr. Milner. In the meantime,
21 my focus in this current Declaration is to summarize the key concerns and to draw
22 attention of the Court to a cautionary note about using the Keilin evaluation absent
23 information from other sources and absent a full evidentiary hearing. There would
24 appear to be indications that Ms. Keilin has failed to adequately validate and establish
25 much of the collateral source information. There are also indications that Ms. Keilin has
26 failed to adequately investigate key issues and that she has offered a set of
27 recommendations which does not have sufficient basis to be considered compelling or
28 valid.

1
2 18. I would acknowledge from the start that I have not met directly with any of the
3 parties in this matter. At this point, I have not met with Jaime or Rebecca (two grown
4 children in the family system) or with the minor child, Megan (age 15). I have not met
5 with either parent – Mr. David Charney or 4 - Name - Whistleblower Regarding Heal... – nor have I conducted
6 the necessary steps for completing my own parenting evaluation in this matter (e.g.,
7 psychological testing, home visits, observations, collateral contacts). As a result of
8 having a limited data base, I cannot make a best interest custody or visitation
9 recommendation regarding the minor child. However, I do have sufficient professional
10 knowledge, training, and expertise to raise some critical elements that should be
11 considered by the Court before implementing any recommendations offered by Ms.
12 Keilin.

13
14 19. I am reasonably acquainted with the work of Ms. Keilin who has been providing
15 parenting evaluations in the local community for several years. I have reviewed at least
16 one other of her parenting evaluations, so I am reasonably familiar with her customary
17 procedures, methods of analysis, and style of writing. I am in a somewhat unique position
18 to compare her current report and methods with those from earlier assessments she has
19 conducted. While Ms. Keilin may be held in high professional regard, there are some
20 weaknesses which I have detected in my review of her report that would limit the utility
21 of her findings and cast doubt on the wisdom of her recommendations. It is also of some
22 keen interest that I have detected precisely the same points of weakness, errors and
23 omissions that I have seen in earlier work by Ms. Keilin.

24
25 20. My past reviews of other parenting evaluations from Ms. Keilin have produced
26 mixed results (listing of both favorable and unfavorable elements). My goal in each of my
27 reviews has been to provide a review of strengths and weaknesses that considers
28 scientific, empirical and clinical elements which would be important to the Court. I would

1 note that I continue to hold Ms. Keilin in high professional regard and I routinely see her
2 at local conferences and training events. Thus, it should be understood that the
3 professional criticism offered here is done without personal malice or intent and is offered
4 solely on the basis of professional and research standards in the hopes that the Court will
5 have the most useful information available when deciding the issues that impact the best
6 interests of the minor child in this case. My overriding concern is for the best interests of
7 the child and for the future stability and adjustment of all of the members of this divorced
8 family system. To that end, I seek to direct the Court's attention to the established
9 professional standards and scientific research which have bearing on the procedures and
10 methods for conducting a defensible and useful parenting investigation, including the
11 application of psychological testing to such a family study.

12

13 21. This Declaration lends strong support for the **call for a new and more comprehensive**
14 **custody evaluation** and offers a set of criticisms that hopefully will be considered by the new
15 evaluator in forming a more suitable methodology for conducting that evaluation. Several
16 **serious hazards continue to present additional risk to the minor children if the new**
17 **evaluation makes similar mistakes and fails to collect adequate data and fails to utilize**
18 **sound logic and scientific analysis of that data.**

19

20 22. These observations, hypotheses, and criticisms will be offered based on the
21 information provided to me and based on the other data I have reviewed so far. In some
22 instances, I will also reference some of the appropriate professional literature in relevant
23 areas of study. Thus, I wish to make it perfectly clear that **none of the comments which**
24 **follow are intended to offer any specific custody or visitation recommendations in**
25 **this case. None of the comments or hypotheses noted herein are reflective of any**
26 **final diagnostic opinion regarding any of the parties not seen.** With this limitation in
27 mind, I would merely highlight observations and findings that I have made and direct the
28 **Court and the new evaluator to examine the additional hypotheses and issues that**

1 arrive from the available data. Only by having a more complete and comprehensive full
2 custody evaluation can these issues be studied adequately. By providing that evaluator
3 with my comments and hypotheses as stated here, it may be possible to assist the
4 evaluator in directing their attention to include the necessary elements critical to the
5 success of their investigation. When that parenting investigation or child custody
6 evaluation is properly crafted and conducted, the evaluator may be in the best position to
7 offer more defensible and valid findings and recommendations for the Court.

8

9 23. In seeking a new and more comprehensive custody evaluation, it may be most
10 useful to have a doctoral level custody evaluator identify areas of concern and make
11 an assessment that is consistent with current professional standards and procedures
12 (e.g., APA Guidelines for Conducting Child Custody Evaluations, AFCC Model
13 Guidelines for Child Custody Evaluations). *This becomes even more crucial in light of the*
14 *unique set of special needs that are present in the minor child and the importance of*
15 *maintaining maximum stability and availability of parenting supports for the educational*
16 *and medical needs of this child.*

17

18 24. Utilization of various testing and observational procedures that most evaluators
19 rely upon will enhance the likelihood that the assessment is sufficiently thorough (e.g.,
20 Ackerman & Ackerman, 1996; Bow and Quinnell, 2001; Keilin & Bloom, 1986;
21 LaFortune & Carpenter, 1998) Applying an investigative model for this evaluation
22 (Austin and Kirkpatrick, 2004) will also ensure that the necessary integration and analysis
23 of the data is conducted. In the absence of such an approach, there is a significant risk
24 that improper or incomplete conclusions may be reached, and there is a risk that
25 inadequate interventions will simply further entrench any divorced family system
26 problems and lead to ongoing upheaval in a conflicted custody case. Important
27 developmental milestones may be impaired for children in such a situation, and it is my
28 hope that the Court will see that ordering a new child custody evaluation with proper

1 investigation may be the best way to safeguard against such risks, and to try to overcome
2 the harmful effects that appear to have been associated with the implementation of the
3 Keilin recommendations.

4

5 25. Careful review of the report generated by Ms. Keilin suggests that several
6 important issues were given only the most cursory study. Many features were not
7 thoroughly examined or investigated, contrary to recommendations in the professional
8 literature for in-depth and thorough study (e.g., Austin & Kirkpatrick, 2004; Greenberg et
9 al., 2004; Kirkpatrick, 2004; Martindale & Gould, 2004). While several components of
10 the data collection were in keeping with those commonly used by other parenting and
11 custody evaluators (e.g., Keilin & Bloom, 1986; Ackerman & Ackerman, 1996;
12 LaFortune & Carpenter, 1998; Bow and Quinnell, 2001), there were several critical
13 components left out.

14

15 26. Ms. Keilin was appointed on or about April 3, 2014, to conduct her parenting
16 investigation. Her methods included interviews with the parents (5.5 hours with mother,
17 6.2 hours with father), interviews with the children (Rebecca "Bekka" and Megan), home
18 visits, and contacts with collateral sources. She also obtained psychological testing reports
19 for both parents as provided by Dr. Marnee Milner. She also listed several items as part of
20 a record review (pages 2-4). On the surface, this set of methods would give the
21 impression that Ms. Keilin included many of the customary component parts of a child
22 custody evaluation. However, closer scrutiny reveals that there were several serious
23 problems that include: failure to cross-check information; failure to maintain
24 professional objectivity and guard against confirmatory bias; failure to maintain
25 neutrality by utilizing equivalent methods for both parents; failure to report positive
26 and contradictory data obtained from her sources; and failure to systematically
27 investigate a number of key concerns. Inadequate data collection methods and lack of
28 adherence to methods which reduce bias were combined with faulty logic to yield

1 recommendations which were not based in valid science. There was, at best, limited
2 consideration of child development issues (particularly special needs issues that
3 demand consistency and stability), and failure to discuss alternative parenting plans or
4 issues for which data was missing. These multiple errors and omissions yield a parenting
5 investigation that is sufficiently flawed as to create elevated risk for misguided actions
6 by the Court when the recommendations are accepted and applied to the family
7 (Kirkpatrick, 2004).

8

9 27. Ms. Keilin generated an exceptionally short report after completing her parenting
10 evaluation process. The brevity of the report may be appreciated by the Court, but it
11 essentially ensures that major components demanded in the prevailing professional
12 guidelines are omitted. It leaves out the kind of thoughtful discussion and analysis that
13 reviewers would need in order to confirm that proper investigation and analysis has been
14 done. While it is understood that evaluators may not include every detail in their reports,
15 there must still be sufficient detail provided to demonstrate that adequate consideration
16 has been given to various hypotheses and concerns. The family needs to know that a valid
17 assessment has been conducted in order to have any faith in the value of the
18 recommendations. Indeed, one advantage of a more detailed and complete report is that
19 parties may have to face important conclusions that are well-developed and buttressed by
20 data that converges across multiple sources and uses multiple methods. Such a report can
21 do much to facilitate settlement and provide a suitable roadmap for the remaining
22 coparenting path that lies ahead. Sadly, Ms. Keilin fails to deliver that kind of report to
23 these parties.

24

25 28. To her credit is the fact that Ms. Keilin conducted multiple interviews with each
26 parent. She also made home visits to each residence and she included time for interviews
27 with the minor child, Megan, and her older sister, Bekka, during those visits. There is the
28 advantage that interviewing the children in such a manner can afford greater comfort and

1 increase the likelihood of establishing useful rapport. It also allows for consideration of
2 differential responses and patterns of behavior observed in each setting. While these are
3 positive features, there is the concern that these equivalent meetings did not yield
4 equivalent amount of time spent with the parties. Mother's interview time (5.5 hours)
5 combined with her home visit time (1.3 hours) yields about 13% less contact time than
6 was given to father (interview 6.2 hours, home visit 1.7 hours; totals Mother 6.8, father
7 7.9). This disparity may not have been intentional. It is possible that it did not
8 significantly increase the risk for confirmatory bias or alignment concerns. Nevertheless,
9 when such deviations from equivalent contact occur it is incumbent upon the evaluator to
10 explain how and why this took place (See AFCC Guideline 5.5b).¹ Ms. Keilin failed to
11 do this.

12
13 29. Ms. Keilin should be credited for including home visits for parent-child observations
14 sessions. This is a valuable opportunity for collecting useful information. The summary
15 provided by Ms. Keilin is of limited value, however, since it remains rather superficial
16 and lacking in detail or depth. There is a single paragraph (p. 9-10) with only seven
17 sentences regarding father's home visit and there is a similar single paragraph (p. 14) with
18 eight sentences regarding mother's home visit. In both instances, Ms. Keilin mentions
19 some common details (e.g., "clean and comfortably furnished") and reports minimal
20 observations about interactions ("laughed together, shared information and anecdotes").
21 Ms. Keilin offers a few comments about parenting (e.g., reporting that "Dave and Bekka
22 made sure to repeat comments that Megan missed" and "Megan exhibiting generally
23 cooperative and pleasant behavior towards Pam...with some sarcastic comments and
24 resistance to suggestions"), although other than that, the reader is really left in the dark as
25 to an evaluation of parenting skills, levels of attunement, degree of effective parenting

26
27 ¹ AFCC 5.5(b) The chosen assessment instruments shall be used with both parties and the interview time
28 with each party shall be essentially the same, except where circumstances warrant a departure from this
procedure. Where circumstances warrant a departure from the foregoing standard, the reasons shall
be articulated.

1 guidance or communication, and issues of bonding and attachment (as operationalized
2 through concepts such as Reciprocal Connectedness, Arredondo and Edwards, 2000).
3 These elements could easily have been corrected with more attention to detail and with
4 the addition of structured tasks as part of the observation session to more formally
5 provide equivalent assessment of guidance, limit-setting, reinforcement and
6 encouragement, emotional attunement and the like (e.g., suggestion for structured
7 observations, Rybicki, 1991). Instead of these more complete observational data which
8 could have been given, we are left with Ms. Keilin's rather superficial description of what
9 took place during the meetings. That level of reporting has been criticized in the
10 professional literature (Milchman, 2000) as offering very little useful material about
11 parenting capacity or bonding.

12

13 30. There is the additional concern that Ms. Keilin failed to determine or discuss the
14 degree to which her home visits were considered as representative samples of behavior.
15 There is no statement in the report that she inquired of the parents as to their perceptions
16 of the degree to which the observations were a valid or useful sample of child behavior,
17 parenting skills, and parent-child relationship issues. This omission is of some value since
18 it has been repeatedly suggested in the literature that evaluators attend to the timing and
19 sequence of events that surround home visits or observation sessions as those extraneous
20 factors can interfere with a valid or optimal sample of parent-child behavior. It is also
21 possible that the presence of the evaluator and other situational components may distort
22 the clinical impressions and yield a sample which is either atypical or confounded by
23 extraneous variables. There is no indication that Ms. Keilin considered such issues. She
24 certainly did not report or discuss those considerations and what she may have done to
25 address them.

26

27 31. One important element in most parenting evaluations is consideration of a number of
28 written records and documents. Beginning on page two and continuing to page four we

1 find that Ms. Keilin lists a number of documents. Other than listing the items she
2 reviewed we find that Ms. Keilin included some cursory notes and comments along side
3 some of the items. Unfortunately, the reader is left without a more clear and detailed
4 discussion of the value, weight, valence, and utility of the material that was reviewed.
5 Indeed, is reported elsewhere by 4 - Name - Whistleblo... that Ms. Keilin mischaracterized an email
6 exchange and put too much weight on a single clinic healthcare note in developing her
7 conclusions. It is a more useful and favorable approach to have a detailed section in the
8 report which summarizes those records deemed to be useful to the evaluator. In some
9 cases, it may be best to have the parties review that section of the report prior to
10 completing the final report to a) ensure an accurate summary and b) to allow for the
11 parties to offer additional comment, correction or response. Ms. Keilin failed to do either
12 of these suggestions.

13

14 32. One of the most important elements in a forensic mental health assessment or
15 parenting evaluation is the consideration of collateral information (Austin, 2002; Kirkland
16 et al., 2005). Suggestions have been made for including information from "third party"
17 sources such as doctors, therapists, teachers, and other professionals along with
18 information from persons familiar with the parents in their day to day lives (family,
19 friends). Varying degrees of familiarity may be present across those sources and there
20 may be differential levels of candor, credibility and alignment with the parties that color
21 the nature of the collateral information. Suggestions for how to weigh and consider such
22 information have been available in the field for many years. In the current case we find
23 that Ms. Keilin provided collateral information from three professional "third party"
24 sources (Marie McNabb, Dr. Barbara Walkover, Andrea Barrysmith), and from four
25 personal sources (Suji Lee, Barbara Placek for father; Margie Ogawa, Donna Thompson
26 for mother). On the surface, one might believe that this was fair, equitable, balanced and
27 sufficient. However, closer examination of the collateral component reveals that several
28 weaknesses are present which detract from the utility of these data and which omit other

1 sources which could provide more important and compelling details.

2

3 33. There are no indications in Ms. Keilin's report as to how the various collaterals were
4 obtained. Did she have the parties submit a list of persons? Was there a form that she used
5 to gather the names, addresses, and other details? What is known is that 4 - Name - Whistleblow...
6 listed some 27 collateral sources for Ms. Keilin and that only two of those sources were
7 contacted. There is no explanation of the rationale for choosing amongst the various
8 collaterals nor any explanation of why several sources were not contacted. Adding to the
9 problem is that fact that Ms. Keilin was only too willing to rely on selected records and
10 failed to directly contact or speak to important collateral sources such as found amongst
11 the treatment providers for Megan. It would appear that Ms. Keilin chose to call the seven
12 collaterals rather than rely on a written questionnaire or structured format for data
13 collection. While the interview option is certainly a good one, and while Ms. Keilin was
14 operating within professional parameters to rely on such data, there is no indication of the
15 specific questions and specific responses that were given. This becomes important,
16 particularly in the absence of written collateral response forms, because it opens the door
17 for confirmatory bias and distortion (Martindale, 2005) to enter into the data collection
18 process. Subtle features of the interviewer style and questioning can introduce error into
19 the reports of the collaterals. There is also the risk for selective reporting and editing of
20 the responses. And, without any detailed discussion of what specific steps have been
21 taken by the evaluator to reduce confirmatory bias, the reader is left with collateral data
22 which may be faulty and misleading. Such problems can easily go undetected, particularly
23 when the evaluator fails to double check with the collateral sources as to the accuracy of
24 their respective sections in the report. This alternative approach has been suggested by
25 local noted authorities (Benjamin and Gollan, 2003), and yet, Ms. Keilin fails to take
26 these additional steps to ensure the accuracy and completeness of her collateral data. To
27 the extent that she has omitted important collateral sources who could more fully
28 articulate the special needs and special medical concerns of this minor child, the omission

1 during his custodial periods. This could account for an increased sense of his availability
2 during those times. Likewise, when Ms. Keilin interviewed Megan and when the child
3 verbalized a wish for spending "somewhat more time with Dave going forward (p.21),"
4 there is the artifact that the statement was gathered during the summer schedule. These
5 can represent statements that need to be taken in context. An adolescent (albeit, special
6 needs teen) might prefer having fewer rules, more freedoms with respect to the computer
7 and phone, and more playful times with her father and express a wish for slightly more of
8 that arrangement, even though it may not be in their overall best interest. This discussion
9 is omitted in the body of Ms. Keilin's report, although some clues are scattered in various
10 sections of the report.

11

12 38. There was the additional investigation component of psychological testing which was
13 done by Dr. Marnee Milner. It is not clear if Dr. Milner generated written reports on the
14 parties. At this juncture a request has been made for Dr. Milner to provide me with any
15 such reports and with the testing data on which she relied. The body of the Keilin report
16 makes reference to the psychological testing (David, page 10, one paragraph; 4 - Name - ...
17 page 14, one paragraph), although it fails to list the specific tests which were given. In
18 light of my familiarity with the parenting evaluation work of Dr. Milner and in light of the
19 language used in the respective paragraphs in the Keilin report, it would appear that Dr.
20 Milner relied on her customary selection of tests: the MMPI-2 and the Personality
21 Assessment Inventory (PAI). If this reasoned conclusion is correct, then there are
22 procedural problems with at least one of the tests and there are significant omissions in
23 terms of other psychological measures which would have utility. There would also be a
24 significant omission in terms of parenting measures.

25

26 39. Dr. Milner is certainly within basic professional standards when she elects to only
27 use two psychological tests in her assessment process (MMPI-2 and the PAI). There is no
28 official requirement that she go further. However, the manner in which she utilizes these

1 measures and some of the inherent weaknesses of at least one of the measures tends to
2 restrict the utility of her psychological assessment. We find that Ms. Keilin has provided
3 only the most cursory and limited summary of those findings in the body of her report.
4 The MMPI-2 is commonly used and offers some custody litigant normative data² for
5 comparison (e.g., Butcher et al., 1997; Bathurst et al, 1997), the PAI does not have any
6 published studies which offer such comparative findings. Ms. Keilin may not be sensitive
7 to this issue, but it is clear by now that Dr. Milner is well aware of this concern. She
8 continues to ignore this issue and chooses to rely in part on the PAI, a test without
9 custody litigant comparisons, which makes it more difficult to properly interpret the
10 findings. When we cannot employ population specific patterns to attenuate and interpret
11 the results, we are at risk for drawing conclusions that may over-pathologize the subject.
12 Thus, Dr. Milner continues to choose to rely on a measure that is less commonly
13 employed in the field and one which has deficits for interpretation.

14

15 40. We may know details when I have the opportunity to review Dr. Milner's testing
16 reports. However, even now it would appear that, given the manner in which the testing is
17 summarized, there is no citation of specific normative comparison findings for
18 interpreting the MMPI-2. For both the MMPI-2 and the PAI there remains a risk for over-
19 pathologizing the results unless one links the interpretative statements to specific scores
20 and cites comparative data from relevant studies of the custody litigation population. The
21 failure to report such details also leaves the reader and the reviewer without specific
22 scores for study. It is, by far, more intellectually honest and defensible to offer
23 interpretative statements in the report and to cite the specific scores from which those
24 hypotheses or conclusions derive. It is likely that Dr. Milner fails to take that step.

25

26

27

² For ease of communication we may refer to these data sets as norms, although
28 technically speaking, they are not "norms." They provide useful points of comparison as
large scale, population specific data sets which can facilitate more precise interpretation.

1 41. The psychological testing summary for David offers one interesting note about how
2 he is "overly sensitive to criticism..." If this is valid, then it may be a factor that
3 contributes to the reported confrontational behaviors reported elsewhere in the report
4 (e.g., David becoming confrontation with the pediatrician, reports by Dr. Walkover that
5 David is "easily triggered by something his wife says or does."). This feature may have
6 implications for parenting and for coparenting, yet it gets only the most cursory comment
7 by Ms. Keilin and fails to find its way into a discussion in the overall analysis leading to
8 the recommendations and parenting plan.

9
10 42. In examining the parenting assessment with the parents a bit further, we find that
11 Ms. Keilin omitted an array of specialty tests which could have done more to elucidate
12 parenting issues, personality dynamics, and areas of adjustment. While each case is
13 different, there is some utility in having the evaluator include measures that address anger
14 (e.g, Aggression Questionnaire; STAXI; Domestic Violence Inventory), parenting skills
15 and attitudes (Parenting Stress Inventory; Parent-Child Relationship Inventory; Adult-
16 Adolescent Parenting Inventory; Child Abuse Potential Inventory), and personality factors
17 (MCMI-III; Rorschach Inkblot Test). Ms. Keilin and Dr. Milner missed their opportunity
18 to more fully assess factors which could have bearing on consideration of issues such as
19 domestic violence, anger, risks for child abuse, and assessment of general parenting skills
20 and relationship issues.

21
22 43. We also find that Ms. Keilin omits assessments of child adjustment which would
23 have bearing on determining the impact that Megan's special needs have on parenting,
24 general stress and adaptation, and coparenting potential. It might have been useful to
25 administer the Achenbach Child Behavior Checklist which could combine with the
26 Parenting Stress Index to consider child development and parenting "goodness of fit."
27 These measures would be particularly important given the array of special needs that are
28 evident in Megan and the demands that this places on these parents to meet those needs

1 together and on their own.

2

3 44. Turning to the review of the discussion section and summary of the RCW 187
4 factors, we find little compelling basis for the recommended parenting plan which
5 follows. There is a summary of findings that is lacking the benefit of a complete
6 investigation and analysis, such that the discussion section continues to "gloss over" and
7 omit important details. It leads to a recommended parenting plan which could create more
8 significant disruption and lack of day-to-day stability and continuity of care, although Ms.
9 Keilin seems to neglect this important concern. It offers two shared parenting plans, yet
10 gives no rationale for one versus the other. It fails to discuss the strengths and weaknesses
11 and risks of either plan, and it leaves the family system open to increased points of
12 tension and conflict. One prime example of this is including the rather restrictive and
13 disruptive four hour trigger for first right of refusal (which is often eliminated in systems
14 oriented parenting plans or moved to a 12 hour trigger). It allows unrealistically for
15 coparenting and shared decision-making for parties which have a demonstrated track
16 record for failure to communicate and effectively parent. It omits discussion of important
17 corrective tools such as case manager or parenting coordinator services. It also offers a
18 superficial and naive "intervention" of giving the BIFF guidance in the absence of having
19 coparenting counseling, case management, or mediation assistance. Fundamentally, the
20 parenting plan lacks sufficient investigation to be valid and offers recommendations
21 which increase the risk for disruption, instability and conflict. To attempt to implement
22 this flawed set of recommendations in the absence of a fully evidentiary hearing would be
23 a serious error for this family system.

24

25 45. In concluding this critique I will acknowledge that Ms. Keilin may still have
26 gathered useful information for the Court. Either in whole or in part, she may have
27 reported features of the parties and the children which are valid conclusions. However,
28 there are sufficient stated concerns and criticisms noted here which should provide a

1 cautionary note about accepting Ms. Keilin's conclusions and recommendations at face
2 value. Other sources of information and more detailed evidentiary consideration may be
3 required for the Court to have a more accurate assessment of this divorced family system.

4

5 I declare under penalty of perjury under the laws of the State of Washington that the
6 foregoing is true and correct. Executed this 25th day of August, 2014 at Gig Harbor,
7 Washington.

8

9 (Digitally signed)

10

11 Daniel J. Rybicki, Psy.D.

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1 of such collaterals can be seen as a fatal flaw of this cursory investigation.

2

3 34. One larger conceptual and stylistic issue pertains to how Ms. Keilin approached the
4 evaluation process as a whole. She obtained an extensive list from the parties of their
5 various concerns (see pages 4 through 7). There are some twelve items listed by 4 - Name - ...
6 (typo list of 13, but only 12 items listed) and some eleven items listed by David. Many of
7 the items overlap in each of those lists, and there are several that appear to represent
8 complaints that each parent have of the other. A more useful and appropriate approach to
9 this listing of concerns is to consolidate them for each parent, confirm with the parent that
10 the list is correct, and then return to the summary list at a later portion of the report to
11 incorporate and consider data obtained throughout the investigation regarding those
12 concerns. In some instances, converging evidence can lead to a conclusion within
13 reasonable professional certainty. In some instances, the mental health evaluator must,
14 with all humility, admit that the tools don't resolve the issue. Unfortunately, Ms. Keilin
15 fails to consolidate the stated concerns and fails to return to them to organize her
16 investigative materials. She never completes the process of typing up those issues with
17 data and then documenting the process and data with sufficient clarity to help the Court
18 and parties see the logical nexus from the data to the conclusions. When this gaping
19 omission is present, the evaluator has failed in their most fundamental task of investigation.

20

21 35. The second level of concern here involves having an approach to the parenting
22 evaluation that is "allegation driven" and that contributes to a "horse race" mentality in
23 seeking to determine the "better parent" or the more "credible parent." This allegation
24 driven approach is, unfortunately, built into the orders of appointment that we use
25 throughout Washington. While the evaluator is ordered to "investigate all issues related to
26 the development of a parenting plan and report on any other issues discovered that could
27 affect the safety of the child," there is a more important task implied than just looking at
28 allegations. In fact, the process of working toward a parenting plan that will meet the

1 unique needs of the divorced family system depends on gathering sufficient information
2 about each parenting figure and about the children in the home to develop a useful
3 parenting plan that "charts a course for the future of the divorced family system." Thus, it
4 looks at strengths and weaknesses of each parent, considers situational and setting
5 variables, examines developmental concerns and special needs, and builds in guidance
6 mechanisms for enhanced cooperative communication and coparenting, and/or for setting
7 parameters for reduced conflict and for useful parallel parenting interactions.

8

9 36. It would appear that Ms. Keilin fails to grasp this latter task as the one that must be
10 embraced if the evaluator is to help solve some of the systems level problems that create
11 conflict, interfere with coparenting, and present risks to the child. She remains more
12 "allegation" driven in her conceptual model and yet fails in the task of adequately
13 investigating those allegations and concerns. She winds up with a set of recommendations
14 which fails to consider important contextual features, and which appears overly optimistic
15 in anticipating more effective coparenting in light of the demonstrated history of conflict
16 and impaired parenting communication. Issues such as father's reported history of
17 suicidal threats, failure to care for his dental health, repeated history of aggressive and
18 demanding behavior in a number of settings are given short study by Ms. Keilin. In fact,
19 she even goes so far as to suggest that there may be some utility in "Dave's bulldog
20 approach to healthcare providers and educators (p.10, 4 - Name - Whistleblower Re... declaration).

21

22 37. Other developmental and situational factors seem to get little attention as well. It is
23 noted that Megan describes her mother as having more rules and "being less attentive to
24 her (...normal for parent-teen, not symptomatic of impaired relationship) (p.20)." She has
25 been living within mother's primary care for the majority of her lifetime and she has been
26 given extensive ongoing guidance and assistance with medical and educational needs
27 during that time. In recent months under the temporary parenting plan, she has been
28 having parenting time with her father in a manner that has the artifact of focused attention



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

June 15, 2015

Dr. Daniel Rybicki
PMB #287
4810 Pt. Fosdick DR NW
Gig Harbor, WA 98335

Re: File #2015-2LW

Dear Dr. Daniel Rybicki:

The Secretary of the Department of Health is investigating a complaint against state licensed counselor Jennifer Keilin. The complaint alleges unprofessional conduct, pursuant to RCW 18.130.180.(1)(4). This is NOT a complaint against you, you have been identified as a witness and it is believed you can provide testimony and or information relevant to this investigation.

The complaint, filed by 4 - Name - Whistleblower Re... , alleged Ms. Keilin acted unprofessional in her assessment and parenting plan involving her daughter, Megan Charney.

4 - Name - Whistleblower Reg... stated you conducted a review of Ms. Keilin's work and provided a declaration to the King County Superior Court, a copy of this declaration is included.

The Secretary of the Department of Health is authorized to investigate all allegations and complaints. (RCW 18.130.050).

State law requires you to cooperate with an investigation. You must respond to requests for records and documentation. If you do not provide documents, records and other items when they are due, we can charge you a fine of up to \$100 per day. The fine applies to existing documents, records; or items under your control. The maximum fine is \$5,000. We will report the fine to federal databases and it will appear on our Web site. We may also charge you with unprofessional conduct for failure to cooperate. (RCW 18.130.180(8)).

You must provide a full and complete explanation of the matter if requested. (RCW 18.130.180(8)(b)) We may use your response if we take disciplinary action, or in a hearing.

The Health Care Information Act requires you to disclose health care information about a patient without patient authorization. (RCW 70.02.050 (2)(a))

Please provide the following information:

- 1) Please provide a signed and dated copy of your related declaration to the King County Court, from your records. By signing this declaration you are confirming you authored it and the conclusions contained in it.

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- 2) If applicable, please provide copies of EVERY record you maintain for Megan and [redacted]. Please also include all billing or related records, Parenting Plan, letter(s) to the court, records from other care providers.
- 3) Please review sign, date and return the attached "Witness Notification Form."
- 4) Any other information or documentation you feel may be pertinent and or relevant.

The information and signed statement are due July 9, 2015. If available, provide records and images in CD format. Mail your response to the address below. Please contact me if you have any questions or cannot provide the information by the due date.

IMPORTANT NOTICE:

RCW 18.130.230 replaced rules about how quickly you must respond to requests for documents, records and other items.

Thank you for your cooperation.

Sincerely,



Todd M. Terhaar, Investigator
Washington State Dept. of Health O.I.I.
Office of Investigation and Inspection
111 Israel Road SE
PO Box 47874
Olympia, WA 98504-7874
E-Mail Address: todd.terhaar@doh.wa.gov
(253) 395-6710 (P)
(253) 395-6365 (F)

Enclosure: Copy of declaration and Witness Notification Form.

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DEPARTMENT OF HEALTH
STATE OF WASHINGTON

WITNESS NOTIFICATION FORM
HEALTH SYSTEMS QUALITY ASSURANCE
OFFICE OF INVESTIGATION AND INSPECTION

**PLEASE BE ADVISED THAT ANY WRITTEN STATEMENT YOU MAKE MAY BE
RELEASED TO THE PERSON UNDER INVESTIGATION IF A STATEMENT OF
CHARGES IS ISSUED.**

DATE

RECEIPT ACKNOWLEDGED

000050

Terhaar, Todd (DOH)

From: Dan Rybicki [rybicki06@comcast.net]
Sent: Friday, June 26, 2015 12:01 PM
To: Terhaar, Todd (DOH)
Subject: Materials for Keilin Investigation
Attachments: Keilin Charney Rybicki materials.pdf; declaration charney critique keilin.pdf

Dear Mr. Terhaar –

Pursuant to your request for records pertaining to your investigation of Jennifer Keilin in the Charney matter I have attached items from my file. You had sent me one page of my declaration which suggests that you may have a copy; however, I have attached a PDF signed copy of the full document. I have also attached a PDF with the billing records, a copy of the signed witness notification form, and a copy of the single page demonstrative exhibit I prepared for my testimony in court.

The matter settled before I was called so I made a refund to 4 - Name - Whistleblower ... The attached copy of the billing statement reflects that activity.

Other than a copy of Ms. Keilin's report and Dr. Milner's psychological testing data, I had no other significant items in the file. The only items included in my review were listed on page 7, item #14 of the declaration. There was a responsive declaration from 4 - Name - Whistleblowe... that was noted.

If necessary, there are my hand-written notes that I took when completing my critique (but all that content is included in the declaration).

There would also be some email correspondence when I was initially contacted for service and perhaps a few other exchanges to arrange for my court appearance.

Please advise if you'd like those notes and the emails. I will be happy to comply if they are required.

I hope this is helpful to your investigation process.

Daniel J. Rybicki, Psy.D., DABPS
Clinical and Forensic Psychology

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6
7 **SUPERIOR COURT OF THE STATE OF WASHINGTON**
FOR THE COUNTY OF KING

8 In Re the Marriage of) Case No. 13-3-10288-2 SEA
9 DAVID CHARNEY)
10 and Petitioner,)
11 Respondent)
12 4 - Name - Whistleblower Regarding Health C...)
13 _____
14 Date:
Time:
Dept.:
15

**DECLARATION OF DANIEL J.
RYBICKI, PSY.D.,
REGARDING CRITIQUE AND
REVIEW OF JENNIFER
KEILIN, MSW, LICSW
PARENTING EVALUATION**

16 I, Daniel J. Rybicki, Psy.D., DABPS, hereby declare that I am over the age of
17 eighteen (18) years and am in all respects competent to make this Declaration. I am not a
18 party to this matter, have no personal relationship with any of the parties, and have no
19 personal interest in the outcome of this case. While I am submitting this initial
20 Declaration based on my review of the Keilin Parenting Evaluation, it is possible that I
21 will be reviewing additional records in this matter at some later date. In that event, I
22 reserve the right to amend or revise my professional opinions in accordance with any
23 new data that I consider. I have professional expertise and personal knowledge of each
24 of the facts and opinions stated herein and would and could competently testify to the
25 following:
26
27
28

000652

1

2 Daniel J. Rybicki, Psy.D. PY00003195
3 PMB #287
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Gig Harbor, WA 98335
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5

6

7 SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

8

In Re the Marriage of }
9 DAVID CHARNEY }
Petitioner, }
10 and }
11 Respondent }
4 - Name - Whistleblower Regarding Health Care Pro...
12

Case No. 13-3-10288-2 SEA

DECLARATION OF DANIEL J.
RYBICKI, PSY.D.,
REGARDING CRITIQUE AND
REVIEW OF JENNIFER
KEILIN, MSW, LICSW
PARENTING EVALUATION

13 Date:

14 Time:

Dept.:

15

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21 will be reviewing additional records in this matter at some later date. In that event, I
22 reserve the right to amend or revise my professional opinions in accordance with any
23 new data that I consider. I have professional expertise and personal knowledge of each
24 of the facts and opinions stated herein and would and could competently testify to the
25 following:

26

27

28

EXPERT QUALIFICATIONS

3 1. I am a psychologist who has been licensed to practice in the State of Washington
4 since 2005. I am also licensed in the State of Illinois and have held that license since
5 1984. I have been licensed in the State of Indiana since 1980, although I have elected not
6 to renew that license any longer. And, I have been licensed in the State of California since
7 1994, although due to the nature of practice at present, I have elected to put the California
8 license on "inactive" status. My primary practice location is at 7191 Wagner Way, NW,
9 Suite 201, Gig Harbor, Washington, with a second office at 860 SW 143rd St., Burien,
10 Washington. All of my professional correspondence goes to 4810 Pt. Fosdick Dr. NW,
11 PMB#287 in Gig Harbor, Washington.

13 2. In my current work I perform child custody evaluations, psychological testing and
14 other forensic services, including consultation and reviews of work done by other
15 evaluators. I have extensive training and experience in the area of family assessment and
16 child custody evaluation and have professional publications and conducted seminars and
17 other professional presentations in this area. I routinely perform parenting evaluations
18 pursuant to WAC 246-924-445, and I have appeared in local jurisdictions as an expert in
19 family law matters. I also have experience in conducting parenting assessments for
20 families with special needs children.

22 3. I received my Doctorate Degree in Clinical Psychology from the University of
23 Illinois at Champaign in 1980. Throughout my academic training I have had several
24 advanced courses in child and adolescent development, professional ethics and standards
25 of care, personality theory, chemical dependency and addictions, abnormal psychology,
26 family therapy, and psychological testing, to name only a few domains. I am employed
27 full time in my forensic clinical private practice.

1 4. I have been a Registered Custody Evaluator with PACE -- the Professional
2 Association of Custody Evaluators-- since 1989. The Professional Association of Custody
3 Evaluators is a national organization of professional custody evaluators who have met
4 training and experience selection criteria to belong to this association. PACE publishes a
5 newsletter with recent advances in custody evaluation methods and related matters, as
6 well as conducting training and educational functions. I have previously published in this
7 newsletter regarding methods for conducting child custody evaluations.

8

9 5. I have conducted over 400 child custody evaluations and parenting evaluations in
10 Washington, California, Nevada and Illinois and have testified in a number of these cases
11 providing recommendations for the placement and best interests of the children. I am also
12 an active member of the Association of Family and Conciliation Courts (AFCC) and I am
13 the Founding President and Immediate Past President of our local state chapter of AFCC.

14

15 6. I am familiar with published professional guidelines for conducting child custody
16 evaluations (e.g., Association of Family and Conciliation Courts; American Psychological
17 Association), and related research on child custody evaluations. I remain current in the
18 field with reading and attendance at professional seminars, often serving as a presenter. I
19 am also on the editorial board for one of the two primary professional journals in the
20 field, the Journal of Child Custody. I apply information from research and clinical studies
21 to work in my practice which includes using this information as part of my professional
22 critique and review services when I examine custody evaluations done by other
23 evaluators.

24

25 7. I hold a Diplomate in Forensic Psychology awarded by the American Board of
26 Psychological Specialties. This reflects my professional expertise in forensic services.
27 The American Board of Psychological Specialities grants this Diplomate to those
28 professionals with at least five years post-doctoral experience who can document the

1 necessary additional specialty hours of supervised training in forensic work, submit work
2 samples, and pass a written test of proficiency and familiarity with forensic psychological
3 matters. I am also a member and a Fellow of the American College of Forensic
4 Examiners, an international organization which recognizes special expertise in the
5 forensic application of psychological skills and methods. I specialize in my private
6 practice in several forensic activities, including conducting child custody evaluations and
7 reviews of the work of my colleagues in the field. I also have been qualified as an expert
8 witness in several civil and criminal matters, testifying as an expert with regard to
9 criminal competency, mitigation, addictions, child abuse, family issues, child sexual
10 abuse, parental alienation, and neuropsychology, among other topics. I have served as an
11 expert witness in Washington, Illinois, Indiana, Idaho, Oregon, and several California
12 jurisdictions.

13

14 8. I have conducted child custody evaluations for approximately 27 years with expert
15 services rendered in Washington, Illinois and California in this regard. I have prepared
16 over 400 full child custody evaluation reports, and I have reviewed over 175+ evaluations
17 by other professionals, in addition to providing psychological assessments for other
18 evaluators (GALs, social workers, other custody evaluators). In the past three years, I
19 have completed nearly 40 such reviews and critiques of other evaluators reports,
20 including some in family law and dependency court cases in Washington, Oregon, and
21 California. Some of those reviews have not required my appearance in court. In other
22 instances I have been called as a rebuttal witness and have assisted the Court in
23 evaluating the quality of the parenting evaluations submitted to the Court, in many cases
24 prompting more complete and more thorough re-evaluations. When there are faulty or
25 inadequate procedures or methods used in such evaluations, a properly structured review
26 and critique can assist the Court in determining the value of such professional opinions.
27 The review can offer input regarding the weight and validity of such parenting evaluation
28 findings. When recommendations are made to the Court and based on faulty methods or

1 erroneous assumptions, there is a significant risk that potentially harmful interventions
2 will be set into place which can have long-lasting deleterious effects on the minor
3 children in the matter. Serious damage to parent-child relationships can result and there
4 can be irretrievable harm done to those family ties. I have at times advised the Court to
5 set aside such poorly developed conclusions and parenting plan recommendations.

6

7 9. I am very familiar with the variety of professional standards that govern the forensic
8 mental health practice associated with parenting evaluations and child custody
9 evaluations. In the State of Washington there are certain code sections (e.g., WAC 246-
10 924-445) which delineate elements to include in conducting a psychological parenting
11 evaluation. Additional focused attention on criteria for permanent parenting plans (RCW
12 26.09.187) and related limitations (RCW 26.09.191) are part of any properly developed
13 parenting assessment. The American Psychological Association (e.g., APA Guidelines for
14 Conducting Child Custody Evaluations, 2008), and the Association of Family and
15 Conciliation Courts (e.g., AFCC Model Guidelines for Child Custody Evaluations, 2006)
16 have published guidelines for conducting child custody and parenting evaluations.

17 Additional ethical guidelines (APA Ethical Standards for Psychologists, APA Specialty
18 Guidelines for Forensic Psychology) and professional practice standards (The Principles
19 of Medical Ethics with Annotations Especially Applicable to Psychiatry; Code of Ethics
20 of American Mental Health Counselors Association; National Association of Social
21 Workers Code of Ethics) set forth some of the parameters of proper practice in this field.
22 Additional guidance regarding proper professional boundaries and roles may be found in
23 publications by groups such as the American Academy of Psychiatry and the Law (2005)
24 and American Association of Marriage and Family Therapists (2001), to name only a few.

25

26 10. I have special expertise in the areas of child custody evaluation, design and
27 implementation of parenting plans, evaluation of child sexual abuse issues, domestic
28 violence and substance abuse assessment, individual and family therapy, forensic

1 practice, professional ethics, and developmental psychology, among other related matters
2 which may be relevant to the current case. I am frequently called to serve as an expert on
3 such issues with declarations and testimony provided pertaining to specific case issues
4 and related hypothetical considerations.

5

6 11. I have provided more than thirty professional continuing education workshops on
7 child custody and forensic matters. I have continued to work on a manuscript for a book
8 on forensic psychology which will be published in the near future, most likely as a bench
9 book for judicial officers. A portion of this book pertaining to Parental Alienation and
10 Enmeshment Issues in Child Custody Evaluations is available on-line on the seminars
11 page at my website (www.danielrybicki.com). I have published book chapters on topics
12 such as sexual abuse allegations in divorce, parental alienation, and Munchusen's by
13 Proxy.

14

15 12. For the past six years I have presented the Investigation section of training for the
16 Title 26 GAL training sponsored by the King County Bar Association. More generally, I
17 have conducted professional continuing education workshops on related child custody
18 assessment topics for over 17 years. Some of those have been sponsored by groups such
19 as Pepperdine University, the Washington State Bar Association, the Oregon State Bar
20 Association, CA-AFCC, Washington AFCC and other groups on topics including
21 Attachment Issues in Child Custody, Abusive Use of Conflict, Review and Critique of
22 Custody Evaluations, Confirmatory Bias in Parenting Evaluations, Credibility Issues in
23 Family Law, and Art and Science of Parenting Plans. I have presented other professional
24 education workshops for attorneys, psychologists and child custody evaluators on topics
25 such as professional ethics, forensic practice standards, substance abuse, domestic
26 violence and high conflict custody cases. Related publications on these topics may be
27 found on my website (danielrybicki.com) or on the WA-AFCC website newsletter section
28 (www.wa-afcc.net). My full curriculum vitae is available on-line at my website and a

1 copy of the most current vita is attached. It is herein incorporated by reference.

2

3 13. This Declaration outlines material that I would be prepared to testify to if called
4 upon to do so. I would hope that the comments which follow help to highlight some of
5 my concerns in the above captioned matter based on the materials that I have reviewed,
6 and I would offer this Declaration to the Court in lieu of my testimony. Given that I could
7 and would testify competently and fully to the opinions and analysis set forth herein, and
8 operating within the limits of these professional caveats, I request that the Court receive
9 this Declaration into evidence as my direct testimony, and that the Court permit further
10 offers of proof, other testimony and/or documentary evidence at the time of hearing
11 and/or otherwise as appropriate.

12

13 **METHODOLOGY AND CONCLUSIONS**

14

15 14. My role in the current case involves that of serving as a consultant to Margaret
16 Bender who is representing 4 - Name - Whistleblower Regarding ... in this capacity I have
17 read and reviewed the parenting evaluation report submitted by Jennifer Keilin, MSW,
18 LICSW, on August 1, 2014. I have requested the psychological test reports and testing
19 data (MMPI-2 and PAI) for both David and 4 - Name - ... although I have not yet received
20 those from Dr. Milner. At this point, I have reviewed a limited initial set of other
21 documents which include the Responsive Declaration of 4 - Name - Whistleblower Re... re: Motion to
22 adopt Parenting Plan. It is possible that I will eventually be reviewing other items
23 including the entire file from Ms. Keilin.

24

25 15. I was contacted initially by Ms. Bender on August 5, 2014, to inquire as to my
26 availability. I was subsequently retained and conducted my review of the Keilin parenting
27 evaluation report. I am submitting this initial declaration in light of efforts being made by
28 opposing counsel to adopt the parenting plan recommendations in the absence of a full

1 evidentiary hearing. Since there may be a more complete judicial review in about seven
2 weeks, it would seem premature to adopt any recommendations which might be subject to
3 change after a full judicial hearing is conducted. I have additional points of concern based
4 on my review of the Keilin report which would call into question the wisdom of adopting
5 her recommendations and findings. This declaration will outline those additional
6 concerns.

7

8 16. In completing the current critique and review, I have relied upon my usual and
9 customary procedures. These methods are in keeping with critique and review practices
10 described in the AFCC and APA guidelines and in related professional articles in the field
11 (e.g. Martindale and Gould, 2004). I compared the reported procedures from Ms. Keilin's
12 report with the professional guidelines and with the current research findings that
13 summarize common professional practices. Ms. Charney and her counsel were aware that
14 my review would be done according to both local and national standards of practice and
15 that my findings might include a mixture of favorable and/or unfavorable opinions
16 regarding the quality of work that was done by Ms. Keilin in this evaluation process.

17

18 17. I am prepared to delineate a number of concerns about the nature of the investigation
19 done by Ms. Keilin, although I may discover other features to address later once the full
20 file is obtained and once testing materials are gathered from Dr. Milner. In the meantime,
21 my focus in this current Declaration is to summarize the key concerns and to draw
22 attention of the Court to a cautionary note about using the Keilin evaluation absent
23 information from other sources and absent a full evidentiary hearing. There would
24 appear to be indications that Ms. Keilin has failed to adequately validate and establish
25 much of the collateral source information. There are also indications that Ms. Keilin has
26 failed to adequately investigate key issues and that she has offered a set of
27 recommendations which does not have sufficient basis to be considered compelling or
28 valid.

1
2 18. I would acknowledge from the start that I have not met directly with any of the
3 parties in this matter. At this point, I have not met with Jaime or Rebecca (two grown
4 children in the family system) or with the minor child, Megan (age 15). I have not met
5 with either parent – Mr. David Charney or 4 - Name - Whistleblower Regarding ... – nor have I conducted
6 the necessary steps for completing my own parenting evaluation in this matter (e.g.,
7 psychological testing, home visits, observations, collateral contacts). As a result of
8 having a limited data base, I cannot make a best interest custody or visitation
9 recommendation regarding the minor child. However, I do have sufficient professional
10 knowledge, training, and expertise to raise some critical elements that should be
11 considered by the Court before implementing any recommendations offered by Ms.
12 Keilin.

13
14 19. I am reasonably acquainted with the work of Ms. Keilin who has been providing
15 parenting evaluations in the local community for several years. I have reviewed at least
16 one other of her parenting evaluations, so I am reasonably familiar with her customary
17 procedures, methods of analysis, and style of writing. I am in a somewhat unique position
18 to compare her current report and methods with those from earlier assessments she has
19 conducted. While Ms. Keilin may be held in high professional regard, there are some
20 weaknesses which I have detected in my review of her report that would limit the utility
21 of her findings and cast doubt on the wisdom of her recommendations. It is also of some
22 keen interest that I have detected precisely the same points of weakness, errors and
23 omissions that I have seen in earlier work by Ms. Keilin.

24
25 20. My past reviews of other parenting evaluations from Ms. Keilin have produced
26 mixed results (listing of both favorable and unfavorable elements). My goal in each of my
27 reviews has been to provide a review of strengths and weaknesses that considers
28 scientific, empirical and clinical elements which would be important to the Court. I would

1 note that I continue to hold Ms. Keilin in high professional regard and I routinely see her
2 at local conferences and training events. Thus, it should be understood that the
3 professional criticism offered here is done without personal malice or intent and is offered
4 solely on the basis of professional and research standards in the hopes that the Court will
5 have the most useful information available when deciding the issues that impact the best
6 interests of the minor child in this case. My overriding concern is for the best interests of
7 the child and for the future stability and adjustment of all of the members of this divorced
8 family system. To that end, I seek to direct the Court's attention to the established
9 professional standards and scientific research which have bearing on the procedures and
10 methods for conducting a defensible and useful parenting investigation, including the
11 application of psychological testing to such a family study.

12

13 **21. This Declaration lends strong support for the call for a new and more comprehensive
14 custody evaluation and offers a set of criticisms that hopefully will be considered by the new
15 evaluator in forming a more suitable methodology for conducting that evaluation. Several
16 serious hazards continue to present additional risk to the minor children if the new
17 evaluation makes similar mistakes and fails to collect adequate data and fails to utilize
18 sound logic and scientific analysis of that data.**

19

20 **22. These observations, hypotheses, and criticisms will be offered based on the
21 information provided to me and based on the other data I have reviewed so far. In some
22 instances, I will also reference some of the appropriate professional literature in relevant
23 areas of study. Thus, I wish to make it perfectly clear that none of the comments which
24 follow are intended to offer any specific custody or visitation recommendations in
25 this case. None of the comments or hypotheses noted herein are reflective of any
26 final diagnostic opinion regarding any of the parties not seen. With this limitation in
27 mind, I would merely highlight observations and findings that I have made and direct the
28 Court and the new evaluator to examine the additional hypotheses and issues that**

1 arrive from the available data. Only by having a more complete and comprehensive full
2 custody evaluation can these issues be studied adequately. By providing that evaluator
3 with my comments and hypotheses as stated here, it may be possible to assist the
4 evaluator in directing their attention to include the necessary elements critical to the
5 success of their investigation. When that parenting investigation or child custody
6 evaluation is properly crafted and conducted, the evaluator may be in the best position to
7 offer more defensible and valid findings and recommendations for the Court.

8

9 23. In seeking a new and more comprehensive custody evaluation, it may be most
10 useful to have a doctoral level custody evaluator identify areas of concern and make
11 an assessment that is consistent with current professional standards and procedures
12 (e.g., APA Guidelines for Conducting Child Custody Evaluations, AFCC Model
13 Guidelines for Child Custody Evaluations). This becomes even more crucial in light of the
14 unique set of special needs that are present in the minor child and the importance of
15 maintaining maximum stability and availability of parenting supports for the educational
16 and medical needs of this child.

17

18 24. Utilization of various testing and observational procedures that most evaluators
19 rely upon will enhance the likelihood that the assessment is sufficiently thorough (e.g.,
20 Ackerman & Ackerman, 1996; Bow and Quinnell, 2001; Keilin & Bloom, 1986;
21 LaFortune & Carpenter, 1998) Applying an investigative model for this evaluation
22 (Austin and Kirkpatrick, 2004) will also ensure that the necessary integration and analysis
23 of the data is conducted. In the absence of such an approach, there is a significant risk
24 that improper or incomplete conclusions may be reached, and there is a risk that
25 inadequate interventions will simply further entrench any divorced family system
26 problems and lead to ongoing upheaval in a conflicted custody case. Important
27 developmental milestones may be impaired for children in such a situation, and it is my
28 hope that the Court will see that ordering a new child custody evaluation with proper

1 investigation may be the best way to safeguard against such risks, and to try to overcome
2 the harmful effects that appear to have been associated with the implementation of the
3 Keilin recommendations.

4

5 25. Careful review of the report generated by Ms. Keilin suggests that several
6 important issues were given only the most cursory study. Many features were not
7 thoroughly examined or investigated, contrary to recommendations in the professional
8 literature for in-depth and thorough study (e.g., Austin & Kirkpatrick, 2004; Greenberg et
9 al., 2004; Kirkpatrick, 2004; Martindale & Gould, 2004). While several components of
10 the data collection were in keeping with those commonly used by other parenting and
11 custody evaluators (e.g., Keilin & Bloom, 1986; Ackerman & Ackerman, 1996;
12 LaFortune & Carpenter, 1998; Bow and Quinnell, 2001), there were several critical
13 components left out.

14

15 26. Ms. Keilin was appointed on or about April 3, 2014, to conduct her parenting
16 investigation. Her methods included interviews with the parents (5.5 hours with mother,
17 6.2 hours with father), interviews with the children (Rebecca "Bekka" and Megan), home
18 visits, and contacts with collateral sources. She also obtained psychological testing reports
19 for both parents as provided by Dr. Marnee Milner. She also listed several items as part of
20 a record review (pages 2-4). On the surface, this set of methods would give the
21 impression that Ms. Keilin included many of the customary component parts of a child
22 custody evaluation. However, closer scrutiny reveals that there were several serious
23 problems that include: failure to cross-check information; failure to maintain
24 professional objectivity and guard against confirmatory bias; failure to maintain
25 neutrality by utilizing equivalent methods for both parents; failure to report positive
26 and contradictory data obtained from her sources; and failure to systematically
27 investigate a number of key concerns. Inadequate data collection methods and lack of
28 adherence to methods which reduce bias were combined with faulty logic to yield

1 recommendations which were not based in valid science. There was, at best, limited
2 consideration of child development issues (particularly special needs issues that
3 demand consistency and stability), and failure to discuss alternative parenting plans or
4 issues for which data was missing. These multiple errors and omissions yield a parenting
5 investigation that is sufficiently flawed as to create elevated risk for misguided actions
6 by the Court when the recommendations are accepted and applied to the family
7 (Kirkpatrick, 2004).

8

9 27. Ms. Keilin generated an exceptionally short report after completing her parenting
10 evaluation process. The brevity of the report may be appreciated by the Court, but it
11 essentially ensures that major components demanded in the prevailing professional
12 guidelines are omitted. It leaves out the kind of thoughtful discussion and analysis that
13 reviewers would need in order to confirm that proper investigation and analysis has been
14 done. While it is understood that evaluators may not include every detail in their reports,
15 there must still be sufficient detail provided to demonstrate that adequate consideration
16 has been given to various hypotheses and concerns. The family needs to know that a valid
17 assessment has been conducted in order to have any faith in the value of the
18 recommendations. Indeed, one advantage of a more detailed and complete report is that
19 parties may have to face important conclusions that are well-developed and buttressed by
20 data that converges across multiple sources and uses multiple methods. Such a report can
21 do much to facilitate settlement and provide a suitable roadmap for the remaining
22 coparenting path that lies ahead. Sadly, Ms. Keilin fails to deliver that kind of report to
23 these parties.

24

25 28. To her credit is the fact that Ms. Keilin conducted multiple interviews with each
26 parent. She also made home visits to each residence and she included time for interviews
27 with the minor child, 4 - Name - ..., and her older sister, Bekka, during those visits. There is the
28 advantage that interviewing the children in such a manner can afford greater comfort and

1 increase the likelihood of establishing useful rapport. It also allows for consideration of
2 differential responses and patterns of behavior observed in each setting. While these are
3 positive features, there is the concern that these equivalent meetings did not yield
4 equivalent amount of time spent with the parties. Mother's interview time (5.5 hours)
5 combined with her home visit time (1.3 hours) yields about 13% less contact time than
6 was given to father (interview 6.2 hours, home visit 1.7 hours; totals Mother 6.8, father
7 7.9). This disparity may not have been intentional. It is possible that it did not
8 significantly increase the risk for confirmatory bias or alignment concerns. Nevertheless,
9 when such deviations from equivalent contact occur it is incumbent upon the evaluator to
10 explain how and why this took place (See AFCC Guideline 5.5b).¹ Ms. Keilin failed to
11 do this.

12
13 29. Ms. Keilin should be credited for including home visits for parent-child observations
14 sessions. This is a valuable opportunity for collecting useful information. The summary
15 provided by Ms. Keilin is of limited value, however, since it remains rather superficial
16 and lacking in detail or depth. There is a single paragraph (p. 9-10) with only seven
17 sentences regarding father's home visit and there is a similar single paragraph (p. 14) with
18 eight sentences regarding mother's home visit. In both instances, Ms. Keilin mentions
19 some common details (e.g., "clean and comfortably furnished") and reports minimal
20 observations about interactions ("laughed together, shared information and anecdotes").
21 Ms. Keilin offers a few comments about parenting (e.g., reporting that "Dave and Bekka
22 made sure to repeat comments that Megan missed" and "Megan exhibiting generally
23 cooperative and pleasant behavior towards Pam...with some sarcastic comments and
24 resistance to suggestions"), although other than that, the reader is really left in the dark as
25 to an evaluation of parenting skills, levels of attunement, degree of effective parenting

26
27 ¹ AFCC 5.5(b) The chosen assessment instruments shall be used with both parties and the interview time
28 with each party shall be essentially the same, except where circumstances warrant a departure from this
procedure. Where circumstances warrant a departure from the foregoing standard, the reasons shall
be articulated.

1 guidance or communication, and issues of bonding and attachment (as operationalized
2 through concepts such as Reciprocal Connectedness, Arredondo and Edwards, 2000).
3 These elements could easily have been corrected with more attention to detail and with
4 the addition of structured tasks as part of the observation session to more formally
5 provide equivalent assessment of guidance, limit-setting, reinforcement and
6 encouragement, emotional attunement and the like (e.g., suggestion for structured
7 observations, Rybicki, 1991). Instead of these more complete observational data which
8 could have been given, we are left with Ms. Keilin's rather superficial description of what
9 took place during the meetings. That level of reporting has been criticized in the
10 professional literature (Milchman, 2000) as offering very little useful material about
11 parenting capacity or bonding.

12

13 30. There is the additional concern that Ms. Keilin failed to determine or discuss the
14 degree to which her home visits were considered as representative samples of behavior.
15 There is no statement in the report that she inquired of the parents as to their perceptions
16 of the degree to which the observations were a valid or useful sample of child behavior,
17 parenting skills, and parent-child relationship issues. This omission is of some value since
18 it has been repeatedly suggested in the literature that evaluators attend to the timing and
19 sequence of events that surround home visits or observation sessions as those extraneous
20 factors can interfere with a valid or optimal sample of parent-child behavior. It is also
21 possible that the presence of the evaluator and other situational components may distort
22 the clinical impressions and yield a sample which is either atypical or confounded by
23 extraneous variables. There is no indication that Ms. Keilin considered such issues. She
24 certainly did not report or discuss those considerations and what she may have done to
25 address them.

26

27 31. One important element in most parenting evaluations is consideration of a number of
28 written records and documents. Beginning on page two and continuing to page four we

1 find that Ms. Keilin lists a number of documents. Other than listing the items she
2 reviewed we find that Ms. Keilin included some cursory notes and comments along side
3 some of the items. Unfortunately, the reader is left without a more clear and detailed
4 discussion of the value, weight, valence, and utility of the material that was reviewed.
5 Indeed, is reported elsewhere by 4 - Name - Whistleblo... that Ms. Keilin mischaracterized an email
6 exchange and put too much weight on a single clinic healthcare note in developing her
7 conclusions. It is a more useful and favorable approach to have a detailed section in the
8 report which summarizes those records deemed to be useful to the evaluator. In some
9 cases, it may be best to have the parties review that section of the report prior to
10 completing the final report to a) ensure an accurate summary and b) to allow for the
11 parties to offer additional comment, correction or response. Ms. Keilin failed to do either
12 of these suggestions.

13

14 32. One of the most important elements in a forensic mental health assessment or
15 parenting evaluation is the consideration of collateral information (Austin, 2002; Kirkland
16 et al., 2005). Suggestions have been made for including information from "third party"
17 sources such as doctors, therapists, teachers, and other professionals along with
18 information from persons familiar with the parents in their day to day lives (family,
19 friends). Varying degrees of familiarity may be present across those sources and there
20 may be differential levels of candor, credibility and alignment with the parties that color
21 the nature of the collateral information. Suggestions for how to weigh and consider such
22 information have been available in the field for many years. In the current case we find
23 that Ms. Keilin provided collateral information from three professional "third party"
24 sources (Marie McNabb, Dr. Barbara Walkover, Andrea Barrysmith), and from four
25 personal sources (Suji Lee, Barbara Placek for father; Margie Ogawa, Donna Thompson
26 for mother). On the surface, one might believe that this was fair, equitable, balanced and
27 sufficient. However, closer examination of the collateral component reveals that several
28 weaknesses are present which detract from the utility of these data and which omit other

1 sources which could provide more important and compelling details.

2

3 33. There are no indications in Ms. Keilin's report as to how the various collaterals were
4 obtained. Did she have the parties submit a list of persons? Was there a form that she used
5 to gather the names, addresses, and other details? What is known is that 4 - Name - Whistleblo...
6 listed some 27 collateral sources for Ms. Keilin and that only two of those sources were
7 contacted. There is no explanation of the rationale for choosing amongst the various
8 collaterals nor any explanation of why several sources were not contacted. Adding to the
9 problem is that fact that Ms. Keilin was only too willing to rely on selected records and
10 failed to directly contact or speak to important collateral sources such as found amongst
11 the treatment providers for Megan. It would appear that Ms. Keilin chose to call the seven
12 collaterals rather than rely on a written questionnaire or structured format for data
13 collection. While the interview option is certainly a good one, and while Ms. Keilin was
14 operating within professional parameters to rely on such data, there is no indication of the
15 specific questions and specific responses that were given. This becomes important,
16 particularly in the absence of written collateral response forms, because it opens the door
17 for confirmatory bias and distortion (Martindale, 2005) to enter into the data collection
18 process. Subtle features of the interviewer style and questioning can introduce error into
19 the reports of the collaterals. There is also the risk for selective reporting and editing of
20 the responses. And, without any detailed discussion of what specific steps have been
21 taken by the evaluator to reduce confirmatory bias, the reader is left with collateral data
22 which may be faulty and misleading. Such problems can easily go undetected, particularly
23 when the evaluator fails to double check with the collateral sources as to the accuracy of
24 their respective sections in the report. This alternative approach has been suggested by
25 local noted authorities (Benjamin and Gollan, 2003), and yet, Ms. Keilin fails to take
26 these additional steps to ensure the accuracy and completeness of her collateral data. To
27 the extent that she has omitted important collateral sources who could more fully
28 articulate the special needs and special medical concerns of this minor child, the omission

1 of such collaterals can be seen as a fatal flaw of this cursory investigation.

2

3 34. One larger conceptual and stylistic issue pertains to how Ms. Keilin approached the
4 evaluation process as a whole. She obtained an extensive list from the parties of their
5 various concerns (see pages 4 through 7). There are some twelve items listed by 4 - Name - W...
6 (typo list of 13, but only 12 items listed) and some eleven items listed by David. Many of
7 the items overlap in each of those lists, and there are several that appear to represent
8 complaints that each parent have of the other. A more useful and appropriate approach to
9 this listing of concerns is to consolidate them for each parent, confirm with the parent that
10 the list is correct, and then return to the summary list at a later portion of the report to
11 incorporate and consider data obtained throughout the investigation regarding those
12 concerns. In some instances, converging evidence can lead to a conclusion within
13 reasonable professional certainty. In some instances, the mental health evaluator must,
14 with all humility, admit that the tools don't resolve the issue. Unfortunately, Ms. Keilin
15 fails to consolidate the stated concerns and fails to return to them to organize her
16 investigative materials. She never completes the process of typing up those issues with
17 data and then documenting the process and data with sufficient clarity to help the Court
18 and parties see the logical nexus from the data to the conclusions. When this gaping
19 omission is present, the evaluator has failed in their most fundamental task of investigation.

20

21 35. The second level of concern here involves having an approach to the parenting
22 evaluation that is "allegation driven" and that contributes to a "horse race" mentality in
23 seeking to determine the "better parent" or the more "credible parent." This allegation
24 driven approach is, unfortunately, built into the orders of appointment that we use
25 throughout Washington. While the evaluator is ordered to "investigate all issues related to
26 the development of a parenting plan and report on any other issues discovered that could
27 affect the safety of the child," there is a more important task implied than just looking at
28 allegations. In fact, the process of working toward a parenting plan that will meet the

1 unique needs of the divorced family system depends on gathering sufficient information
2 about each parenting figure and about the children in the home to develop a useful
3 parenting plan that "charts a course for the future of the divorced family system." Thus, it
4 looks at strengths and weaknesses of each parent, considers situational and setting
5 variables, examines developmental concerns and special needs, and builds in guidance
6 mechanisms for enhanced cooperative communication and coparenting, and/or for setting
7 parameters for reduced conflict and for useful parallel parenting interactions.

8

9 36. It would appear that Ms. Keilin fails to grasp this latter task as the one that must be
10 embraced if the evaluator is to help solve some of the systems level problems that create
11 conflict, interfere with coparenting, and present risks to the child. She remains more
12 "allegation" driven in her conceptual model and yet fails in the task of adequately
13 investigating those allegations and concerns. She winds up with a set of recommendations
14 which fails to consider important contextual features, and which appears overly optimistic
15 in anticipating more effective coparenting in light of the demonstrated history of conflict
16 and impaired parenting communication. Issues such as father's reported history of
17 suicidal threats, failure to care for his dental health, repeated history of aggressive and
18 demanding behavior in a number of settings are given short study by Ms. Keilin. In fact,
19 she even goes so far as to suggest that there may be some utility in "Dave's bulldog
20 approach to healthcare providers and educators (p.10, 4 - Name - Whistleblower Reg... declaration).

21

22 37. Other developmental and situational factors seem to get little attention as well. It is
23 noted that Megan describes her mother as having more rules and "being less attentive to
24 her (...normal for parent-teen, not symptomatic of impaired relationship) (p.20)." She has
25 been living within mother's primary care for the majority of her lifetime and she has been
26 given extensive ongoing guidance and assistance with medical and educational needs
27 during that time. In recent months under the temporary parenting plan, she has been
28 having parenting time with her father in a manner that has the artifact of focused attention

1 during his custodial periods. This could account for an increased sense of his availability
2 during those times. Likewise, when Ms. Keilin interviewed Megan and when the child
3 verbalized a wish for spending "somewhat more time with Dave going forward (p.21),"
4 there is the artifact that the statement was gathered during the summer schedule. These
5 can represent statements that need to be taken in context. An adolescent (albeit, special
6 needs teen) might prefer having fewer rules, more freedoms with respect to the computer
7 and phone, and more playful times with her father and express a wish for slightly more of
8 that arrangement, even though it may not be in their overall best interest. This discussion
9 is omitted in the body of Ms. Keilin's report, although some clues are scattered in various
10 sections of the report.

11

12 38. There was the additional investigation component of psychological testing which was
13 done by Dr. Marnie Milner. It is not clear if Dr. Milner generated written reports on the
14 parties. At this juncture a request has been made for Dr. Milner to provide me with any
15 such reports and with the testing data on which she relied. The body of the Keilin report
16 makes reference to the psychological testing (David, page 10, one paragraph; 4 - Name - ...
17 page 14, one paragraph), although it fails to list the specific tests which were given. In
18 light of my familiarity with the parenting evaluation work of Dr. Milner and in light of the
19 language used in the respective paragraphs in the Keilin report, it would appear that Dr.
20 Milner relied on her customary selection of tests: the MMPI-2 and the Personality
21 Assessment Inventory (PAI). If this reasoned conclusion is correct, then there are
22 procedural problems with at least one of the tests and there are significant omissions in
23 terms of other psychological measures which would have utility. There would also be a
24 significant omission in terms of parenting measures.

25

26 39. Dr. Milner is certainly within basic professional standards when she elects to only
27 use two psychological tests in her assessment process (MMPI-2 and the PAI). There is no
28 official requirement that she go further. However, the manner in which she utilizes these

1 measures and some of the inherent weaknesses of at least one of the measures tends to
2 restrict the utility of her psychological assessment. We find that Ms. Keilin has provided
3 only the most cursory and limited summary of those findings in the body of her report.
4 The MMPI-2 is commonly used and offers some custody litigant normative data² for
5 comparison (e.g., Butcher et al., 1997; Bathurst et al, 1997), the PAI does not have any
6 published studies which offer such comparative findings. Ms. Keilin may not be sensitive
7 to this issue, but it is clear by now that Dr..Milner is well aware of this concern. She
8 continues to ignore this issue and chooses to rely in part on the PAI, a test without
9 custody litigant comparisons, which makes it more difficult to properly interpret the
10 findings. When we cannot employ population specific patterns to attenuate and interpret
11 the results, we are at risk for drawing conclusions that may over-pathologize the subject.
12 Thus, Dr. Milner continues to choose to rely on a measure that is less commonly
13 employed in the field and one which has deficits for interpretation.

14
15 40. We may know details when I have the opportunity to review Dr. Milner's testing
16 reports. However, even now it would appear that, given the manner in which the testing is
17 summarized, there is no citation of specific normative comparison findings for
18 interpreting the MMPI-2. For both the MMPI-2 and the PAI there remains a risk for over-
19 pathologizing the results unless one links the interpretative statements to specific scores
20 and cites comparative data from relevant studies of the custody litigation population. The
21 failure to report such details also leaves the reader and the reviewer without specific
22 scores for study. It is, by far, more intellectually honest and defensible to offer
23 interpretative statements in the report and to cite the specific scores from which those
24 hypotheses or conclusions derive. It is likely that Dr. Milner fails to take that step.

25

26

27

² For ease of communication we may refer to these data sets as norms, although technically speaking, they are not "norms." They provide useful points of comparison as large scale, population specific data sets which can facilitate more precise interpretation.

1 41. The psychological testing summary for David offers one interesting note about how
2 he is "overly sensitive to criticism..." If this is valid, then it may be a factor that
3 contributes to the reported confrontational behaviors reported elsewhere in the report
4 (e.g., David becoming confrontation with the pediatrician, reports by Dr. Walkover that
5 David is "easily triggered by something his wife says or does."). This feature may have
6 implications for parenting and for coparenting, yet it gets only the most cursory comment
7 by Ms. Keilin and fails to find its way into a discussion in the overall analysis leading to
8 the recommendations and parenting plan.

9

10 42. In examining the parenting assessment with the parents a bit further, we find that
11 Ms. Keilin omitted an array of specialty tests which could have done more to elucidate
12 parenting issues, personality dynamics, and areas of adjustment. While each case is
13 different, there is some utility in having the evaluator include measures that address anger
14 (e.g, Aggression Questionnaire; STAXI; Domestic Violence Inventory), parenting skills
15 and attitudes (Parenting Stress Inventory; Parent-Child Relationship Inventory; Adult-
16 Adolescent Parenting Inventory; Child Abuse Potential Inventory), and personality factors
17 (MCMI-III; Rorschach Inkblot Test). Ms. Keilin and Dr. Milner missed their opportunity
18 to more fully assess factors which could have bearing on consideration of issues such as
19 domestic violence, anger, risks for child abuse, and assessment of general parenting skills
20 and relationship issues.

21

22 43. We also find that Ms. Keilin omits assessments of child adjustment which would
23 have bearing on determining the impact that 3 - Healthcare... special needs have on parenting,
24 general stress and adaptation, and coparenting potential. It might have been useful to
25 administer the Achenbach Child Behavior Checklist which could combine with the
26 Parenting Stress Index to consider child development and parenting "goodness of fit."
27 These measures would be particularly important given the array of special needs that are
28 evident in 3 - Health... and the demands that this places on these parents to meet those needs

1 together and on their own.

2

3 44. Turning to the review of the discussion section and summary of the RCW 187
4 factors, we find little compelling basis for the recommended parenting plan which
5 follows. There is a summary of findings that is lacking the benefit of a complete
6 investigation and analysis, such that the discussion section continues to "gloss over" and
7 omit important details. It leads to a recommended parenting plan which could create more
8 significant disruption and lack of day-to-day stability and continuity of care, although Ms.
9 Keilin seems to neglect this important concern. It offers two shared parenting plans, yet
10 gives no rationale for one versus the other. It fails to discuss the strengths and weaknesses
11 and risks of either plan, and it leaves the family system open to increased points of
12 tension and conflict. One prime example of this is including the rather restrictive and
13 disruptive four hour trigger for first right of refusal (which is often eliminated in systems
14 oriented parenting plans or moved to a 12 hour trigger). It allows unrealistically for
15 coparenting and shared decision-making for parties which have a demonstrated track
16 record for failure to communicate and effectively parent. It omits discussion of important
17 corrective tools such as case manager or parenting coordinator services. It also offers a
18 superficial and naive "intervention" of giving the BIFF guidance in the absence of having
19 coparenting counseling, case management, or mediation assistance. Fundamentally, the
20 parenting plan lacks sufficient investigation to be valid and offers recommendations
21 which increase the risk for disruption, instability and conflict. To attempt to implement
22 this flawed set of recommendations in the absence of a fully evidentiary hearing would be
23 a serious error for this family system.

24

25 45. In concluding this critique I will acknowledge that Ms. Keilin may still have
26 gathered useful information for the Court. Either in whole or in part, she may have
27 reported features of the parties and the children which are valid conclusions. However,
28 there are sufficient stated concerns and criticisms noted here which should provide a

1 cautionary note about accepting Ms. Keilin's conclusions and recommendations at face
2 value. Other sources of information and more detailed evidentiary consideration may be
3 required for the Court to have a more accurate assessment of this divorced family system.

4

5 I declare under penalty of perjury under the laws of the State of Washington that the
6 foregoing is true and correct. Executed this 25th day of August, 2014 at Gig Harbor,
7 Washington.

8

9

10 (Digitally signed)

11 **Daniel J. Rybicki, Psy.D.**

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**Errors and Omissions by Jennifer Keilin, MSW Marriage of Charney Report
Dr. Daniel Rybicki**

- 1. Exceptionally Short Report Fails to Meet AFCC Expectations**
- 2. Lack of Equivalent of Procedures Not Explained**
- 3. Multiple Problems with Home Visit Information:**
 - 3a. Summary of Home Visit Information was Skimpy and Lacking in Detail**
 - 3b. Home Visits Relied only on Naturalistic Observations; Omits Structured Tasks**
 - 3c. Ms. Keilin Failed to Check for if Home Visit Sample was Representative**
 - 3d. Home Visit Summary Omits Parenting Skills Information**
- 4. Ms. Keilin Neglects Important Developmental and Situational Issues in her assessment.**
- 5. Ms. Keilin Failed to Include ANY Parenting Measures or Other Specialty Scales of Importance to this Case.**
- 6. Ms. Keilin's Approach to Collateral Data Reveals Mixed Strengths, Weaknesses**
 - 6a. Attempt to Keep Equal was Positive Element**
 - 6b. Failure to Contact many of 4 - Name - Whist... Collaterals including Treatment Providers**
 - 6c. Failure to Utilize Written Format for Collateral Data Invites Error**
 - 6d. Failure to Check and Confirm Collateral Information Adds Error Variance**
- 7. Ms. Keilin Relied Upon Faulty Method for Psychological Testing, Increased Error for Confirmatory Bias**
- 8. Dr. Milner's Testing Approach is Limited in Scope and uses at least One measure which is not linked to Custody Litigant Norms.
Plus: Additional Clue in David's Testing Ignored**
- 9. Ms. Keilin fails to summarize the record review and identify areas she relied upon in forming her conclusions**
- 10. Ms. Keilin's Approach to the Assessment Fuels Conflict and Fails to Move the Family Toward Better Resolution of Concerns**
- 11. Parenting Plan provided by Ms. Keilin is Not Productive, Responsive, or based on Compelling data with Logical Nexus from Data to Recommendations.**

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DEPARTMENT OF HEALTH
STATE OF WASHINGTON

WITNESS NOTIFICATION FORM
HEALTH SYSTEMS QUALITY ASSURANCE
OFFICE OF INVESTIGATION AND INSPECTION

**PLEASE BE ADVISED THAT ANY WRITTEN STATEMENT YOU MAKE MAY BE
RELEASED TO THE PERSON UNDER INVESTIGATION IF A STATEMENT OF
CHARGES IS ISSUED.**

Danielle Ray Ray
RECEIPT ACKNOWLEDGED

DATE *06/24/11*

000078



Daniel J. Rybicki, Psy.D., DABPS
Clinical Psychologist CA PSY14000, WA PY00003195
Diplomate, Forensic Psychology



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www.danielrybicki.com

4 - Name - Whistleblower Regarding Health Care Provider ...

October 16, 2014

Billing Statement (bill539.wpd)

Date	Service	Hours	Charge	Balance
08/05/14	Initial inquiry, counsel			
08/15/14	Review documents	1.75	\$437.50	\$437.50
08/18/14	Attorney feedback	0.25	\$62.50	\$500.00
08/10/14	Retainer pd \$500			-0-
08/25/14	Declaration	2.00	\$500	\$500
08/25/14	Additional Retainer pd \$500			-0-
10/13/14	Trial Prep	2.00	\$500	\$500.0
10/22/14	Court appearance ½ day	\$1,600		\$2,100
Court Cancelled				\$500
Payment received	\$1,600			<\$1,100>
Refund	\$1,100			-0-

Balance Due: \$0 due now

Please make payment to Dr. Rybicki at Gig Harbor, Washington address above.
You may also go to any local Wells Fargo branch and make a deposit to Daniel Rybicki
account number 5 - Personal Information - Just email me or call and I can see it online. Credit card
accepted with written authorization. Additional 3.25% fee will be added. Thanks.

000079



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 15, 2015

JENNIFER LEE KEILIN
1715 114TH AVE SE STE 210
BELLEVUE WA 98004-6906

RE: Case # 2015-2LW

Dear Jennifer Lee Keilin:

The Counselor Programs within the Department of Health, has received a complaint alleging unprofessional conduct on your part, as defined in RCW 18.130.180. The complaint alleges practicing beyond scope of practice. This notice is required by RCW 18.130.095.

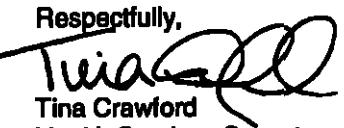
The Uniform Disciplinary Act (UDA) provides that the Counselor Programs has the authority to investigate complaints against health care providers. RCW 18.130.050 The Counselor Programs has reviewed the complaint. The issues fall within its jurisdiction, and the Board/Program authorized an investigation to gather the facts in this matter.

We are bound by two different laws, which may seem to conflict. The first requires that we immediately notify you that a complaint has been filed. The second, the whistleblower law (RCW 43.70.075), prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver allowing us to do so. We understand that it can be challenging to learn that a complaint has been filed against you; but not know any details about it. As a result, once we receive the signed waiver, an investigator will contact you as soon as practical. At that time, all issues will be discussed as fully as allowed by law. Your case is being assigned to:

*Todd Terhaar, Health Care Investigator
Investigation & Inspection Office
20425 72nd Avenue South, Suite 310
Kent, WA 98032*
Phone: (253) 395-6710 FAX: (253) 395-6365
Email: Todd.Terhaar@doh.wa.gov

You may submit a written statement about the complaint at any time to the investigator listed above. However, you may choose to wait until you are contacted by the investigator and you have had the chance to discuss the complaint. As noted earlier, the investigator will contact you after a confidentiality release has been received, if one is required. You may consult with and engage an attorney, at your expense, to represent you in this matter prior to making a written statement. If you wish to have an attorney represent you, please have the attorney send us a Letter of Representation at the address above. The Letter of Representation will allow us to speak with him or her, if necessary, about the complaint against you and ensure they are copied on any correspondence to you.

Thank you for your anticipated cooperation.

Respectfully,

Tina Crawford
Health Services Consultant

000030





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

May 4, 2015

Jennifer Keilin
1715 114th Ave SE Ste 210
Bellevue, WA 98004-6906

Re: File #2015-2LW

Dear Ms. Keilin:

The Secretary of the Department of Health is investigating a complaint against you. The complaint alleges unprofessional conduct, pursuant to RCW 18.130.180.(1)(4).

The complaint, filed by [redacted] 4 - Name - Whistleblower R..., alleged that you acted unprofessional in your assessment and parenting plan involving her daughter, Megan Charney. You are alleged to have:

- *Practiced outside your scope of practice and out of your skill level.*
- *You stated you had never worked with a deaf child before and didn't know how to find an interpreter.*
- *You failed to contact many of the Complainant's collaterals including treatment providers.*
- *You didn't mention the child's health concerns or that the interview was done without appropriate interpreting services.*
- *You did not interview any of the child's health care providers, only a hospital social worker who had not met the child or the Complainant.*
- *You told the Complainant she would be able to review the final report before it was submitted to the court. The report contained two options for parenting but no recommendations nor description of how you came to your conclusion(s).*
- *Because your report was so brief/exceptionally short the Complainant was concerned the report created an unreasonable risk and harm for the child.*
- *Your parenting plan was not productive, responsive or based on compelling data.*

A copy of the complaint documents are attached for your review.

The Secretary of the Department of Health is authorized to investigate all allegations and complaints. (RCW 18.130.050).

State law requires you to cooperate with an investigation. You must respond to requests for records and documentation. If you do not provide documents, records and other items when they are due, we can charge you a fine of up to \$100 per day. The fine applies to existing documents, records, or items under your control. The maximum fine is \$5,000. We will report the fine to federal databases and it will appear on our Web site. We may also charge you with unprofessional conduct for failure to cooperate. (RCW 18.130.180(8)).

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G



You must provide a full and complete explanation of the matter if requested. (RCW 18.130.180(8)(b)) We may use your response if we take disciplinary action, or in a hearing. You may have an attorney assist you prior to making your response. This will be at your expense. If an attorney represents you, please have the attorney send me a Letter of Representation. The letter allows us to speak with him or her about the complaint against you. It will ensure we provide a copy of any correspondence to you to your attorney.

You must provide a full and complete explanation of the matter if requested. (RCW 18.130.180(8)(b)) We may use your response if we take disciplinary action, or in a hearing.

The Health Care Information Act requires you to disclose health care information about a patient without patient authorization. (RCW 70.02.050 (2)(a))

Please provide the following information:

- 1) Please provide a signed, detailed statement providing a detailed response to the allegations listed above AND contained in the complaint letters.
- 2) Provide copies of EVERY record you maintain for Megan Charney. Please also include all billing or related records, Parenting Plan, letter(s) to the court, records from other care providers.
- 3) Any other information or documentation you feel may be pertinent and or relevant.

The information and signed statement are due May 28, 2015. If available, provide records and images in CD format. Mail your response to the address below. Please contact me if you have any questions or cannot provide the information by the due date.

IMPORTANT NOTICE:

RCW 18.130.230 replaced rules about how quickly you must respond to requests for documents, records and other items.

Thank you for your cooperation.

Sincerely,



Todd M. Terhaar, Investigator
Washington State Dept. of Health O.I.I.
Office of Investigation and Inspection
111 Israel Road SE
PO Box 47874
Olympia, WA 98504-7874

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May 4, 2015
Page 3

E-Mail Address: todd.terhaar@doh.wa.gov
(253) 395-6710 (P)
(253) 395-6365 (F)

Enclosure: Copy of complaint.

000083



Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

RECEIVED
DEC 3 1 2014

COMPLAINT INTAKE
UNIT

Complaint Form

Today's Date: 12/30/14

1. Your Information

Name: 4 - Name - Whistleblower Rega...

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work (____) _____ Home (____) _____

2. Information about the Facility or Health Care Professional

Type of facility or profession: LCISW

Name of facility or professional: Jennifer Keilin

Address: 1715 114th Ave SE, Suite 210

City: Bellevue State: WA Zip: 98004

3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient)

Date of incident: July - August 2014

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQACComplaintIntake@doh.wa.gov, or fax to 360-236-2626, or mail to the address above.

Please attach any supporting documentation and additional sheets if necessary.

Ms Keilin was appointed to conduct a parenting evaluation in April 2014. She did not begin the process until June 2014 and produced her report on August 1, 2014. Ms Keilin did not have the skill needed to complete this evaluation, resulting in significant breaches of ethical practice, ignoring requirements of the

Americans with Disabilities Act and practicing outside of her scope of practice. Rather than provide the court with useful information to guide decisions related to custody and residential time, she presented an overly brief, hurried report that fell far short of even minimum standards set by The Association of Family and Conciliation Courts (see <http://www.afccnet.org/Portals/0/ModelStdsChildCustodyEvalSept2006.pdf>)

Prior to my first interview with Ms Keilin I provided her with detailed information about my family, including information about the rare genetic condition that my daughter has. I informed Ms Keilin that my daughter is deaf and would need a sign language interpreter when she was interviewed by Ms Keilin. At my first meeting with Ms Keilin, she informed me that she had never worked with a deaf child before and did not know how to find an interpreter. Additionally she had no knowledge of the significant challenges associated with parenting a child who has a rare, progressive health condition. Ms Keilin willfully and illegally ignored my daughter's civil rights, a dangerous ethical breach. Ms Keilin did not mention my daughter's significant health concerns at all in her report and did not mention in her report that her interview with my daughter was done without appropriate interpreting services, thus compromising the accuracy of the report.

At my first meeting with Ms Keilin she told me that I would have an opportunity to review her report prior to submission to the court. I did not realize that Ms Keilin had not been truthful until I was told that the report had been submitted without allowing me to discuss her conclusions with her.

Ms Keilin did not adhere to any professional standard in producing her report. It was obvious that she rushed to provide a report based on an arbitrary deadline that had no relevance to my divorce. At my last meeting with Ms Keilin I voiced my concerns with this apparent rush to report. Her response was only to tell me that she has hamsters in her garage who are typing away. That is hardly the type of response that should be given to a valid concern in such a high-risk situation.

Ms Keilin's report contained two options for parenting - but no recommendation for one over the other and no description of how she came to this conclusion. Although it was noted throughout the report that my husband has significant anger issues, is set off "by anything that Pam says or does" (his psychologist's interview) and has exhibited an ongoing inability to collaborate with anyone (report that he lost control when disagreeing with our daughter's physicians in front of our daughter) Ms Keilin chose to ignore this evidence and instead stated that his "bulldog approach" might be beneficial. Apparently Ms Keilin feels that it is entirely appropriate to lose one's temper, verbally abuse healthcare providers, and exhibit such anger towards our daughter that he had to be removed from the home on two occasions for our daughter's safety.

Ms Keilin committed serious ethical and scope of practice breaches that must be addressed. As mentioned earlier, my daughter has a rare health condition that is

progressive and has no cure. She has significant healthcare needs - not once did Ms Keilin indicate that this was an issue. Although I provided her with a list of potential collateral contacts that included all of my daughter's teachers and health care providers, she chose to interview only the first two on that list. Rather than take the time to interview any of my daughter's healthcare providers, Ms Keilin decided to interview a clinic social worker who has never met me or my daughter.

Most distressing is Ms Keilin's decision to ignore her own scope of practice and make conclusions about my daughter's health care that are clearly outside of Ms Keilin's scope of practice as a Licensed Independent Clinical Social Worker. A social worker at Seattle Childrens Hospital gave Ms Keilin a clinic note from the Biochemical Genetics clinic. Ms Keilin incorrectly interpreted the contents of the note resulting in incorrect and potentially dangerous conclusions. Ms Keilin made no attempt to contact medical or nursing staff at Seattle Childrens to assist her interpretation of the note. She was clearly outside of her scope of practice and should have recognized that she was "in over her head" and sought assistance from a doctorally prepared evaluator who has experience with similar complex family units.

Because Ms Keilin's report was so brief, potentially dangerous and virtually useless, I sought a review by a forensic psychologist. His review identified a number of shortcomings, some of which include:

- Exceptionally short report fails to meet AFCC expectations
- Multiple problems with home visit information
- Neglect of important developmental and situational issues
- Failure to contact many of my collaterals including treatment providers
- Reliance on faulty methods for psychological testing, increased error for confirmatory bias

The forensic psychologist concluded that:

- Ms Keilin's approach to the assessment fuels conflict and fails to move the family toward better resolution of concerns
- Parenting plan provided by Ms Keilin is not productive, responsive or based on compelling data

I am a healthcare professional and have co-authored standards of practice for my own profession. I understand the importance of scope of practice boundaries and the protection such boundaries give to patients and clients. It is distressing to me that Ms Keilin abused her power as a parenting evaluator to hurry through

this evaluation, provided a flawed report and created an unreasonable risk for harm to my daughter.

For Department of Health use only:

Reviewed for multiple authority applications	date	
Routed to:	Multi-authority coordinator	name
Office	date	date
Office	date	

Ms Keilin's report contains a significant number of factual errors that demonstrate a poorly conducted evaluation. It is clear that she rushed through this to meet an artificial deadline set by Dave and Walt.

In July Dave's lawyer requested that she speed up her evaluation because we had a court date scheduled on August 25. After Dave was granted a continuance until October 20, there was no reason for Ms Keilin to produce her report so quickly. At my last meeting with her I expressed my concerns that she would not be able to thoroughly evaluate this complex situation. Her response was "Oh, I have hamsters in my garage typing away" and brushed off my concerns.

There are a number of spelling and grammatical errors throughout the report that are indicative of a poorly thought out, hastily written report.

I have a number of additional concerns:

- On July 29 when I had my last appointment with Ms Keilin. I noticed Dave's car in the parking lot. When she ushered me into her office for my meeting, I thought that she had perhaps decided that Dave and I should meet with her. When I entered her office and did not see Dave there, I was about to ask her where Dave was. However, she quickly stated that she had to do something and left the room. I heard a couple of doors close – presumably she was trying to have Dave leave without seeing me. I am not sure why she didn't think it was appropriate or safe for Dave and I to meet in her waiting room. I have made it clear to her that I always greet Dave and treat him with respect when I see him but Dave is so angry with me and hates me so much that he cannot even look at me. If she doesn't think we can safely interact for 30 seconds, what is the basis for her recommendation that we share decision-making?
- The collateral contacts did not include any of Megan's healthcare providers. Therefore Ms Keilin has no basis to make any judgment regarding Megan's ongoing health concerns. Megan and I have never met the social worker that Ms Keilin interviewed. Simply reading a progress note from one outpatient visit does not provide an accurate or clear picture of a long-standing health condition.
- Barbara Placek and Suji Lee have never observed my parenting skills with Megan. Because of their employment situation, Ms Placek's comments should be taken with a grain of salt. Dave could make her work life very unpleasant if he does not like what she says. It's interesting that she notes Megan talking to Dave on the phone. Megan is deaf and predominantly uses text messaging. I would like to know how Ms Placek can state that Dave works with Megan to help her become independent unless that's what Dave told her to say.
- Each of my collateral contacts has observed both Dave and I with Megan. In fact, I chose those individuals so that they could provide honest observations of BOTH parents, not just one. I would like to know how many of Dave's collateral contacts she was able to speak with and who she did not speak with since she did not make an effort to speak to all of the individuals on my list.
- I did not "hand copy" Megan's contact list (page 3). I told Ms Keilin that Megan wrote the list of contacts and I made a copy of Megan's handwritten list. Ms Keilin did not address the significance of this document. Megan has no way to contact any of the individuals that Dave designates as his back up. The contact list does include several of my neighbors who have agreed to be back up.
- The report also noted on page 4 that I provided Ms Keilin with copies of July and August calendars. She did not include in her report that Dave has continually refused to update our current Google calendar. In the past he flat out refused to utilize a shared parenting calendar even though he will often change his work schedule, which may have a significant impact on Megan's care.
- Should Megan require assistance while alone in Dave's apartment and he does not respond to her messages, there is no way for me to access his apartment to assist her. His back-up plan is to have two Group Health employees leave the office (while still being paid by Group Health?) but doesn't state what they are to do if and when they are able to get to Megan since they won't

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have a key to his apartment either. Dave knows where the spare key to the house is kept and could easily assist Megan if she were to text him from the house.

- Also on page 3 Ms Keilin entirely misrepresented the 6/13 email exchange regarding Megan's request for me to talk to him about walking her to school. She was afraid to approach him about his habit of walking her to the bus stop in his "smelly, sweaty" exercise clothing. She is embarrassed because everyone can see her walking with him wearing his workout clothes, which are drenched with sweat. When he insists on carrying her messenger bag the shoulder strap becomes soaked with his sweat. I explained to Ms Keilin that I did initially tell Megan she had to discuss this with her father. Megan asked me to bring this up with her father because she was afraid to tell him. She said that she hated walking to the bus stop with him in the morning. Therefore, I initiated that exchange, which Dave quickly escalated. Because of the level of conflict, on the last few days of school, Bekka offered to walk Megan to the bus stop from Dave's apartment.
- Ms Keilin notes that I gave her a "calendar with one or two appointments for Megan most weeks". This calendar is actually my informal record keeping, documenting day-to-day tasks that I do to manage Megan's care. These logs do not include all of my interactions with Megan's healthcare team, only those that I remember to document. Because this communication must be done during business hours I lose a significant amount of work time that must be made up at home.
- I have not seen the biochemical genetics note that Ms Keilin describes. Ms Keilin's report states that the note says "a little bit of weight", then "significant", etc. However, Ms Keilin made no attempt to reconcile the different descriptors. I told Ms Keilin that two days after her appointment in biochemical genetics Megan was seen in cardiology where her weight was significantly different. I explained to her that scales fluctuate quite frequently and weights will vary from day to day. As a Registered Dietitian I know to look for trends and that different scales can vary greatly. Additionally it doesn't make sense to recommend monthly weight checks for "significant weight loss" – you would want to check more frequently. For that reason, Megan's pediatrician and therapist have recommended that a "neutral party" (either an adolescent medicine provider or Megan's pediatrician) weigh Megan using the same scale each time. They recommend bimonthly weight checks. Dave is opposed to that plan and wants to force Megan to eat until she reaches some unknown goal that he has set and refuses to tell anyone. He had a shouting at two pediatric/adolescent providers in front of Megan and I because they did not agree with him. I have a copy of Megan's growth chart from Group Health that shows slow, steady progress. I agree that Megan is having a relapse of her eating problems but feel that with appropriate treatment we can reverse that. Dave's insistence on making this a huge deal will only backfire. Megan's providers at Group Health have significant experience treating adolescents with eating disorders and I respect their opinions.
- I cannot help but note that Dave's proposed solution for poor communication is "I hope it resolves". He has no plan other than "hope". I will continue to request family therapy or counseling to assist with improving communication. The situation is so difficult that "hope" will do nothing.
- Dave indicated that "we have been gently assisting Megan to decide to have cochlear implant surgery" (page 6). That is specifically NOT what the cochlear implant team wants us to do. When Megan was evaluated it was made clear to her that the decision is hers and hers alone. It is not appropriate to "gently assist". I have most certainly not been gently assisting. I also relayed instructions from the cochlear implant team that we were NOT to express any of our desires to Megan. In fact, the team will not do the surgery if Megan indicates that either Dave or I were encouraging her.
- Dave's request for flexibility is ludicrous. I provided Ms Keilin with evidence that Dave has been anything BUT flexible. His definition of flexibility is that his children and I do exactly what he wants.
- Dave hadn't spoken to his sister in at least 5 years (other than trips for her children's bat and bar mitzvahs, which always resulted in arguments and accusations) at the time we separated. In fact,

David always complained that his sister didn't get the girls birthday gifts and frequently told me that his sister was crazy. I'm glad to hear that they have mended fences.

- Dave did not have a simple emotional affair. I caught them kissing in my kitchen while I was in the living room with our children watching movies. A week or so later, I caught them kissing in my living room. He then had another affair with a woman in Dayton.
- Dave is correct that I did not agree to see Ms McNabb. It is not clear to me how she could diagnose depression with no evaluation and virtually no interaction with me. I asked him to see another counselor and he refused. I do not know why he chose Ms McNabb to counsel us. She is apparently not on the list of counselors that Group Health provides as Dave wrote out checks to her after each appointment. I did not do "exercises" that Ms McNabb assigned because Dave refused to do them jointly. I'm not sure how we could budget for our family together when Dave refused to participate.
- David did not spend 50% of the time with Megan following our separation. He would email me when he wanted her, which would typically be 2 or 3 days per week.
- Megan had reached a plateau with Dr McKeever. She had stopped completing her food charts (I have all of those but Ms Keilin declined my offer to share them) had started to backtrack on the amount of food that she was eating. Dave and I agreed to discontinue her meetings with Dr McKeever for that reason and the difficulties scheduling appointments. However, I discussed this with Megan's pediatrician who immediately referred Megan to the Adolescent Clinic at Group Health. Megan's current therapist met with Megan one time initially without an interpreter and more recently when the schedulers forgot to assign one. On both occasions we created workarounds and after the second time this happened the schedulers were specifically told to make sure that interpreters are always present. Dave neglects to mention that there were no interpreters at several appointments with Dr McKeever.
- It is no surprise that Dave thinks that joint decision-making is in Megan's best interest. Had Ms Keilin reviewed any of the materials that I provided, she would see that while my messages to him are brief and respectful, his are angry, rude, demeaning and demanding. It is not possible to share decision-making with someone who will not share.
- On page 14 Ms Keilin states that Megan was reading lips during her interviews. I had suggested that Ms Keilin utilize a sign language interpreter because lip reading is very inaccurate and should never be relied upon in such a high stakes situation. However, Ms Keilin stated that she did not know how to find an interpreter and "everything will work out".
- On page 14 Ms Keilin states that Megan wants more time with her dad. This is not surprising since Dave's current request for summer residential time involves him dropping Megan off here on his way to work and picking her up on his way home. The only time that she really has with Dave is on weekends but only if the weekend happens to fall on Dave's four days with Megan. Therefore, she is with him for very little time this summer.
- Ms Keilin did not mention in her report that Bekka told her that it was only natural that Megan would imply that I was too preoccupied with work because I am trying to work at home during the summer and both girls are constantly interrupting me. Bekka told me this after her interview because she said that she had the feeling that Ms Keilin thought that I was a bad parent based on Megan's comments.
- Ms Lee's comments about Dave checking Megan's blood sugar are incorrect. I am not sure how Ms Lee observed anything Dave does related to Megan's diabetes management. I offered to show Ms Keilin months of records that I've downloaded from Megan's glucometer that demonstrate gaps of up to 12 hours overnight with no blood sugar checks when Megan is with Dave.
- Page 19 – Ms Keilin states that I will need to be available on my non-residential days? I would like her to describe how that would look. If Megan has appointments or needs a parent on my non-residential day, that should become Dave's responsibility. If I don't have responsibility for Megan's care on a given day I should not be expected to sit around and wait in case Dave is not

able to care for her. This is the antithesis of shared parenting and is closer to requiring me to be an on-call babysitter for Dave. I do not expect Dave to sit around waiting for me to call on days that Megan is with me.

- Did Ms Keilin feel that it was appropriate for Dave to comment that "he does not suffer fools gladly", a comment that he was clearly directing that at me? She does appear to think that it is fine for him to continue to maintain his superior attitude towards me.
- On page 22 Ms Keilin states that we "should *continue* to share medical decision making". Apparently she did not read our temporary court orders that gave me medical decision-making responsibility.
- Ms Keilin did not address Megan's educational needs at all.
- I am happy that Ms Keilin recommends that Megan have additional time with Dave. I have been amenable to that all along. My only concern is the additional burden placed on Dave when he has additional residential time and Megan is ill or has healthcare appointments. She also has a significant number of days where she becomes ill at school. Dave has also refused to have Megan for additional time on several occasions when I have offered this to him. Most recently I offered him an additional day and night. He stated that he would have to bring Megan home early because he has additional plans. On the day that Megan was in the Emergency Room, Dave I contacted Dave around noon to tell him that I was taking Megan to the ER. At 3:15 or so, Megan told me that she wanted her father, so we contacted Dave and asked him to come. He refused, saying that he was on his way to a meeting with Jennifer Keilin. I am not sure why he didn't reschedule his meeting to be with Megan in the ER.
- I would be happy to share decision-making with Dave if he will make the effort to collaboratively share decision-making rather than demanding that I do what he wants. When Dave perceives that I have not done exactly as he wishes, he goes behind my back to do what he wanted without my input. I cannot be expected to continue doing all the work involved in managing Megan's health and education while Dave sits in the background doing nothing but complain and undermine decisions that should have been made collaboratively.
- Ms Keilin did not describe what shared decision making and additional residential time would look like, other than I would become responsible for the additional burden she imposes while allowing Dave to continue to be the "fun parent". If Dave insists on sharing decision making, he will need to attend each appointment with me. He made it clear to me that shared decision-making means that I will contact him any time there is a decision to be made, large or small. What are the plans for Megan if she is sick while at Dave's? It is not in her best interests to be left alone in his apartment when he goes to work and he cannot take her to work with him. I cannot be used as his back up babysitter.
- What does she mean by the statement ^{4 - Na...} will continue to take point on scheduling Megan's healthcare appointments". She is effectively saying that I will be required to continue to do all of the work related to Megan's care while giving Dave the ability to thwart anything that I do if he decides to do so. This recommendation guarantees that Megan will continue to view Dave as the fun, easy-going parent while I am the one who is always working.
- Ms Keilin's report makes light of Dave's recent abusive behavior towards Megan. I not only described how Dave woke Megan up after midnight and forced her to take several pills, but I also provided her with Dave's email to me in which he described his actions and stated that he called Megan a "thief and a liar", among other insulting and demeaning names. She seems to think that forcing someone who is not quite awake to take a handful of pills and then calling that person names is perfectly fine. I told Ms Keilin that Dave's actions caused Megan to vomit, which is far more dangerous to Megan's health than simply upsetting her.
- Dave has also been forcing Megan to exercise on his exercise bike. She hates this and says it's "very creepy" when he stands there and stares at her while she exercises.

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- Ms Keilin neglected to mention in this report that Dave became so depressed that he neglected to brush his teeth for so long that they rotted and fell out. I described this in my initial documents and discussed this with her.
- Ms Keilin also neglected to mention in her report that Dave has masturbated in front of the children on several occasions. He does not close the bedroom door when he does this and both girls have walked in on him. Because I have observed the same thing in the past, I knew exactly what had happened when the girls walked out of the room
- I also described to Ms Keilin that Dave once became so angry with Bekka's problems with constipation that one morning he manually disimpacted her while wearing kitchen gloves. I did not include this information early in our divorce because I was embarrassed and ashamed for my children. I did not want to have to publicly discuss some of Dave's more egregious behaviors out of respect for my children's privacy.
- Her report makes no mention of Dave's inability to control his anger. Throughout our marriage Dave had significant issues with road rage. He curses and screams at other drivers all the time. He will interrupt a conversation to scream at another driver. Megan has complained to me on several occasions about this and asked me to tell him to stop.
- Ms Keilin did not address the dichotomy in Megan's and Dave's descriptions of my parenting style. Megan complains of rules (like removing her access to technology in the evenings, which she hates) while Dave claims that I am less structured and less directed (I do not know what he means by "less directed"). I am not surprised that Megan says she enjoys being with her dad more often since he is less strict. She has told me on many occasions that he does not restrict her use of technology in the evening, evidenced by her frequent posts on Facebook, Twitter and text messaging between 11 pm and 1 am.
- I am concerned that several times throughout this report Dave is described as out of control, frustrated, angry, and not able to cope. Yet Ms Keilin feels that is ok and he should be able to safely manage Megan's care in spite of having to leave the home on two occasions when Megan's care became difficult.
- Most importantly, Ms Keilin's recommendation for shared decision-making does not take into account that Dave refuses to share information with me. Her report does not mention that he kept secret from Megan, her sisters and I that Megan would need a pacemaker. He refused to tell me when or if he was going to train school district personnel to manage Megan's diabetes. Once I learned that the meeting was scheduled, he refused to tell me where and when. More recently Dave contacted Megan's Group Health and Seattle Children's healthcare providers to request information on her growth chart because he disagreed with Megan's pediatrician and behavioral health specialist regarding Megan's weight. Any time I ask Dave for information he finds a way to blame me for some past offense. I described to Ms Keilin that Dave often simply ignores email when he feels like it. I would like to know what Ms Keilin's definition of shared is.

Ms Keilin told me at our initial meeting that she would not ask the children to report on their parents. However that is exactly what she did. It is distressing to me that she had access to Dr Merritt's note from biochemical genetics before Dave and I saw it and made no attempt to discuss the information with Dave or I. Ms Keilin did not seem to notice the discrepancy in Dr Merritt's description of Megan's weight (this has become a major issue with Dave – to the point that I am afraid of my safety due to his anger with me and Megan's healthcare providers at Group Health). Had I seen that I would have contacted the clinic and discussed that issue.

I would like to know Ms Keilin's level of experience evaluating families who have children with complex medical conditions. She clearly does not have the skill to work with hearing impaired children. It is clear that she does not understand how complex day-to-day case management is. It is obvious that she overlooked the "calendar with one or two appointments for Megan most weeks", which is actually my log of work done to support Megan (they do not include all of my interactions with Megan's healthcare team, only those that I remember to document). I cannot be expected to "take point" on non-residential days. That recommendation effectively puts me "on call" 24/7 while Dave has no responsibilities on his non-residential days.

It is clear that Ms Keilin did not take this report seriously. She had only two days between my last meeting with her and completion of this report. Her flip comment that she had hamsters typing does not make me feel confident that she is a skilled and able evaluator. It certainly demonstrates that Ms Keilin did not consider all of the evidence before her, such as on-going comments that Dave is stressed, difficult to get along with, and has difficulty controlling his anger when stressed. Parenting a child with Megan's significant health issues is stressful all the time. Dave has already demonstrated on several occasions that he is not able to effectively manage Megan's care when she is sick – I had to ask him to leave the home out of concerns for Megan's safety on two occasions. On two other occasions, Dave dragged Megan to the ER unnecessarily due to his anger management problems.

At the beginning of our last meeting, Ms Keilin said that this really is weird for her because Megan is almost 16. Her statement to me was that in two years it won't matter because she'll be 18. She asked me what I would do if/when Megan goes to college. I told her that all depends on our ability to make her independent in all of her care. I then described that to Ms Keilin. However, she has completely ignored this, lending further support to my feeling that she did not take this evaluation seriously.

Frankly, her recommendation to use the BIFF technique in communication is a joke. I purchased that book months ago and have been using it in all of my email communication with Dave. I draft every single email to him and review them to be sure there is nothing that might set Dave off. I have made many requests to Dave to please be more civil and respectful in his communication with me, which has not happened. Does she really believe that our communication problems will be solved by a one-page description of a technique for communication with difficult people? I would be more than happy to share volumes of email communication between Dave and I in order to demonstrate differences in our communication styles.

I am requesting that this report be amended after Ms Keilin has access to Megan's pediatrician, school staff and others. Ms Keilin must speak with Dr Merritt rather than a social worker who has never met Megan. It is entirely inappropriate for Ms Keilin to make any assumptions based on her reading of one progress note. As a social worker, she is not qualified to do that. Ms Keilin must also address the concerns that I discussed with her but are not included in this report. She has plenty of time to do so now that Dave and Walt were granted their continuance.

If Ms Keilin will not conduct a thorough evaluation, I respectfully request that this report be deleted and another evaluation done.

Additional notes to add or not

- Bekka told me that Megan and Dave had a "huge" fight in two different restaurants on Friday afternoon. Things got so heated that they ended up leaving and having lunch at his apartment because Bekka was getting anxious and embarrassed because people were staring at them. It was also a very warm afternoon (individuals with mitochondrial disease are very heat sensitive) and Dave left the girls to walk to his apartment while he went to get his hair cut. Bekka told me that Megan "wilted" on the way back so Bekka took her to Einstein's to rest for a while and get water before they went up to his apartment.
- Dave took the girls to watch the Blue Angels at the intersection of W. Mercer Way and 24th St. Megan had no hearing protection, potentially doing irreparable damage to her remaining hearing.
- Dave's written materials claim that he enforces a reasonable bedtime for Megan. However, she is frequently on Facebook or Twitter around midnight (see photos):
- Megan wants more time with Dave
 - He will often text her telling her that he is so sad and lonely because he doesn't see her as much as he wants.
 - Dave gives in to her demands. On one occasion Megan and I were in Target. She saw a book that she wanted me to buy. I said no, we don't have room for more books and she can get it from the library. She became very angry with me and started texting Dave telling him that I was a jerk and wouldn't buy her the book. He knew that this happened, but still bought her the book. She texted me to let me know that her dad bought the book.

- Megan prefers that Dave do her set changes because he does all the preparation for her and lets her whine and carry on throughout. This does not support Megan gaining self-management skills.
 - It is not unusual for adolescent children of divorcing parents to favor one parent (see website article), particularly if they view that parent as being more lenient or lax.
- I am putting on a "façade" of being nice while covering up my real feelings. When I told my sister that, she said that's just being a Hurd (my maiden name). In my initial interview with Ms Keilin I described my childhood in great detail – when I was growing up it wasn't considered appropriate to act up in public. We were taught to remain calm. I thought there was some benefit to not losing control when things got tough.
- I was never rigid about residential time (Ms Keilin notes that in the report) – between October 2013 and now I have offered Dave additional time with Megan. In April during Megan's spring break he had two vacation days on his schedule. I asked him if he wanted Megan on those days and he said "Oh, I changed the schedule and I'm working now". Even though he is scheduled to have Megan for 2 weekends beginning the week of August 4th, I offered to let him have Megan the weekend of August 2 – 3, returning on the 4th. He agreed but stated that he would bring her back on the 3rd at 6 because he already had plans. He has brought Megan home early on Sunday evenings on several occasions.
- It is not clear if Dave's psychologist was aware that Dave continues to have angry outbursts or the way he acts when I am in his presence (he won't speak to me or look at me). I am not sure that he has told her that on several occasions when Megan's illness or behavior become stressful, he has lost control. On two occasions I asked him to leave the home, on two others he took Megan to the ER, and when she was in the hospital in Dayton, nurses were concerned enough that they called social workers. Does his psychologist have an opinion about Dave forcing Megan to take pills at midnight and telling her that she is a "thief and liar". Is his counselor aware of his road rage? Does she know that he would routinely threaten to burn down our home? It is also telling that he lost control after our hearing for temporary orders. After the hearing I could hear him yelling at his lawyer across a long hallway. His anger was very noticeable. If he can't control himself in that situation, how can he be expected to control himself given any other stressful situation.

Jennifer Keilin, MSW, LICSW

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RECEIVED

June 8, 2015

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Todd M. Terhaar, Investigator
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DEPARTMENT OF HEALTH
Office of Investigation and Inspection

Re: File #2015-2LW

Dear Mr. Terhaar:

I received your letter of 05/04/2015 notifying me of 4 - Name - Whistleblower Regarding Heal... complaint alleging professional misconduct. I take this complaint very seriously. I have been in private practice for over 12 years and have conducted over 200 parenting plan evaluations. I have been a member of the Association of Family and Conciliation Courts (AFCC) since 2008 and regularly attend national and state conferences. This is only the second complaint made against me, and the first one in six years. Attached as Exhibit A is my curriculum vitae. As requested, I have provided a copy of my entire evaluation file.

Background information

The context of my work with 4 - Name - Whistleblo... was as follows: On 04/03/2014, I was appointed by King County Superior Court with agreement of the parties as the parenting evaluator for David and 4 - Name - Whistleblower R..., regarding their child, 3 - Healthcare Information Readily Identifiable t... The Order of Appointment was broad stating that I was to investigate and report on: "All issues related to the development of a parenting plan. Report on any other issues that could affect safety of the child." During this evaluation, I adhered to statutory criteria to establish a permanent parenting plan set forth in RCW 26.09.187, and although I am not a psychologist, to the WAC 246-924-445 criteria of Parenting Evaluator Standards. I also utilized methods consistent with the Association of Family and Conciliation Courts (AFCC) model guidelines for conducting custody evaluations.

Evaluation process

As in all cases, I follow a structured process in my evaluation. Prior to meeting the parties in person, I provided them with my office policies and consent forms. At the initial interview, I reviewed these documents and described the context of the evaluation, the process of the evaluation, and my role as an evaluator. I described my billing process and explained that the report could include information obtained or opinions rendered by me that they may disagree with or find upsetting but that I would issue my report in as objective a manner as possible. Specifically, the office policy statement, page 2, states, "My function is to provide an independent evaluation regarding the legal issue at hand. It is possible that my findings,

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impressions, opinions, conclusions, and recommendations may be adverse and detrimental to your position."

I then interviewed the parties, performed home visits and interviewed the child. 4 - Name - Whistleblow... was interviewed four times, for a total of 5.5 hours, including 5/5/14 (1.0 hour), 7/1/14 (2.0 hours), 7/8/14 (1.5 hours), and 7/29/14 (1.0 hour). I conducted a home visit and parent/child observation of 4 - Name - Whistlebl... and 3 - Healthc... on 7/13/14 for 1.3 hours. 4 - Name - Whistlebl... was interviewed four times, for a total of 6.2 hours, including 5/20/14 (1.0 hour), 7/3/14 (2.1 hours), 7/15/14 (1.5 hours), and 7/29/14 (1.6 hours). I conducted a home visit and parent/child observation of Mr. 4 - Name - W... and 3 - Healthca... on 7/9/14 for 1.7 hours (See Exhibit B: Charney 8/1/14 parenting plan evaluation report – sealed).

Both parties were requested to participate in psychological testing and I reviewed their results and consulted with the testing psychologist, Marnee Milner, JD, PhD, who is well regarded in the field.

I then conducted collateral interviews. I contacted eleven collaterals, in addition to Dr. Milner, including personal collaterals identified by each party, counselors who had worked with the parties, and the child's medical providers, for whom I had consent to contact. Of the eleven contacted, I was able to interview six (See Exhibit C: Charney To Do).

At various times throughout this process I reviewed the legal pleadings provided to me, as well as materials provided by the parties. A specific document reviewed was 4 - Name - Whistleblower ... calendar/log of medical case management for 3 - Health... After collection, the data was analyzed. I then formed opinions and conclusions and developed recommendations in the child's best interest based on my education, experience and knowledge.

The parenting plan evaluation report was issued on 08/01/2014. The report detailed my process, sources of collateral information, opinions and recommendations. Overall, I opined that the data did not support significant parenting concerns about either parent, or significant impairment in 3 - Healthcar... relationship with either parent. I opined that given 3 - Healthcar... significant medical concerns and 4 - Name - Whistleblower ... greater availability, 3 - Health... should reside primarily with 4 - N... 4 - Name - W... I further noted: "The opinions and recommendations in this report are limited to the information that was provided during this evaluation. Significant collateral contacts were not available to this writer, including school staff, 3 - Healthcar... psychological providers (she refused consent), and most medical providers (due to vacation, difficulty making contact, etc.) It is possible additional information from these sources could have impacted this writer's recommendations for decision-making."

Specific Allegations

The following will address the specific allegations as set forth in the 05/04/2015 DOH letter.

Practice outside the scope of practice and outside skill level

As previously stated, I have been in private practice since 2003, and have held a license in clinical social work since 2010. I have completed over 200 parenting evaluations in that time. As outlined in my CV (see Exhibit A), I regularly attend national and state professional

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conferences and trainings with a particular focus on child development, parenting, and custody related issues. I participate in regular peer consultation meetings. Further, as a practice standard I utilize the AFCC model guidelines for conducting custody evaluations (See Exhibit D AFCC Model Guidelines) and adhere to Washington statutory requirements. Parenting evaluations are within my scope of practice and skill level.

Statement that I had never worked with a deaf child before and did not know how to find an interpreter.

This is not an accurate statement and one I would not make since I have previously conducted another parenting plan evaluation case with a hearing impaired child. In my practice I also routinely utilize language interpreters, when needed, obtained via King County Superior Court's Interpreter Services. In this case, neither parent stated that a sign language interpreter was needed or mandatory. In fact, in 4 - Name - Whistleblower... child questionnaire, she noted:

"Please be sure that you have eye contact when talking to 3 - Healthc.... It may also be a good idea to have her repeat what was said, although she knows why people do that and gets annoyed. It would be helpful to have a pad of paper and pen to help if needed. (See Exhibit E Child Questionnaire, page 3, final bullet point.)"

3 - Healthcar... hearing loss developed in later childhood and started to become prominent around age 9. According to both parents, 3 - Healthc... was not consistently using sign language in the home with family members. Given this context, and 4 - Name - Whistleblower... statement, it was appropriate to conduct the initial home visit and child interview without an interpreter, and to evaluate if an interpreter was needed. Based on my observation and interaction, 3 - Healthcare... communication skills were strong and an interpreter was not warranted.

Failure to contact many of the Complainant's collaterals including treatment providers, including child health care providers.

According to WA statutes as well as AFCC guidelines (section 11), parenting evaluators should gather information from multiple sources, including collateral contacts. Section 11 of AFCC guidelines state "Evaluators shall recognize the importance of securing information from collateral sources who, in the judgment of the evaluators, are likely to have access to salient and critical data.... Decisions concerning the sufficiency of collateral source information shall be made by evaluators." Further, "When collateral and documentary data are not available, then this limitation shall be made known to the court in the forensic report."

In accord with the aforementioned, as is my standard of practice, I use my professional judgment in selecting the number of collaterals to speak with, including two or three personal collaterals from each party, and the most relevant professional collaterals. In this matter, I spoke with two personal collaterals for each party. I also spoke with their adult daughter, Bekka, and attempted to speak with their other adult daughter, Jamie. Unfortunately, school was out of session for the summer when I reached the collaterals section of my process, and I was unable to contact any school staff.

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The minor child in this matter, [3 - Healthca...] is over the age of 12. Pursuant to WA statute, her consent was required so that I could speak with her medical providers. [3 - Healthca...] consented to my contact with three medical providers (Dr. Chesley, Ms. Benitez, and Dr. Merritt), and declined consent for me to speak with three others, who are mental health providers (Dr. Lindenbaum, Dr. Humphreys, and Dr. McKeever). On 07/02/2015 I e-mailed [4 - Name - Whistleblow...] regarding my request for [3 - Healthcare ...] consent and [3 - Healthcare...] withholding of consent (See Exhibit F Email String [3 - Healthcar...]) consent form). Of the three medical providers I was authorized to contact, only Dr. Merritt responded. He did so via his social worker, which is a common practice.

As stated above, and in accord with AFCC guidelines, I informed the Court in my report of the limitations to my conclusions because all the collateral data was not available due to [3 - Healthcar...] lack of consent and inability to contact school personnel during summer break. Because she declined consent, and I had no access to her psychological providers, I could not obtain objective data on her psychological status.

Failure to mention the child's health concerns or that the interview was done without appropriate interpreting services.

[3 - Healthcar...] multiple and complex medical presentation was the backdrop for evaluating the parent's ability to care for her and was always a factor in my analysis of data. For example, Page 1 of the parenting evaluation report states: "Starting at age five, [3 - Health...] was diagnosed with diabetes, attention deficit disorder, and then Kearns Sayre Syndrome, a rare, slowly progressive multi-system mitochondrial disease. She has significant multiple health issues, including issues with energy production, drooping eyelids, profound hearing loss, heart issues, and scoliosis. She had heart surgery to install a pacemaker, back surgery to correct her scoliosis, and wears an insulin pump that requires a "set change" every three days. She is facing eye surgery and considering a cochlear implant."

Pages 18 – 22 of my report describe in detail my analysis of [3 - Healthcar...] medical issues in the context of this parenting plan and issues surrounding parenting. (See Exhibit B).

As indicated *supra*, [3 - Health...] does not use interpretative services all the time and I used professional judgment as to her ability to effectively communicate. Page 14 states: "[3 - Health... participated in an interview with this writer. Communication occurred directly, with this writer looking at [3 - Health...] and speaking slowly and in short sentences, and lip reading by [3 - Health...]."

Failure to interview any of the child's health care providers, only a hospital social worker who had not met the child of the Complainant.

As stated *supra* according to WA statute [3 - Health...], who is over the age of 12, must consent to my communication with her healthcare providers. [3 - Health...] declined to provide this consent for a number of her healthcare providers. Of the three providers she authorized, only Dr. Merritt responded, via his social worker. In my experience, it is a relatively common practice for a physician to utilize a staff member to share information from the child's medical chart.

Statement that the Complainant would be able to review the final report before it was submitted to the court.

This is not an accurate statement and one I would not make. My office policy statement

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addresses this issue in two separate places.

Page one of the office policy statement states: "At the end of the parenting plan evaluation, a written report and recommendations will be provided to your attorney, unless agreed to otherwise." And, page two of my office policy statement states:

"If there are any corrections identified in a report, please notify me within two weeks of the date of issue and indicate in writing any information that you feel is inaccurate. Reports are provided to the attorney of record, who will then provide it to you. Should you not be represented, the report will be issued to you. A post-report meeting is typically held with the attorneys and this evaluator. No post-report meetings are held when a parent is Pro Se. Instead, the attorney and the Pro Se parent will have the opportunity to submit in writing together any issues needing clarification."

In accord with my office policies, the report is issued to counsel, who then share it with their respective client (See Exhibit G: Email to counsel with Charney report). Counsel submits the report to the court.

The report contained two options for parenting but no recommendations or description of how I came to my conclusion(s).

Two sets of recommendations regarding time-share were offered to the Court as both sets met the child's needs. In part, support for my conclusion may be found on page 22:

"In conclusion, the overall data supports 4 - Nam... should continue to have somewhat greater residential time with 3 - Health... than Dave, based primarily on the demands of 3 - Healthcare I... healthcare needs and 4 - Nam... more flexible work schedule that allows her to be readily available, as well as her well-established history of primarily managing 3 - Healthcare... complex needs. No data supported any significant benefit to 3 - Health... in spending equal residential time with Dave, but rather potential for greater complexity in managing her care. However, data did support benefit to 3 - Health... in spending substantial time with Dave, leading this writer to recommend a more liberal residential schedule than that requested by
4 - Name...

Additional support and analysis for my conclusions are found on pages 18-22 of my report (see Exhibit B).

The report was so brief/exceptionally short that it created an unreasonable risk and harm for the child.

Neither the WA statutes nor AFCC guidelines set a page limit (minimum or maximum) for parenting evaluation reports. My report contained all the necessary criteria and factors as set forth by statute and detailed my contacts related to the evaluation, materials reviewed, data gathered, conclusions and opinions reached, and included recommendations.

The parenting plan was not productive, responsive, or based on compelling data.

The recommended parenting plan was based on 3 - Healthcar... age, developmental stage, health status and needs, and the parties' parenting abilities and availability. The information was gathered and analyzed based on a structured evaluation process and procedure in accord with industry standards and in accord with statutory guidelines.

I hope this information provides helpful clarification in this matter. If there are additional discernable issues or questions about my procedures or professional conduct, rather than about my conclusions, I am happy to address those. Please do not hesitate to contact me if anything more is needed.

Best regards,



Jennifer Keilin, MSW, LICSW

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EVIDENCE ITEM

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**LOCATED ON LEFT
SIDE OF
INVESTIGATIVE
FILE FOLDER**

Jennifer Keilin, MSW, LICSW

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P/425.526.6556 F/425.270.1436 jkceilin@comcast.net

SEALED

PARENTING PLAN EVALUATION

Charney v 4 - Name - Whist...

King County Superior Court No. 13-3-10288-2 SEA

8/01/14

This writer was court appointed to conduct a forensic parenting plan evaluation in this matter. Information in this report was obtained from a variety of sources and represents this writer's best understanding of the issues pertaining to the parties and child. Given the extensive amount of information provided by both parties, this report is likely to contain some inaccurate and/or contradictory information. The information presented here is to inform the reader of the data reported to the examiner, not to assert its truthfulness or accuracy. Presentation of any statement in this report does not necessarily mean that the statement is factual or that each statement presented was accorded equal weight by the examiner. This evaluation was conducted for the current litigation and this report should not be used for other purposes except to be shared with treatment providers and other agencies involved with the family.

BACKGROUND AND CURRENT INFORMATION

Dr. David "Dave" Charney, MD, and 3 - Healthcare Information Readily Identifiable to a Person - RC... married in 1985 and have three children: Jaime (34), 4 - Nam... daughter from a previous marriage, Rebecca "Bekka" (20), and 3 - Health... (15). Starting at age five, 3 - Health... was diagnosed with diabetes, attention deficit disorder, and then Kearns Sayre Syndrome, a rare, slowly progressive multi-system mitochondrial disease. She has significant multiple health issues, including issues with energy production, drooping eyelids, profound hearing loss, heart issues, and scoliosis. She had heart surgery to install a pacemaker, back surgery to correct her scoliosis, and wears an insulin pump that requires a "set change" every three days. She is facing eye surgery and considering a cochlear implant.

The parties separated in November of 2012 and Dave moved out of the family residence. Bekka and 3 - Health... continued to live primarily with 4 - N... and had weekly residential contact with Dave. Dave filed for dissolution in 2013. On 10/9/13, the court issued a temporary parenting plan that provided Dave with residential contact alternating weekends and every Tuesday overnight. On x, the court issued an order for the summer residential schedule, providing the parties equal residential time on a four days on/four days off rotating schedule. This writer was appointed as parenting evaluator on 4/3/14.

Currently, 4 - Na... resides in the former family residence, which is for sale. Dave resides a few

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miles away in a two-bedroom apartment. 3 - Healthc... resides with each equally, transitioning every four days.

EVALUATION PROCESS AND PROCEDURES

Informed consent

Prior to beginning the evaluation, parties were provided with policy statements regarding the provision of forensic parenting plan evaluation services. The parties read these statements, followed by a verbal review and discussion of this information with the evaluator. They had the opportunity to ask any questions that they wished to ask, and all questions were addressed before consent was obtained and they agreed to proceed with the evaluation.

Interviews and Home Visits

4 - Name - Whistlebl... was interviewed for a total of 5.5 hours, including on:

5/15/14 for 1.0 hour

7/01/14 for 2.0 hours

7/08/14 for 1.5 hours

7/29/14 for 1.0 hour

4 - N... also participated in a home visit/parent-child interaction at her residence on 7/13/14 for 1.3 hours. 3 - Healt... and Bekka were interviewed individually, for 0.4 and 0.3 hour, respectively.

David Charney was interviewed for a total of 6.2 hours, including on:

5/20/14 for 1.0 hour

7/03/14 for 2.1 hours

7/15/14 for 1.5 hours

7/29/14 for 1.6 hours

Dave also participated in a home visit/parent-child observation at his residence on 7/9/14 for 1.7 hours. 3 - Healt... and Bekka were interviewed individually, for 0.4 and 0.4 hour, respectively.

Collateral Contacts

7/23/14 Marnee Milner, Ph.D.

7/24/14 Suji Lee

7/25/14 Donna Thompson

7/25/14 Margie Ogawa

7/25/14 Marie McNabb

7/28/14 Barbara Placek

8/01/14 Andrea Barrysmith, Dr. Merritt's social worker

Psychological testing

The parties completed psychological testing with Marnee Milner, Ph.D., at this writer's request.

Materials

1. 4/03/14 Order Appointing Parenting Evaluator: All issues related to the development of a parenting plan and report on any other issues discovered that could affect the safety of the child.

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2. Initial pleadings, including:
 - a. 9/12/13 Declaration of [redacted] 4 - Name - Whistleblower...
 - i. 2 notes written by [redacted] 3 - Health... referencing father's anger and need for anger management.
 - b. 9/25/13 Petitioner's Counter-Motion and Declaration – David Charney
 - c. 10/1/13 Responsive Declaration – [redacted] 4 - Name - Whistleblower...
 - d. 10/1/13 Petitioner's Response Declaration – David Charney
 - e. 10/7/13 Reply Declaration – [redacted] 4 - Name - Whistleblower...
3. 5/05/14 Declaration of Dave Charney, Notice of Hearing, and Motion to Continue Trial.
4. 5/05/14 Respondent's Witness List
5. 05/16/14 Order on Continuance: Parenting evaluator asked to provide report no later than 8/1/14.
6. 06/10/14 Letter from Mother's counsel to Father's counsel, various issues
7. 02/28/14 Charney Draft IEP: [redacted] 3 - Health... has been diagnosed with Mitochondria disease. Educational implications listed by Dr. Thuot include: Excessive inattention, distractibility; impaired memory (at times); reduced cognitive abilities (possible); Impaired vision (mild); Impaired hearing; Emotional lability/anxiety and Reduced physical stamina (at times). [redacted] 3 - Health... is profoundly deaf.
8. 04/15/14 Charney Progress Reports
9. Kearns-Sayre Syndrome Information
10. Communication Tips for Hard of Hearing
11. 04/18/14 Temporary Parenting Plan
12. Dave Charney, Psychological Testing Report
13. [redacted] 4 - Name - Whistleblower..., Psychological Testing Report
14. 06/30/14 Decl of Leslie Newquist
15. 03/24/04 Dayton Nephrology Letter
16. 2006 Severance Lawsuit
17. 07/20/14 Email exchange between the parties, related to [redacted] 3 - Healthcar... weight
18. Materials provided by [redacted] 4 - Na... including:
 - a. Calendar, July and August 2013, reflecting one or two appointments for [redacted] 3 - Health... most weeks.
 - b. [redacted] 3 - Healthcar... phone's contact list (hand copied by [redacted] 3 - H...)
 - c. 7/21/14 Email exchange between the parties, re: Mr. Charney finding [redacted] 3 - Healthcar... stockpiled pills at midnight and requiring her to take them, upsetting her.
 - d. 7/16/14 Email Mother to father re [redacted] 3 - Healthcar... appointments yesterday. Dr. Merritt and Dr. Humphreys, related to weight. Mother reluctant to force [redacted] 3 - Health... to eat.
 - e. 6/28/14 Email father to mother, re [redacted] 3 - Health... Various topics – glasses, numbing cream, medications and request for update on mother's call with Dr. Chesley on 6/23. Father's tone is within reasonable limits and focused on [redacted] 3 - Health...
 - f. 6/7/14 Email exchange father, mother, Jaime, re: Becca's new meds. Father reports agreement he made with Bekka related to her taking antidepressant and his concerns about the meds possible side effects, including twice-daily contacts with one of them for three months. Mother replies she respect Bekka's decision. Father takes offense. "Your continued lack of respect for legitimate concerns that I raise... while no longer surprising remains disappointing..."
 - g. 6/13/14 Email exchange mother to father re [redacted] 3 - Health... and School. Mother says [redacted] 3 - Health...

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wants to walk to bus by herself. Father asks that she direct [redacted] 3 - Health... to talk to him directly. This becomes a squabble.

h. Mother calendar notes, June and July. Detailing near daily, often multiple times a day, contacts, appointments and discussions related to [redacted] 3 - Healthcar... healthcare.

19. 7/15/14 Children's Hospital Clinic Note, Biochemical Genetics. Over last year [redacted] 3 - Health... continuing to do fairly well... mother concerned over overall sleep hygiene... [redacted] 3 - Health... has lost a little bit of weight over the past few months... 5/20/14 ER visit related to serious headache and lethargy... received some IV fluids and was discharged... mother makes her walk the dog most days... significant weight loss overall in six months... Dr. concerned about her sleep habits, encouraged getting up by noon, walking dog once or twice daily, very important to continue to monitor her weight very closely and "progress she made over the past 2 years has seemed to have slipped in the past 3 – 6 months – I would very highly recommend she try to resume the prior levels of therapy she was doing in the past 2 years and try to reach a goal of at least 5th to 10th percentile for weight (currently 2nd). Recommends monthly weight checks with eating disorders team or PCP, reported to him.

EVALUATION ISSUES

Court Ordered Issues to Investigate and Report

All issues related to the development of a parenting plan, and any other issues discovered that could affect the safety of the child.

Key Concerns

1. [redacted] 3 - Healthcar... complex healthcare needs and need to develop self-management skills – David continues to do tasks that [redacted] 3 - Health... should be doing. If [redacted] 3 - Health... is to live independently she has to develop self-management skills. Although I keep a close watch on her, I am trying to facilitate her transition to self-care. We could resolve part of this problem by working with adolescent specialists to assist [redacted] 3 - Health... with the transition to self-management.

2. Uncertainty regarding [redacted] 3 - Healthcar... future – David suddenly said that [redacted] 3 - Health... is not expected to live beyond 20 years.. None of [redacted] 3 - Healthcar... healthcare providers have provided such a dire prognosis. David never indicated to me that he feels [redacted] 3 - Health... has such a shortened life expectancy. The issue can be resolved through a family meeting with [redacted] 3 - Healthcar... biochemical genetics provider and family resource staff.

3. Lack of collaboration and cooperation – David's now says that his proposed parenting plan from September 2013 was his "final offer – take it or leave it." It would be impossible to share decision-making when one person refuses to collaborate. The issue can be resolved through a structured plan for communication.

4. [redacted] 3 - Healthcar... frequent illnesses and medical appointments – My employer allows me the flexibility to work from home or take time to manage [redacted] 3 - Healthcar... medical issues. David is required to be in the office, on call or at outlying clinics for work. I have always scheduled my work around [redacted] 3 - Healthcar... healthcare needs and am able to do that in the future. It would be incredibly disruptive to change our current management of [redacted] 3 - Healthcar... complex care. I am willing to continue to be responsible for these issues.

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5. David's behaviors towards me – All three girls have told me that Dave hates me. I do not hate him, although I am incredibly frustrated by his behavior. I am afraid that David's behavior is harmful to the children – if the girls feel that he hates me he may be exhibiting other harmful behaviors when [3 - Health...]. is with him. I am also beginning to be afraid of David when he is so very obviously angry at me. The issue could be resolved through counseling.

6. David's information hoarding behaviors – David refuses to share any information about our daughters with me. For example, David changed Rebecca's home address without notifying me. He refused to share his work schedule with me for several weeks. I had to ask my lawyer to specifically request his schedule. This issue can be resolved through some sort of structured requirement for information that must be shared between [3 - Healthcar...]. parents.

7. Communication with [3 - Health...] – [3 - Healt...] has progressive hearing loss and is now severely hard of hearing. In the past David and I took ASL classes at Bellevue College. [3 - Healt...] needs to communicate using sign along with spoken English. I am working with a private ASL tutor and participate with [3 - Health...]. in a weekly ASL chat group. [3 - Health...]. told me that when her father takes her to the chat group he goes and sits somewhere else. [3 - Health...]. told school personnel that her father does not use sign language at his apartment. Even if [3 - Health...]. chooses to have a cochlear implant, sign language will still be vital. This issue can be resolved through continued ASL lessons.

8. [3 - Healthcar...]. need to develop peer relationships – [3 - Health...]. has very little contact with peers outside the school setting. I am trying to encourage [3 - Health...]. to participate in clubs at school or to take part in after school tutoring. David has not been agreeable to this, most likely because the club/tutoring that [3 - Health...]. was interested in meet on Tuesday afternoons and he would be responsible for picking her up at school at 4:00 pm. I started to work with school personnel to develop a plan for [3 - Health...]. to take part in leadership activities, which David did not agree to do. David does take [3 - Health...]. to the zoo and to plays, these are not activities that "typical" 16 year olds would be interested in and do not foster [3 - Healthcar...]. development of peer relationships. When [3 - Health...]. does have peers visit, it is because David has arranged the "play date". [3 - Health...]. does not initiate these events. This issue can be resolved by continued encouragement for [3 - Health...]. to join peer groups. I am also hoping to institutionalize this into [3 - Healthcar...]. IEP.

9. Co-parenting and communication problems - David's negative attitude towards me has become so noticeable that [3 - Health...]. and Bekka have said to me several times "Dad hates you". During transitions he will not speak to me or even look at me although I will always at least say "hi" or "have a great day". On days that [3 - Healt...]. is with David I have to bring her clothes to her at his apartment. David will not allow me to even enter the building lobby. I have to text [3 - Health...]. and David and hope that one of them will respond to come downstairs to get [3 - Healthcar...]. bags.

David has made communication difficult and at times, impossible. He refuses to voluntarily share any information regarding our children. He belittles and disrespects me whenever I communicate anything about the girls. He then complains that I refuse to share information with him although there is no evidence to support this.

10. David's anger issues - David loses control of his emotions and becomes verbally abusive during stressful events. I fear there is the potential for physical abuse given the escalation in

David's anger toward me. Because it is highly likely that 3 - Health... will have additional health concerns, I am afraid that he will have a meltdown when 3 - Health... is with him. When this happened twice after 3 - Healthcar... spinal surgery, I was able to separate him from 3 - Health... and send him to a hotel for the weekends. If another adult is not there to intervene, I am afraid that David will not be able to refrain from escalating his anger.

David displays significant road rage while driving. If he perceives that another driver is in his way he becomes irate. David will interrupt conversations to yell and curse at other drivers. He will be talking on the phone and suddenly starts yelling and cursing at other drivers. He uses unbelievably foul language and refused to even attempt to stop this when I asked him to do so on many, many occasions.

11. Lack of boundaries - On more than one occasion, the girls and I have walked into the bedroom while David was masturbating... David also would walk around the house in his underwear. He would also check 3 - Healthcare... blood sugar at midnight while wearing only his underwear... he refused to wear [pajamas]... He did not change this practice until my lawyer requested that he please put on some pants.

13. David's history of suicidal ideation - On two occasions while I was traveling David would call me to tell me that I had to come home or he would kill himself because he could not deal with 3 - Healthcare... problems. Each time I begged him to get therapy but he would refuse.

Dave's Key Concerns

1. *Poor communication between parents* – I am hopeful this will resolve once the divorce process sorts itself out.
2. *Diminished access to her father, and to a lesser degree, her mother* – There is no solution to make this disappear completely, since we have separated. However I am hopeful that the residential time will be divided more equitably, and the improved communication will return her to co-parenting back to a mutual attempt to deal with this in a manner best suited to 3 - Healthcar... best interests.
3. *3 - Healthcar... ongoing hearing loss* – We need to continue our efforts to become more proficient in sign language, and to utilize it to communicate with her better. We have been gently assisting her in the decision to go forward with the cochlear implant(s). We need to ensure that she has the assistive devices she needs to function with this handicap. We need to continue to advocate for her education to be given in a supportive fashion, with whatever accommodations are necessary for her to succeed.
4. *3 - Healthcar... ongoing health problems* – She needs whatever medical care is necessary to maintain her health. If her disease progresses, she needs whatever support her new limitations demand. On a day-to-day basis, she needs the sacrifices of others necessary to make her as healthy as possible. For example, if she does not get adequate sleep, she often wakes the next morning with headaches and misses that day of school. It is imperative that she be herded toward bed at a reasonable bedtime, even if that means the parent has to stay awake past their own desired bedtime.

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5. *[3 - Healthcar...]* **ADHD and psychological issues** — She needs to receive ongoing competent behavioral health support from appropriately trained individuals, backed with the support of both parents.
6. *[3 - Healthcar...]* **suboptimal physical capacities** — It is important that we 'make' *[3 - Healthc...]* exercise in some capacity. Letting her sit at home without getting her out and about is not conducive to her health.
7. *[3 - Healthcar...]* **educations** — This has been discussed previously to a large degree, Continuing efforts to get her the accommodations necessary and support her as needed to optimize her education.
8. *[3 - Healthcar...]* **socialization** — *[3 - Health...]* has had ongoing problems with socialization among her peers and with others around her age. It is important that we foster any avenue for this to thrive. The ASL chat group on Wednesday evenings that *[4 - Na...]* found is an excellent venue for this, and *[3 - Health...]* thrives there. We must continue to push *[3 - Health...]* into social situations where she will have to interact, as well as provide opportunities for her to enjoy time with friends, such as 'play-dates' and sleepover with her limited group of friends, even when it is inconvenient for us to do this.
9. **Clear guidelines regarding financial considerations in meeting *[3 - Healthcar...]* needs** — There needs to be a clearer understanding of these issues, not only in terms of which parent is paying for various items, but the portability of these items between the two residences.
10. **Clear understanding about the decision-making process** — *[3 - Health...]* is often confused as to which parent to speak to regarding various issues requiring decisions. Under the present court order, we are not allowed to discuss the specifics of the orders or the case with *[3 - Healthc...]* and so there are times where she cannot receive a clear understanding of the process of decision-making on her behalf. At her age, this causes significant anxiety, and needs to be alleviated.
11. **Flexibility in her care** — It is important that the co-parenting involve flexibility on both parents' part to achieve the best outcome for *[3 - Health...]* within the normal vagaries of life as well as the unique circumstances that may occur in her case.

CURRENT PRESENTATION

Dave Charney

Dave was raised in New York City in an intact family and is the older of two children. He reported a good childhood which was marked by his father's lay off and extended period of unemployment, starting when Dave was in junior high school. "It was a big stress." He denied any other significant family issues, including substance abuse, violence or anger, or mental-health issues. Currently, his father is deceased but he maintains relationships with his mother and sister. Dave is an MD specializing in nephrology and is employed at Group Health Cooperative, since 2005. He denied any history of employment problems, although he acknowledged some difficulty finding the right employment situation in the past, resulting in several cross-state moves, to Salt Lake City, UT, Cooperstown, NY, Chicago, IL, Columbus and Dayton, Ohio, and

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then Seattle, WA. Dave denied any criminal legal history, problem substance use, or significant health issues. He denied any mental health diagnoses but stated he had a history of significant stress, and is in counseling with Dr. Barbara Walkover, since November of 2013. He was previously in counseling with Dr. Franklin Lindsay for six months starting in 12/2009, and again for three months starting in July of 2011. He reported no prior marriages other than to [4 - Na...] and is not in a relationship currently.

Regarding the marriage, Dave reported a long history of marital problems. He stated shortly into the marriage, while he was in his fellowship, [4 - Nam...] decided she wanted a divorce and left. She filed for divorce. I never really knew the issue. She just up and left." He said they reconciled after about six months. Dave stated they had Rebecca, and then a son, Daniel, who died of SIDS at three months. "I think that, definitely, is where the marriage started falling apart." He said they were unable to grieve together and [4 - Na...] withdrew. Dave reported taking a job in Chicago after Daniel died, because "everything [in Cooperstown] reminded us of him." While in Chicago, Dave stated he had an emotional affair with another woman, which [4 - Na...] discovered. "She's never forgiven me for that." Dave reported [4 - Na...] wanted another child and [3 - Healthc...] was born shortly before they moved to Ohio, in 1998. "I was scared of having [3 - Healthc...]. I was afraid of what would happen if another kid died. I knew what I had gone through with Daniel. I knew if I had another kid I would be up all night checking to be sure she was breathing. And I did, twice a night." Dave reported as time went on the marriage "continued to just get worse... from being married to being roommates, to being bad roommates... We stopped sleeping in the same bedroom about two and a half years before I left."

Dave stated their home on Mercer Island has been a "huge sticking point in the marriage... it turned out our inspector missed almost everything [wrong] in the house, there were a huge amount of things going on in the house. We put in \$200k into the house in repairs, with no updating but one thing." Dave reported a persistent dichotomy in the marriage over their financial priorities. "My passion is travel... The house was constantly sucking up the money. The house became more and more of a focal point for anger and heated discussions." Dave stated the last straw for him was when his dream of turning 50 while on the Milford Track in New Zealand was denied due to an unexpected major home repair. "It didn't bother [4 - N...] that I had this dream and it was gone. There was no sympathy."

Dave stated [3 - Healthc...] was diagnosed with diabetes in 2004. "It was the first inkling she had medical issues." He said [3 - Healthc...] also had some issues with ADD. Dave said coordinating [3 - Healthcar...] health issues with her school has been challenging from the start. "We always pushed for someone at the school to be available to give glucagon at the school right away if she was hypoglycemic and not wait for the EMT's. There was no school nurse at the elementary school. In first grade, her teacher just took it on, and he got a couple other teachers to agree to get trained, but after that year it was more and more of an argument with the school. Then her hearing became an issue, dovetailing with the diagnosis of the mitochondrial disease... The school district would fight us on everything that took effort, other than throwing money at it. [4 - N...] and I talked about it, 'Do you want me to argue with them about this?' She was always happy for me to be bad cop and she would play good cop."

Dave stated the school district decided to send [3 - Healthc...] to the Northwest School for the Hearing

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Impaired, in Shoreline, in middle school. "She went there for 2 ½ years and had tremendous support. Every day before that we had argued with the school... on and on, every day... The problem is it's a very tiny school, with six or eight kids per grade. It was phenomenal for teaching, but there were not a lot of resources... There was not as broad a curriculum as kids have in middle school... Her last year in middle school, [4 - N...] said, 'We are going to try and mainstream her in the high school, let's mainstream her in two classes at the middle school, and see how that goes.' ...In some ways it worked really well."

Dave reported participating in marriage counseling with [4 - Na...] with Marie McNabb, who has a background in financial and marriage counseling. He said [4 - N...] would not complete the recommended exercises and was offended when Ms. McNabb suggested she obtain counseling for depression. Dave endorsed experiencing tremendous stress and, following the initial hearing in November, great anger at [4 - N...] and the court... "The next day I called her persona at work and said I need to get into therapy fast... I'm nonfunctional." He reported weekly appointments with Dr. Walkover since then. "She helped me initially get past that degree of anger... then there's been frustration/anger since then at times more and less, trying to get me to focus on 'what is your ultimate goal, how does what is gong on right now effect that, if it doesn't don't let it become a major thing.'"

Dave stated he believes his relationships with the children are much improved from before the separation. "I'm not happy not being with them every day, but I'm much happier and I think they are much happier with the way we interact now... I do stuff with [3 - Health...], do take her to the movies, do take her out... I take her to the zoo because she doesn't get enough exercise, it's hard to get her moving. I can get her there for a number of hours... she loves photography... she is also learning the tiniest bit of patience with that. When we first went, she would click and walk away. Now she is learning to wait for the shot. Learning a little patience, learning it's not instant gratification. I get this feedback, from [4 - Na...] through Jaime, that [3 - Health...] just views me as Disneyland Dad. I do the same things as before, I just do them in a shortened period of time than before."

Dave stated, "This is a key thing about [3 - Healthcar...] care, and her medical care. We had a terrible marriage and a terrible relationship between us for many years. There were lots of arguments, fighting, and disagreements. No physical fighting. But when it came time for [3 - Healthcar...] health and Bekka and [3 - Healthcare...] schooling, we accomplished those things. We may have disagreed on stuff, but it got done. We went to meetings, we discussed things. I was given the role of bad cop, so I did that. We accomplished those things. I think [3 - Health...] did as well as she has because she has two parents that are trying their best for her, and the same with Bekka and Jaime. We accomplished. I think if we get past this divorce process, we can do it again. We can get back to that. With medical decision-making, there has been nothing like one of us objecting to a need. The pacemaker, she got that. The scoliosis surgery, it gone done. We disagree on her medical care sometimes, and sometimes it lurches in this direction and that, but she's done well. Both of us are trying to do the best for [3 - Health...]. It's worked. I think there are strengths and weaknesses of both of us, that complement each. [3 - Health...] is propped up the whole time. I think [3 - Healthcar...] care will not be as good if it's not like that. I think her medical care has not ben as good this past year because there's been just one parent on it."

Dave reported following the separation [3 - Health...] spent 50% of her time with him. He stated things

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have not gone well since the legal process began. "This process is an abysmal experience and an absolute horror. It caused a lot of rancor and aggravation. Even the communication process has been perverted." Dave stated the biggest argument about 3 - Healthcar... care in the past year and one-half involved "getting her to behavioral health." He shared 3 - Health... had been seeing a provider at Children's, Dr. McKeever, which was difficult logistically, but "I think he was very effective." He stated 3 - Health... stopped seeing Dr. McKeever in December of 2013 and she lost significant progress in her weight gain. "In mitochondrial disease it is a huge deal, energy, having a reserve is important or you start going into stroke." Dave stated he was unhappy with her current provider's training and background, his approach, and his decision to meet with 3 - Health... without an interpreter. "She said she didn't understand a word he said." He stated he exchanged emails with 4 - Na... and now 3 - Health... has an interpreter for her sessions.

Dave expressed concern that the parents' differ in their parenting approaches, with 4 - Na... being less structured and less directed with 3 - Health... . "4 - N... has a more passive approach that things will just work out... 4 - N... does not facilitate meeting 3 - Healthcar... needs in the best fashion." As an example, he stated 4 - Na... wants 3 - Health... to take more responsibility for her own needs, but 3 - Health... has ADD and benefits from external structure. He stated 3 - Health... is able to manage certain things on her own, but other things she cannot, such as getting to bed at a decent time in order to get a good night's sleep to avoid headaches that keep her home from school.

Dave stated he believes 3 - Health... will benefit the most from an equally shared residential schedule and joint decision making between the parents. "The proposed schedule allows 3 - Health... equal access to her two parents, with a more easily defined and stable schedule during breaks and vacations. It is equitable, fair, and easily understood by 3 - Health... as the court showing no favoritism toward one parent, making decision-making, discipline and structure much clearer, assisting good co-parenting."

Clinical Observations

Dave presented as a 54-year-old Caucasian male who appeared his stated age. He was on time and prepared for all sessions. He was pleasant, respectful and focused. He was articulate, impassioned, and responsive to questions and requests. Dave reported concern for 3 - Health... without his active involvement in her care and decisions. He had little awareness of his contribution to the marital issues. No concerns about his presentation were noted.

Dave's psychological testing results suggested he responded in an open, non-defensive manner, reporting a mild level of emotional or psychological distress and some dissatisfaction. He may feel overly sensitive to criticism and endorsed general symptoms of anxiety, including tension, sleep difficulties, worries, poor concentration, lack of energy, and appetite problems. He endorsed experiencing an overwhelming level of environmental stress. Overall, Dave's test results suggested he is experiencing a higher level of symptomatology than he verbally reported in interview.

Home Visits/Child Interviews

This writer conducted a home visit and parent-child observation of Dave and 3 - Health... Bekka was also present and involved in the observation. Both 3 - Health... and Bekka presented as friendly and welcoming, with 3 - Health... seeming a bit preoccupied. Dave's home was clean and comfortably

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furnished. Dave asked [3 - Health...] about her preferred activity and agreed with her choice. The three engaged in a shared activity, with conversation, anecdotes and jokes among them. Dave and Bekka made sure to repeat comments that [3 - Health...] missed or did not understand the first time. No concerns were noted during this observation.

[3 - Health...] participated in an interview with this writer. [3 - Health...] presented as happy, alert, and very communicative. When asked to tell me about herself, [3 - Health...] animatedly shared her age and interests. When asked to tell me about her father, [3 - Health...] stated, "He is pretty cool" and shared about activities they enjoyed together, his attentiveness to her, and his general humor. When asked to tell me about her mother, [3 - Health...] stated she is not as close with her mother as her father. "She works all the time" and stated her mother does not spend as much time with her. She described [4 - Na...] as "kind of more strict" and has more rules than her father. "My mom has a thousand rules." She shared her mother is good at cooking and they like to do crafts together. When asked to tell me about Bekka, [3 - Health...] stated they are not very close and Bekka can say mean things to her, but sometimes they are nice to each other. "She treats me a lot like I'm five." She said n sometimes helps her with homework. When asked, [3 - Health...] described her health issues, in particular about her diabetes and insulin pump. "I have to do a set change every three days, I don't like the set changes but I like the pump... I can't do the set changes, it scares me jabbing with a needle... They forced me to put it in my side or my stomach or butt, so I did my butt, but that's not good either. When I sit down it kind of hurts. But I can't use my legs [anymore]." [3 - Health...] expressed a desire for her mother to take the parental controls off her computer, saying, "I'm not five." She said the computer shuts off at midnight. [3 - Health...] stated her mother takes her phone at night during the school year, and complained about not being trusted. She also complained about not being allowed to take her laptop between homes, as per her mother. [3 - Health...] stated she fights more with her mother than with her father. "We yell at each other. Sometimes I get really mad and walk away. My dad and I don't fight, unless it's something I don't want to do."

Bekka participated in an interview with this writer. Bekka presented as pleasant and communicative. She shared about herself, a student at Loyola University, interested in forensic chemistry with a psychology concentration. She is working this summer and was just promoted. Bekka stated, when in town, she moves between homes every four or five days, relatively equally. Bekka described her relationship with [3 - Health...], stating they fight but it is a good relationship overall. Bekka stated she struggles with anxiety and worries a lot about [3 - Health...]. "She doesn't like that... She digs her heels in when I tell her to do something... Mom and dad have babied her a lot..." When asked about her father, Bekka stated, "I call him a teddy bear to my friends." She stated he does a good job with helping her with her anxiety, and they had a good talk about her decision to take antidepressants, which he worried about. "He is very good at listening and having an adult discussion... He is very honest and open." She stated he speaks carefully about the divorce, and is "not yelling about this is horrible, I hate your mother... He does his best to keep us out of the middle... he is trying to keep it as stressless as possible for us... Mom is also trying to keep us out of it. They both are doing a very good job." When asked to tell me about her mother, Bekka stated they are much the same. "I can talk to her about anything." She described both parents are very supportive of her. She stated [3 - Healthcar...] relationships with their parents were a bit different. "I think because of her health. They both babied her a lot. She is used to thing being a certain way... she is being stubborn with them

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about trying to be more independent about things... She is super bright, insanely intelligent but she can't sit and focus on getting her work done when she needs to... She is ridiculously stubborn and they are stubborn, too. Sometimes they clash a bit." Bekka stated that her parents' "fuses have gotten a lot longer" since they separated. She said before they separated it was "stressful. I wasn't doing good in school, they would get upset and there would be yelling. Since the divorce I'm the one getting more upset about things. My dad definitely has a much longer fuse, is a lot more easygoing and happy."

4 - Name - Whistleblow...

4 - N... was raised in Massachusetts in an intact family and is the middle child of three siblings. She reported a good childhood and denied any significant family issues including substance abuse, anger or violence, or mental health issues. Her parents are both now deceased and she maintains good relationships with her siblings. 4 - N... holds a Ph.D. in Health Sciences as well as post-graduate degrees in Nutritional Sciences and Clinical Informatics and Patient Centered Technology. She is employed at Bellevue College as the Program Chair of the Healthcare Technology and Management Program, since 2012. She reported no history of employment issues. 4 - N... denied any criminal legal history, problem substance use, or significant health issues. She takes medication for attention deficit disorder, diagnosed in 2005. 4 - Na... reported a first marriage from 1978 to 1985, and a child, Jaime, from that union. She is not in a relationship currently.

Regarding the marriage, 4 - Na... described it as "pretty dysfunctional, with the last six months to a year super dysfunctional." She characterized Dave as "very controlling. I think it was easy for me to release a lot of things to him. That is why I don't know that much about our finances. Everything he was responsible for he kept close and didn't share. Because I tend to keep things in, don't get emotional and don't have outbursts... it was a bad combination. Him controlling and me conflict avoidant." 4 - Na... stated Dave is "absolutely brilliant, a math genius" and has a "negative, pessimistic personality... over time that behavior magnified. He can be incredibly funny... was relatively outgoing... but that side gradually went away... As he became more depressed, you never saw a smile or anything." 4 - N... stated Dave has a history of employment difficulties. "He has real issues accepting anyone else's opinions or thought. At home, but also at work. He would yell at nurses, be rude, etc."

Regarding parenting during the marriage, 4 - N... stated they agreed early in the marriage that she would manage the home and majority of caregiving, and Dave would focus on his career. "I don't recall major disagreements about parenting styles until Becky was six or so, and first diagnosed with ADHD. We started clashing over things. I'm an information sort of person, got the books, tried to figure out how to handle these kids. I would suggest to him reading a book, and he would not. 'I know what I'm supposed to do!' He is a very authoritative, controlling kind of person. And he can talk. He would sit the girls down and talk at them for a long period of time. That is when we started with these conflicts."

4 - N... stated, "It was after we moved here [to Seattle] and I finally said 'I've got to be me.' When I finally started standing up [for myself] I probably did not do that appropriately or constructively at times. It's hard to know how to approach someone who is 'you always', or 'you never'... he is never wrong... Long ago I should have insisted we seek counseling."

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4 - N... stated, "I think he struggled with 3 - Healthcar... illnesses in particular. Diabetes and mitochondrial disease, both very uncontrollable. When I traveled [for work], he was responsible for everything, and it was too much for him. On two occasions I had to rush home because he was threatening to kill himself. I said, 'You really need to see someone', and he said if he did his career would be over..."

4 - N... stated Dave became secretive, hiding a substantial sum of money in a bank account. "He became convinced that I was a shopaholic, spending all our money, despite the fact that our savings were increasing and we paid for a \$40k repair to the house in cash... I got access to his quicken file and saw all these entries: '4 - Name...' f'ing stuff', or 'Who the hell knows what 4 - Na... spent'... he would get our statements and ask me what I bought at Target."

4 - N... stated in 2012 marital quality continued to spiral downwards, with 3 - Healthcare... major spine surgery serving as a trigger. "From my previous career as a dietitian, I expected a period of time when she didn't want to eat... We came home from the hospital and she continued with 'I'm not going to eat.' It was time consuming to get her to eat. We were all becoming concerned, but his response was to scream at her, tell her she was going to die. He took her to the emergency department... He came home with handouts, apparently had someone come down and talk to them about how to deescalate and not contribute to her stress. It happened again... This went on and I said to Dave, 'you have to leave the house, you are not helping, she is not benefiting.' He went and stayed in a hotel for a weekend. That happened twice."

3 - He... stated Dave moved out in November of 2012 and filed for divorce in August of 2013. "In September of 2013 he started complaining I was denying him access. He had been telling me when he wanted 3 - Healthc... . It was always more days with me. That was working fine. 3 - Health... didn't express an opinion about her time with him. I would tell her what days she would be with him, and if there were some event for her we would work it out. He became fixated on an exact 50/50 split when school started in 9/2013. I had looked up the typical plan, and it seemed to be alternating weekends and one overnight per week. That upset him, he said that I was keeping her from him."

4 - N... spoke of the difficulty in working with Dave, stating he had a "blow up" with 3 - Healthcar... pediatrician, gets furious with her for minor oversights, and "blasted the school", as examples. "There were three or four incidents like that... It is impossible with his current behaviors to share decision-making. It's the biggest issue."

4 - N... described 3 - Healthc... "She is a character... She is amazing. Starting around age five, she's had one health crisis after another. She is sometimes frustrated. I haven't seen her cry or be visibly upset in front of me... [In many ways], she is a typical kid. I've been focusing on telling her she needs to take over some of her care... School-wise, she has surprised everyone... started mainstream high school and is getting all A's and B's." 4 - N... stated 3 - Healthc... is silent about her preferences for a residential schedule. "She doesn't want to talk about it. I notice more and more that everything is better at Dad's. 'Dad doesn't make me do that'... He is saying '3 - Health...' tells me you are not doing this or that'. I think she is beginning to manipulate [the situation]... I think they have a good relationship... She is comfortable being this young child, and he treats her as a young child. I think she struggles with the control [he takes]... [but] I think she adores him."

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4 - N... proposed 3 - Health... reside primarily with her, with residential contact with Dave on alternating weekends and every Tuesday overnight. She stated this schedule best meets 3 - Healthcar... needs because "During the school year 3 - Health..." needs to have consistency. Because 3 - Health... has frequent medical appointments and illnesses she needs to have someone available to manage these needs. [Mom] has a flexible work schedule that allows her to be available for both scheduled appointments and on days when 3 - Health... is ill. Because of his work schedule, David cannot be available to meet 3 - Healthcar... needs on most days. During the summer, the parenting plan should have more flexibility." She stated Dave's poor communication is also a contributing concern.

Clinical Observations

4 - Na... presented as a 55-year-old Caucasian female who appeared her stated age. She was on time and prepared for all appointments. She was pleasant, agreeable, and composed. She was articulate, knowledgeable, and responsive to questions and requests. 4 - N... reported strong concerns about Dave, and expressed limited awareness of her contribution to the marital issues. No concerns about her presentation were noted.

4 - Nam... psychological testing report indicated a very defensive response style, which suggested a "façade of adequacy and control and a lack of insight into and understanding of" her own behavior. Also that she "may at times be rigid and difficult to get along with despite being socially extraverted and gregarious." Testing suggested she may be interpersonally warm, friendly and sympathetic, and may be uncomfortable with interpersonal conflict. No clinical scales were significantly elevated but may have been suppressed due to her defensive response style. Overall, 4 - Nam... testing results seemed consistent with other data provided.

Home Visit/Child Interviews

This writer conducted a home visit and parent-child observation of 4 - N... and 3 - Health... . Bekka was also present, with limited involvement in the observation. Both 3 - Health... and Bekka presented as friendly and welcoming, with 3 - Health... seeming a bit preoccupied. 4 - Nam... home was clean and comfortably furnished. She and 3 - Health... engaged in a shared activity, with 3 - Health... exhibiting generally cooperative and pleasant behavior towards 4 - N..., but also some mild testing behavior, such as sarcastic comments and resistance to suggestions. They laughed together and shared information and anecdotes. 4 - N... made sure to repeat comments that 3 - Health... did not hear and used sign language as well. No concerns were noted in their interaction.

3 - Health... participated in an interview with this writer. Communication occurred directly, with this writer looking at 3 - Health... and speaking slowly and in short sentences, and lip reading by 3 - Health... . She spoke negatively about her insulin pump set, which is currently located in her buttock, an uncomfortable location. She is looking forward to it being placed in her leg again, in about two months. She stated her father is better at changing her set, with less pain, than her mother. 3 - Health... spoke of her frustration over her parents' possessiveness of her, stating she wanted to go somewhere with her father but her mother said no because it was "her weekend." She said her mother did not like to take her by her father's home if she needed to pick up something. "My dad is also kind of like that, but not really... If I want to do something with the other parent, they shouldn't tell me no."

3 - Health... spoke about the current arrangement in which, during her father's residential time, she

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returns to her mother's home during his workday, requiring her to get up early in the morning. "He acts like I can't take care of myself for more than 20 minutes, but mom will leave me for three hours. He will force me to go with him to pick up my sister. It's really annoying. I know what to do when I'm low [sugar] and when I'm high [sugar]. My dad doesn't want me to be alone. when he's at work. I just want to stay where I am and sleep in. He forces me to wake up at 6 am so I can go to the house in time."

3 - Health... expressed a desire for more time with Dave. "I kind of wish I had more time with my dad. I don't know how much or what it would look like. I just don't have enough time."

Bekka participated in an interview with this writer. She reported having "no problems" with either parent, but stated they are not getting along with each other. She stated they "never had big arguments in front of us" but that it was more difficult to go to them about an issue as "they might be arguing about it later on." She reported feeling "they are there for me more." Bekka reported there are no significant issues between 3 - Health... and 4 - N... or 3 - Health... and Dave. She said 3 - Health... is stubborn, frequently around her medicine and insulin pump. "3 - Health... is digging her heels in." She noted 3 - Health... resents feeling people are "hovering" while simultaneously desiring they be available to do things for her. She reported no significant problems in any parent-child relationship.

COLLATERAL INTERVIEWS

The following collateral contacts' statements were edited so as to include only information on relevant themes and issues.

Professional Collateral Contacts

7/25/14 Marie McNabb, MA, CPA, counselor

Ms. McNabb provided counseling to the parties during the summer of 2012 for approximately three or four sessions. The couple sought counseling due to financial disagreements regarding savings, funds for home maintenance, and 4 - Nam... re-entry into the work force.

Ms. McNabb reported issues surrounding the children were discussed a couple times. "One was how to meet the kids' needs if 4 - N... worked more, particularly 3 - Healthca... [There was] a brief conversation about feeling that when Dave was with the girls he got to do more fun things and when 4 - Na... was with them she was more focused on chores and homework."

Ms. McNabb reported both parents seemed to be under significant stress and "sort of depressed" regarding their financial situation and 3 - Healthcar... increasing special needs. Ms. McNabb did not report having any concerns about either parent's behavior.

7/30/14 Barbara Walkover, Ph.D., Dave's therapist

Dr. Walkover began treating Dave on 10/23/2013 and has been seeing him regularly, three to four times a month, for a total of 33 sessions. She reported Dave is "very engaged in the treatment" and has been amenable to treatment. Recently Dr. Walkover asked Dave if he wanted to "cut-back" on the frequency of his sessions because he seemed "stable," but Dave wanted to

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maintain his current treatment schedule. Overall, Dr. Walkover reported Dave is able to be insightful and honest about his own behavior and has been "very open" to her suggestions.

Dr. Walkover reported Dave initially sought out treatment due to concerns about how his "reactivity to stress" would impact his children and his career. "He wants to shield his children from it and be the best parent he can be." Dr. Walkover diagnosed Dave with an 3 - Healthcare Inf... 3 - Health... and her work with him largely focuses on 3 - Healthcare Information Readily Identifiable to a Person... "What predominates is his angry moods, he mulls over them and gets too attached to them... working on his internal dimension... [He's] easily triggered by something his wife says or does." Dr. Walkover also believes Dave's East-coast interaction style can work against him as well. "He is a New Yorker; he can be sharp and it does not always go well for him... he says what he thinks... which is off-putting." Dr. Walkover also reported that Dave has a poor satisfaction level with his current job and that has contributed to his stress level as well.

According to Dr. Walkover, Dave's general affect improved significantly when he moved out of the family home, but his stress has worsened since the custody proceedings were initiated. She noted Dave seems to be fairly reactive when his children make comments on things their mother has said to them.

Dr. Walkover recommended it would be beneficial for Dave to continue his treatment with her; that she is a source of support. She anticipates his stress and affect will improve when the case is settled. Dr. Walkover does not believe Dave suffers from anxiety or depression. She also recommended the parties seek out "co-parenting help."

8/01/14 Andrea Barrysmith, Social Worker for Dr. Merritt

Ms. Barrysmith stated she could provide 3 - Healthcar... most visit summary from July. She stated she could not comment on whether either parent's behavior had impacted 3 - Healthcar... care.

Personal Collateral Contacts

7/24/14 Suji Lee, co worker of Dave

Ms. Lee has worked with Dave for seven years. She reported she's seen Dave with 3 - Health... on ten or more occasions in various settings, the most recent time being about 1 year ago. Ms. Lee described Dave as a "very devoted father... very thoughtful... 3 - Health... is the center of his life." Her impression was that Dave was the primary medical decision-maker for 3 - Health... because of how often he accompanied her to medical appointments and she often heard him speaking with medical providers over the phone. While Ms. Lee "can't verify" it, her understanding has been that Dave primarily checks 3 - Healthcar... blood sugar at 3am in the morning. Ms. Lee did not report any concerns about Dave's temperament or emotional control. She noted that he is "direct," which is a trait that can, at times, be misconstrued as being confrontational or rude. Ms. Lee reported the staff, "on numerous occasions," needed to switch around the on-call schedule to accommodate Dave when 4 - N... left for business trips on short notice.

7/25/14 Donna Thompson, 4 - Name - Whistleblower... sister

Donna reported she usually sees 4 - N... about twice per year, the last two times being in Atlanta in March and in Seattle over Christmas. Donna reported she and 4 - N... have a close relationship and

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are emotional supports for one another. She described her relationship with Dave as "alright," and that she's never had any issues with him. Donna's reported she has a good relationship with [3 - Health... as well.]

Donna reported [4 - N...] is a "good mother" and described her as very attentive to [3 - Healthcar...] increasing needs. "[4 - N...] works on setting boundaries... makes sure she gets her homework done, tries to get her to eat, makes sure she takes the medication." Donna also reported [4 - Na...] supports [3 - Health...] in normal social activities for girls of her age, such as going "with all the girls" to get manicures and pedicures before her daughter Jaime's wedding.

With regards to Dave's parenting style, Donna described him as "a yeller." She reported he seems to have little patience and quickly raises his voice. For example, "one of them was supposed to be eating or doing something right that moment and he yelled saying they needed to 'do it now.' I felt like it was his way or the highway." While Donna's impression of Dave's yelling was that it was demeaning, she couldn't speculate as to how [3 - Health...] perceives it. In addition, Donna believes Dave can, at times, resist letting [3 - Healthc...] be independent and cross boundaries. "David seems to hover... In Atlanta [3 - Health...] got a splinter in her foot, not that big of a deal, and he seemed to overreact and make it a big deal. He treated her like a three year old." Donna did not report any concerns regarding [3 - Healthcar...] behavior. She does believe [3 - Health...] is "becoming a little bit manipulative. She knows what is going on with them and I think she works them against each other." Donna did not report any concerns regarding [3 - Healthcar...] relationship quality with either parent.

7/25/14 Margie Ogawa, next-door neighbor of [4 - Name - Whistleblo...]

Margie has known the Charney family since they moved into the home next to her around 2007. Margie reported she was a "back-up" person for [3 - Health...] in case of an emergency and trained in how to handle an emergency situation with her. Margie reported she and [4 - N...] are friends and see each other approximately three times per week. She reported she would see Dave dropping off but she has not seen him lately.

Margie reported [4 - N...] "makes an effort" to encourage [3 - Health...] to be independent while still being a "strong advocate" for her. "I heard lots of conversations about when [3 - Health...] was in school, and working with the administrators to get services for her." Margie believes [4 - N...] tries to give [3 - Healthcar...] life a sense of normalcy despite her health issues.

Margie described Dave as a "concerned parent... maybe on the overprotective side... always a good dad." She reported he seemed to be involved in [3 - Healthcar...] everyday life. "[Dave] met her at the bus stop when [4 - N...] wasn't there... If [4 - N...] were not available to call me he would call me." Margie did not report any concerning behavior from either parent.

Margie reported [3 - Health...] is largely "a pretty normal kid," although somewhat "behind" her age group socially. Overall, [3 - Health...] presents are "pretty happy" and has not displayed any concerning behavior.

7/28/14 Barbara Placek, co-worker of Dave

Ms. Placek has been working as a registered nurse in Dave's office for approximately nine years.

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Ms. Placek reported she sees [3 - Health...] intermittently but hasn't seen her "in a few months." When [3 - Health...] was younger, Dave would bring her into work with him when she was ill or is [4 - N...] was out-of-town and to office social gatherings. Ms. Placek reported she often overhears Dave talking on the phone with his daughters. "They call him all the time."

Ms. Placek described Dave as "direct... the communication is clear." On occasions when Dave has lost his patience, it has seemed "warranted." Regarding Dave's parenting, Ms. Placek reported he is "very attentive...proud... patient." Ms. Placek recalled a time when they were all out to dinner and [3 - Health...] and Rebecca were not feeling well and Dave was "very attentive" to them. "He has always bent over backwards to take care of them... He works with [3 - Health...] to help her become more independent... Dave expects things of [3 - Health...] but has full awareness of her limitations."

DISCUSSION & OPINIONS

This is a dissolution matter, filed by Dave, regarding [3 - Health...] (15). The purpose of this report is to investigate issues and make recommendations related to the development of a parenting plan. The court ordered investigation of and a report on "All issues related to the development of a parenting plan, and any other issues discovered that could affect the safety of the child."

[4 - Na...] expressed concerns regarding Dave, including his lack of collaboration and cooperation in communication, ability to manage [3 - Healthcar...] illnesses and medical appointments due to his work schedule, problem attitude and/or behaviors toward [4 - N...], his anger issues, and lack of boundaries. Dave expressed concerns regarding the parents' poor communication, [3 - Healthcar...] diminished access to him, and about [3 - Healthcar...] need for better behavioral health, greater exercise, socialization, and greater structure in the home to prevent minor illnesses.

At the heart of this evaluation is [3 - Health...], a spunky, chatty 15-year-old female with serious medical concerns, including Kearns-Sayre Syndrome and diabetes. She deals with daily challenges, including profound hearing loss, monitoring insulin levels, energy deficits and attention deficit disorder and attends near-constant medical appointments. In many ways, despite these significant challenges, [3 - Health...] is a blossoming, intelligent, reasonably well-adjusted child busy making plans for her future, which is a credit to her and both parents. She reported overall good relationships with both parents and appeared to enjoy regular and frequent contact with each of them. [3 - Health...] struggles with resenting parental hovering while also enjoying the availability of extra attention and/or special assistance. She is not as independent as same-aged peers, in part due to parental protectiveness, and in part due to a lack of desire on her part. This seems appropriate given both the seriousness of her health issues and the presence of attention deficit disorder, which impacts her ability to stay on task and stick to limits without external structure.

Dave and [4 - Na...] both reported a very difficult marital relationship that was impacted by multiple moves, career/academic demands for both, the loss of one child to SIDS, [3 - Healthcar...] very significant ongoing health concerns, and financial stressors. Both parents are high achievers and successful in their fields. Dave tends to be direct and can be confrontational, and he struggles when his opinion is not given the greatest weight, which can be off putting to other. [4 - N...] tends to have a softer approach, but she also has strong opinions and holds her ground. Communication

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and collaboration is a challenge for them. They generally share many of the same concerns for 3 - Health..., although their approaches differ and they are unable to reconcile these differences. They continue to harbor very hard feelings against each other. They both expressed concern about the other's parenting, communication and collaboration skills.

Dave reported a close relationship with and responsive parenting to 3 - Health.... He acknowledged a decline in their relationship and his overall parenting functioning in the period before the separation, due to the overwhelming stress in the marriage relationship. Collaterals described Dave as a loving, patient, attentive parent who diligently attends to 3 - Healthcar... medical issues and day-to-day needs. Home visit data suggested a close and affectionate relationship between 3 - Health... and her father, and both 3 - Health... and Bekka independently described Dave as a patient, funny, attentive parent who listens and takes their interests and wishes to heart. 3 - Health... reported Dave as the preferred parent for helping her with "set changes" every three days, and reported activities she enjoyed with him. She expressed a desire to spend more time with her father than she had in the past school year. Bekka reported significant improvement in the stress and anger level in both parents since the separation. Dr. Walkover, Dave's treating psychologist, described him as very engaged in therapy and open to feedback, with no major mood disorder. Overall, data supported a strong, positive relationship between 3 - Health... and Dave. Outside of 4 - Nam... reports, no data supported significant impairment in Dave's parenting actions or judgment and decision making for 3 - Health... No significant data was provided to support impairment in his mental health functioning, anger management, boundaries, or communication, as related to parenting 3 - Health...

4 - Na... reported a close relationship with and attentive, responsive parenting to 3 - Health... She has historically been the at home parent who managed the greatest percentage of 3 - Healthcar... daily needs, including a myriad of medical appointments. Collaterals described 4 - Na... as a loving, patient, attentive parent who diligently attends to 3 - Healthcar... medical issues and day-to-day needs. Home visit data suggested 4 - N... and 3 - Health... share an affectionate relationship with some underlying teen-parent tensions. 3 - Health... described feeling somewhat closer to her father than her mother, and it seemed related to 4 - Nam... somewhat more task-oriented approach and rules/structure. Bekka spoke well of both parents and their efforts related to parenting, and reported she observed no significant problems in either parent's relationship with 3 - Health... No data supported significant impairment in 4 - Name... parenting actions or judgment and decision making for 3 - Health... No significant data was provided to support concerns about her communication related to parenting 3 - Health...

The most salient data regarding parenting related to past history of primary parenting and current availability to meet 3 - Healthcar... needs, including her frequent and time consuming medical appointments and periodic illnesses. Both parents agreed that 3 - He... has been the parent primarily in charge of meeting 3 - Healthcare... day-to-day needs. She continues to have the more flexible schedule and the greater ability to manage 3 - Healthcare... scheduled health care and unscheduled illnesses. Equal residential time with both parents may potentially make meeting 3 - Healthcar... health needs more challenging by limiting her scheduling options, requiring frequent negotiations between the parents, or requiring 4 - N... to be readily available to 3 - Health... during her nonresidential care.

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Regarding co-parenting, both parties reported concerns about generally minor differences in parenting styles, which took on even greater than usual importance due to [redacted] health issues. This included the best approach to encourage [redacted] to eat, exercise, socialize, self-monitor her insulin levels, take her pills, and go to sleep. [redacted] tended to think Dave's approach undermined [redacted] developing personal responsibility, while Dave tended to think [redacted] approach gave [redacted] too much responsibility, with inadequate structure. Both criticized the other's methods/approach as wrong, rather than just different. One challenge appears to be that [redacted] can be stubborn, unmotivated, passive, or resistant, with both parents in various areas and it is not clear that one approach is the best. It seems likely that some combination of both approaches is needed as [redacted] develops increasing independence over time. [redacted] awareness about her parents' degrees of differences in these areas is unknown, although it seems likely she prefers the parent's in different areas, depending on how their perspective agrees with hers. In the area of exercise, she may prefer [redacted] approach (less of a focus). In the area of self-care, she may prefer Dave's approach (more hands on).

The parties' communication is challenged, as per both of their reports. [redacted] steadfastly requested sole decision-making, while Dave steadfastly insisted [redacted] benefited from joint decision-making, despite the communication challenges. [redacted] described Dave's communications as critical, rude, insensitive, arrogant and inflexible. Dave described his communication as "direct" and stated he did not "suffer fools gladly" but he did not perceive his communication as rude or as impeding [redacted] care. It seems likely that Dave's communication style is challenging and even off putting at times. However, no significant data was provided to support that his communication style negatively impacted [redacted] healthcare or academic needs. [redacted] healthcare needs are so complex, involving multiple specialists and healthcare organizations, that one wonders if her overall care might not benefit at times from a "bulldog" parent, although it is possible a difficult advocate may not be as effective an advocate.

Regarding RCW 26.09.187(3)(a):

(i) The relative strength, nature, and stability of the child's relationship with each parent

The data support a strong, positive and stable relationship between [redacted] and Dave. Home visit data suggested a close and affectionate relationship between the two, and [redacted] described him as a patient, funny, attentive parent who listens and takes her interests and wishes to heart. Dave acknowledged their relationship suffered for a period prior to the separation, due to his deep unhappiness and the weight of significant stress, motivating him to leave the marriage in order to be a better parent.

The data support a strong, positive and stable relationship between [redacted] and [redacted]. Home visit data suggested [redacted] and [redacted] share an affectionate relationship with some underlying teen-parent tensions. [redacted] complained some about [redacted] having more rules and being less attentive to her, which seemed within normal limits for a parent-teen relationship and not symptomatic of an impaired relationship.

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(ii) The agreements of the parties, provided they were entered into knowingly and voluntarily

The parties agreed to 3 - Healthcar... residential schedule from November of 2012 through the summer of 2013.

(iii) Each parent's past and potential for future performance of parenting functions, including whether a parent has taken greater responsibility for performing parenting functions relating to the daily needs of the child

Dave's past performance of parenting functions appeared to be generally strong. He assisted in meeting 3 - Healthcar... needs when he was available, and managed her care during 4 - Name ... periodic absences. He was an active advocate for her, ensuring 3 - Healthcare ... medical and academic needs were met. Based on this past history, Dave's potential future performance of parenting functions appears strong.

4 - Nam... past performance of parenting functions appeared to be generally strong. Historically, she primarily met 3 - Healthcar... day-to-day needs, including monitoring her health needs, scheduling and attending her constant medical and/or academic appointments, and taking an active advocate for 3 - Health.... Based on this past history, 4 - Name ... potential future performance of parenting functions appears strong.

(iv) The emotional needs and developmental level of the child

3 - Health... has a somewhat greater-than-average dependence on her parents for a 15-year-old, due to her serious health concerns. She needs to be shielded from their conflict and animosity, to engage regularly and frequently with each, and to receive attention and emotional support from each.

(v) The child's relationship with siblings and with other significant adults, as well as the child's involvement with his or her physical surroundings, school, or other significant activities

3 - Healthcar... relationships with her two sisters, Bekka and Jaime, are generally good, although there are some sibling tensions between 3 - Health... and Bekka. She attends Mercer Island High School and is entering her sophomore year. 3 - Healthc... spends a lot of time in various doctor's offices.

(vi) The wishes of the parents and the wishes of a child who is sufficiently mature to express reasoned and independent preferences as to his or her residential schedule

Dave expressed a wish for equal residential contact.

4 - Na... expressed a wish for 3 - Health... to reside primarily with her and have alternating weekends and one midweek contact each week.

3 - Health... expressed a desire to spend somewhat more time with Dave going forward, than in the

030123

previous school year.

(vii) Each parent's employment schedule, and shall make accommodations consistent with those schedules

Dave works full time, Monday through Friday, and is on call every four week?

4 - Na... works full time and has a flexible schedule that allows her to work at home as needed or desired.

In conclusion, the overall data supports 4 - N... should continue to have somewhat greater residential time with 3 - Health... than Dave, based primarily on the demands of 3 - Healthcare... healthcare needs and 4 - Nam... more flexible work schedule that allows her to be readily available, as well as her well-established history of primarily managing 3 - Healthcar... complex needs. No data supported any significant benefit to 3 - Health... in spending equal residential time with Dave, but rather potential for greater complexity in managing her care. However, data did support benefit to 3 - Health... in spending substantial time with Dave, leading this writer to recommend a more liberal residential schedule than that requested by 4 - Na... Importantly, given 3 - Healthcare... age, the parties are encouraged to respect her expressed wishes for contact with the nonresidential parent, absent other considerations such as pre-existing commitments. The nonresidential parent should respect the residential parent's requests regarding the overall length of time of the unscheduled contact (e.g., two hours, have her home by 9 so she can get to sleep, etc.). Data did not clearly support that 3 - Healthcar... healthcare is negatively impacted by the parties' joint decision-making, although it is clear their "partnership" is rocky, at best. Dave's communication can be abrasive and he is encouraged to incorporate positive communication skills, recommended below. In general, it does not appear there are significant differences in the parties' overall goals for 3 - Healt... or about her healthcare needs, but rather differing perspectives on best approaches. The parties should continue to share medical decision-making.

RECOMMENDATIONS

Restrictions

No limitations are recommended.

Residential Schedule

School Schedule.

From after school alternating Fridays to Wednesday morning (or Wednesday to Monday morning), and an evening contact every alternating Monday.

An alternative schedule would be alternating weekends from Friday to Monday, and then alternating Mondays after school to Wednesdays return to school.

The parties are encouraged to respect 3 - Healthcar... expressed wishes for contact with the nonresidential parent, absent other considerations such as pre-existing commitments. The

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nonresidential parent should respect the residential parent's requests regarding the overall length of time of the unscheduled contact (e.g., two hours, have her home by 9 so she can get to sleep, etc.).

This schedule allows 3 - Health... substantial contact with each parent while still leaving flexibility for scheduling her healthcare, and allows 3 - Health... an appropriate level of independence.

Schedule for Winter Vacation.

The parties should equally divide the winter vacation.

Schedule for Other School Breaks.

The parties should alternate the school breaks in their entirety, or may choose to divide them equally.

Summer Schedule.

The regular school schedule should continue during the summer break.

Vacation With Parents.

Parents should have up to two weeks of vacation with 3 - Health... during the summer, alternating each year having priority for their dates. The vacationing parent should provide the other parent with a detailed itinerary including flight or transportation information and hotel/other residential accommodations, and ensure access to contact with 3 - Health... while on vacation.

Schedule for Holidays.

Alternating, consistent with the Temporary Parenting Plan.

Schedule for Special Occasions.

Consistent with the Temporary Parenting Plan.

Other Recommendations

Right of First Refusal: When away from 3 - Health... for over four hours (outside of school hours), the residential parent will notify the nonresidential parent in advance and give opportunity for the nonresidential parent to care for 3 - Health... for time in excess of four hours (meaning that 3 - Health... should have appropriate opportunities to be independent for a few hours).

Communication: The parties should follow the following BIFF¹ guidelines in their communication:

¹ Adapted from High Conflict Institute, www.highconflictinstitute.com

030125

BRIEF Keep communications reasonably brief. This increases the chances your whole message is absorbed. Respond in brief. This will reduce the chances of a prolonged and angry back and forth.

INFORMATIVE "Just the facts" is a good idea. Focus on the accurate statements you want to make. Avoid negative comments and personal remarks.

FRIENDLY While you may be tempted to write in anger, you are much more likely to reach your goal by writing in a friendly and non-antagonistic (and brief) manner. This increases chances of getting a friendly – or neutral response – in return.

FIRM In a non-threatening way, clearly tell the other parent your information or position on an issue. (For example: "That's all I'm going to say on this issue.") Be careful not to make comments that leave the door open to more discussion, unless you are negotiating an issue or want to keep a dialogue going back and forth. If you get further emails anyway, you can ignore them, if you have sufficiently addressed the inaccurate information already. If you need to respond again, keep it even briefer and do not emotionally engage.

Decision Making

No restrictions in decision-making are recommended. ^{4 - Na...} should continue to take point on scheduling ^{3 - Healthcar...} healthcare appointments, with as much advance notification to Dave as possible.

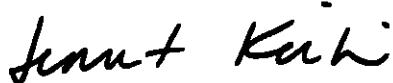
Dispute Resolution

The parties should pursue mediation, arbitration, or possibly mediation/arbitration.

Caveats and Limitations

The opinions and recommendations in this report are limited to the information that was provided during this evaluation. Significant collateral contacts were not available to this writer, including school staff, ^{3 - Healthcar...} psychological providers (she refused consent), and most medical providers (due to vacation, difficulty making contact, etc.) It is possible additional information from these sources could have impacted this writer's recommendations for decision-making. Additional information that was not available may impact these opinions. Should such information become available and substantially impacts the opinions and recommendations provided herein, I would contact counsel for each party and issue an addendum to this report.

Best regards,



Jennifer Keilin, MSW, LICSW
Court Appointed Evaluator

000126

Jennifer Keilin, MSW, LICSW

1715 – 114th Avenue SE, Suite 210 Bellevue, WA 98004

Phone (425) 528-6556 Fax (425) 270-1436

11/6/14

David Charney

4 - Name - Whistleblower Reg...

Walt Williams

Margaret Bender

Case:	Charney& <small>4 - Name - W...</small> Parenting Evaluation	Account Activity Through Oct. 2014			
Date	Description	Qty	Amount	Payment	Balance
4/28/14	Retainer: <small>4 - Name - Whistleblower Re...</small>			5,000.00	5,000.00
5/5/14	Retainer: David Charney			5,000.00	10,000.00
5/15/14	Interview: <small>4 - Name - Whistleblo...</small>	1.0	300.00		9,700.00
5/20/14	Interview: David Charney	1.0	300.00		9,400.00
6/30/14	Review questionnaires	1.0	300.00		9,100.00
7/1/14	Interview: <small>4 - Name - Whistleblo...</small>	2.0	600.00		8,500.00
7/3/14	Interview: David Charney	2.1	630.00		7,870.00
7/7/14	Review Materials	1.5	450.00		7,420.00
7/8/14	Interview: <small>4 - Name - Whistleblower...</small>	1.5	450.00		6,970.00
7/9/14	Home visit: Dave Charney	1.7	510.00		6,460.00
	Travel time	0.6	180.00		6,280.00
7/13/14	Home visit: <small>4 - Name - Whistleblo...</small>	1.3	390.00		5,890.00
	Travel time	0.6	180.00		5,710.00
7/15/14	Interview: David Charney	1.5	450.00		5,260.00
7/23/14	Phone: Marnee Milner, Ph.D.	0.1	30.00		5,230.00
7/24/14	Phone: Suji Lee	0.3	90.00		5,140.00
7/25/14	Phone: Donna Thompson	0.3	90.00		5,050.00
7/25/14	Phone: Marie McNabb	0.1	30.00		5,020.00
7/25/14	Phone: Margie Ogawa	0.3	90.00		4,930.00
7/29/14	Interview: David Charney	1.6	480.00		4,450.00
7/29/14	Interview: <small>4 - Name - Whistleblower...</small>	1.0	300.00		4,150.00
7/30/14	Phone: Barbara Walkover, Ph.D.	0.3	90.00		4,060.00
8/1/14	Phone: Andrea Barrysmith	0.1	30.00		4,030.00
8/1/14	Report: 13 hours reduced to 10 hours	10	3000.00		1,030.00
10/16/14	Refund retainer: <small>4 - Name - Whistleblo...</small>		515.00		515.00
10/16/14	Refund retainer: Dave Charney		515.00		0.00

Credit Balance: \$0.00

000127

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10/8/14

David Charney

4 - Name - Whistleblower Re...

Walt Williams

Margaret Bender

Case:	Charney & <small>4 - Name - W...</small> Parenting Evaluation	Account Activity Through Sept. 2014			
Date	Description	Qty	Amount	Payment	Balance
4/28/14	Retainer: <small>4 - Name - Whistleblower Rega...</small>			5,000.00	5,000.00
5/5/14	Retainer: David Charney			5,000.00	10,000.00
5/15/14	Interview: <small>4 - Name - Whistleblo...</small>	1.0	300.00		9,700.00
5/20/14	Interview: David Charney	1.0	300.00		9,400.00
6/30/14	Review questionnaires	1.0	300.00		9,100.00
7/1/14	Interview: <small>4 - Name - Whistleblo...</small>	2.0	600.00		8,500.00
7/3/14	Interview: David Charney	2.1	630.00		7,870.00
7/7/14	Review Materials	1.5	450.00		7,420.00
7/8/14	Interview: <small>4 - Name - Whistleblo...</small>	1.5	450.00		6,970.00
7/9/14	Home visit: Dave Charney	1.7	510.00		6,460.00
	Travel time	0.6	180.00		6,280.00
7/13/14	Home visit: <small>4 - Name - Whistleblo...</small>	1.3	390.00		5,890.00
	Travel time	0.6	180.00		5,710.00
7/15/14	Interview: David Charney	1.5	450.00		5,260.00
7/23/14	Phone: Marnee Milner, Ph.D.	0.1	30.00		5,230.00
7/24/14	Phone: Suji Lee	0.3	90.00		5,140.00
7/25/14	Phone: Donna Thompson	0.3	90.00		5,050.00
7/25/14	Phone: Marie McNabb	0.1	30.00		5,020.00
7/25/14	Phone: Margie Ogawa	0.3	90.00		4,930.00
7/29/14	Interview: David Charney	1.6	480.00		4,450.00
7/29/14	Interview: <small>4 - Name - Whistleblo...</small>	1.0	300.00		4,150.00
7/30/14	Phone: Barbara Walkover, Ph.D.	0.3	90.00		4,060.00
8/1/14	Phone: Andrea Bamsmith	0.1	30.00		4,030.00
8/1/14	Report: 13 hours reduced to 10 hours	10.0	3000.00		1,030.00

Credit Balance: \$1,030.00

000128

Jennifer Keilin, MSW, LICSW

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Phone (425) 526-6556 Fax (425) 270-1436

7/7/14

David Charney

4 - Name - Whistleblower Re...

Lisa Barton

Margaret Bender

Case: Charney & 4 - Name - W... Parenting Evaluation

Account Activity Through June 2014

Date	Description	Qty	Amount	Payment	Balance
4/28/14	Retainer: <small>4 - Name - Whistleblower Re...</small>			5,000.00	5,000.00
5/5/14	Retainer: David Charney		0.00	5,000.00	10,000.00
5/15/14	Interview: <small>4 - Name - Whistleblo...</small>	1.0	300.00		9,700.00
5/20/14	Interview: David Charney	1.0	300.00		9,400.00
6/30/14	Review questionnaires	1.0	300.00		9,100.00
7/1/14	Interview: <small>4 - Name - Whistleblo...</small>	2.0	600.00		8,500.00
			0.00		8,500.00
			0.00		8,500.00
			0.00		8,500.00
			0.00		8,500.00
			0.00		8,500.00

Credit Balance: \$8,500.00

000129

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6/4/14

David Charney

4 - Name - Whistleblower Reg...

Lisa Barton

Margaret Bender

Case: Charney & *4 - Name - W...* Parenting Evaluation

Account Activity Through May 2014

Date	Description	Qty	Amount	Payment	Balance
4/28/14	Retainer: <i>4 - Name - Whistleblower Regar...</i>			5,000.00	5,000.00
5/5/14	Retainer: David Charney			5,000.00	10,000.00
5/15/14	Interview: <i>4 - Name - Whistleblow...</i>	1.0	300.00		9,700.00
5/20/14	Interview: David Charney	1.0	300.00		9,400.00

Credit Balance:

\$9,400.00

Jennifer Keilin, MSW, LICSW

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Phone (425) 526-6556 Fax (425) 270-1436

9/4/14

David Charney

4 - Name - Whistleblower Re...

Walt Williams

Margaret Bender

Case: Charney& 4 - Name - W... Parenting Evaluation

Account Activity Through August 2014

Date	Description	Qty	Amount	Payment	Balance
4/28/14	Retainer: 4 - Name - Whistleblower Re...			5,000.00	5,000.00
5/5/14	Retainer: David Charney			5,000.00	10,000.00
5/15/14	Interview: 4 - Name - Whistleblower...	1.0	300.00		9,700.00
5/20/14	Interview: David Charney	1.0	300.00		9,400.00
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7/9/14	Home visit: Dave Charney	1.7	510.00		6,460.00
	Travel time	0.6	180.00		6,280.00
7/13/14	Home visit: 4 - Name - Whistleblow...	1.3	390.00		5,890.00
	Travel time	0.6	180.00		5,710.00
7/15/14	Interview: David Charney	1.5	450.00		5,260.00
7/23/14	Phone: Marnee Milner, Ph.D.	0.1	30.00		5,230.00
7/24/14	Phone: Suji Lee	0.3	90.00		5,140.00
7/25/14	Phone: Donna Thompson	0.3	90.00		5,050.00
7/25/14	Phone: Marie McNabb	0.1	30.00		5,020.00
7/25/14	Phone: Margie Ogawa	0.3	90.00		4,930.00
7/29/14	Interview: David Charney	1.6	480.00		4,450.00
7/29/14	Interview: 4 - Name - Whistleblower...	1.0	300.00		4,150.00

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Date	Description	Qty	Amount	Payment	Balance
7/30/14	Phone: Barbara Walkover, Ph.D.	0.3	90.00		4,060.00
8/1/14	Phone: Andrea Barrysmith	0.1	30.00		4,030.00
8/1/14	Report: 13 hours reduced to 10 hours	10	3000.00		1,030.00

Credit Balance: \$1,030.00

000132

Marie McNabb

7/25/14

2:12 .1

Informed consent:

Parenting evaluator

Court appointed to evaluate the child's needs, strength and weaknesses of the parents, and recommend a residential schedule for child to the court.

Children's best interests

Nothing is confidential/everything on the record

Will ask questions about the parties and their parenting

First hand information most useful

Any questions? Any chance that I would have

Summer of 2012.

I'm a financial therapist, cpa and mh counselor. They came specifically because they were not saving enough, some disagreements about how much money should go into maintenance of the home, and Pam's reentry into the work force. Met three or four times. I looked through my notes. Only a couple aspect the kids came up – one was how to meet the kids' needs if pam worked more, particularly Megan. A brief convo about feeling like when dave was with the girls he got to do more fun things when pam was with them she was more focused on chores and homework. Pretty normal things.

No concerns about either one's bx in session. They both feel sort of depressed about their situation, a stressful time. as I recall, neither one was more depressed. Hard on both.

000133

Barbara Placek

7/28/14 .2

Informed consent:

Parenting evaluator

Court appointed to evaluate the child's needs, strength and weaknesses of the parents, and recommend a residential schedule for child to the court.

Children's best interests

Nothing is confidential/everything on the record

Will ask questions about the parties and their parenting

First hand information most useful

Any questions? Any chance that I would have

QUESTIONS

Relationship to family -

(length of relationship, frequency of contact)

I'm a RN in dave's office, co-worker. We are all pretty close in this practice. Working for about 9 years. I haven't seen Megan in a while. When younger, she might be ill and he would bring her in. or social situations, party. I probably haven't seen her in a few months. Sometimes dave would have to bring her in if pam was out of town.

I do know Pam, the last time I saw her was before sep.

Describe parents (person and parent)

From the first time I met hm, he was out here interviewing. A bunch of us went out to dinner and the two girls were not ffeeling well and he was pretty attentive to them, and to my mother, too. Very attentive, very proud of his children. He has always bent over backwards to take care of them. Not just hyperbole. I can't imagine oding what he does, plus being a phsyicicanl... Megan's needs come first. Lobbying with the state leg to advocate for children with medical needs, raising money for foundations, tirelsess. And patient – much more patient than me. And I'm a farily patient person. They lost a child and he still feels that deeply. I lost a child a few years ago and he was very supportive. He works with megan to help her become more independent. That's hard, too. She's very ill. He understands how to help her but not have her be a hothouse flower. Dance classes, the school fro the deaf kids.

Most of the time when I see him not be patient, it seems pretty warranted.

I'm a very blunt person. My tact is direct. Dave is more the same. The commx is clear. Sometimes a short fuse, I've known him a long time, work tow doors dwon, and I hear his convs on the phone with the kids. they call him all the time.

With Mgan, I hope they can work this out. This has been hellish. I know it's hard on him, wearing him down. Can't be easy on the kids. just praying for a resolution. Hard to see someone I like and admire so much being beaten down.

000134

Dave expects things of megan. Has full awanress of her limitations

Describe child

Witnessed any concerning behavior by anyone? (e.g. Conflict between any family members? Alcohol or drug use? Unguarded communication about other parent in child's presence?)

Anything else you think is important for me to know about either parent or the child?

Anything else?

000135

Barbara Walkover PhD

7/30/14 .3

Informed consent: Court appointed PPE, neutral, not confidential

Outline - say him initially 10/23. Seeing him reg mostly weekly, 3 – 4 times a month. A very regular customer. 33 sessions. He is very engaged in the treatment. I even suggested recently that things look like they were pretty stable for him, in terms of how he is doing, did he want to cut back. He said no. He is really honest, my impression. Honest about his bx, what doesn't go well, seems to have a lot integrity. I say that because I think he is a little hard to like. At itmes hard for me to like.

From the begin he said I am reactive to stresse and very worried about the impact of that on his children and his job. He wants to shield his children form it, and be the best parent he can be. His tesions with wife seemed to really improve when he moved out, things better. Then he initiated divorce proceedings and it's been really bad.

Adjustement disorder. What predominates is angry moods, mulls over them, gets too attached to them which doesn't help him out. Working on his internal dimension. He presented the cultural piece which I think holds up. He is a new Yorker, can be sharp and it doesnt' go well for him. He is not politically correct, he says hwat he htngs, often that the other person is not as smart as he is, which is off putting. He has been very open to suggestions, to managing this better. I'm not a suggestion oriented person, but if he is doing something dysfunctional and I call him on it, and he can say, your're right about that.

He gets triggered into stuff. Easily tribgered by something his wife says or does. His sense of her, that she is self-serving fairly, about what she does with the kids or doesn't do. She would sign up for a class but not take them, so he's the driver. He gets triggered, kid says mom says x. and he feels it's not truthful...

I think that was the dynamic in the marriage. She can real;y push his buttons. He seems engaged with the kids, they seem willing to tell him what is going on. Looking thru my notes - he is really worried, afraid she might have a short life span. And they already lost a baby. He relaly hopes to be involved in his care, hard to be shut out of that. One thing he said, surprising to me, megan came over to see him and he hadn't seen him for a long time, and she was so affex with him. He said he was not expecting that, because of her age. But she was very affx and then that worries him, is she not getting what she needs?

He felt that things got better after he moved out. So stressed in the marriage that I think he was withdrawn. He can be his worst self. But he's a caring guy. A lot of complaints about his job. I feel like the work we are doing relate to managing his stress. He's done a lot on his own. Exercising, eating well. He feels pretty thwarted by this process.

Recs - I think our work going quite well. I am happy to stay involved with him as a support, to get through the process. I imagine once this is settled I hope this will be better. He worries about how this will go for him. I think he's a good dad, provides them good stuff. I think the girls respect his honesty and integrity, and bring him things to discuss. I think the

000136

girls are real attached to him. I don't see other issues, no anxiety or depression that needs ongoing help.

They are going to need coparenting help going forward.

Anything else? Said it all. Not the he doesn't have challenges, just not psychiatric ones. Just his reactivity.

He wants to keep his job. No issues at work, but the work place unstable. I work with a number of physicians there.

000137

Andrea Barrysmith

8/1/14

Informed consent – we can provide information about her diagnosis. I don't have background in terms of this. I've never met with the family. I can write a letter, talk to a provider and be able to speak to her medical needs. Cannot speak about parental involvement/interference in her care.

000138

Charney
Marnee Milner
9:34 .1

F endorsed openly and honestly. HE feels an extraordinary amount of env stress, both tests. Mmipi some dissatisfaction, could be situational or in himself. Lack of sleep, anxiety, tension, poor concentration... can be situationally appropriate unless he's like that typically. Interesting - he endorsed being extraverted but a bit superficial and self-focused. Nothing major. In addx to the physiological things, he described himself as responsive emotionally but interpersonally he comes across as distant. Not sure why. Part of that superficiality.

M was pretty defended across the board. Not much to get from mmipi. Intentionally tried to fake good and subconsciously ... really high... little insight to their own bx, might be difficult to get along with due to rigidity, even though very extraverted and gregarious. She reported no real problems in terms of her. she did report a moderate level of environmental distress. Interpersonally warm, friendly, might be uncomf with interpersonal conflict. looks to having harmonious relationships but might not be insightful into own bx.

000189

Suje Lee
11:45 - 12:01.3
7.24.14.

Informed consent:

Parenting evaluator

Court appointed to evaluate the child's needs, strength and weaknesses of the parents, and recommend a residential schedule for child to the court.

Children's best interests

Nothing is confidential/everything on the record

Will ask questions about the parties and their parenting

First hand information most useful

Any questions? No

QUESTIONS

Relationship to family -

(length of relationship, frequency of contact)

my relationship is that I work with f, for 7 years. I have seen father with Megan at least 10 or more occasions. Social settings, in the office, etc. that happened more often before the separation. Because pam would leave on business trips on short days notice, on numerous occasions, we would have to switch our call scheduled on very short notice. Not easy to change but we are very supportive of david, beyond his control. Less than two weeks notice, if that. He would not do that intentionally. You may think I lack objectivity, we are colleagues and we all really like working tg, but it serves no good if I don't provide a good pix. So David would bring Megan to work. I think I last saw them tg a year ago. maybe longer. I hear him on the phone with various providers. That was a lot more prominent when megan admitted to the hospital after her back surgery.

Describe parents (person and parent)

Every parent loves his or her child more than anything, but his love for Megan is exceptiona. He is a very devoted father. I only know what I know, but all this time I've known him, until separation, he was the one who woke up at 3 am to check her blood sugar. I can't verify that.

Before they separated, my impression that david was the primary medical decn maker for megan, because he took her to many more medical appts than pam, bec she would be out on so many business trips. I think whit his medical degree he understand the nuances of the processes.

No concerns about his temperament or emotional control with his children. Diplomatically, I'm from the east coast, and I think west coast people don't understand us. When we say something it is construed as yelling, rude, or impolite, or confrontations. Not true. We are direct, don't beat around the bush. He says what is on his mind, but never rude. Never rough with his children. He probably has one of the kindest hearts and souls. He is a gentle soul. He says things that are direct, when mistakes are made, he points them out. Not a west coast start.

000140

Describe child

Megan – I don't really know her very well. I think she is a very difficult child, has a lot of issues. I think she is manipulative. Uses her illness to get what she wants, my impression. A control thing, she probably doesn't have a lot of control in her life. When she got very sick, after spinal surgery, she stopped eating and multiple pleas from her parents or the doctors, she stopped eating. Not sure why. She used that as a negotiating tool.

Anything else? He loves his children very very much. He is very thoughtful. Even after they separated, always thinking about the kids, when Bekka comes home he wants to make things special, arrange for whale watching trip, for Megan and Bekka. I feel terrible for him, he doesn't get to see his children very often. Megan is the center of his life. Taken a toll on him. He is still a very good physician, takes good care of his patients, superb colleague, superb doctor, we all look up to him. In addition, a really exceptional dad.

Anything else? The level of care, detail he pores over, diabetes care, interpreters, school, her weight curve, he just pays attention, notices things because he cares so much. This is what we respect about him, he notices things in patient's care that we don't. he does the same for Megan. He really loves his kids and is a good dad.

Pam did go on all these business trips, every couple months. And he just took it all himself.

000141

Donna Thompson
7/25/14 .3

Informed consent:

Parenting evaluator

Court appointed to evaluate the child's needs, strength and weaknesses of the parents, and recommend a residential schedule for child to the court.

Children's best interests

Nothing is confidential/everything on the record

Will ask questions about the parties and their parenting

First hand information most useful

Any questions? Any chance that I would have

QUESTIONS

Relationship to family -

(length of relationship, frequency of contact)

Pam's sister, see them about twice a year. I was in seattle for a week over xmas and in March we were all in ATL for a weekend. Saw Dave in Atlanta.

Pam: We have a very close relationship, not huggy but emotional support.

Dave: He's alright, I never really had issues with him. Hes a bit above me, I guess you'd say, s/t I don't understand what he is saying - he is way smarter than me.

Megan: good relationship, she's a teen girl and I don't understand harry potter and one directions

Describe parents (person and parent)

Pam as a parent - Megan is difficult right nw. pam works on setting boundaries, makes sure shes got what she needs. Makes sure she gets the homework done, tries to get her to eat, makes sure she takes the medication, etc. She takes her to the fun things that teen girls like to do. We were in cancun for Jaime's wedding, pam went with all the girls for the mani/pedi.

No concerns. Megan is quite the handful, rebellious. Nothing that would concern me.

Dave: I sometimes think that he - he's a yeller. If they don't do what he wants them to do at that moment he yells. When we were there I just remembered he yelled a lot. I just don't see a reason to yell at kids. Example? One of them was to be eating, or do something right that moment. He yelled, saying they needed to do it now. It felt like it was his way or the highway. I wasn't comfortable. My sister doesn't talk to them like that. Not the first time or the only time. Impact on the kids? frustration maybe. I would find it demeaning. I can't say how they think about it.

I'm not around a lot. he's had a different relationship with the girls than I had with my father. Sometimes he seems a little too close, too much into their business than I would expect. Megan needs to be separated from her parents, be independent, grow on her own.

000143

Doesnt seem she is able to do that. Pam wants her to manage he health, etc, and david seems to hover, not let her.

I witnessed the yelling, primarily. Not respectful

Describe child

Megan: she is hard to deal with. Seems to be very one-dimentional. In her own little world because of her issues. Sometimes I think she is becoming a little manipulative. She knows what is going on with them, and I think she works them against each other like a typical .

Any concerns about the quality of her relationships with parents? No. pam has been putting in a lot of time trying to make e/t work. In Atl pam went out of her way to make sure the problems she and dave were having were not carried over to the kids. didn't want to influence their relat iwht dave.

Havent seen Dave with Megan too much, since separation.

In ATL Megan got a splinter in her foot, not that big of a deal, and F seemed to overreact and make it like a big deal. Treated her like a three year old.

Not around enough to see concerns about either parents' mental health or general functioning.

Anything else? Seeing pam raise Jaime, from the time Jaime was born, and bekka and megan, I hve never seen pam be a/t other than a good mother. Puts the girls ahead of e/t else, even her career. Left jobs to put them first. She makes all the dr. appts, the chauffeur, does e/t while holding down full time job..

000145

Margie Ogawa

7/25/14

4 - .3

Informed consent:

Parenting evaluator

Court appointed to evaluate the child's needs, strength and weaknesses of the parents, and recommend a residential schedule for child to the court.

Children's best interests

Nothing is confidential/everything on the record

Will ask questions about the parties and their parenting

First hand information most useful

Any questions?

QUESTIONS

Relationship to family -

(length of relationship, frequency of contact)

I am their neighbor. Known them since they moved here, Megan was about 1st grade. 2007 or so.

How often do you have substantive contact with them? Not often. Pam and I did a Boot Camp for a while. With Megan I was a back up. Pam trained me in what to do if an ER with Megan. I was a back up for her at West Mercer and IMS. Sometimes she would come to us in the morning, if Dave was in Bremerton and M was out of town. My daughter the same age. I was trained in if she had low blood sugar or passed out. Back then she had to poke her finger, e/t she ate she would call them and figure out the carbs in things.

One thing we all did together was the diabetes walk.

With Dave a matter of seeing him and saying hi, chatting at the bus stop.

Pam and I are friends. Three times a week. Went on for quite a while. I will see Dave dropping off in the car. I haven't seen him with megan lately.

Describe parents (person and parent)

I think Pam is a smart woman. I notice with megan that pam makes an effort to make megan independent, to do things for herself. To not be dependent on others. Pam has a dry sense of humor, I think a bit of joking in the way they interact. I think Pam is a strong advocate for Megan, had lots of convos about when Megan was in school, working with the administrators to get services for her.

No real concerns about Pam. Not about either parent. I don't hear yelling, I'm never alarmed by anything, never heard anything that goes on over there. I don't have any concerns. They both want - megans illness is a big stress to everyone. Although pam doesn't focus on it, tries to have things be as normal as possible for Megan. Tries to make it so megan can have as normal a situation and life as possible. Given all the medical issues megan has been developing over the years. I've been amazed at how strong she's been.

00014-

When she was diagnosed with the mitochondrial disease. I haven't found her looking for sympathy, or having Megan feel like she's someone people should feel sorry for. Not portraying herself that way, or Megan. Treats her as one of the kids.

Dave is also a concerned parent. Maybe on the overprotective side, like me. I don't know... it's been so long since I've seen them together. always a good dad, meeting her at the bus stop when pam wasn't there. I didn't spend a lot of time with just him and Megan. I don't have any concerns about his care of megan. I think he is very concerned about her health. if pam were not available to call me he would call me. I think he is kind to her. sometimes megan might get mad at one for something, and might get mad at the other for something else.

Describe child

Megan - I don't know what I would say about Megan. She is kind of artistic. Socially might be a little behind her age group, because of age group probably. She's pretty normal kid. Likes her phone. She would come to our house in the past, comfy coming here. When at the NW school would come up and sell different things to me. She is not shy that way. She is articulate. Seems a pretty happy kid for the most part. She does get head aches some.

Concerns? Not really. I think the divorce is distressing and stressful for everyone. It's too bad. A good person to talk to is Bekka . She would give a good perspective. I think from my perspective they are doing a good job. Pam is a good parent, doing what Megan needs right now, helping her by not being focused just on the health. pam doesn't sit around dwelling on that. Trying to be positive and optimistic.

Anything else? no

000145

Pam Charney Home Visit

7/13/14 11:01

Mom and Bekka answer door, with dog, little Papillon, Georgette.

Megan shows up after Bekka fetches her, she gets hearing aid. goal is to plan with a map their summer adventures. mom and Megan talk, Megan not inspired. M looks at her and also signs. Megan says you dont need to sign, mom says you keep saying what? everything mom suggests MEgan says no. M says, where do you want to go?

Book of Weird Washington. Megan picks Fremont. mom likes it bc its close. Steilacoom, Ellensburg, Spokane, North Cascades Park. MEgan is a little prickly, all three look at the map for a difficult to see location. finally! Mo locates it. attraction is handprints in stone. story of a woman jumping to her death. Columbia Hills State Park - mom makes a circle, Megan says the circle too big. they tease back and forth. the legend of she who watches. Megan puts mom on a signing time out, teasing.

Megan reads various stories from the book, different legends. laughing about them.

Bekka is around, dropping in and out, on phone, cooking, watching dog who keeps barking at me. Home is for sale, hard woods, nicely turned out. clean.

MEgan is silly. likes to joke. Crescent Lake makes it on the list, along with several other Olympic Peninsula spots.

11:42

Tour. couple rooms. her room boring, clean for sale. nothing personal.

After visit at dads, went to re robin, then a sign language chat every wednesday, then came home and changed my set. like sign language dchat, a friend that keeps texting me silly stuff. then texted my friend. I dont like changing my set, dont like it bc it hurts have to use numbing cream, I dont like my drs. after two months I can put it in my leg again.

My dad is better at changing my set. My mom thinks she is. but usually with my dad its faster, he pokes to see if its a good area, then does one to three and pokes it when im ready. mom does it different, it hurts more. tried a new thing, using a sharie and put a dot. I dont think it worked.

When did you come here? Thursday. I go back to dads on Friday. I really wanted to go to the summer celebration with my dad today, my mom got really annoyed with it. her weekend. my dad has my money. that is why I want to go. When I asked her to go to his house to get something, she doesn't like it.

I asked my mom when you were going to leave so my dad could pick me up and take me to the summer celebration but she said no, we have to talk about it.

haha

Have you told your parents what you want? Like this morning, I said I do have a choice, she says I don't!

My dad is also kind of like that, but not really. They don't really like

I just want them, if I want to do something with the other parent they shouldn't tell me no. It would just be for a little while, and not like I'm not coming back, I just want - I've almost always gone to the summer celebration with my dad. I went to it yesterday with my dad. I thought it would be okay to go to the rest of it with dad, half and half. But mom doesn't think so.

During school, the same. If I want to go to my dad's house, or mom's house, they don't really back and forth, and no one will drive me.

Do you need to come back to mom's house? No, he acts like I can't take care of myself for more than 20 minutes, but mom will leave me for three hours. He will force me to go with him to pick up my sister. really

000146

annoying. i know what to do when i'm low and when i'm high. dad doesn't want me to be alone. when he's at work.

its annoying. i want to stay where i am and sleep in. he forces me to wake up at 6 am so i can go to the house in time.

after school the same? different, i go to my dad's house on Tuesday nights and every other weekend. kind of like the same things on weekends. but on Tuesday, its enough time. i don't want more. i kind of wish i had more time with my dad. dont know how much or what it would look like. just dont have enough time.

trip planning? just started right after school ended. we didn't do any early on. still getting it figured out. its sort of fun but my mom makes me look up the history of teh place, directios, making me to eat, and shes not really doing anything. i do the places to eat, where to stay, the hstor, etc. its my trip.

anything else? sono. 12:06

Bekka

might have to live somewhere temporarily, but mom wants to stay on the island.

im working about 20 hours a week, also do some things outside of work. training manager. after i left last week, MEgan went and took a nap an dmy dad and i just hung out. we are not big go on adventure family. the serioes they are planning, a new thing. i need money more than i need adventure.

i pulled a muscle in my forearm,

familiy - no big probs with mom or wth dad. but they are not getting along. always the way? yesterday we had an open house here, i went to dads for the a/d. he said since hes moved out its been easire for me to be open with both of them, bc they are not spending their time fighting. befo that, i felt weir going to one of them, they might be arguing about it later on. they never had bi arguments in front of us, did try their best to keep things away from us. and since they moved out less butting heads. easire to be frienly wtih them. maybe im older, too.

they are there for me more. they dont really interact now. dad and i went to the summer celebration and ran into mom and megan there. he aid he makes a point of not getting into a conversation wtih er, he hes eat in writing, not sure if mom is being super truthful. they are not mean about it, but not going out of their way. they will talk, exhange plsantryies, that is ita.

i hear from them about the sitatulon when iask aobut it. if i ask why did mom say this, or why did dad say this. even then they are very bpicky about how they say things.

mom's level of preoccupation? megan and i can be very buggy with mom, we want stuff from hre. 1st night at midnight i asked her to get a Bee out of my room. she doesnt really get enough time from us. if she was out at work, at her office, she would be proccupied with it.

Megan and mom, Megan and dad - the same thing. she is just stubborn. a lot of it is her medicine and her insult pump. she decided she doesnt want to take her momr ing pills in the morning, but later in the day and then the afternoon ones later on. megan is digging her heels in. fights about that, but the same thing with dad. not a harsher relationship with her.

i dont want people to hover, but want people to do something for me. shes 15.

anything else? No. i recently talked to both mom and dad about my gender identity, stuff like that, that would not have happened if they were still living in the same house. they have room for other htings, not just that one thing.

000147

12:20

000143

Dave Charney HV 7/9 2:30.

F answers the door, F introduces me to Megan "meggie" she says and to rebecca "becca" she says. I look at MEgan and say i've asked your dad to to have you guys choose an activity and then i'll have you show me around and then i would like to talk to you and Becca for a bit.

She looks at dad, quizzical? he asks me to speak more slowly and in a lower tone. i say something and he asks her if that's better? she says most people cant talk loud enough i only have one hearing aid. F signs to her, SEE. HE explains slower, with gestures, what i said. she gets it. they talk about activity choices, she chooses pictures. she asks dad where her pix are? He says i took them off your camera - she says you took them off my camera? HE says its on the computer...

They look at pics, talk and laugh. Dad is joking around. Not afraid to contradict back and forth. F says Becca can do what she wants, and MEgan says, i though she had to be here. he said i think its mainly me and you. Megan had her join.

Megan is animated, f and becca join in with her viewing. she takes off her insulin pump, he says is it high? she said give a push bc of the pushpop. F has to repeat himself often to Megan. usually gets her to look at him and he says it again. Her thing buzzes and she puts it back on her belt.

He zooms in on a photo, leaning over her, and after a bit she says this is very umvofortable. he says, sorry, and he moves.

Bird pix on computer, she says this is the one on my wall. i took that. He said no, i took the pix on your wall. a discussion ensues. he insists, she insists. No heat.

more bird pix inside the feeding unit. a bird took her stick and she said she got pissed off. animated. jokes about how the peacock gets into the zoo. maybe buy a tix?

Home is nice, he's been here over one yera.

F teases her about french fries being her bf. then says they are her god. they tease about things he didnt buy her, and then someone else bought the lsat one. she said he sounded like mr. burns. they steeper their fingrs like Monte Burns and repeat dialogue.

she leaned into him, head on his shoulder.

She says her frogs died. he - how do you know? 3:16

you i'm almost 16 in two months, im deaf, want to be an actor. am working to bgo to london to be in the drama progtam in college. my wchool is healping me with all that. i like to sing and dance and act. and my favorite band is one dirction. like Mariana Trench and th exript. and others. i really really want to live in london, think its a really cool city, a lot of my fave tars live there... i like to read, have a really big bookcase at home, my moms house, my hpponehs alike thousgands of books on them like reading where i go. my friends descrie e as insane or hilarious. cu a lot of people think im crazy and do thinsgs out of the ordinary. i thknek weird. i like photography a lot. im more one of those peopl who like the interet a lot, like my computer a lot. my mnom says i have bad social skills. im not antisocial i just dont like pople. something my favorite websidete says.

dad - he is pretty cool. he likes to go out and take me places where i can take pix we are into photsg . he take sme to the movies tomeimes. when we go places and he sees something he thingnks i would like or if i see it, he will buy it for me. really nice abotut that stuff. in gerneal he is pretty cool. if i say i need something like my back, i have a bad back. i used ot sleep with that tiny panda pillow and i said i needed a bigger one, and he just got me a new one. he's cool. hes really good wiht photog, not the best at cooking. hes good at very funny and he likes making jokes wiht us, tries to keep us laughing.

mom - i dont really spend a lot of time with hier, she is wokfng all the time. not as close as i am with my dad. she works all th etime. in the office or on teh computer. soomtiems if i want to want cupermatuer with her, she

000149

will bring out her computer. not as close. she is kind of more strict with everything. she has more rules with my dad. he says you dont touch mine and i dont touch your stuff. my mom has a thousand rules . she is real strict with that. she is really good at cooking, li like her food. she likes to do crafts with me. and we we are going on a trip this summer. she pretty much figured out that she is not spending enough time with me... i said i wanted to go on a trip with dad, and she said she can take me. a trip in Washington.

Becca - we are not really, can be nice to each other on occasion but more like the sisters that hate each other, hit each other and are rude and dont really like each other. she will say things that are really mean, then go to college, then forget about it,... we can be nice to each other. she is not all the way horrible. she treats me a lot like im five. she treats me like im a child and need to be watched every five seconds. i have to remind them that im 15 and not five. everyone, i think its bc of my health. but its annoying. she helps me with homework. sometimes helps me with math. sometimes we watch movies tog. just movies and tv. not really computer.

health - when i was younger i diagnosed with mitochondria disease, starts to cause probs in my body . got diabetes. 4th grade lost my hearing and needed glasses. 5th grade i needed heart surgery. 9th grade summer i needed surgery for scoliosis and then my hearing got more worse and i meet another surgery for a cochlear implant. i have really bad adhd. really bad. no short term .

diabetes - since five or six. i check my blood sugar 10 - 12 times a day, have to do a set change every three days. dont like the set changes but i like the pump. i have to go to my doc every three months. i always have to check sugars, dont eat too much or too late. i can do the blood sugar changes, and the pump, but i can do the set changes. scares me jabbing with a needle. i cant reach it. they forced me to do it my sides or my stomach or butt and im not comfortable with those, so i did my butt. thats not good either. when i sit down it kind of hurts. but i cant use my legs. im not happy with my docs ive been doing my legs for three years, really easy, dont really feel it. can move around and dance and act and dont feel lit. with my butt, i have to be really careful.

anything else? i just wish my mom would take the parental controls off my computer. the whole five years old thing. im not five, please take them off. the computer shuts off at 12, still. she lied. its getting really annoying. shes not very relaxed with my computer for some reason

what else is annoying? during the school year she takes my phone at night even tho the year before she didnt . started a new rule were i cant sleep with my phone. she doesn't trust me at all. she would trust me staying home three hours but not with electronics. she says i wouldnt know when to turn my computer off. i say yes i would, you go to bed at 12. getting really annoying. with the electronic things. she doesnt let me take my computer here at all. i had an old laptop here, it was crap and i said i needed to be able to take it back and forth. she said no. i need it, i write stories online. my readers want me to update every day. im here for four days and i cant update for four days.

whenever i mention something like one direction or tv she rolls her eyes and not listening. she doesn't care. my dad would be staring at me and talking to me and listens. my mom and i fight more than me and my dad. we yell at each other more. sometimes i get really mad and walk away. my dad and i dont fight, unless its something i dont want to do. we dont have a close rel, mom and me.

3:41

Becca

informed consent

bekka with two k's. i used to go by becky for a long time. bekka is a new thing. school - go to Loyola U in New Orleans. forensic chemistry with a psych concentration. want to be a forensic profiler. about halfway through - not sure how to feel . just finished sophomore year. im working downstairs at Einstein's, just got promoted. nice raise. home until the end of august. im there in NO when its not as nasty, hot and humid. the first week or two of school really awkward, hurricane or tropical storm coming... last year storm Karen just a tropical storm. memorable first experience with hurricane Isaac. couple hours of school and then school was out for a week and a half.

000150

come home almost every break. winter and spring. freshman i didnt come home from mardi gras break, we get a week off, kind of weird. this year i went to visit my grandma, dads mom. e/t shuts down for mardigras break, expensive to get food for a week. it was just me there for a couple days and then dad joined me. i was just there four or five days total. he stayed with grandma for a bit and then went to visit my older sister.

I switch between homes when im back. with dad for four or five days and then mom. how do I decide? part of it is whether or not Megan is here, sleep on the pull out vs a bed. mostly how im feeling. can walk from the house to work, 30 - 40 minutes.

Megan - shes good. we fight a bit, i think bc so close in age. with her health issues it can be a little bit stressful. i have anxiety so i worry about her a lot. she doesnt like that. she is very very independent. while im away at school sometimes she will move on to different ways of taking care of herself that i dont get exposed to. a while ago, spring break, dad was going to take me to the captain am movie. i was at the house with megan for a bit, we had to check her sugar and it was really low, so dad said lets wait, bring it up a bit, then go... i was used to watching e/t she did when she was low, but apparently she can cook for herself... she digs her heels in when i tell her to do something. that is what every teen is like at her age. she is even worse. mom and dad have babied her a lot. doctors kids... she is trying to be very independent and i'm not as independent as that. she is a lot more outgoing than am.

Dad - hes good. i call him a teddy bear to my friends. he does a really good job, like with my anxiety, i just got diagnosed with that, he's very supportive. i am on an antidepressant now for anxiety, he kind of dug his heels in, he was worried about the side effects. we had to sit down and have a good talk, this is my decision, im 20, yours still part of my support system, but this is something i need to do. something in place of thx, a stop gap. he is very good at listening. and having adult discussions. i can pretty much ask him about anything. i write in my spare time. i will have to ask him a question. in my writing, i decided to kill off a character, and asked him how much blood could a person lose before dying. he is very honest and open. esp with the divorce, says he knows it is a stressful time for me, picks and chooses what he has to say. not yelling about this is horrible, that i hate your mother... he says im having a stressful time with the divorce, makes sure we dont see the correspondence, unless it directly relate to me, like my school tuition. he does his best to keep us out of the middle. not using us as a go between. one time he accidentally did and the next day he said he realized what he did and wanted to apologize. he is trying to keep it as stressless as possible for us, which is nice. not that mom isn't. she is trying to keep us out of it. both doing a very good job.

Mom - same thing as dad. i can talk to her about anything. might feel more comfortable talking to her about girl things. i recently had a very quick rel with one of my old high school friends and it didn't end on a good note, both were very supportive. i called dad and was crying, he was at a dinner with a colleague and said he would come home, come take care of me. i was crying and he brought me pizza and a movie. both very good about supporting me through that. mom was easier to be open with, female, girls to girls. half the time when i call from school, mostly i talk to mom, she's a professor. sometimes its something stupid, like, bc it doesn't snow in New Orleans, the week or two before xmas its called Sneaux, free shirts, a little bit of snow. you have to get a shirt... i got screwed and i was very upset, the week before finals, im stressed, called her crying about a shirt. i can call her like that.

Megan's rels with my parents its a bit different, i think bc of her health. they both babied her a lot. she is used to things being a certain way. she just got a new type of insulin pump, supposedly easier for her to do it herself, but she wants them to do it for her. she is being stubborn with them about trying to be more independent about things. a bit of a stress point. part of her health thing, she has adhd like me and my mom, she is more hyperactive and mom and i are more inattentive. she is super bright, insanely intelligent, but she cant sit and focus on getting her work done when she needs to. she will do badly on a test, so thinks she will do badly on every test, so she doesn't study. we are trying to get her to realize its a bigger deal now that its high school. she is ridiculously stubborn, and they are stubborn, too. sometimes they clash a bit. she wont budge and they wont budge. she's used to things her way. one of her things, i hate people talking during movies, and she loves it. we clash on that.

since they've been separated, their fuses have gotten a lot longer. they take a lot longer to get angry. before?

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was stressful. i wasnt doing good in school, they would get upset, and there would be yelling. since the divorce im the one getting more upset about things. definitely dad has gotten a much longer fuse, a lot more easygoing, happy. not the right word, but a lot more relaxed and easygoing. a big thing, they both have access to my bank account, et up in high school... my biggest thing was my first big purchase at school was at target, i ended up spending a few hundred dollars, i had the money but i freaked out, it was too much money. i called my sister, what do i do? now i kind of update him and i tell him what im doing and he says its my money, hes not paying attn. youre an adult, allowed to learn from my own mistakes. they are doing a good job of setting me on my feet. i know how to balance a checkbook. m not doing my taxes, but iknow more about them. im learning more and they are helping me withthat. my older sister is also helping me. sometimes i dont want to talk to my mom or dad i can talk to her.

4:08

000153

Pam Charney

5/14/14

7/1/14 9:29-11:03

7/8/14 1:01 -

7/29/14 4:40 im late

Informed consent:

- o legal process
- o you are not client
- o objective, neutral evaluator
- o child's best interests are paramount
- o not confidential
- o not therapy
- o anxiety provoking situation
- o no interim recommendations
- o task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- o there is no guarantee the outcome of the evaluation will be in your favor.
- o Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions -

Evaluation process:

- o Interviews – 2 or more
- o home visit -
- o collaterals – personal and relevant professional
- o testing,
- o legal materials and other relevant materials.
- o Final
- o Report
- o No quisetons
- o

Bringing you to eval?

Nutshell, husband's lawyer sent doc that said david's pp from 9/2013 is final offer, take it or leave it. we've been back and forth trying to neg and mediate a/t, this is the consistent response. His 2nd lawyer. Heavy handed, I thought. We tried mediation and he walked in and said we will settle nothing today. We have to figure something out... back in sept, my lawyer sent to his and asked if we could do this eval, but that didn't get signed until last month.

He is insisting on an exact 50/50 split of Meghan, time, decisionmaking, e/t. right now we have a typical residential schedule, I've hearded. In school, every other weekend and Tuesday overnights. He has counted every hour. And wants her exactly half the week. I'm willing to talk, but he won't sit down to talk about that... very difficult to communicate e/t. I have a very flexible work schedule and I'm the person the school calls, whens she's sick, etc. it made sense to the court that I have medical decisions making.

CURRENT STATUS

Your coping

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The separation occurred 11/2012. I'm managing as best I can... deal with this today, better days are coming. I'm not climbing the walls. Do have a sister to talk to but try to limit that, sure no one wants to hear that all the time. frustrating when I get belittling verbally abusive emails. I'm sure he doesn't see it that way, but... I put those aside. Juggling full time job, cleaning the house, greeting teen where she needs to go.

Sleep - okay, for the most part. Occasional night... keep a padn and pen by the bed and write it down. Usually I get to sleep but wake up at 2, and if I can't get bck to bed, then make myself stay in bed until four then get up to exc... that works out.

The girls and I all have adhd. I'm a list maker...

Crying? No

Appetite - good

Children's coping

Megan - she is a character. She doesn't talk about any of this at all. Occasionally I've heard from other adults about Megan talking about time with dad. At home she hasn't wanted to talk about it at all. The first time she said she wanted to talk, last summer, he made the mistake of taking the girls on a date with his gf. Megan mentioned it, and I asked what she thought about that... we had that talk... more recently, I've started to think, this is heating up... every Sunday I've started saying do you want to talk, I will listen. So far, no.

She is amazing. Starting around five, one health crisis after another. She is sometimes frustrated. I haven't seen her cry or be visibly upset in front of me. When we found out she had Curn-sayer. Kearns-sayre Syndrome - relatively rare mitochondria deletion. We had her dna analyzed. Associated with her deafness, diabetes, heart block, scoliosis, etc. in dealing with all that, she has been amazing. A typical kid. I've been focusing on telling her she needs to take over some of her care... working with her on self care... amazing providers.... Schoolwise, she has surprised everyone. School for hard of hearing kids 6 - 8 grade. Staff there amazing... starting mainstream HS... she's stepped up... getting all A's and B's. She has a case manager, the right mix for Meg... doing great in school. Does concern me that she has very little EC life. Earlier in the year tried to encourage her to join clubs. One cheerleader coach knows asl. She quit dancing this year... I struggle with that... she is exhausted at the end of the day, too.... Going to look at sleep hygiene this summer. PE - she is supposed to be walking 2 miles... I said let's get some cool sneakers and you walk and I run. So far she hasn't said no.

12:02

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2nd Interview

9:29.

School out, Meagan did very well a's and b's. megan is with me durin the days, sees him overnignt but still with me in the dya. My academic year eanded June 20th and now I'm woking from home. Not teaching at all, just administrative things, course review, curriculum development.

Megan's health? she is doing fairly well. Idk if she had been to the er before or after I saw you. She had a day when she was home with headache and looked differently sick to me... looked and acted differently. I called her biochemical genetics provider, off that day, went to er. She did have some fluids. Lab work was normal, fortunately. While we were there she neded to get the iv. She hates them with a poassion. Started sking for her dad, I think he wa seeing you that day. He wasn't able to come. inspite of that she did very well, once it was in. once she knew she could go home she wanted it out so badly. They were swamped... she was dancing when they disconnected it. healthwise that is aobu the only thing.

We got her a new insulin pump, they have her using a new pumpset, the tubing that goes from the insulin pumt fo te needlea or catheterin her body, different than the one she's bee usinsg. She is a creature of habit, not the pumpset we had planned. It's at her butt, I'm not loving it. Called hthe sureT, steel needle, you pop it in. the part that ido, that she needs to learn is to pop it in. but it has this connecting tube that has to be taped down. She Is not loving it, done'st like to shower with it... talked about another one, but she doesn't want it. hard to disconnect it until you learn it, hard to get her in the shower... if we did her side or belly, she would have better access... she can't do it heself. The wholething is to get her independent. I'm trying to get her to change it to side or belly but she's pushing back.

Otherwise she is just being Megan. She has a new cxlr at gh, she is seeing him today. In addition to expanding her variety of foods, goint to work on sleep hygiene. She has a wonky body clock... she met him once, I think she did make a connx to him. Reisitant when she fist met him but ended the appt agreeing to fod journal and to come balck. Had a family meeting with f, m, megan and two providers. Started out very poorly bc david ws furious that they didn't agree with him that she was underweight... they woed him the growth curve, she is having her periods, on the skinny side but its okay. He got angry to the poing that he was yelling at them, that they didn't know what they are talking about... I was impressed watching them talk him down. He was insulting to them. I was looking at Megan who ws bewildered... towards the end he was able to get himself back own, they were able to work withhim on a plan. Since then he's emailing me, what's the plan, whats the plan. But she's only met with thecxlr once and I dn't know the plan... commx is difficultthese last couple weeks.

I did crate a google calendar, put it all in, and for a week been trying to send him a google calendar. He says he is not getting it... hopefully that will work. I think it could alleviate a lot of this back and forth.

BACKGROUND INFO

Bekka is now at home, seeing a psychiatrist, now diagnosed with anxiety in addition to adhd. I am rather concerned about all the stress in between dave and I, how that impacts her. I don't think she credits herself with the strength she does have.

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Family life growing up: good. On both sides a lot of extended family. Mother had seven sibs, one died in ww2. She was third to youngest. Dad had four sibs. One in CA. the others loca. Always family around. Grew up in a traditional lower middle class hood. I wasn't aware of it at the time, everyone the same. No one locked door, neighbors come in and out, big group of people. Growing up in NE, both parents came from a long line of solid Nengale yankee. Not a lot of contention, but you knew that you were cared about. Knew who you did something wrong... you got a stare from my mother and you know... it was good. I miss my parents a lot, with that brother and mother had gotten to know them. They doted on Jaime, and my nephew. When Jaime was younger and we were in the army, she would go and stay with my parents for six weeks in the summer and had a blast. My dad had nicknames for everybody, Jaime was the General and cousin was the admiral.

No significant issues growing up. Can't recall anything. Father worked for the phone company for forty years... 6 or 7th grade he had to have surgery, was very overweight, they discovered he had type 2 diabetes, he just put himself on a diet and lost the weight, that was it. same thing when he decided to quit smoking. He had that kind of strength. No D/A, no pushing/shoving, no mood stuff. No trauma experienced as a child.

My mom died two weeks before Bekka born, horrible, 1994, and dad died 1992.

Relationships with brother and sister now? They are good. Brother in LA, sister in PA. almost daily in contact. Along with my aunt.

Education

I'm done. So done now. When I was finishing the informatics masters, my advisor suggested, but no. informatics is about managing the information that is thrown at patients and medical staff. We try to manage that knowledge, and present it at the right place and right time, making sure the technology is being used in the right way.

Employment

Bellevue college, program chair, online, every other quarter I teach one class. Technically it's two per quarter but all online.

I am adjunct faculty at Rutgers teach a course every other summer.

Anything else?

I love writing, involved in editing and revising textbooks. Last weekend went for an orientation for a charity I'm going to start working with I hope. BirthdayDreams, birthday parties for homeless kids. like the whole concept.

Anything else that regularly takes you away from child during your residential time

Legal history

Your alcohol/other drug history –

Less than moderate, often will throw out alcohol bc not consumed in time.

No history of issues. Dave never drinks, has never had any. He would insist I not drive if I've had my half glass. I'm fine with that.

Substance use history – 70's experimentation, in adolescence. Nothing else.

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Physical health history

Excellent. Diagnosed with adhd 2005, inattentive. Take medication now. I had known that I had something but it was when writing my dissertation that I had to do something about it. two meds.

Your coping/mental health history

No history of sig lows or highs. Have had sig stress, handle it philosophically. Nothing I can to do change the source of stress. When someone is bugging you do not let them live rent free in your head. My neigbhro good, my sisiter is fantastic.

RELATIONSHIP HISTORY

Prior significant relationships? We met in jr college, married on the young side. Just turned 20. He was in the Navy, we moved to Pensacola, had no money, he was on an aircraft carrier, training, two weeks in and out. Great rel. when Jame was born I started back to college to finish my bachelors. Doing well until I finished college and moved back home and was accepted into the army. He had discharged from the navy, then started selling dope. I was an ofc and said no way, would be courtmartialed if he was caught. He was using also. We had a distant but sort of okay rel thru the years. Now he lives in Edmonds. I'm not in touch with him at all, but we are aware of each other. Works at SPU now. No dv. No sig parenting issues. He adored Jamie. After the divorce he couldn't really figure out his role. He was in seattle, no money, visitation was a problem, I voluntarily decreased his child support. When I married dave, it became more difficult. Dave made it hard for him to see Jamie. I would drive Jamie to Seattle and drop her off, even give money for lunch. Dave would say no, he needs to come down here. When we moved, I think Gerard couldn't afford to pay for flights. When Jamei went to see my parents in MA, she would also see his parents for a few days. Have that rel. It became so difficult to arrange the travel across the country.

Relationship with other party – knowing what I know now, and having a year or two outside it now, looking back I would call it pretty dysfunctional and the last six months to a year super dysfunctional. I think – I have a fairly close rel with his mom, and I remember re/t we got to I would say dave is quirky and she would say you are a saint, for putting up with my son. To me it was normal. But he is very controlling. I think it was easy for me to release a lot of things to him. That is why I don't know that much about our finances. e/t he was responsible for he kept close and didn't share. Bc I tend to keep things in, don't get emotional, don't have outbursts... a bad combo. He came from a family where they yelled if they didn't like what was going on and I tended to walk away or want to have a discussion about it. bad combo. Him controlling, me conflict avoidant. He is a very very intelligent person... he would say what do you think about this, if mine was different than his, it didn't matter he was going to do what he wanted, and would say, well I asked you.

More about his personality? He is abs brilliant, a math genius. Amazes me the calcs he can do off the top of his head... he has sort of that science/math nerdy inability to connect with people. We had very few friends when we were married. When first living here, I connected with neighbors, and dave's socializing consisted of complaining about our house, his job, politics. He is a negative, pessimistic person. I encouraged him to be positive. But he can't even muster a positive front for the girls. Over time that behavior magnified. He can be incredibly funny, that is the person I married. He was relatively outgoing, you had to reach out to him, but he could socialize, we had friends, was very funny. But that side gradually went away and we didn't see that ever. I remember Bekka saying there's no joy in this house. As he became more depressed, and he did finally say he was depressed, you never saw a smile or anything. He

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would come home head down, eat, then go into the bedroom. Like his father, who was very obviously depressed.

Parenting in the marriage - we did agree early on in the marriage that he would focus on the job, my career secondary, ... I think he was initially reluctant to have more kids I was the primary caretaker, finding daycare, I was the admin officer. That was okay. As a physician that takes up a big chunk of time. I would cobble things around making sure all those things were taken care of. I don't recall major disagreements about parenting style until Becky was six or so, first diagnosed with ADHD. We started clashing over things. I'm an information sort of person, go the books, tried to figure out how to handle these kids. I would suggest him reading a book, and he would not. I know what I'm supposed to do! He is a very authoritative, controlling kind of person. And he can talk. He would sit the girls down and talk at them for a long period of time. that is when we started with these conflicts.

I'm concerned now, he seems to be very reluctant to let Megan grow up. He wants to take her to the zoo, not things that a typical 15 or 16 year old would do, where she can meet her peers. And he does a lot of her self care for her. I say, you need to do this, and she says I'm going to go and live with dad. She needs to be able to do it to go to college. I miss being able to say, this is what I'm doing what do you think? And now the response I get is megans says your are doing something else and its wrong.

You as primary caregiver? I always worked thing around them. Jamie, I could find a pretty good daycare situation, could work at a decent job to forward my career. When Becky came along, I really put things aside to focus on getting the girls taken care of. In Ohio I started at OSU, was a teaching asst, and had a stipend, limited what I was doing to be there for the girls. Daycare, gymnastics, skating, all those things so he could focus on getting partnership, which never happened.

He is successful, but not fulfilling potential. He has real issues accepting any one else's opinions or thoughts. At home, but also at work. Would yell at nurses, be rude... he's not been able to fulfill his potential.

My contribution? For a very long time I sort of went long on this ride. It was after we moved here and I finally said I've got to be me. When I finally started standing up I probably did not do that appropriately or constructively at times, it's hard to know how to approach someone who is you always, or you never... he is never wrong. I probably did not approach that ... long ago should have insisted we seek counseling. My personality, tending to absorb, and thinking about things. Not the right match.

Depression - more recently, him not communicating at all. Would come home from work, have his laptop at the table typing away or reading during meals. Very little interaction with me, stopped talking to me the last few months. Had some interactions with the girls, but shortly after eating he would go to the bedroom.

I think he struggled with Megan's illnesses in particular. Diabetes, mitochondrial disease, very uncontrollable. When I traveled, he was responsible for it, and it was too much for him. Two occasions I had to rush home bc he was threatening to kill himself. I said you really need to see someone, he said if he did his career would be over... last two or three years, not communicating, being very negative, country and politics awful.

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Megan in K when diagnosed Type I diabetes. That year Bekka diagnosed with Adhd. About the time he decided he was not going to brush his teeth.

2005 moved to seattle. The beginning of a steady decline. Surprising to me, he always wanted to come back to seattle. He was at a place where he was not going to be able to hate his job, it was where he would finish his career, so he hated his house, that he purchased, then me. Things steadily got worse. The teeth – he called one day and asked me to come home, because he had to go to the dentist, his teeth fell out. He has had to have a lot of reconstructive work. Explanation? One time some research that showed a connection between oral bacteria and endocarditis, his explanation was this was a good way to kill myself.

Other avoidances or strange routines? He's afraid of heights. But lots of people are. He is very set in his ways, doesn't deal with change very well.

2007 – KSS diagnosis. He withheld medical information. KSS are at very high risk for heart block, and she was getting ekg's every three months. I took her for one in December. Couple days later he came home and said there was a mistake in the ekg she needs to have it done again, I will take her. He then came home and said it was okay. In January, he said oh by the way, it was not okay, she needs a pacemaker. He didn't understand why I was so angry. He said he didn't want to ruin the holidays? He really didn't understand why so upset.

Other instance related to her medical switch? I think there was. blanking on it. His family has a history of that, her mother had colon cancer and surgery, and they didn't tell her she had cancer. That she would be unable to handle it. I think that is what he learned from his family.

2010 – Pacemaker installed. Dave opened a secret bank account. The statements came on the house, in his name only. Once I opened one of his by mistake, and realized... he had enlisted Jamie's help in keeping it secret. Early on in the marriage, his mother gave us \$30 or \$40k of her money to keep secret – put it in the bank and don't tell mom. He wanted Jamie to know about it in case he died. He told her and told her not to tell me. He became convinced that I was shopaholic, spending all our money, despite the fact that our savings were increasing and we paid for a \$40k repair to the house in cash... I got access to his quicken file, saw all these entries, Pam's fucking stuff, or who the hell knows what Pam spent... he would get our statements and ask me what I bought at Target. I did a lot of online shopping. Controlling, I think that's why he felt he had to save it. saw the income as his, not ours. I had limited income until working at Bellevue.

All our money was joint, joint account, joint credit cards. Joint savings. The credit cards were paid off in full every month. Paid cash for the very expensive home repair.

I'm still trying to rebuild this relationship with Jamie. She said he didn't really say I was a shopaholic, that he said he was saving it for travel. She was at a low point in life, just coming out of a relationship, in between jobs... her words were he took advantage of that. This is a big elephant, we don't really talk about it.

Jamie and I had always been incredibly close, always a strong relationship. We've agreed that only when we are face to face do we talk about this, so we can hash it out. We've had a close relationship, a clique with her and my sister and nephew and me. This particular thing of her keeping this secret from me, created some serious damage. I have never apologized. Jamie has been apologetic. I think she realizes it is going to take some time. the fact is that she went

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along... she has told me she wants to be a neutral aparty if I were to complain about him. But she din't say that to him.

No other significant issues between us. We do have a good rel. ever once in a while we have to talk this comes up. She said at one point, early on, I said don't talk to him. She said I have to, he's my dad. She's right. I told her, I've spent \$7k a week on the divorce in the past couple weeks. I'm keeping the divorce industry afloat. She said, wow, that really sucks. I said that's all I'm going to say. I'm learning to... she and her husband are wonderful peopoe, I love to visit them. They have an amazing group of firensd that hae adopted Megan. The rel with be rebuilt.

2012 – spine surgery for Megan. Major. They fused things, from neck to butt. It was major. We were all worried about her wright for a while, was wroing for six to eight months before hand, she gained 10 or 15 pounds. Looked great. She had the surgery. From my previous career as a dietitian, I expected a period of time when she dint dant to eat. She didn't, she dindt' feel good... we came hom from hospital and she continued with, I'm not going to eat. It was time consuming to get her to eat. We were all becoming concerned, but his reponse was to scram at her, tell her she was going to die. He took her to the ER. I said I didn't want to go, to stressful. He came hom with handouts, apparently ahd someone come down and talk to them about how to deescatlante, not contribute to her stress. Happened again, I went the second time. while there megans geneticist came down, and she drank two cartons of milk.

This went on, I said to dave, you have to leae the house, you are not helping, she is not benefiting. He went and stayed in a hotel for a weekend. That happened twice.

Bekka – he manually disimpacted her. she is a very sensitive, done'st handle pain well, I think had this anxiety disore for some time. she was in high school. I was in the kitchen. He came out, grabbed the kitchen gloves, and I heard her scream, and he came in threw the gloves away. I said what happened, you did not do what I think you did? He said I did, I'm a physician... she never talked about it. I never... she never borught it up, did not want to talk about it. to this day, she doesn't flush the toilet. I have no clue what that means. Megan sometimes doesn't.

He moved out in November 2012. Divorce filed in August 2013. By him. I know he was seeing someone int eh summer. I think that triggered it. around the time he had taken the girls on a date with his gf. September of 2013 he started complaining I was denying him access. He had been telling me when he wanted megan, and that Is what he would do. It was always more days with me. That was working fine. Megan didn't expresse an opinion about her time with him. I would tell her what days with him, and if some event for her, we would work it out. He became fixated on an exact 50/50 split when school started in 9/2013.

I had looked up the tpical plan, and it weemed alterating weekesna dn one overnight per weeik. That upset him, that I was keeping her form him, etc.

2014. I think Beca blissfully unaware of tha tis going on with his bx. She tensd to be in her own bubble. Her college and banking info goes to him. I don't know what hr tuition is, etc. she is at Loyola in new Orleans. I'm happeier knowing she dosnt'g get it.

Megan's schooling – bc I'm available, I do most of that coordination and communication. I know that he wants to." After he had this blow up with the pediatrician, I spoke to the ped on

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another issue, I thought dave is probably really scared. The ped said, it was a very explosive sitch, that dave is portably very scared, as moany divorced dads are. That mom knows more, does more, he ges less info. Part of it. on one occasion, the most nutty thing, I accept responsibility, we were trying to set a meeting up with the school, asked about his availability, he didn't respond. I didn't see that he was not included in the email from the school, he knew it would be a certain week, but not the day or time. I didn't tell him, forgot, and they didn't either. I didn't try to keep it a secret, I thought he was coming. I cipied everyone the next day on a recap, and he ws furious. He emailed the school, blasted them, set everyone on edge at the beginning of the year. There were three or four incidents like that. Go to the point that we agree I was going to contact the school about something, and then he disputed our agreement.

Megan's CM and her Ed interpreter had a conflict, a blow up. They had been very good friends. It is improved now, the situation. No chance she would leave over this issues. She adores Megan. I think dave became convinced that this conflict between these tw people, that the district ws aware of and was taking steps ot address, it wasn't our business...

Really having conflict with decision making. Impossible with his current behaviors to share deision making. Biggest issue.

Megan is silent on this. Doesn't want to talk. I notice more and more, everything is better at dad's. dad doesn't make me do that... He is saying Megan tells me you are not doing this or that. I think she is beginning to manipulate. She is a smart kid.

I think they have a good rel. I think she wants to grow up, but is sort of... she has very few interations with her peers. She is comf being this young child, and he treats her as a yojnc child. I think she struggles with the contrl, girls have leraned not to push back. I think she adores him. He takes her to the zoo, etc.

Concern with the schedule? Really and truly it is the commx, and the responsibility for her care. If he has her for two days in a row, and she is sick, what would he do? His plan is weird that his two nurses would come and take care of her? he works all day, whe would come home and be in an empty place? It's more about his communication. She needs us to be abel to communicate.

000161

7/8/14

1:02

thoughts from last time? not conflict averse at work. Over time I've learned to choose battles wisely, over the years the best course of action at home has been to avoid battles. The thing that really stuck to clarify. I brought some photos.

Megan's treatment is symptom management. No cure. Managing the complications. She takes insulin, insulin pump. Delivers a basal amount, and after each meal she gives herself a pump. And the set needs to be changed every three days. Theoretically she could do it herself. She chose to put it in her butt, likes to have someone else do it for her. a huge step towards independence. It makes me nervous that her dad is doing the set changes, she is pulling her pants down for him. I don't feel comfortable about it. we should be moving here to independence.

She takes thyroid hormone, a multivitamin, vitamin c, vitamin e, and carnitine, and coenzyme cube. Weird cocktail.

Independence? Can she live alone? Given what we know about her now, she is making no effort to become independent. She says she wants to go to college in London... she is not going to get better unless they find a cure. We don't know what her prognosis is. I recently talked to her biogeneticist, dave had written in ppwk that she had a life expectancy of 20 years, so we researched it, no answer. I need to be prepared for both.

Is it okay for her to be home alone? Before we separated, he would not leave her alone at the house so I always had to be around. If he was in clinic in Bremerton, I could not travel. Until she was 13 or 14, I really didn't grocery shop without her. Once at that age, I was okay leaving her but he was not okay with it. he would bring her to bremerson with him and take him out of school, or he would take a vacation day. Then when we separated he wanted her to be left in his house. That surprised me, who would she call?

What does it take for her to be alone? She needs to check her sugar frequently, every three to four hours, and she needs to eat. Understanding when she is in trouble. She does demonstrate she will text me in trouble. And what it means to be a deaf person in a hearing world. she's home alone now. She checks her sugar before I leave, court ordered no more than four hours. If not, I would feel comfortable leaving her for a day.

I think she prefers being alone, nobody bugging her. yesterday we went to Snoqualmie, took pix of the falls, hung around and had lunch. She enjoys that. But she also enjoys being alone.

Dave brings her by much earlier than she wants to get up. She's grumpy, goes back to bed when she gets home. Not against picking her up at his house later on, but he didn't ask and I didn't think of it. I think when she wakes up that early to get to me it disrupts her sleep.

Concerns

Encouraging her self care - a lot of it is the diabetes, medical management. He makes decisions for her where I would ask her what she wants to do. Eg, she likes chocolate milk, he makes it for her. he puts the pills out for her. she does need to be watched swallowing them. She complains to me all the time about when she has to take the pills. I give her some flexibility about the timing as long as she takes the full day's worth.

000162

I think Dave says how things will be and she does it. mostly medical stuff he wants to really clampdown on. And what they do tg. he wants to take her to the zoo, and the theater. She says she hates the plays that he takes her to, but she goes.

Concerns about uncertainty of her future? Indicative of the commx issues. Thinking that your child has less than four years? You'd think you would talk to the other parent about that. It took me a while to even pick up the phone (to ask provider). They said don't give up her college fund. I don't know what he expects her future to be, if that is his mindset. A very different approach than mine.

Lack of collaboration and cooperation? I hate to be complaining. But it is very difficult to work with someone who will not collaborate. He says he is, but... emails starts to me with demands: these are the things that you will do. I should be used to that, I guess, but constantly just a barrage. I've learned to not respond. I try to read between the lines, but he rarely says please. And if he does, it's sarcastic. I can't bring up things that are important bc there will be a tongue lashing. No negotiating with him. This is the way it is. If I bring it up, it's wrong and will never work. It's a very one way sort of street. The one time we collaborated and I said I would email the school, when it went out he was angry.

About? Usually my last line is "thanks so much for doing so much"... I think he takes it as I'm doing side commx behind his back.

Megans' need for care and a flexible parent schedule – dave doesn't have that. It's the rason I took the job I did. I do bullets of this is what I did today, it adds up. I spend five to 10 hours each week during the day related to Megan's needs. Summer is easier, a bit.

Dave's behavior towards me – both girls have said 'he hates you mom.' When we are face to face, he hates to come to the door of the house. He will say I forbid him, but that's not true. I said don't come in if I'm not home. Early on he came in and went into my bedroom and mesed around. He hates to come to the door, when he does he can barely grunt out an acknowledgement, if he even meets my eyes. He ignores me, totally. Last week I was out in the morning walking the dog when he pulled up with Megan. I said to him hi dave hows it going, and he did not respond. Megan saw that. The look on his face, is really frightening. Obvious he does not like me. I mentioned in an email, for Megan, can you fake it. he thinks he is being perfectly social. He can't fake it. I think it's difficult for them. They could think they can get away with murder, or have to deal with it.

Dave's information hoarding – in our house we have 28 years of tax return file folders. Mostly he does not want me to know stuff, secretive. Becky has this long weekend at school during mardi gras. I was starting to think, was she coming home? He shares no information about school. I know her tuition went up, but he won't share the amount. I was wondering what was going on, and an email for American came to my email account, and I asked her about it and she said she was going to see grandma during her long weekend.

I got his financial info from his interrogatories, and on his credit card statements he had tix from LA to FL, and then stopped in ATL. I called Jaime about it, is this a secret? Megan should have gone...

Back in October when he was convinced, where he missed a meeting and it was sort of my

fault, right after that he had ot do diabetes training, and I've always known when it was. he refused to tell me. He said, I don't need to tell you.

This behavior escalated more recently, since we separated. He won't share updated financial ifno, the work schedules.

For convenience sake, and bc I'm babysitting for him this summer, I've needed to know his schedule and how to contact him. He has said to call him and text and phone him at all his contact numbers. No way... in February he said he doesn't have to give me his schedule because I won't give him my schedule. I don't have a schedule. I sent him the academic calendar... bec I'm babysitting him I neeed to know his schedule. It took almost an act of god to get that. Then he changes it, saying hd deosn't need to give me the minutiae of his day. But picking up at 12:30 rather than 5 is not minutiae. On three occasions he had changed a vacation day. Bec he didn't tell me, he could have had her. we are having the broker's open tomorrow from 11 to 1. I had a plan for me and the girls. He knew about the brokers open, that he had the hv scheduled, and yesterday he emailed me to say he was picking her up at 12:30. I said we won't be there. I realize he done'st have her 50% of the time, so I give him extra time.

Megan was supposed to be at camp this week, I had planned everthig for this week thinking she would be gone. He called the camp without my knowledge and made this request that I didn't really agree with, and got e/t switched. I thought there was a reason they switched the camps so the girls would not be tg. I hadn't made a request for the switch. i was trying to work out her insulin pump stuff with the camp people... to find out she wasn't going. Megan had said that dad called them. I thought that was too weird, he should have said something to me. I found out for sure when the camp called me. Last R or Friday. A last minute thing.

The last thing, we do a fundraiser for mitochondrial disease in ATL...this year we were abel to build a rapport with one of the asst princiaps, I emailed him early on and asked if he wanted to work with me on something, and he didn't respond so I let it drop. It turned out that Dave was emailing her teacher and asking them to donate, telling Megan she had to get her bridges class to make posters, etc. he was doing all this behind my back. He cant work tg to support Megan and this walk. He started sending fundraise letters to my friends and colleagues... we could have worked tog.

Megan's communication needs – I can't say what is going on at his apt. she told a couple people that he does not sign with her. he does have some asl skills, was a pretty advanced beginner. I hired a tutor, go with her to asl chat. She says she doesn't want to sign, but I find it makes a huge difference bc she done'st hear e/t she thinks. I'm trying to use more signing for her. I paied for signing lessons for two of us, thinking that becky would go...increased conflict between them bc becky couldn't sign. With some lessons the conflict decreased. But he doesn't sign.

If she doesn't get a cochlear implant, she will be deaf. I've looked at getting a deaf mentor. The cochlear implant is up to her, she is a strong candidate. But she is not interested at all. I don't usually bring it up to her, don't want to push that on a child. The implant doesn't replace your hearing. Not welcomed into the deaf commy with an implant. A big decision, it has a different sound quality, can't do music. From her pov, I don't think shes thought abou tthat. Just that she doesn't want surgery, a day or two thing. Not a huge surgery. What concerned me is that ny hearing you do have is destroyed by the process. I just thinks h's

basically saying that is enough. She mentioned when she gets her eyelid surgery she would do it at the same time. I think that will happen in the next year. She's starting to look forward to it... her eye lids only open about halfway.

Peer relationships – in previous back and forths, he has said that he socializes with her a lot. I think that's great, to the zoo and other, but not the typical things a 16 year old wants to do, don't run into her friends there. He takes her to see younger movies. Not a social thing. It's been difficult for me. I get her to ASL chat, was trying to get her to join clubs in school which was a losing effort until we put it into her IEP. He calls her friends' parents on the phone and arranges play dates and sleepovers. She should be doing it. She doesn't really have a strong group of friends. There are two to three girls she's friendly with, they go to my church, but she won't go. Fortunately she will be joining clubs, and she is photog for the yearbook.

She is incredibly verbal. You can understand her.

Proposed schedule –

Anything else? I didn't say for a long time but he has a boundary issue. The girls have both walked in on him masturbating. We had to go through lawyers to get him to put on a pair of pants when he went to check Megan's sugar. He should be more aware. I don't think there's a risk, but the fact that doesn't see it as a problem... not just him.

Megan's personality – I think all the girls are passive/compliant with him. No one wants a conflict with him, will go with whatever they want. I will ask for their input, and will choose my battles. He is a my way/highway person. Will talk at you for a very long time if he doesn't agree. She can be very oppositional. I was talking to her counselor at group health about that. Can be good for her to have backbone, but she also needs flexibility.

Road rage – he will scream at other drivers, curses, perceived slights get a tirade. Megan has said it's embarrassing, that he's screaming and swearing. He will slam the steering wheel, hit the horn, never beyond that. He will interrupt a conversation to yell at someone. He can't figure out how to not do that when the kids are in the car. And the texting.

Covered it.

2:18

7/29/14

Megan doing well. She had a head ache this morning. Was to see her ophthaologist, but had a migraine so we rscheduled. I couldn't get an appt before December. It's got some wiggle room.

Camp Korey – she has a lot of friends from camp, the next day was the Guild picnic, she wanted to go to that. She was wired from camp and excited about the next day.

Her weight – she's always been thin. Her weight now is stable, fluctuates a pound here and there. In one scale she had lost a couple pounes, then a couple days later she weight again on their scale, and had gained a pound. The biogenetics, they want her at the 10th percentile, and she is the 7th percentile. Her work with Dr. Humphreys is good. She is keeping a list of her foods... she is really itno talking about new food, things she might add, might try. Today she ate more than usual when she has a migraine. Yesterday's appt I think made an impression on her. it was about why do you want to gain weight? Not you need to gain weight. The girls are getting into a milkshake competition. Supposedly.

Dave continues to not want to look at me. With the weight loss, eh is really fixated on that. Wants a goal, wanst to force her to eat. That is the opposite of what her care team wants. I setn him this morning the aftercare summary from yesterdays' visit. I haven't gotten a response yet. Typical of him, no response, ignoring.

The best plan for Megan going forward? I'm not sure why we are here. Not that far apart. Mine was every toehr weekend and Tuesdays. Willing to work with him on bringing him back on Monday morning. 50% is impossible druing the school year. It's the communication, not the schedule. I'm not willing to share decision making. It's been demonstrated that is not a workable situation. That is going okay. The difficulties with her school issues – demonstrate it is not a good idea. His rudness to me and to educators. If he perceives he is slighted in any way, he will fire off emails without thinking. I've never hid information from him. I'm getting readin to schedule a second family meeting with him and Megan's thx. I didn't think we were that far off. It was weird, but I could have worked with it. that plan is his one an only offer.

I worry about his anger, them being exposed to that. Two weeks ago, he found a bunch of pills in her bag, woke her up and forced her to take them. I have the email he sent me about it, that he forced her to take it. like it's okay.

Gave me emails/list of issues

Communication and he hates me so much that he won't even look at me.

Dave proposed four days on and off. Last summer we did two days on, two eays off. The kids didn't like being a ping pong. He proposed this 50/50 four days on and off.

Disagreements aobut medical care? Her weight is the only issue, it's not really a disagreement but the clash. Difficult to know what his desires are. I talked to Dr. H, and am talking to the nurse today, what is the number? Lets give him a number. I thought the 10% a good number. We are not against david. As a phsycian he has an ego, he says you don't take my medical expertise into account, they said you are not a pediatrician, you're not an expert. Not a clash. We want the same things for Megan.

Two year plan – the goal is to get her self sufficient in her day to day care. She needs to be doing her set changes, totally managing her diabetes. Managing her blood sugars, being aware of her tendencies when she has low sugar, etc. I'm hoping we have a closed loop system by then. In clinical trials. Would also need to be able to fix as a deaf person. With the mitochondrial syndrome, she has to take her meds, is heat intolerant, etc... a lot she has to do.

I've told her she is responsible for checking her sugar at midnight. She's awake, it's her job. I can check the log, and if she doesn't do it she loses her phone for a couple hours. She does it at school. Her dad checks her sugar at midnight, but she's usually awake. I try to back off of reminding her to check, because it is her job. It's hard, because in the back of my mind if he were aware she didn't check it, he will be angry. She went to his house without a warm winter coat, and he sent an angry email, why did you send her without a winter coat, she has to walk to the bus? I said she might learn from being cold.

She belied herself after lunch today, without reminding. And at the pool she brought me her things to hold, her hearing aid, etc, told me not to get them wet.

Does time at Dave's home give her more time to be independent? He's angry when I go to work, and angry when I'm home... when she's home with me and I'm working, the girls interrupt me, I do try to make her responsible entirely. I don't think it would force her to be more independent.

Dave requesting info from her medical record – why is that bad? No collaboration. Geri the nurse, she said Dave asked for a copy of Megan's growth chart. The biogenetics nurse called, we were talking about where she should be on the growth chart, and she said Dave called Dr. Merritt through the physician line. I didn't know what it was about. That doesn't allow us to work together.

I'm assuming because he asked for the growth chart, that he is going to try to figure out how to support his claim that Megan is failing, with that information. She weighs 90 pounds.

Anything else? I hate to overwhelm you with papers – the concern I have is this is a very difficult situation for everybody. Toally alien to me to be having to almost defend what I'm doing.makes it difficult for you, with how contentious things can be. At the end of the day Megan needs two parents, safe, coparents who can talk to each other. What is best for Megan. My biggest concern. Such a small snapshot. Such a weird situation. Wanted to make share you had enough of a feel about how I am, I wanted to make sure you had that information.

This summer not a prime example. My plate is overflowing. I'm trying to work enough to keep my job. My dean is understanding. Megan and I really want to get these trips in. hard to do, all these appts. We are going to get two of our trips in next week. In addition to that I have sole responsibility for selling the house. Keeping it spotless, leaving for an hour when someone wants to see it, with 30 minutes notice. Worrying bout where this divorce is going, has become so argumentative and difficult. I don't understand how it has to be that way. So much stuff, keeps me from the usual summer. Weighting on my mind. I don't see any way around it until this divorce is over. It's been frustrating to not do the things I would like to do – you have to take care of these things.

What else? I know throughout our marriage I have always let Dave be in charge, his anger would take charge. When he was depressed I would bend over backwards. Now that we are

separated I am finding I enjoy having more independence. I think it is good for them to see me becoming independent. Worry that they will pick up from him his bad bx... bekka said, dad hates you. I said, I don't hate him, I hate the situation. It is where we are. Bugs me that I'm not able to be where I want to be. Megan will be a sophomore in high school. 9/29.

Anything else? I think – I had more pix. I left them at home. Photos when Megan was four – princess party.

One more question – dave's lawyer said the report will be finished 8/1.

1.0

Pam Charney

11:03

Informed consent:

- legal process
- you are not client
- objective, neutral evaluator
- child's best interests are paramount
- not confidential
- not therapy
- anxiety provoking situation
- no interim recommendations
- task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- there is no guarantee the outcome of the evaluation will be in your favor.
- Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions -

Evaluation process:

- Interviews – 2 or more
- home visit -
- collaterals – personal and relevant professional
- testing,
- legal materials and other relevant materials.
- Final
- Report
- No questions
-

Bringing you to eval?

Nutshell, husband's lawyer sent doc that said david's pp from 9/2013 is final offer, take it or leave it. we've been back and forth trying to neg and mediate a/t, this is the consistent response. His 2nd lawyer. Heavy handed, I thought. We tried mediation and he walked in and said we will settle nothing today. We have to figure something out... back in sept, my lawyer sent to his and asked if we could do this eval, but that didn't get signed until last month.

He is insisting on an exact 50/50 split of Meghan, time, decisionmaking, e/t. right now we have a typical residential schedule, I've heard. In school, every other weekend and Tuesday overnights. He has counted every hour. And wants her exactly half the week. I'm willing to talk, but he won't sit down to talk about that... very difficult to communicate e/t. I have a very flexible work schedule and I'm the person the school calls, when she's sick, etc. It made sense to the court that I have medical decisions making.

CURRENT STATUS

Your coping

The separation occurred 11/2012. I'm managing as best I can... deal with this today, better days are coming. I'm not climbing the walls. Do have a sister to talk to but try to limit that, sure no one wants to hear that all the time. frustrating when I get belittling verbally abusive

emails. I'm sure he done'st see it that way, but... I put those aside. Juggling full time job, seeling the house, geeting teen where she needs to go.

Sleep – okay, for the most part. Occasional night... keep a padn and pen by the bed and write it down. Usually I get to sleep but the wake up at 2, and if I can't get bck to bed, then make myself stay in bed until four then get up to exc... that works out.

The girls and I all have adhd. I'm a list maker...

Cyring? No

Appetite - good

Children's coping

Megan – she is a character. She doesn't talk about any of this at all. Occasionally I've heard from toehr adults about Megan talking about time with dad. At home she hsan't wanted to talk bout it at all. The first time she said she wanted to talk, last summer, he made the mistake of taking the girls on a date with his gf. Megan mentioned it, and I asked what she thought about that... we had that talk... more recently, I've started to think, this is heating up... every Sunday I've started saying do you want to talk, I will isten. So far, no.

She is amazing. Starting around fiv, one health crisis after another. She is sometimes frustrated. I haven't seen her cry or be visibly upset in front of me. When we found out she had Curn-sayer. Kearns-sayre Syndrome – relatively rare mitochondria deletion. We had her dna analyzed. Associated with her deafness, diabetes, heart block, scoliosis, etc. in dealin with all that, she has been amazing. A typical kid. I've been focusing on telling her hse needs to take over some of her care... working iwh t hre on self care... amazing providers.... Schoolwise, she has surprised everyone. School for hard of hearing kids it 6 – 8 grade. Staff there amazing... starting mainstream HS... she's stepped up... getting all A's an B's. she has a case manager, the right mix for Meg... doing great in school. Does concern me that she has very little EC life. Earlier in the year tried to encourage her to join clubs. One cheerleader coach knows asl. She quit dancing this year... I struggle with that... she is exhausted at the end of the day, too.... Going to look at sleep hygiene this summer. PE – she is supposed to be walking 2 miles... I said let's get some cool sneaker and you walk and I run. So far she hasn't said no.

12:02

BACKGROUND INFO

Family growing up

You reported

Family problems while growing up - mh, d/a, dv

Trauma suffered as child - emotional, physical, sexual, etc.

Anything else?

Education

Anything else

Employment

Anything else

A/t else that regularly takes you away from child during your residential time

Legal history

Any contact with police, including arrests, citations, communication related to your behavior?
Any contact you had with police related to spouse's behavior
Anything else?

Your alcohol/other drug history –
Do you currently drink alcohol
When was the last time, how much?
Is that more/less/ the same as usual
How much do you typically consume in a week
Starting when (how long has that been the pattern)
more/less/the same as in the past
Have you ever cut back or quit drinking for a time (first, worst or last time)
Has anyone ever expressed concern about your drinking (first, worst or last time)

Substance use history –
Do you currently use illicit substances or prescribed medications
Have you ever
Names, ages, dates, frequency, volume, last use, period of greatest use
Tell me about a time when you were concerned about your using (first, worst or last time)
Tell me about a time when a loved one or friend expressed concern about your using (first, worst or last time)

Physical health history
Anything else

Your coping/mental health history
Current coping
Better, worse or the same?
Have you ever had trouble managing your thoughts, either too fast or too slow? or emotions – too much, too high, too low?
Duration/intensity/frequency
Have you ever had individual counseling
Has anyone ever recommended you seek counseling

RELATIONSHIP HISTORY

Prior significant relationships?

Relationship with other party
How would you describe it?
Any separations? Who initiated and why
Final separation – what happened?

Have you ever felt threatened or intimidated in any past rel (including other party)?
Has any past partner of yours felt threatened or intimidated by you?
Have you ever hit, pushed or broken any objects in any past rel?
First, worst and most recent incident.
Has any past partner of yours ever hit, pushed, or broken any objects during a conflict with you? With any prior partner?
First, worst and most recent incident...

Does the other parent use alcohol or other substances now
Have they ever
Has their consumption ever caused you concern or created conflict
Tell me about the first, worst, and last time

Has the other parent ever had trouble with their moods, too strong, too high, too low?
Duration/intensity/frequency
Have they ever sought individual counseling
Has anyone ever recommended they seek counseling

PARENTING HISTORY

Tell me about your child/children
Your role with the child/children since birth
Other parent's role with the child/children since birth

Pam Charney

7/1/14 9:29

11:03

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12:02

2nd Interview

9:29.

School out, Meagan did very well a's and b's. megan is with me durin the days, sees him ovefrnight but still with me in the dya. My academic year eanded June 20th and now I'm woking from home. Not teaching at all, just administrative things, course review, curriculum development.

Megan's health? she is doing fairly well. Idk if she had been to the er before or after I saw you. She had a day when she was home with headache and looked differently sick to me... looked and acted differently. I called her biochemical genetics provider, off that day, went to er. She did have some fluids. Lab work was normal, fortunately. While we were there she neded to get the iv. She hates them with a poassion. Started sking for her dad, I think he wa seeing you that day. He wasn't able to come. inspite of that she did very well, once it was in. once she knew she could go home she wanted it out so badly. They were swamped... she was dancing when they disconnected it. healthwise that is aobu the only thing.

We got her a new insulin pump, they have her using a new pumpset, the tubing that goes from the insulin pumt fo te needlea or catherterin her body, different than the one she's bee usinsg. She is a creature of habit, not the pumpset we had planned. It's at her butt, I'm not loving it. Called hthe sureT, steel needle, you pop it in. the part that ido, that she needs to learn is to pop it in. but it has this connecting tube that has to be taped down. She Is not loving it, done'st lke to shower with it... talked about another one, but she doesn't want it. hard to disconnect it until you learn it, hard to get her in the shower... if we did her side or belly, she would have better access... she can't do it herself. The wholething is to get her independent. I'm trying to get her to change it to side or belly but she's pushing back.

Otherwise she is just being Megan. She has a new cxlr at gh, she is seeing him today. In addition to expanding her variety of foods, goint to work on sleep hygiene. She has a wonky body clock... she met him once, I think she did make a connx to him. Reisitant when she fist met him but ended the appt agreeing to fod journal and to come balck. Had a family meeting with f, m, megan and two providers. Started out very poorly bc david ws furious that they didn'ta agree with him that she was underweight... they woed him the growth curve, she is having her periods, on the skinny side but its okay. He got angry to the poing that he was yelling at them, that they didn'tk now what they are talking about... I was impressed watching them talk him down. He was insulting to them. I was looking at Megan who ws bewildered... towards the end he was able to get himself back own, they were able to work withhim on a plan. Since then he's emailing me, what's the plan, whats the plan. But she's only met with thecxlr once and I dn't know the plan... commx is difficultthese last couple weeks.

I did crate a google calendar, put it all in, and for a week been trying to send him a google calendar. He says he is not getting it... hopefully that will work. I think it could alleviate a lot of this back and forth.

BACKGROUND INFO

Bekka is now at home, seeing a psychiatrist, now diagnosed with anxiety in addition to adhd. I am rather concerned about all the stress in between dave and I, how that impacts her. I don't think she credits herself with the strength she does have.

Family life growing up: good. On both sides a lot of extended family. Mother had seven sibs, one died in ww2. She was third to youngest. Dad had four sibs. One in CA. the others loca. Always family around. Grew up in a traditional lower middle class hood. I wasn't aware of it at the time, everyone the same. No one locked door, neighbors come in and out, big group of people. Growing up in NE, both parents came from a long line of solid Nengale yankee. Not a lot of ethnicity, but you knew that you were cared about. Knew who you did something wrong... you got a stare from my mother and you knew... it was good. I miss my parents a lot, with them both gone and gotten to know them. They doted on Jaime, and my nephew. When Jaime was younger and we were in the army, she would go and stay with my parents for six weeks in the summer and had a blast. My dad had nicknames for everybody, Jaime was the General and cousin was the admiral.

No significant issues growing up. Can't recall anything. Father worked for the phone company for forty years... 6 or 7th grade he had to have surgery, was very overweight, they discovered he had type 2 diabetes, he just put himself on a diet and lost the weight, that was it. same thing when he decided to quit smoking. He had that kind of strength. No D/A, no pushing/shoving, no mood stuff. No trauma experienced as a child.

My mom died two weeks before Bekka born, horrible, 1994, and dad died 1992.

Relationships with brother and sister now? They are good. Brother in LA, sister in PA. almost daily in contact. Along with my aunt.

Education

I'm done. So done now. When I was finishing the informatics masters, my advisor suggested, but no. informatics is about managing the information that is thrown at patients and medical staff. We try to manage that knowledge, and present it at the right place and right time, making sure the technology is being used in the right way.

Employment

Bellevue college, program chair, online, every other quarter I teach one class. Technically it's two per quarter but all online.

I am adjunct faculty at Rutgers teach a course every other summer.

Anything else?

I love writing, involved in editing and revising textbooks. Last weekend went for an orientation for a charity I'm going to start working with I hope. BirthdayDreams, birthday parties for homeless kids. like the whole concept.

Anything else that regularly takes you away from child during your residential time

Legal history

Your alcohol/other drug history –

Less than moderate, often will throw out alcohol bc not consumed in time.

No history of issues. Dave never drinks, has never had any. He would insist I not drive if I've had my half glass. I'm fine with that.

Substance use history – 70's experimentation, in adolescence. Nothing else.

Physical health history

Excellent. Diagnosed with adhd 2005, inattentive. Take medication now. I had known that I had something but it was when writing my dissertation that I had to do something about it. two meds.

Your coping/mental health history

No history of sig lows or highs. Have had sig stress, handle it philosophically. Nothing I can to do change the source of stress. When someone is bugging you do not let them live rent free in your head. My neigbho good, my sisiter is fantastic.

RELATIONSHIP HISTORY

Prior significant relationships? We met in jr college, married on the young side. Just turned 20. He was in the Navy, we moved to Pensacola, had no money, he was on an aircraft carrier, training, two weeks in and out. Great rel. when Jamie was born I started back to college to finish my bachelors. Doing well until I finished college and moved back home and was accepted into the army. He had discharged from the navy, then started selling dope. I was an ofc and said no wy, would be courtmartialed if he was caught. He was using also. We had a distant but sort of okay rel thru the years. Now he lives in Edmonds. I'm not in touch with him at all, but we are aware of each other. Works at SPU now. No dv. No sig parenting issues. He adored Jamie. After the divorce he couldn't really figure out his role. He was in seattle, no money, visitation was a problem, I voluntarily decreased his child support. When I married dave, it became more difficult. Dave made it hard for him to see Jamie. I would drive Jamie to Seattle and drop her off, even give money for lunch. Dave would say no, he needs to come down here. When we moved, I think Gerard couldn't afford to pay for flights. When Jamie went to see my parents in MA, she would also see his parents for a few days. Have that rel. It became so difficult to arrange the travel across the country.

Relationship with other party – knowing what I know now, and having a year or two outside it now, looking back I would call it pretty dysfunctional and the 1st six months to a year super dysfunctional. I think – I have a fairly close rel with his mom, and I remember re/t we got tg I would say dave is quirky and she would say you are a saint, for putting up with my son. To me it was normal. But he is very controlling. I think it was easy for me to release a lot of things to him. That is why I don't know that much about our finances. e/t he was responsible for he kept close and didn't share. Bc I tend to keep things in, don't get emotional, don't have outbursts... a bad combo. He came from a family where they yelled if they didn't like what was going on and I tended to walk away or want to have a discussion about it. bad combo. Him controlling, me conflict avoidant. He is a very very intelligent person... he would say what do you think about this, if mine was different than his, it didn't matter he was going to do what he wanted, and would say, well I asked you.

More about his personality? He is abs brilliant, a math genius. Amazes me the calcs he can do off the top of his head... he has sort of that science/math nerdy inability to connect with people. We had very few friends when we were married. When first living here, I conned with neighbors, and dave's socializing consisted of complaining about our house, his job, politics. He is a negative, pessimistic person. I encouraged him to be positive. But he can't even muster a positive front for the girls. Over time that behavior magnified. He can be incredibly funny, that is the person I married. He was relatively outgoing, you had to reach out to him, but he could socialize, we had friends, was very funny. But that side gradually went away and we didn't see that ever. I remember being saying there's no joy in this house. As he became more depressed, and he did finally say he was depressed, you never saw a smile or anything. He

would come home head down, eat, then go into the bedroom. Like his father, who was very obviously depressed.

Parenting in the marriage – we did agree early on in the marriage that he would focus on the job, my career secondary, ... I think he was initially reluctant to have more kids I was the primary caretaker, finding daycare, I was the admin officer. That was okay. As a physician that takes up a big chunk of time. I would cobble things around making sure all those things were taken care of. I don't recall major disagreements about parenting style until Becky was six or so, first diagnosed with ADHD. We started clashing over things. I'm an information sort of person, go the books, tried to figure out how to handle these kids. I would suggest him reading a book, and he would not. I know what I'm supposed to do! He is a very authoritative, controlling kind of person. And he can talk. He would sit the girls down and talk at the table for a long period of time. that is when we started with these conflicts.

I'm concerned now, he seems to be very reluctant to let Megan grow up. He wants to take her to the zoo, not things that a typical 15 or 16 year old would do, where she can meet her peers. And he does a lot of her self care for her. I say, you need to do this, and she says I'm going to go and live with dad. She needs to be able to do it to go to college. I miss being able to say, this is what I'm doing what do you think? And now the response I get is megans says your are doing something else and its wrong.

You as primary caregiver? I always worked thing around them. Jamie, I could find a pretty good daycare situation, could work at a decent job to forward my career. When Becky came along, I really put things aside to focus on getting the girls taken care of. In Ohio I started at OSU, was a teaching asst, and had a stipend, limited what I was doing to be there for the girls. Daycare, gymnastics, skating, all those things so he could focus on getting partnership, which never happened.

He is successful, but not fulfilling potential. He has real issues accepting any one else's opinions or thoughts. At home, but also at work. Would yell at nurses, be rude... he's not been able to fulfill his potential.

My contribution? For a very long time I sort of went long on this ride. It was after we moved here and I finally said I've got to be me. When I finally started standing up I probably did not do that appropriately or constructively at times, it's hard to know how to approach someone who is you always, or you never... he is never wrong. I probably did not approach that ... long ago should have insisted we seek counseling. My personality, tending to absorb, and thinking about things. Not the right match.

Depression – more recently, him not communicating at all. Would come home from work, have his laptop at the table typing away or reading during meals. Very little interaction with me, stopped talking to me the last few months. Had some interactions with the girls, but shortly after eating he would go to the bedroom.

I think he struggled with Megan's illnesses in particular. Diabetes, mitochondrial disease, very uncontrollable. When I traveled, he was responsible for it, and it was too much for him. Two occasions I had to rush home bc he was threatening to kill himself. I said you really need to see someone, he said if he did his career would be over... last two or three years, not communicating, being very negative, country and politics awful.

Megan in K when diagnosed Type 1 diabetes. That year Bekka diagnosed with Adhd. About the time he decided he ws a no go to brush his teeth.

2005 moved to seattle. The beginning of a steady decline. Surprising to me, he always wanted to come bck to seattle. He was at a place wher he was not going to be able to hate his job, it was where he would finish his career, so he hated his house, that he purchased, then me. Things steadily got worse. The teeth – he called one day and asked me to come home, bc he had to go to the dentist, his teeth fell out. He has had to have a lot of reconstructive work. Explanation? One time some research that showed a conn between oral bacteria and endocarditis, his explanation was this was a good way to kill myself.

Other avoidances or strange routines? He's afraid of heights. But lots of pople are. He is very set in his ways, doesn't deal with change very well.

2007 – KSS diagnosis. He withheld medical information. KSS are at very high risk for heart block, and she was getting ekg's every three monhts. I took her for one in December. Couple days later he came home and said there was a mistake in the ekg she needs to have it done again, I will take her. he then came home and said it was okay. In January, he said oh by the way, it was not okay, she needs a pacemaker. He didn't understand why I was so angry. He said hd didn't want to ruin the holidays? He really didn't understand why so upset.

Other instancse related to her medical sitch? I think there was. blancking on it. his family has a hix of that, her mother had colon cancer and surgery, and they didn't tell her she had cancer. That she would be unable to handle it. I think that is what he learned from his family.

2010 – Pacemaker installed. Dave opened a secret bank account. The statemets came ot the house, in his name only. Once I opened one of his by mistake, and realized... he had enlisted Jame's help in keeping it secret. Early on in the marriage, ihis mother gave us \$30 or \$40k of her money to keep secret – put it in the bank and don't tell mom. He wanted Jamie to know about it in case he died. He told her and told her not to tell me. He became convinced that I was shopaholic, spending all our money, despite the fact that our savings were increasing and we paid fo r a \$40k repair to the house in cash... I got access to his quicken file, saw all these entries, Pam's f'ing stuff, or who the hell knows what pam psent... he would get our statemets and ask me what I bought at Target. I did a lot of online shopping. Controlling, I think its why he felt he had to save it. saw the income as his, not ours. I had limited income until working at Bellevue.

All our money ws joint, joint account, joint credit crds. Joint savings. The credit cards were paid off in full every month. Paid cash for the very expensive home repair.

I'm still trying to rebuild this rel with Jamie. She said he iddn't really say I was a shopaholic, that he said he ws saving it for travel. She was at a low point in life, just coming out of a rel, in between jobs... her words were he took advantage of that. This is a big elephant, we don't really talk about it.

Jamie and I had always been incredibly close, always a strong rel. we've agreed that only when we are face to face do we talk about this, so we can hash it out. We've had a clse relationship, a clique with her and my sister and nephew and me. This particular thing of her keeping this secret from me, created some serious damange. Eave never apologized. Jamei has been apologetic. I think she realizes it is gong to take some time. the fact is that she went

along... she has told me she wants to be a neutral aparty if I were to complain about him. But she din't say that to him.

No other significant issues between us. We do have a good rel. ever once in a while we have to talk this comes up. She said at one point, early on, I said don't talk to him. She said I have to, he's my dad. She's right. I told her, I've spent \$7k a week on the divorce in the past couple weeks. I'm keeping the divorce industry afloat. She said, wow, that really sucks. I said that's all I'm going to say. I'm learning to... she and her husband are wonderful peopoe, I love to visit them. They have an amazing group of firensd that hac adopted Megan. The rel with be rebuilt.

2012 – spine surgery for Megan. Major. They fused things, from neck to butt. It was major. We were all worried about her wright for a while, was wroing for six to eight months before hand, she gained 10 or 15 pounds. Looked great. She had the surgery. From my previous career as a dietitian, I expected a period of time when she dint dant to eat. She didn't, she dint' feel good... we came hom from hospital and she continued with, I'm not going to eat. It was time consuming to get her to eat. We were all becoming concerned, but his reponse was to scram at her, tell her she was going to die. He took her to the ER. I said I didn't want to go, to stressful. He came hom with handouts, apparently ahd someone come down and talk to them about how to deescatlte, not ontribute to her stress. Happened again, I went the second time. while there megans geneticist came down, and she drank two cartons of milk.

This went on, I said to dave, you have to leae the house, you are not helping, she is not benefiting. He went and stayed in a hotel for a weekend. That happened twice.

Bekka – he manually disimpacted her. she is a very sensitive, done'st handle pain well, I think had this anxiety disore for some time. she was in high school. I was in the kitchen. He came out, grabbed the kitchen gloves, and I heard her scream, and he came in threw the gloves away. I said what happened, you did not do what I think you did? He said I did, I'm a physician... she never talked about it. I never... she never borught it up, did not want to talk about it. to this day, she doesn't flush the toilet. I have no clue what that means. Megan sometimes doesn't.

He moved out in November 2012. Divorce filed in August 2013. By him. I know he was seeing someone int eh summer. I think that triggered it. around the time he had taken the girls on a date with his gf. September of 2013 he started complaining I was denying him access. He had been telling me when he wanted megan, and that Is what he would do. It was always more days with me. That was working fine. Megan didn't expresse an opinion about her time with him. I would tell her what days with him, and if some event for her, we would work it out. He became fixated on an exact 50/50 split when school started in 9/2013.

I had looked up the tpical plan, and it weemed alterating weekesna dn one overnight per weeik. That upset him, that I was keeping her form him, etc.

2014. I think Beca blissfully unaware of tha tis going on with his bx. She tensd to be in her own bubble. Her college and banking info goes to him. I don't know what hr tuition is, etc. she is at Loyola in new Orleans. I'm happeier knowing she dosnt'g get it.

Megan's schooling – bc I'm available, I do most of that coordination and communication. I know that he wants to. After he had this blow up with the pediatrician, I spoke to the ped on

another issue, I thought dave is probably really scared. The ped said, it was a very explosive sitch, that dave is portably very scared, as moany divorced dads are. That mom knows more, does more, he ges less info. Part of it, on one occasion, the most nutty thing, I accept responsibility, we were trying to set a meeting up with the school, asked about his availability, he didn't respond. I didn't see that he was not included in the email from the school, he knew it would be a certain week, but not the day or time. I didn't tell him, forgot, and they didn't either. I didn't try to keep it a secret, I thought he was coming. I cipied everyone the next day on a recap, and he ws furious. He emailed the school, blasted them, set everyone on edge at the beginning of the year. There were three orfour incidents like that. Go to the point that we agree I was going to contact theschool about something, and then he disputed our agreement.

Megan's CM and her Ed interpreter had a conflict, a blow up. They had been very good friends. It is improved now, the situation. No chance she would leave over this issues. She adores Megan. I think dave became convinced that this conflict between these tw people, that the district ws aware of and was taking steps ot address, it wasn't our business...

Really having conflict with decision making. Impossible with his current behaviors to share deision making. Biggest issue.

Megan is silent on this. Doesn't want to talk. I notice more and more, everything is better at dad's. dad doesn't make me do that... He is saying Megan tells me you are not doing this or that. I think she is beginning to manipulate. She is a smart kid.

I think they have a good rel. I think she wants to grow up, but is sort of... she has very few interations with her peers. She is comf being this young child, and he treats her as a yojnc child. I think she struggles with the contrl, girls have leraned not to push back. I think she adores him. He takes her to the zoo, etc.

Concern with the schedule? Really and truly it is the commx, and the responsibility for her care. If he has her for two days in a row, and she is sick, what would he do? His plan is weird that his two nurses would come and take care of her? he works all day, whe would come home and be in an empty place? It's more about his communication. She needs us to be abel to communicate.

How would you describe it?

Any separations? Who initiated and why

Final separation – what happened?

Have you ever felt threatened or intimidated in any past rel (including other party)?

Has any past partner of yours felt threatened or intimidated by you?

Have you ever hit, pushed or broken any objects in any past rel?

First, worst and most recent incident.

Has any past partner of yours ever hit, pushed, or broken any objects during a conflict with you? With any prior partner?

First, worst and most recent incident...

Does the other parent use alcohol or other substances now

Have they ever

Has their consumption ever caused you concern or created conflict

Tell me about the first, worst, and last time

Has the other parent ever had trouble with their moods, too strong, too high, too low?

Duration/intensity/frequency

Have they ever sought individual counseling

Has anyone ever recommended they seek counseling

PARENTING HISTORY

Tell me about your child/children

Your role with the child/children since birth

Other parent's role with the child/children since birth

Pam Charney

5/14/14

7/1/14 9:29-11:03

7/8/14 1:01 -

Informed consent:

- legal process
- you are not client
- objective, neutral evaluator
- child's best interests are paramount
- not confidential
- not therapy
- anxiety provoking situation
- no interim recommendations
- task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- there is no guarantee the outcome of the evaluation will be in your favor.
- Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions -

Evaluation process:

- Interviews – 2 or more
- home visit -
- collaterals – personal and relevant professional
- testing,
- legal materials and other relevant materials.
- Final
- Report
- No questions
-

Bringing you to eval?

Nutshell, husband's lawyer sent doc that said david's pp from 9/2013 is final offer, take it or leave it. we've been back and forth trying to neg and mediate a/t, this is the consistent response. His 2nd lawyer. Heavy handed, I thought. We tried mediation and he walked in and said we will settle nothing today. We have to figure something out... back in sept, my lawyer sent to his and asked if we could do this eval, but that didn't get signed until last month.

He is insisting on an exact 50/50 split of Meghan, time, decisionmaking, e/t. right now we have a typical residential schedule, I've heard. In school, every other weekend and Tuesday overnights. He has counted every hour. And wants her exactly half the week. I'm willing to talk, but he won't sit down to talk about that... very difficult to communicate e/t. I have a very flexible work schedule and I'm the person the school calls, when she's sick, etc. It made sense to the court that I have medical decisions making.

CURRENT STATUS

Your coping

The separation occurred 11/2012. I'm managing as best I can... deal with this today, better

days are coming. I'm not climbing the walls. Do have a sister to talk to but try to limit that, sure no one wants to hear that all the time. frustrating when I get belittling verbally abusive emails. I'm sure he doesn't see it that way, but... I put those aside. Juggling full time job, seeling the house, geeting teen where she needs to go.

Sleep – okay, for the most part. Occasional night... keep a padn and pen by the bed and write it down. Usually I get to sleep but the wake up at 2, and if I can't get bck to bed, then make myself stay in bed until four then get up to exc... that works out.

The girls and I all have adhd. I'm a list maker...

Cyring? No

Appetite - good

Children's coping

Megan – she is a character. She doesn't talk about any of this at all. Occasionally I've heard from toehr adulis about Megan talking about time with dad. At home she hsan't wanted to talk bout it at all. The first time she said she wanted to talk, last summer, he made the mistake of taking the girls on a date with his gf. Megan mentioned it, and I asked what she thought about that... we had that talk... more recently, I've started to think, this is heating up... every Sunday I've started saying do you want to talk, I will isten. So far, no.

She is amazing. Starting around fiv, one health crisis after another. She is sometimes frustrated. I haven't seen her cry or be visibly upset in front of me. When we found out she had Curn-sayer. Kearns-sayre Syndrome – relatively rare mitochondria deletion. We had her dna analyzed. Associated with her deafness, diabetes, heart block, scoliosis, etc. in dealin with all that, she has been amazing. A typical kid. I've been focusing on telling her hse needs to take over some of her care... working iwht hre on self care... amazing providers.... Schoolwise, she has surprised everyone. School for hard of hearing kids it 6 – 8 grade. Staff there amazing... starting mainstream HS... she's stepped up... getting all A's an B's. she has a case manager, the right mix for Meg... doing great in school. Does concern me that she has very little EC life. Earlier in the year tried to encourage her to join clubs. One cheerleader coach knows asl. She quit dancing this year... I struggle with that... she is exhausted at the end of the day, too.... Going to look at sleep hygiene this summer. PE – she is supposed to be walking 2 miles... I said let's get some cool sneaker and you walk and I run. So far she hasn't said no.

12:02

2nd Interview

9:29.

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Bekka is now at home, seeing a psychiatrist, now diagnosed with anxiety in addition to adhd. I am rather concerned about all the stress in between dave and I, how that impacts her. I don't think she credits herself with the strength she does have.

Family life growing up: good. On both sides a lot of extended family. Mother had seven sibs, one died in ww2. She was third to youngest. Dad had four sibs. One in CA, the others loca. Always family around. Grew up in a traditional lower idle class hood. I wasn't aware of it at the tie, everyone the same. No one locked door, neighbors come in and out, big group of people. Growing up in NE, both parents came from a long line of solid Nengale yankee. Not a lot of action, but you knew that you were cared about. Knew whe you did something wrong... you got a stare from my mom and you knowe... it was good. I miss my parets a lot, with that beck and megan had gotten to know them. They doted on Jaime, and my nephew. When Jaime was younger and we were in the army, she would get and tay with my parents for six weeks in the summer and had a blast. My dad had nicknames for evyerobdy, Jaime was the General and cousin was the admiral.

No significant issues growing up. Can't recall anything. Father worked for the phone company for forty years... 6 or 7th grade he had to have surgery, was very overweight, they discovered he had type 2 diabetes, he just put himself on a diet and lost the weight, that was it. same thing when he decided to quit smoking. He had that kind of strength. No D/A, no pushing/shoving, no mood stuff. No trauma experienced as a child.

My mom died two weeks before Bekka born, horrible, 1994, and dad died 1992.

Rels with brother and sister now? They are good. Brother in LA, sister in PA. almost daily in contact. Along with my aunt.

Education

I'm done. So done now. When I was finishing the informatics masters, my advisor suggested, but no. informatics is about managing the information that is thrown at patients and medical staff. We try to manage that knowledge, and present it at the right place and right time, making sure the technology is being used in the right way.

Employment

Bellevue college, program chair, online, every other quarter I teach one class. Technically it's two per quarter but all online.

I am adjunct faculty at Rutgers teach a course every other summer.

Anything else?

I love writing, involved in editing and revising textbooks. Last weekend went for an orientation for a charity I'm going to start working with I hope. BirthdayDreams, birthday parties for homeless kids. like the whole concept...

A/t else that regularly takes you away from child during your residential time

Legal history

Your alcohol/other drug history –

Less than moderate, often will throw out alcohol bc not consumed in time.

No history of issues. Dave never drinks, has never had any. He would insist I not drive if I've had my half glass. I'm fine with that.

Substance use history – 70's experimentation, in adolescence. Nothing else.

Physical health history

Excellent. Diagnosed with adhd 2005, inattentive. Take medication now. I had known that I had something but it was when writing my dissertation that I had to do something about it. two meds.

Your coping/mental health history

No history of sig lows or highs. Have had sig stress, handle it philosophically. Nothing I can to do change the source of stress. When someone is bugging you do not let them live rent free in your head. My neigbho good, my sisiter is fantastic.

RELATIONSHIP HISTORY

Prior significant relationships? We met in jr college, married on the young side. Just turned 20. He was in the Navy, we moved to Pensacola, had no money, he was on an aircraft carrier, training, two weeks in and out. Great rel. when Jame was born I started back to college to finish my bachelors. Doing well until I finished college an dmoved bak home and was accepted into the army. He had discharnged form the navy, then started selling dope. I was an ofc and said no wy, would be courtmartialed if he was caught. He was using also. We had a distant but sort of okay rel thru the years. Now he lives in Edmonds. I'm not in touch with him at all, but we are aware of each other. Works at SPU now. No dv. No sig parenting issues. He adored Jamie. After the divorce he culndt really figure out his role. He was in seattle, no money, visitation was a problem, I voluntarily decreased his child support. When I married dave, it became more difficult. Dave made it hard for him to see Jamie. I would drive Jamie to weatle and drop her off, even give money for lunch. Dave would say no, he needs to come down here. When we moved, I think Gerard couldn't afford to pay for flights. When Jamei went to see my parents in MA, she would also see his parents for a few days. Have that rel. It became so difficult to arrange the travel across the country.

Relationship with other party – knowing what I know now, and having a year or two outside it ow, looking back I would call it pretty dysfunctional and the 1st six monts to a year super dysfunctional. I think – I have a fairly close rel with his mom, and I remember re/t we got tg I would say dave is quirky and she would say you are a saint, for putting up with my son. To me it was normal. But he is very controlling. I think it was easy for me to relase a lot of things to him. Tht is why I don't know thata much about our rfinances. e/t he was repson for he kpt close and dint share. Bc I tend to keep things in, don't get emotinla, don't have outbursts... a bad combo. He came from a family where they yelled if they didn't like what was going on and I tended to walk away or want to have a discussion about it. bad combo. Him controlling, me conflict avoidant. He is a very very intelligent person... he would say what do you think about this, if mine was different than his, it dinds't matter he wsa going to do what he wanted, and would say, well I asked you.

More about his personality? He is abs brilliant, a math genius. Amazes me the calcs he can do off the top of his head... he ha sort of that science math nerdy inability to connect with people. Whe had very ver frineds when wer wer married. When first living here, I connx with nbors, and dave's socializing oconsisted of complaining about our house, his job, politics. He is a negative, perssimistic person. I encouraged him to be positive. But he cant even muser a positive front for the girls. Over time that behavior magnified. He can be incredibly funny, that is the preson I married. He was relatively outgoing, you had to reach out to him, but he could socialized, we had friends, was ery funny. But that side gradually went aaway and we didn't see that ever. I remember bekka saying ther's no joi in this house. As he became more depressed, and he did finally say he was depressed, you never sawa smile or anthing. He

would come home head down, eat, then go into the bedroom. Like his father, who was very obviously depressed.

Parenting in the marriage – we did agree early on in the marriage that he would focus on the job, my career secondary, ... I think he was initially reluctant to have more kids I was the primary caretaker, finding daycare, I was the admin officer. That was okay. As a physician that takes up a big chunk of time. I would cobble things around making sure all those things were taken care of. I don't recall major disagreements about parenting style until Becky was six or so, first diagnosed with ADHD. We started clashing over things. I'm an information sort of person, go the books, tried to figure out how to handle these kids. I would suggest him reading a book, and he would not. I know what I'm supposed to do! He is a very authoritative, controlling kind of person. And he can talk. He would sit the girls down and talk at the table for a long period of time. that is when we started with these conflicts.

I'm concerned now, he seems to be very reluctant to let Megan grow up. He wants to take her to the zoo, not things that a typical 15 or 16 year old would do, where she can meet her peers. And he does a lot of her self care for her. I say, you need to do this, and she says I'm going to go and live with dad. She needs to be able to do it to go to college. I miss being able to say, this is what I'm doing what do you think? And now the response I get is megans says your are doing something else and its wrong.

You as primary caregiver? I always worked thing around them. Jamie, I could find a pretty good daycare situation, could work at a decent job to forward my career. When Becky came along, I really put things aside to focus on getting the girls taken care of. In Ohio I started at OSU, was a teaching asst, and had a stipend, limited what I was doing to be there for the girls. Daycare, gymnastics, skating, all those things so he could focus on getting partnership, which never happened.

He is successful, but not fulfilling potential. He has real issues accepting any one else's opinions or thoughts. At home, but also at work. Would yell at nurses, be rude... he's not been able to fulfill his potential.

My contribution? For a very long time I sort of went long on this ride. It was after we moved here and I finally said I've got to be me. When I finally started standing up I probably did not do that appropriately or constructively at times, it's hard to know how to approach someone who is you always, or you never... he is never wrong. I probably did not approach that ... long ago should have insisted we seek counseling. My personality, tending to absorb, and thinking about things. Not the right match.

Depression – more recently, him not communicating at all. Would come home from work, have his laptop at the table typing away or reading during meals. Very little interaction with me, stopped talking to me the last few months. Had some interactions with the girls, but shortly after eating he would go to the bedroom.

I think he struggled with Megan's illnesses in particular. Diabetes, mitochondrial disease, very uncontrollable. When I traveled, he was responsible for it, and it was too much for him. Two occasions I had to rush home bc he was threatening to kill himself. I said you really need to see someone, he said if he did his career would be over... last two or three years, not communicating, being very negative, country and politics awful.

Megan in K when diagnosed Type 1 diabetes. That year Bekka diagnosed with Adhd. About the time he decided he ws going to brush his teeth.

2005 moved to seattle. The beginning of a steady decline. Surpriseing to me, he always wanted to come bck to seattle. He was at a place wher he was not going to be able to hate his job, it was where he would finish his career, so he hated his house, that he purchased, then me. Things steadily got worse. The teeth – he called one day and asked me to come home, bc he had to go to the dentist, his teeth fell out. He has had to have a lot of reconstructive work. Explanation? One time some research that showed a conn between oral bacteria and endocarditis, his explanation was this was a good way to kill myself.

Other avoidances or strange routines? He's afraid of heights. But lots of pople are. He is very set in his ways, doesn't deal with change very well.

2007 – KSS diagnosis. He withheld medical information. KSS are at very high risk for heart block, and she was getting ekg's every three monhts. I took her for one in December. Couple days later he came home and said there was a mistake in the ekg she needs to have it done again, I will take her. he then came home and said it was okay. In January, he said oh by the way, it was not okay, she needs a pacemaker. He didn't understand why I was so angry. He said hd didn't want to ruin the holidays? He really didn't understand why so upset.

Other instancse related toher medical sitch? I think there was. blanking on it. his family has a hix of that, her mother had colon cancer and surgery, and they didn't tell her she had cancer. That she would be unable to handle it. I think that is what he learned from his family.

2010 – Pacemaker installed. Dave opened a secret bank account. The statemetns came ot the house, in his name only. Once I opened one of his by mistake, and realized... he had enlisted Jame's help in keeping it secret. Early on in the marriage, ihis mother gave us \$30 or \$40k of her money to keep secret – put it in the bank and don't tell mom. He wanted Jamie to know about.it in case he died. He told her and told her not to tell me. He became convinced that I was shopaholic, spending all our money, despite the fact that our savings were increasing and we paid for a \$40k repair to the house in cash... I got access to his quicken file, saw all these entries, Pam's f'ing stuff, or who the hell knows what pam psent... he would get our statemetns and ask me what I bought at Target. I did a lot of online shopping. Controlling, I think its why he felt he had to save it. saw the income as his, not ours. I had limited income until working at Bellevue.

All our money ws joint, joint account, joint credit crds. Joint savings. The credit cards were paid off in full every month. Paid cash for the very expensive home repair.

I'm still trying to rebuild this rel with Jamie. She said he iddn't really say I was a shopaholic, that he said he ws saving it for travel. She was at a low point in life, just coming out of a rel, in between jobs... her words were he took advantage of that. This is a big elephant, we don't really talk about it.

Jamie and I had always been incredibly close, always a strong rel. we've agreed that only when we are face to face do we talk about this, so we can hash it out. We've had a close relationship, a clique with her and my sister and nephew and me. This particular thing of her keeping this secret from me, created some serious damage. Eave never apologized. Jamie has been apologetic. I think she realizes it is gong to take some time. the fact is that she went

along... she has told me she wants to be a neutral aparty if I were to complain about him. But she din't say that to him.

No other significant issues between us. We do have a good rel. ever once in a while we have to talk this comes up. She said at one point, early on, I said don't talk to him. She said I have to, he's my dad. She's right. I told her, I've spent \$7k a week on the divorce in the past couple weeks. I'm keeping the divorce industry afloat. She said, wow, that really sucks. I said that's all I'm going to say. I'm learning to... she and her husband are wonderful peopoe, I love to visit them. They have an amazing group of firensd that hae adopted Megan. The rel with be rebuilt.

2012 – spine surgery for Megan. Major. They fused things, from neck to butt. It was major. We were all worried about her wright for a while, was wroing for six to eight months before hand, she gained 10 or 15 pounds. Looked great. She had the surgery. From my previous career as a dietitian, I expected a period of time when she dint dant to eat. She didn't, she dindt' feel good... we came hom from hospital and she continued with, I'm not going to eat. It was time consuming to get her to eat. We were all becoming concerned, but his reponse was to scram at her, tell her she was going to die. He took her to the ER. I said I didn't want to go, to stressful. He came hom with handouts, apparently ahd someone come down and talk to them about how to deescatlante, not ontribuite to her stress. Happened again, I went the second time. while there megans geneticist came down, and she drank two cartons of milk.

This went on, I said to dave, you have to leae the house, you are not helping, she is not benefiting. He went and stayed in a hotel for a weekend. That happened twice.

Bekka – he manually disimpacted her. she is a very sensitive, done'st handle pain well, I think had this anxiety disore for some time. she was in high school. I was in the kitchen. He came out, grabbed the kitchen gloves, and I heard her scream, and he came in threw the gloves away. I said what happened, you did not do what I think you did? He said I did, I'm a physician... she never talked about it. I never... she never borught it up, did not want to talk about it. to this day, she doesn't flush the toilet. I have no clue what that means. Megan sometimes doesn't.

He moved out in November 2012. Divorce filed in August 2013. By him. I know he was seeing someone int eh summer. I think that triggered it. around the time he had taken the girls on a date with his gf. September of 2013 he started complaining I was denying him access. He had been telling me when he wanted megan, and that ls what he would do. It was always more days with me. That was working fine. Megan didn't expresse an opinion about her time with him. I would tell her what days with him, and if some event for her, we would work it out. He became fixated on an exact 50/50 split when school started in 9/2013.

I had looked up the tpical plan, and it weemed alterating weekesna dn one overnight per weeik. That upset him, that I was keeping her form him, etc.

2014. I think Beca blissfully unaware of tha tis going on with his bx. She tensd to be in her own bubble. Her college and banking info goes to him. I don't know what hr tuition is, etc. she is at Loyola in new Orleans. I'm happeier knowing she dosnt'g get it.

Megan's schooling – bc I'm available, I do most of that coordination and communication. I know that he wants to." After he had this blow up with the pediatrician, I spoke to the ped on

another issue, I thought dave is probably really scared. The ped said, it was a very explosive sitch, that dave is portably very scared, as moany divorced dads are. That mom knows more, does more, he ges less info. Part of it. on one occasion, the most nutty thing, I accept responsibility, we were trying to set a meeting up with the school, asked about his availability, he didn't respond. I didn't see that he was not included in the email from the school, he knew it would be a certain week, but not the day or time. I didn't tell him, forgot, and they didn't either. I didn't try to keep it a secret, I thought he was coming. I cipied everyone the next day on a recap, and he ws furious. He emailed the school, blasted them, set everyone on edge at the beginning of the year. There were three orfour incidents like that. Go to the point that we agree I was going to contact theschool about something, and then he disputed our agreement.

Megan's CM and her Ed interpreter had a conflict, a blow up. They had been very good friends. It is improved now, the situation. No chance she would leave over this issues. She adores Megan. I think dave became convinced that this conflict between these tw people, that the district ws aware of and was taking steps ot address, it wasn't our business...

Really having conflict with decision making. Impossible with his current behaviors to share deision making. Biggest issue.

Megan is silent on this. Doesn't want to talk. I notice more and more, everything is better at dad's. dad doesn't make me do that... He is saying Megan tells me you are not doing this or that. I think she is beginning to manipulate. She is a smart kid.

I think they have a good rel. I think she wants to grow up, but is sort of... she has very few interatiosn with her peers. She is comf being this young child, and he treats her as a yojnc child. I think she struggles with the contrl, girls have leraned not to push back. I think she adores him. He takes her to the zoo, etc.

Concern with the schedule? Really and truly it is the commx, and the responsibility for her care. If he has her for two days in a row, and she is sick, what would he do? His plan is weird that his two nurses would come and take care of her? he works all day, whe would come home and be in an empty place? It's more about his communication. She needs us to be abel to communicate.

7/8/14

1:02

thoughts from last time? not conflict averse at work. Over time I've learned to choose battles wisely, over the years the best course of action at home has been to avoid battles. The thing that really stuck to clarify. I brought some photos.

Megan's treatment is symptom management. No cure. Managing the complications. She takes insulin, insulin pump. Delivers a basal amount, and after each meal she gives herself a pump. And the set needs to be changed every three days. Theoretically she could do it herself. She chose to put it in her butt, likes to have someone else do it for her. a huge step towards independence. It makes me nervous that her dad is doing the set changes, she is pulling her pants down for him. I don't feel comfortable about it. we should be moving her to independence.

She takes thyroid hormone, a multivitamin, vitamin c, vitamin e, and carnitine, and coenzyme cube. Weird cocktail.

Independence? Can she live alone? Given what we know about her now, she is making no effort to become independent. She says she wants to go to college in London... she is not going to get better unless they find a cure. We don't know what her prognosis is. I recently talked to her biogeneticist, dave had written in ppwk that she had a life expectancy of 20 years, so we researched it, no answer. I need to be prepared for both.

Is it okay for her to be home alone? Before we separated, he would not leave her alone at the house so I always had to be around. If he was in clinic in Bremerton, I could not travel. Until she was 13 or 14, I really didn't grocery shop without her. Once at that age, I was okay leaving her but he was not okay with it. he would bring her to bremerson with him and take him out of school, or he would take a vacation day. Then when we separated he wanted her to be left in his house. That surprised me, who whould she call?

What does it take for her to be alone? She needs to check her sugar frequently, every three to four hours, and she needs to eat. Understanding when she is in trouble. She does demonstrate she will text me in trouble. And what it means to be a deaf person in a hearing world. she's home alone now. She checks her sugar before I leave, court orderd no more than four hours. If not, I would feel comfortable leaving her for a day.

I think she prefers being alone, nobody bugging her. yesterday we went to Snoqualmie, took pix of the falls, hung around and had lunch. She enjoys that. But she also enjoys being alone.

Dave brings her by much earlier than she wants to get up. She's grumpy, goes back to bed when she gets home. Not against picking her up at his house later on, but he didn't ask and I didn't think of it. I think when she wakes up that early to get to me it dirsupsts her sleep.

Concerns

Encouraging her self care – a lot of it is the diabetes, medical management. He makes decisions for her where I would ask her what she wnts to do. Eg, she likes chocolate milk, he makes it for her. he puts the pills out for her. she does need to be watched swallowing them. She complains to me all the time about when she has to take the pills. I give her some flexibility about the timing as long as she takes the full day's worth.

I think Dave says how things will be and she does it. mostly medical stuff he wants to really clampdown on. And what they do tg. he wants to take her to the zoo, and the theater. She says she hates the plays that he takes her to, but she goes.

Concerns about uncertainty of her future? Indicative of the commx issues. Thinking that your child has less than four years? You'd think you would talk to the other parent about that. It took me a while to even pick up the phone (to ask provider). They said don't give up her college fund. I don't know what he expects her future to be, if that is his mindset. A very different approach than mine.

Lack of collaboration and cooperation? I hate to be complaining. But it is very difficult to work with someone who will not collaborate. He says he is, but... emails starts to me with demands: these are the things that you will do. I should be used to that, I guess, but constantly just a barrage. I've learned to not respond. I try to read between the lines, but he rarely says please. And if he does, it's sarcastic. I can't bring up things that are important bc there will be a tongue lashing. No negotiating with him. This is the way it is. If I bring it up, it's wrong and will never work. It's a very one way sort of street. The one time we collaborated and I said I would email the school, when it went out he was angry.

About? Usually my last line is "thanks so much for doing so much"... I think he takes it as I'm doing side commx behind his back.

Megans' need for care and a flexible parent schedule – dave doesn't have that. It's the rason I took the job I did. I do bullets of this is what I did today, it adds up. I spend five to 10 hours each week during the day related to Megan's needs. Summer is easier, a bit.

Dave's behavior towards me – both girls have said 'he hates you mom.' When we are face to face, he hates to come to the door of the house. He will say I forbid him, but that's not true. I said don't come in if I'm not home. Early on he came in and went into my bedroom and mesed around. He hates to come to the door, when he does he can barely grunt out an acknowledgement, if he even meets my eyes. He ignores me, totally. Last week I was out in the morning walking the dog when he pulled up with Megan. I said to him hi dave hows it going, and he did not respond. Megan saw that. The look on his face, is really frightening. Obvious he does not like me. I mentioned in an email, for Megan, can you fake it. he thinks he is being perfectly social. He can't fake it. I think it's difficult for them. They could think they can get away with murder, or have to deal with it.

Dave's information hoarding – in our house we have 28 years of tax return file folders. Mostly he does not want me to know stuff, secretive. Becky has this long weekend at school during mardi gras. I was starting to think, was she coming home? He shares no information about school. I know her tuition went up, but he won't share the amount. I was wondering what was going on, and an e-ticket for American came to my email account, and I asked her about it and she said she was going to see grandma during her long weekend.

I got his financial info from his interrogatories, and on his credit card statements he had tix from LA to FL, and then stopped in ATL. I called Jaime about it, is this a secret? Megan should have gone...

Back in October when he was convinced, where he missed a meeting and it was sort of my

fault, right after that he had to do diabetes training, and I've always known when it was. he refused to tell me. He said, I don't need to tell you.

This behavior escalated more recently, since we separated. He won't share updated financial info, the work schedules.

For convenience sake, and bc I'm babysitting for him this summer, I've needed to know his schedule and how to contact him. He has said to call him and text and phone him at all his contact numbers. No way... in February he said he doesn't have to give me his schedule because I won't give him my schedule. I don't have a schedule. I sent him the academic calendar... bec I'm babysitting him I need to know his schedule. It took almost an act of god to get that. Then he changes it, saying hd deosn't need to give me the minutiae of his day. But picking up at 12:30 rather than 5 is not minutiae. On three occasions he had changed a vacation day. Bec he didn't tell me, he could have had her. we are having the broker's open tomorrow from 11 to 1. I had a plan for me and the girls. He knew about the brokers open, that he had the hv scheduled, and yesterday he emailed me to say he was picking her up at 12:30. I said we won't be there. I realize he done'st have her 50% of the time, so I give him extra time.

Megan was supposed to be at camp this week, I had planned everthig for this week thinking she would be gone. He called the camp without my knowledge and made this request that I didn't really agree with, and got e/t switched. I thought there was a reason they switched the camps so the girls would not be tg. I hadn't made a request for the switch. i was trying to work out her insulin pump stuff with the camp people... to find out she wasn't going. Megan had said that dad called them. I thought that was too weird, he should have said something to me. I found out for sure when the camp called me. Last R or Friday. A last minute thing.

The last thing, we do a fundraiser for mitochondrial disease in ATL...this year we were abel to build a rapport with one of the asst principls, I emailed him early on and asked if he wanted to work with me on something, and he didn't respond so I let it drop. It turned out that Dave was emailing her teacher and asking them to donate, telling Megan she had to get her bridges class to make posters, etc. he was doing all this behind my back. He cant work tg to support Megan and this walk. He started sending fundraise letters to my friends and colleagues... we could have worked tog.

Megan's communication needs – I can't say what is going on at his apt. she told a couple people that he does not sign with her. he does have some asl skills, was a pretty advanced beginner. I hired a tutor, go with her to asl chat. She says she doesn't want to sign, but I find it makes a huge difference bc she done'st hear e/t she thinks. I'm trying to use more signing for her. I paied for signing lessons for two of us, thinking that becky would go...increased conflict between them bc becky couldn't sign. With some lessons the conflict decreased. But he doesn't sign.

If she doesn't get a cochlear implant, she will be deaf. I've looked at getting a deaf mentor. The cochlear implant is up to her, she is a strong candidate. But she is not interested at all. I don't usually bring it up to her, don't want to push that on a child. The implant doesn't replace your hearing. Not welcomed into the deaf commy with an implant. A big decision, it has a different sound quality, can't do music. From her pov, I don't think shes thought abou tthat. Just that she doesn't want surgery, a day or two thing. Not a huge surgery. What concerned me is that ny hearing you do have is destroyed by the process. I just thinks h's

basically saying that is enough. She mentioned when she gts her eyelid surgery she wuld do it at the same time. I think that will happen in the next year. She's starting to look forward to it... her eye lids only open about halfway.

Peer relationships – in previous back and forths, he has said that he socializes with her a lot. I think that's great, to the zoo and thter, but not the typical things a 16 year old wants to do, don't run into her friends there. He takes her to tye younger movies. Not a social thing. It's been difficult for me. I get her to asl chat, was trying to get hr to joing clubs in school which was a losing effort until we put it into her iep. He calls her friends parents on the phone and arranges play dates and sleep overs. She should be doing it. she doesn't really have a strong gropu of frineds. There are two to three girls she's friendly with, they go to my church, but she won't go. Fortunately she will be joining clubs, and she is photog for the yearbook.

She is incredibly verbal. You can understand her.

Proposed schedule –

Anything else? I didn't say for a lont gime but he has a boundary issue. The girls have both walked in on him masturbating. We had to go trhrough lawyrs to get him top ut on a pair of pants when he went to check Megan's sugar. He should be more aware. I don't think there's a risk, but the fact that doesn't see it as a problem... not just him.

Megan's personality – I think all the girls are passive/compliant with him. No one wants a conflict with him, will go with whatever they want. I will ask for their input, and will choose my battles. He is a my way/highway person. Will talk at you for a very long time if he dsont agree. She can be very oppositional. I was talking to her counselor at group health about that. Can be good for her to have backbone, but she aslo needs flexibility.

Road rage – he will scream at other drivers, curses, perceived slights get a tirade. Megan has said it's embarrassing, that he's screaming and swears. He will slam the steering wheel, hit the horn, never beyond that. He will interrupt a conversation to yell at someone. He can't figure out how to not do that when the kids are in the car. And the texting.

Covered it.

2:18

deDave Charney

4th 7/29/14 3:00

3rd 11:35

2nd 7/3/14

5/20/14

Permission stuff is done.

Informed consent:

- o legal process
- o you are not client
- o objective, neutral evaluator
- o child's best interests are paramount
- o not confidential
- o not therapy
- o anxiety provoking situation
- o no interim recommendations – something going on now, time sensitive. Not your role? No.
- o task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- o there is no guarantee the outcome of the evaluation will be in your favor.
- o Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions – no.

Evaluation process:

- o Questionnaires –
- o Interviews – 2 or more
- o home visit – she has enough hearing, if it's quiet and you're facing each other, and you're speaking slowly and clearly, she will get 95% of what you say. I have a lousy facility for languages. I've spent a lot of time learning ASL, then she went to a school where they taught SEE. She's always correcting me. I try to communicate with her on a rudimentary level signing. Sometimes easier to get her attn. through signing. She is constantly got her phone with her – being on the phone texting or reading a major activity. Sometimes I text her sitting next to me. A running joke. Should be able to communicate.
- o collaterals – personal and relevant professional – 34 year old daughter my step daughter. Important for you to talk to her. Example of my strength as a parent. We accepted each other early on. She asked me to walk her down the aisle when she got married. Meant a tremendous amount to me.
- o testing,
- o legal materials and other relevant materials.
- o Final
- o Report
- o Atty meeting

Any questions? Don't think so.

Bringing you to eval?

I went into this process all along wanting to be fair, and straightforward. It just hasn't worked out that way. I keep being told, every little thing that's wrong... I look at two basic issues – three. Megan the most important part. I understand that that class they make you go to,

excellent... I'm glad they made me go. The overriding issue. Another basic issue, in the midst of all of this process, there is a lot more contention in a lot of ways than before the separation. And hopefully a lot more than there will be in the future. Right now the commx is poorer about a lot of things than it was, or will be. To bring up every bit of that – hopefully not indicative of what will happen in the future. I don't want to inundate you with every email. By the same token, there has been this contention. I think there is a big diff between our decls. I understand she has strengths and weaknesses. I have too. Important for the children to have both parents involved with them. I didn't go into this with the concept that one of us would be the dominant parent. The part of this – the only strong part of the marriage for a long time was that we both cared about the children and tried to do our best, in diff ways. That was the best part of us being tog. I didn't see why that had to change drastically. This whole process has been pretty hurtful. The court has put its imprimatur on that inequity. I don't want to fight back. But when I hadn't fought back, I lost ground. Time with megan, decision making. It's hard to balance that – the process portion. How many emails – none, 50, 1000? All through this process have undersubmitted, under-sent stuff. I've ended up losing things bc of that. The reason we communicate by email and text now is that stuff is misrepresented when said verbally. Idiotic. But I feel I have to create a paper trail. I'm having enormous problems I think in presenting my case.

Basically it was 50/50 until court orders entered. You could disagree with the way we split it, two here, two there. Just easiest. Can be argued splitting 50/50 differently is okay. But I ended up with far less. Where did I get inadequate? Its been very hurtful.

Can I mention the issue? Megan has a special ed teacher, iep leader for the school, advocate, being a central person. She also has her personal sign language interpreter that is with her in all classes. Megan brought up to me there is some sort of issue between the two adults. I was unaware of any kind of friction. Charnell the interpreter is amazing, important to Megan's success. The IEP leader is also important to her success. We are trying to mainstream Megan. Charnell may be leaving now. I commx that with Pam. She said it was a personal issue and she didn't think it was appropriate to tell me what it is. I don't understand? I think Megan's success rides pretty strongly on this. I don't think the issue itself is the important thing, but that there is an issue. I suggested talking to someone in the chain of command about mediating it. pam said no. I've got joint decision making – it was suggested bringing it to you?

I just want those people present for her next year if it is at all possible.

5:06

7/3/14

update? Nothing much new. Switched into the summer, four days off, four days on. Weird. Neither of us requested it. for megan, I think it works reasonabley well. From her standpoint, as far as she is concerned she gets to sleep in until noon. On days ai have her and I am working, I take her to pams' house. She is not terribly happy about getting up. The last couple days when I had her she got up without problem. She goes to pams' bc mom doesn't feel it's safe tof hre to be at the apt by herself. It became a huge issue.

Other updates? Had a long discussion with oldest daughter this morning, she is trying to get us ot mediate and not go to court. That would be fine by me. I never wanted to go to court, but can't accept what Pam is offereing. If she can get her to the table, great. Other than that, nothing changed significantly. Meagan's health is the same.

A good thing – Camp Korey. It's a huge deal for her, an amazing time for her, North Bend. She' alreadyplanning for next year. The second most important part of this, a girl she is tremendous friens with that comes from TX for this, the only time they see each other. There are only three weeks for kis with mitochondrial disease. She hadn't gotten scheduled with the other girl for the week. Megan was really upset about it. as of Saturday morning I asked her about it, she said mom emailed but they didn't get back to her. I had the person's contact info, the individual was there and we talked, and yesterday she found out that they switched her to the other camp. It's a big deal for them to do that. That was excellent – she's really happy. Her friend has a little bit less issues, she can fly by herself, Megan with diabetes not as easy. We talked about her friend coming and being with us for a day or two, if it didn't work out.

BACKGROUND INFO

Family growing up

You reported – frwe up in nyc. I have a yonger sister, three years. My father just passed away, six years go. Parens were pretty stable household from an emotional sense. They would argue but they stayed tg their whole life. Our biggest issue grwoining upis that my father was unemployed for the vast majority of 9 years. From Jr. high school trhough when I was into college. He was of the old school, worked for one company your whole career, they ot bought out and downsized. First wave of that... people weren't hiring olde workers, the culture was changing. He was an engineer. My mother worked, she was working before but started to support the family. He would get these tmeep jobs and work a bit. Economically we were lover, lower middle class. It was a big stress. The man is supposed to be the breadwinner, etc. a decent amount of stress. In some ways it was really good, I learned to take care of myself financially. In school, they had no money to support me. I worked, did work study, graduated in three years, took out loans. In medical school, I took out a loan the first year, then joined the army. Spent eight years in the army, five in training and three payback. I'm not really an Army... soldiers first, doctors second. I went into it to payfor school, not be of a military bent.

I met pam in the army, met my first year of residency. She had already had Jaime, from another marriage, had gotten divorced about a ear of so before we got married. Jamei was five ish, give or take, when we married.

I went to fellowship, during my fellowship Pam decided she wanted a divorce and left. Filed for divorce. I never really knew the issue. She just up and left. Living in San Antonio. I can't remember how many months before she came back. But she had actually filed the papers, we

ended up withdrawing the petition for divorce. It was about six plus months.

We were trying to have kids, but I had an issue, with ejaculation, not able to impregnate her for many years. Not a lot of support in the army for AI, they didn't have that. I got out of the army, we went to Utah, I was on the faculty at the university of Utah during that we had some support for assisted insemination. Towards the end of that two year period we had Becca. Utah was weird place, so Mormon. Jamie had some problems with making friends because almost all the social activities are church related. Really hard for her to have friends that she did stuff with after school. The job was not perfect and after two years not getting any kind of raise. My first real real job, e/t greener on the other side of the fence. So we moved to rural upstate NY, neither of us had been from rural rural new york: Cooperstown, NY. No there there. Some historical things, baseball museum, Fennimore Cooper museum, 80 miles to Albany. Had to drive a half hour to the movies. Image of a bucolic setting, but not in reality. Not a lot for Jamie to do, no activities. We tried to get them to build a skating rink locally, for the kids. While we were there we had Daniel. He died at three months of SIDS. I was in Palau when he died. Nothing worse than outliving your kids, something wrong with the universe when that happens.

I think that definitely where the marriage started falling apart. Initially my parents came, there for the first week or so, sister there. Everybody is completely numb. There was no real support from Pam, not like we were giving tg. She withdrew. Someone had to take care of Jamie and Bekka. I wasn't doing well but had to take care of them. I couldn't eat, ended up having to go back to work after two weeks. I never got a hug from her after he died, some human contact about that. We were already thinking about whether we wanted to live in rural America, but after that decided we couldn't stay there, e/t reminded us of him.

U of Chicago, the first of the bad job choices I made. It wasn't present honestly. They weren't dishonest, just delusional. When I interviewed, they had a ton of money. When I got there, it turned out all the money they thought they had was based on an accounting error. They cut some trips, research, all gone. UC is one of those oldfashioned med schools where there is a big division between the clinical faculty and the research faculty. The fiscal support for the division coming from the clinical side, the research side had all the authority. Not a lot of opportunities for advancement. We only stayed for three years.

At that point the marriage had already started to drastically deteriorate. In terms of affx, sex activity. Respect, but no love. That is when I had an affair, not intercourse but an affair. Pam found out, never forgave me for that. It didn't change anything towards getting us back towards each other. While in Chicago, right at the end of that, we had Megan. That was a little bit of a sticking point. I was scared of having Megan. I was afraid of what would happen if another kid died. I knew what I had gone through with Daniel. I knew if I had another kid I would be up all night checking to be sure she was breathing. And I did, twice a night. From Pam, no discussion, she just wanted another child.

We went to Ohio and that job, it turned out that the job I took was a temp job, but they didn't tell me. They had a partner that died unexpectedly to cancer, were looking for somebody. There was a resident that was graduating just as I came in. They were hiring somebody for two years so he could go off and do his fellowship, and if the practice expanded enough maybe they would keep both. They gave me two one year contracts then didn't renew when he came back.

The marriage continued to just get worse. I know the last time we had sex was ten years ago. I tried to get a romantic weekend in New York with her, spent two nights at the Carlyle. I bought her \$2k in jewelry, and we had sex. That was it. It just continued to deteriorate into this – being married to being roommates, then to being bad roommates. We lost love, like, respect... if I said it was night, it had to be day. We stopped sleeping in the same bedroom about two and a half years before I left, I was in the basement, I snored, had gained a lot of weight, I have a bad kneecap, and one night she just lashed out at me with her foot, kicked me in the knee, and another half inch it would have been dislocated. I was done after that.

The marriage getting worse and worse. We're in Columbus, left Columbus. Pam had been working on her PhD, slowly, had to switch universities because we were moving. She was close to finishing. Thought that she could finish at Ohio State. I looked for a job where I could be there and come home on the weekends. I found a job in Dayton. I think something happened with her research project, fell apart, going to set her back, and have to start a whole new project. She decided to get into an online program at Rutgers so she came to Dayton after two or three months.

We were living in Dayton for three years. One year before we left Megan was diagnosed with diabetes. The first inkling she had were issues. That diabetes turned out to be a big deal. The only K programs in Dayton were half day, and Pam needed full day to finish her dissertation. We put both girls into a private school. Megan was having some issues with ADD, we thought another year of K would help her. The 2nd year she gets diagnosed with diabetes and the principal was a wreck about it. Megan was reasonably stable. The job in Dayton, two partners, milking all the money out of the practice. If you were offered a partnership your pay went down. I couldn't afford to make partner.

Fortunately I had applied once before at Group Health, we really liked the PNW. Pam's dream all along had been to be a nutritional ed coord at UW. When I applied there years before their salary structure abysmal, and the cost of living too high. But later on, the structure better. And another chief got sick, and a former army buddy suggested I apply.

I'm a nephrologist at GH, about 80% clinic, 20% hospital. I do clinic in Seattle mostly, one day a week on average a clinic in Bremerton, and about one in five weeks I'm on call, don't see patients but work between VM and Overlake. Here no calls in the middle of the night too much.

We ended up buying a house on Mercer Island. A huge sticking point, argument point in the marriage. Pam has a tendency to revisionist history. I would fly out for a weekend to look at houses, the peak of the market, houses going very quickly. She came out on one trip for a week. She had seen the house and liked the house. We really didn't want to rent for a while and then move again. We ended up buying the house, a joint decision, not unilateral on my part. This house was unbelievably expensive compared to our previous homes. \$900k. It turned out our inspector missed almost everything in the house, a huge amount of things going on in the house. We put in \$200k into the house in repairs, no updating but one thing.

I've never been one where the house itself means that much to me. Like my car – doesn't need to be fancy, but functional and dependable. Same with the house, doesn't need to be fancy schmancy. She wants that, wants to spend the money on that. My passion is travel. A constant dichotomy on where we were spending money. The house was constantly sucking up the money. The house became more and more of a focal point for anger and heated discussions.

I'm tired of this. When pam turned fifty, her thing she wanted to do, her uncle buried in Belgium, and she wanted to travel there. I was perfectly happy. When I turned 50, I wanted to go back to NZ and walk the Milford Track, wanted to be on the track for my bday. That spring, prior, we went to put in a new deck, the old one was falling apart, this was the only upgrade. We could afford both things. But it turned out there was rot due to faulty construction, then the home addition hadn't been built to code , and we had to basically gut and rebuild that corner of the house. Turned into an \$80k job. That money for the NZ trip was more than gone. It didn't bother Pam that I had this dream and it was gone. No sympathy. She got to do her thing. It was like my last straw with the house. The house was a huge huge sticking point and a huge focus for arguments.

Megan starts having – when we came her we started arguing with the school about her diabetes care, an IEP. She started first grade and her teacher took on her diabetes. We always pushed for someone at the school to be available to give glucagon at the school right away if she was hypoglycemic and not wait for the EMT's. no school nurse at the elementary school. Her teacher just took it on, and he got a couple other teachers to agree, but after that year it was more and more or an arguement with the school.

Then her hearing became an issue. Dovetailing with the diagnosis of the mitochondrial disease. They were going to get an fm system, but it really requires a lot more assistance than that. The school district would fight us on e/t that took effort, other than throwing money at it. Pam and I talked about it, do you want me to argue with them about this? She was always happy for me to be bad cop and sh would play good cop, that was okay when we were a team. I would be the one at the meetings that would say things. We structured it that way, working to accomplish things for megan. When the hearing became more and more of an issue, and the school district had more issues,, they came to us with a fait accompli about sending her to this school in the north end. I went and looked at it, hadn't heard of it before and I was actually impressed with it. we ended up sending her there. She went there for 2 ½ years and had tremendous support. Every day before we had argued with the school... on and on, every day. Really nice at the nw school for hearing impaired children.

The problem is it's a very tiny school, six or eight kids per grade. Phenomenal for teaching, but not a lot of resources. Takes longer to teach the kids, didn't have access to some things, like science. Not as broad a curriculum as kids in middle school. Made sense at the time. the last year she was there, her last year in middle school, pam said we are going to try and mainstream her in the high school, let's mainstream her in two classes at the middle school, see how that goes. And get her a science class. I thought it was a good idea, although still limited time in a day. In some days it worked really well. She had a science teacher that really took it on and figured out how to make it work. One thing – brilliant. They had a class where they were teaching something in the dark. The teacher got white gloves for the interpreter and a black light – so cool. The second class not as great, just good.

The next thing with Megan in terms of her schooling, which high school is she going to go to? Mainstream her completely or send her to a high school in Edmonds Woodway, where they had a critical mass of deaf kids, have a deaf culture, used to teaching kids. pam and Megan from the beginning wanted her to go to the locl high school. I just wasn't sure what was the right answer. We all went up to Edmonds for the day, and it looked like a bad academic program –it presented so poorly. And the effort it would have taken to get Megan there on time, etc. because the MIHS more academically rigorous, if she failed there it would be easier to switch to the other. Couldn't go the other way. There were discussions about this

and we worked it out. We came up with a plan. It didn't require an arbitrator, or some third party. A key thing about megan's care, and her medical care. We had a terrible marriage and a terrible rel between us for many years. Lots of arguments, fighting, disagreemns . no physical fighting. But when it ame time for megans' health and bekka and megans' schooling, we accomplished htose things. We may have disagree on stuff, but it got done. We went to meetings, we discussed things. I was given the role of bad cop, so I did that. We accomplished those things. I think Megan did as well as she has bc she has two paernts that are trying their best for her, same with becca and Jamie. We accomplished. I think if we get past this diorce process, we can do it again. Can get back to that. With medical decision making, nothing like one of us objecting. Pacemaker, she got that. Scoliosis surgery, it gone done. We disagree on her medical care sometimes, and sometimesit lurches in this dirction and that, but she's done well. Both of us tring to do the best for megan. It's worked. I think there are strengrhs and weaknesses of both of us, that complement each. Megan is propped up the whole time. I think Megan's care will not bas as good if its not like that. I thinkd mer edical care has not ben as good this psat year bc just one parent on it. I think she gets propped up when we both work on it. pams approach doesn't always serve megan well. My approache doesn't always serve well. Between us, it works.

In the divorce process, things have gone horribly. A lot of stuff, has not gone well. The commx is poor. Part of it is there has to be a paper trail at this point, so next to no verbal commx. Is there going to have to be a paper trail after? I don't think so. Even when we sep we didn't have a paper trail. Things started going awry when we went to court. Im really hopeful if we get this thing behind us, altho if part of the settlement goes bacd for ocne of us may be longer, I really hope it can treturn ot that. It works well for both of us. I truly belive that. I've been asking for fifty fity and fjoint decision making. I think tht is best for Megan. Better than either one of us making decisions alone. The care of our children the only thing that has gone well into our marriage. By the end it ws spilling over into the care of the children, so much rancor and arguing... that is why I left. I was staying for the kids. it reached a point where it was clearly not good for the kids. past that poing but I hadn't see in it wll. Honestly in a lot of ways it is bette r for the kids. the div process has cont some of the rancor.

When I sepd , efore I filed, I didn't want to reconcile, but I said I want to give us six months to make sure this works for megan, don't want her to suffer. If that happens im foing to move back in and we'll I figure it out. When we separated things worked pretty decently Megan was with me fifty fifty, tow on, two off. It was shared. Pams job allos her more freedom to take her to appts but I was taking her to apps. a/t with a major decision, I attended. Pacemaker, I went. When she was in the hospital, I was there for 50% of that. Scoliosis surger, ety. Things working like that. Since the move towards court orders things hae gone awry.

Things have not gone well. This poress an abysmal exp and an absolute horror. Caused a lot of rancor and aggravation. Even the comx porces has been erverted. But it did work, it can work again. Some things pam does with megans care that I disagree with, but not bc she donse't care about megan.

Megan is tracking along mostly with one synedorm, the KSS. She has a larger delition than that, don't know if there is more. She is doing better than most kids that have ksS, much better. She is already into the age range where they start getting little strokes... a lot of these kids do not live past age 20. Thank god she has the pacemaker, they can'tdo mri's... I don't

want to know if her brain is getting little holes in it. for megan's sake she has had a team. I'm not saying that I'm a material better parent that I should hav her the majority of the time. I think we should do it tg. I would like to see Pam take a more active role with Becky. I think she still needs that.

The present parenting plan: during the school year I have her one weekenight and alternating weekends. Little less than 30% of the time. this summer is shared. I proposed we switched it to two on two off, three days. I think that would work well during the school year. The other sticking issue, school decs have been left as a fifty fifty thing, but I've been removed from medical decision making. When the commish did tht, our commx so bad that some of her deissons need to be made in a time framd such that we cant comm. That's never happedned. When megan needed surgery, we put the pacemaker. We don't have a fundamental disagreement about her diagnosis or care. If we had to make joint decision making over the house, that we need help with.

The bieggest argument we've had about megan's care in the last year and a half is getting her to behavioral health. for a number of years she had been going to behaye health for different things – she went to see a guy at children's and I have a higher opinion of the effect of his work than Pam does. It was a pain, it took her out of school more, the traffic, etc. logically it was a drain. But I think he was very effective. My teaching is that the growth curves in a pediatric patient, they are the be all and end all. She had tracked on the third to fifth percentile for twelve years. She started seeing this guy and there is an inflection and she goes up to the 25th percentile, which is a huge difference, 1st December she stopped going to him, and she flattened out, ist racking back to the third or fifth percentile. In mitochondrial deisease it is a huge deal, energy, having reserve important or you start going into stroke. He was effective in that. I've been asking, is she goeing to someon else? She goes to see someone at gh, and the guy she ses is – beav health not one of gh's strong suits. This guy is not great – sees her onceor twice, sees her with her deafness without an interpreter and makes the decision she dones't need any follow up. I asked for a family meeting. With him, the ped, and pam. I showed them the growth curve... on top of that, why is there no interpreter? Megan sits there the whole time,playing with her phone. We get her attn. so she cn talk to the guru guy – she doesn't understand a word he is saying. I think McKeever at children's was effective, I want that for her. lets find that. I think she has a lot of issues that need to be looked into. So now she is going to someone different at gh, not the "guru." Give him a chance. The first two meeitngs, no interpreter. I asked Megan, she said she didn'tunderstand a word her said. Why would we not make it easier for her to engage in this process. So finally, the last time, we are getting an interpreter. I said, so what are the goals. We are going to see how her weight does and then how will we assess it. fine, but what is the goal? I cant get that from pam, but she has medical deecn making. That there is a disagreement. Her care is not suffering bc of the disagreement. I still think we can work this out. I did some emaisl with Pam and now she has an interpreter. I don't think megan suffered bec of that. A compromise in place. I think Megan benefits from two parents doing this. In the past when I was able to be involved in Megan's med care, it helped to have pam point that out. I truly think she would benefit best by a 50/50 split of time and joint decision making. Benefitte in the past, and can in the future. We can do it. we've done it all along, don't see why it can't continue. This is the nadir of the reel between parnd and me. This is the worst, in terms of comm and working tg than it has ever been. I don't thing it wil stay like this. Even at its nadir her care has benefited from both being involved. How can it not get better.

Counseling – 2009, for work stress. The job that I do – people ask me if I like my job, I like

patient care, but I hate health care. My job at this point, bc of what is going on at medicine, I've been doing what I do for 25 years, and I'm actually pretty damn good at it, not a lot of innovations... patient care doesn't take up an enormous amt of my energy. Healthcare is like 90% of what I do. Dealing with regs, various and sundry ways of documenting, we don't cover this med, give that, etc... all that arguing. I hate that. I don't like my job, it's not what I went into. It's hard when you are on call and get called all night about things like this, not not feel frustrated and upset. It's hard to go, knowing that I have no othe marketable skills, can't support my family otherwise, to go to work every day. It's hard to do that. The if you have that on top of a home env that was terrible – I don't drink or gamble, my two places are my home and my work. If netiher one is good, that's hard. So I went to someone for stress mgmt.. we talked, I vetcned, and he wasn't any help. He said quit and get another job. I know there is no greener grass. And his advice about the marriage was just leave. Not terribly helpful.

I've been – depressed isn' the right word. Stressed. Under a tremendous amount of stress. I don tlike my job, don't like the dvoece process, didn't want to go ome bc of pam. Wanted to see the kids but hated seeing pam, knew there would be an argument. Its not been depression, but stress. How can someone help me? I need a new job in a different profession, or a change in my wife...

Joint counseling – we got to the point where the marriage was a disaster, and finances have always been a big issue. Marie McNabb has abackgourn in financial and marriage counseling. We went to her. pam didn't accept anything pam said. She gave her som exercise. I always did the finances, pam didn't have any interest in them. I would say look at the information. So marie said to her, look at quicken the accounts. She wouldn't do it. dave complains about your spending. I don't know if that is right or wrong, why don't you look at it, maybe hes rigt or its him spending, etc. she never would do it. marie suggested at one time that pam get counseling for depression. Pam was offended.

We went to Italy two summers ago. my aunt died and my moterh gave my sister and I \$15k each, do with it what you want. My aunt was one person that got me into traveling... I wanted to go on a family trip, we planned the Italy trip as a family. As we got up to it, Pam didn't want to spend the money on the trip, but it was my money for that purpose. We went to Italy, I knew the marriage was in the toilet, we had a great time. kids had a great time, everyone did for the most part. Go back to Marie, she says pam what did you think about the trip? She said it was okay. I thought, its never going to change. I cannot make this woman happy and she can't amake me happy. I decided to move out.

I would be short with the kids... I was nonfx not jx as I should as their parent. I was not supportive at times, bec of this. I couldn't be a good father under these circumetancs. I think my rel with the kids is really quite good right now. Try to keep them out of it... Megan enjoys when she oems oer, knows she can talk to me aobut htngs. The kids prove it by coming to me with problems. Becky calls me with problems. She just broke up with her bf and she calls me. She was at my apartment that night, I was out with a friend, she calls me weepy... I went home. I think we have a really good rel now. A lot better than it was, infinitely better than it was.

The counseling since then, basically – wheni got the temp court orders, being very frank with you, a lot of dishonest presentation, lies to the court. I ended up getting completely hosed on the financial and parenting plan. Not even remotely something I thought would happen. I was

so angry - at Pam, for doing it this wy, at the court for not paying attention to the contradicting facts... I was furious, to the point where I coould't. to the point that when I left court I almost got killed bc I just pulled right out into traffic - it was absolutely my fault. I needed - I cant help my kids in that state. Wo the next day I called the person at work, said I need to get into thx fast... I'm nonfx. Jamie would call, shes in Atlanta, and 99.9% of what is going onis the divorc and I couldn't talk about it. so I didn't speak to her for three weeks - I had to get past this. I cant fux for my kisd like thias. When I went into couisenling, seeing her weekly. She helped me initially get past that degree of anger, that was just anger ager, theres been frustration anger since then at times more ane less, trying to get me to focus on what is your ultimate goal, how dos what is gong on right now effect that, if it doesn't don't let it become a maojor thing... I've tried to keep the kids out of it, occasionally I think the result of what I'm doing is wrong, doing what pam is doing. She helsp me. This is a tremendously stressful sitch and the way pam is approaching it makes it a more stressful stiatuion. I need to be atle to handl this in a good fashion, down the road. I need some help with this. Not depressed, just reeling.

Home visit - schedule

11:34

7/15/14

Home visit was fine, we were planning to do more work on the photos, Megan likes to play with the saturation, etc. one of the things, for fathers day, She asked me what I wanted. She had taken some really nice photos for a school project and I asked for her to give me some of those for me to print. Usually bekka wouldn't be sitting there. Board games megan doesn't do. We wanted something less artificial. Other than that... I think it wetn okay.

I wanted to make sure you knew about the safety devices in the apt, one attached to the phone line, if it rings it has a strobe light that flashing. In the bedroom it lights her light and sets off a vibrating thing under her bed. And a caption phone, I couldn't get a way to attach the aps fire alarm to a vibrator in the bed, but at least the visual flash. It took 2 ½ weeks going back and forth with they guy who knew the alarms, with the guy who knew the hearing impaired stuff, and dind' tknow the aps.

Maybe I should hve left her room as it usually is, I cleaned it up.

I think the interactions you saw were representative of my interx with megan sitting with her and bekka and talking to her like that, were the major impetus of me lieavieng the house. The marriage relationship spilled over into e/t else. I stayed in the marriage for more than 10 years because I thought it was better for my kids. I finally realized it was worse for me to stay there. I tkaed iwt bekka about this after you left, I just think my relationship with them is so much better than it was towards the end of me living in the house. That was the major impetus and that is the major accomplhismehft of the divorc. I'm not happy not eing with them every day, but I'm much happier and I think they are much happier with the way we interact now. I get these inklings that I go to dad's and it's Disneyland, go to the movies, go to the zoo. That is what I always did. We don't do that all the time. the weekend of the nfc championship, I spent the entire weekend working on a math review with Megan, not watching the game. We do the things we need to do... I do stuff with her, to take her to the movies, do take her out. Some of the stuff we do, it has ulterios motives, like the zoo. I take her to the zoo because she doesn't get enough exercise, hard to get her moving. I can get her there for a number of hours. She is walking around, getting fresh air, off her rear. If she goes to a class om toomething, it feels like exercise. If I get her to the science cener or the aquarium, a lot of it is because it gets her out. The zoo - she loves photography, I got her a couple cameras... she is also learning the tiniest bit of patience with that. When we first went, she would click and walk away. Now whe is learning to wait for the shot. A little patience, learning it's not instant gratification.

I get this feedback, from Pam thru Jaime, that Megan just views me as Dland. I don't do that. I do the same things as before, I just do them in a shortened period of time than before. I object to the perception that I'm just the fun one. Mean is not a big board game person, she spends a lot of time reading on the phone, testing, typing, watching tv.

Writing? She has a tendency to borrow from others... she reads a lot of it, writes a lot of it. those notebooks full of things, someone wrote something and she liked a paragraph and she just writes it. she will go through books and will have tagged a page, paragraph. She writes these things down, in order... she is very set in her ways somehow. She does a lot of that. She loves reading. I wish she read a bit more broadly. Sometimes in a hilarious fashion - the hunger games I tried to get her into. She rejected it; then got into the movies. I like the fact that she reads, fantastic habit. Series she likes that we preorder.

I've been trying to get her into more activity, she went to dance for a while. Right after I left, and dance lessons were no longer on my day, and soon after I heard she was going to do some kickboxing. Still hasn't come to fruition. Trying to work with her on that. I've gotten to the point where I say she just has to do it. exercise for five minutes, slowly work it up.

The exercise helps her, because her muscle stamina is terrible. The less she does the less she can do. She is not sports oriented. Her hand eye coordination not phenomenal. She's not active. She just doesn't want to do it. I took her to pt defiance, she wants to see polar bears. They had the taste of Tacoma and we walked over to it. we rest a lot. She said, boy I need to exercise, I have no stamina. I don't expect hours on the bike – just something.

The most relevant thing about your marriage, to the parenting evaluation issues? On the important issues, we worked tog. The kids did better than if either of us had been alone. Things like spending money on the house, saving money, travel... no sexual or physical romantic relationship for so many years, not relevant.

Lot of arguments, lots of dysfx interpersonally. But not when it came to the kids. school districts, bekka's school, etc. certainly during this process and even after the separation, things worked okay. Until the start of the school year when pam decided to change the parenting plan. That is the key thing. I think once this is over it can return to normal. That is not what she wants. That is the snapshot. No matter what happened between us as spouses, as parents the kids got what they needed. Megan is doing better than her prognosis, I think because we worked tog. we raised pretty great kids. that is what our parenting accomplished.

I talk to people who really want their other parent involved, but they aren't. and I'm being forced out. I've been a loving father and the one time I started failing them was before I left the house, and that is why I left. I didn't have a gf, didn't have this idea to ride off into the sunset with my 18 year old gf in my Porsche... I left because I wasn't a good father. It got a lot better with the kids really fast.

Daily aggravation of living with Pam? She doesn't listen to anything. A few days ago, Mercer Island celebration. Megan likes to go. It's Pam's weekend with her. Megan wanted to go with me. I said I can't, the court order says x. I try to keep the kids out of it. sometimes my thx points out when I screw it up. I'm trying desperately to keep them out of it. she said she would talk to mom. I got a text from megan on Saturday. Mom says we can get tog for an hour this afternoon. I texted back, asking for details. Then later I get an email from Pam, I wished you had brought this up to me earlies, it's messig with my schedule, and megan never mentioned it to me... I sent her a screen shot, it clearly shows I did not start the commx and that she had already talked to Pam. I didn't hear back. Every interaction like that – you said x. I didn't say x.

The four day on/four day off schedule idiotic. Mom asked for my work schedule. What time are you going to bring her in the mornings. What times. It came up yesterday, this was the first day, this never happens during the school. I asked what time she was bringing Megan over. When she wakes up. I said can you get her up and bring her over at 10:30. I said you asked me for specific times, can you do the same, make it by 10:30, a one hour window. She responded back, 10:30, one hour plus or minus. I said that is not what I said. That's a two hour window. Why does it have to be like that?

We got into a huge to do because Megan has these set changes, the insulin pump, she

changed to this new set she doesn't like. She uses a numbing cream. One occasion it had to be done in the middle of the night at pams. I said can you sent the numbing cream with Megan. No. I'll just get a tube. No I'll take care of it...

I've been removed from medical decision making. Not sure if I can ask for a numbing cream from the dr. she held me in contempt for getting a flu shot for Megan. A lot of times I don't engagew tih her. I only respond now if it's times sensitive. Now I write a response, then sleep on it and look at it again to make sure I'm not lashing out. But if I don't respond right away, complaints that I'm not responsive, etc.

A lot of this communication stuff new since the legal stuff. A huge difference between how things were handled and communicated before. We were able to do it. it was not even rmotely like this. From 11/2012 until 8/2013.

Concerns

1.

2. I think Mgan's best interests are met by her parents being equally active in her care, the day to day stuff, etc. when she is leaving me on a wed morning and I'm not seeing her again until tue afternoon. On numerosou occasions she says she would like more time with me. She expresses that. Times she hasn't been with mom for a while – I offered her time all along, times I gave up with her because I thought it was better for her to spend at the house. Xmas vacation, her sister and his husband visiting, her aunt and s.o. were there, it didn't make sense for me to keep her at my place. When we went to ATL for the mito walk, on both occs Pam, others were there, all staying at Jamie's place. It wouldn't work for me to stay there... so I stayed at a hotel and let Megan stay at the house. Until recently, when I've asked, ive never got any extra time with her. I think a more equitable split of her time is what Megan wants and benefits from. I'd like to make it a bit more fluid... don't want it to be about Pam and me, but about Megan. I'm not saying that I'm the best parent, that the plan should be flipped. That's not right either. The specifics of the 5050, we just made a suggestion – commonly adopted, according to Lisa Barton. Two on, two off, weekends. Part of this is Megan, she only wants to work on her math with me, subjects she only wants to work with Pam, etc. if it's more equitable, she can get her work done, not behind on subjects. She is phenomenally stubborn, if she shuts down it's hard to get her to do the work. I would like to get to the point of some fluidity. If it works better for me to take her to something, great. Or Pam, great. No ledger.

3. Megan's hearing – that impacts her, period. Approaches on various issues that weve gone back and forth on. Overall, v=having both of us work on it tg helps her. as opposed to just one of us. Things that boggle my mind that I would never have thought about unless I was involved with a haring impaired person. Like the two sign languages. All alont, one of us pushing one, one putting the other, when it looks like sheneeds both. The cochlear implants, how does she approach that? This window of oppy that we are losing a little bit. Some hearing in one ear, and none in the other, my undresatnding is that if you do the implant in the deaf ear while she still has hearin gin tehr other, it helps train the other ear. Megan goes back and forth on it. but we are losing this oppy. We have taken turns pushing for things, gently applying pressure... getting her where she needs to be ultimately. And Megan is missing out on that now, because I'm not involved in med dcnmaking.

4. Megan's health - the same. It's ridiculous that she has one parent, who is a specialist physician, to have that parent removed. The court understood that we couldn't communicate, and I think thought that many medical decisions needed to be made on an hourly basis, and that it was not fair to medical providers to have to work with parents who didn't agree.

Not about my commx with her providers but our commx tog. How I got into trouble with her about the pacemaker – her doctor explaine what criteria he would use to install a pacemaker. I happened to be the one to see the ekg and I looked at it and thought this is what he is talking about... I didn't talk to Pam about it, I didn't know if the doctor would make the decision, I didn't talk to the doctor, etc... it was not done out of malice. It was not a fun secret. I was trying to keep Pams burden at alower level.

5. Megan's education – no disagrements now. I don't think Megan would have ended up at the NW school for hearing iparied if I hadn't been involved, and that was the best thing for her... it was much more caring, much more supportive of mgan. No question. It wouldn't have happned with Pam, because she was going to dismiss it out of hand. There are issues, ands ometiems aim kae a reall positive influence on erh eduation. Times pam helps her too.

Concrns about Pam's parenting?

Pam has a different approach to a number of apsencts of megans care. A more passive approach that things will just work out. Megan is almost 16 so she should be abel to do certain things. She dones't have the ability to do them, some. In other environemtns wher people aer respondilbe for megn, pam demands others do things for megan. Like at school, iep says megan gets certain help writing things. And the ame kin dof thing at home, she should be doing those thisng herslf. I don't undrsatnd why megan is more capable at home than at school. I think I'm more constistentw ih what we are asking the school than pam is. Socialization – every time we do an iep, pam insists on socialization being a part of it... but then Pam makes no effort whatsoever to provide megan with socialization at home. I've had a couple of her friends over for a sleep over. I've arranged every one of her bday parties, start to finish. I took them, five or six kids, herding them around. Pam didn't go. Half the time, wih the sleep overs, times when Pam was out of twon, or she was there and did a little, but didn't help organize it, or get the kids to sleep, not as active in a lof of the parenting. What megan said yesterday, it's not 100% accurate, but for eg, next week is the bite of seattle, megan wanted to go with me, I asked pam she said no. megan said she didn't want to go ith mom, she sucks all the fun out of it. to some degree, its accurate. There are not a lot of things that megan likes to do, and Pam doesn't like those things, and it doesn tget done.

I used to take Megan to dance and back. A pain in the rear. The teacher always ran late. But I ddi it. the vast majority of the time I took her, picked up and wat and waited for her. initially the sday I would have her was Wednesdays, dance nitght. I didn't realy want that. So we switched it to Tuesdays. With in less than a month, dance disappears. We were taking her to children to a counselor, I thought the most effective one. I took her to a number of these appts. It's a pain to take her there, traffic for hours, truly a pain. Within a month of Pam having her, that disappeared. It disappeared for months. Now she is starting to see a counselor again but only because I made a stink of it. she went from about December 2013, I got a notice they missed their 3rd appt, it disappeared until... she did go to one or two meetings with a guy at gh, who didn't meet with her with an interpretere, megan said she didn't understand a word he said, and he said she didn't need any help. I think she benefits by somebody else being involved, not just one parent.

Pam doesn't facilitate meeting Mega's needs in the best fashion. My presence will help. Ther are areas where Pam facilitates megans needs better than I do. I don't want Pam removed.

Any other concerns? Just this less active in a lot of areas. She says Megan needs exercise, been lookt at kickboxing since dance disappeared, and nothing happening.

Pams less structured approach – bedtime. Megan needs a decent amount of sleep, if she has less sleep she has a much higher tendency of getting headaches. When at the apartment, I stay up until Megan is in bed. Not asleep, but in bed. Between 10:30 and 11:15. I wake her up, get her up at a time hwhere she doesn't' have to rush. Time to wake up drink her choc milk, get her pills and get hre ready. Pam goes to bed at 9:30, Megan ist still up, supposed to get hreslf to bed. In the morning she gets up a bit later, is rushed, etc. megan has had a number of days she's missed, due to headaches. Never with me.

Megan has adhd that she can't take medication for, she has problems creating her own structure, she needs help from us. She doesn't need to be the weird kid, like Ally Sheedy in Breakfast Club. Maybe I'm a helicopter parent. She seems to get to the bus stop in a resoanble fashion and on time with me. She has said to McKeever in the past that with the eating Megan appreciates the more structured approach with me than with mom. If I was a terrible parent, the father in The Great Santini, megan and I would not have the relationship we do. She gets mad at me, but we have a great relationship. Overall, we do. She cares about me, knows I care about her.

The only thing I would ask of you – I've not inundated you with pprk. I don't want to underrespond. To anything. If there are concerns you feel I need to be responding to, I would ask you to let me know. 1:05

7/29/14

Megan enjoyed camp. Felt like she got rushed out of camp, by M and Bekka, but knowing her she probably was not that organized...

She made a new friend. Not sure if she got the contact info.

They had a bbq or picnic right after, the summer reunion, just happened to be right after their camp. Pam took her to that, it was her day. She got to spend a little bit of time with her best friend. I think everybody is okay. Bekka is seeing her psychologist, antid's for anxiety. She's had issues longer term, but the divorce is not helping. I think they are exposed to a lot less tension. I think it's an overall positive, definitely some negatives.

Trying to get her off her butt. Long text message string about it, joking with her. It's hard to get her into that. Try to do some things with her that is a chore or at least she walks around and gets some exercise. I know she didn't like dance, and I didn't like it, waiting so long for her, and the recitals not good quality. But at least there was some exercise. But it's been 8 - 9 months. I told her last time she was with me, we were starting an exercise program. Five minutes, on the bike. Tiny free weights. Just going to do it. Can't just be sitting. Not marathon training. But this weather so gorgeous - if you don't want to get out in this... do anything. Going to McDonalds - a one block walk, then stop at qfc, then Albertsons... sneak it in.

Testing

I had problems with the psych testing - overall issue this - in the marriage, before separation, I was stressed beyond belief, work and home stresses, don't go to cheers, everyplace that I was, those two places, phenomenal stress. Anxiety, unhappiness. Then we had the period after the separation before filing for divorce and things went to crap in that directions. A release of the pressure valve, the work stuff no different, but not getting yelled at when I got home, not getting in to a fight 20 ninhtes after getting home. Things got a lot calmer, the relationship with the girls getting better, I knew the relationship with me and them was not good towards the end. The stress I was under, the way I was reacting all frysing that relationship. That is why I had to leave. Things worse for the girls, not better.

I did start dating some, I told her to start dating. Things were getting better. Then the divorce happened. And some of the stuff she's done has been unbelievable. Not just lies, but vicious... I'm not a bad person... to put that stuff out there, unreal. Just the way some of the things going, the decisions made by the court, enacted by Pam and them we couldn't communicate... created itself. Things got bad again. And I got frustrated, and there are some stresses. But still nowhere near the level where it was when I was in the house. When I was doing the psych testing, are you unhappy, no, I'm not. Things better. My relationship with the kids remarkably better. That makes me very happy. I can go home ot the apt and open the door and not fee like I'm waiting for stuff to hit me in the house. So much better. But am I frustrated ... I'm stressed, frustrated. The divorce process has been unbelievably stressful. Looks like we are going to trial. I've never had any interestsed in trial. I'm still not unhappy... I was trying to get across the point, hd you given me tat test before I left, in July of 2012, so much of a difference between then and now. I was trying to get across the different about then ane now. Still a complete and utter difference. Before I left the marriage, I was getting busy dying. Not active suicide ideation, but didn't care. apathetic. I'm worried about what kind of relationship I'm going to be able to have with my dau, worried about finances, because of Pams demands. She wants a more restrictive pp than what the court has given already. I'm worried, I'm stressed. I go to thx. Since the court orders. We came up with

the idea of holding onto something, while dealing with other things. Had them engraved on the rock, carry it all the time – the most important thing is that the girls know I love them. I wanted three things – I wanted a good relationship with my kids, wanted to find a woman who cared about me and my life, and I personally want to travel. Mantras – my girls know I love them, and I never have to live without her again. Those are the things...really important things.

Testing – general sxs of anxiety? Concentration, not as super sharp. Sleep deprivation, absolutely. Chronic problems possibly ever since Daniel died but definitely since Megan got the diabetes diagnosis. Waking up at 12 and 3 to check her sugars. Now I just don't sleep terribly well. I wake up, anxiety. A lot of stress. I'm seriously worried about finances. I'm very conservative financially. Always had the six month emergency fund. Only one time I've paid interest on a credit card. Looking at wiping out my savings, and borrowing more, to go to trial. I just can't accept her offer. Nervewracking to me that somebody is going to tell me I'm not a good parent. My access to my daughter already somewhat restricted. I think I'm a pretty darn good parent. I talk to divorced men and women. I want desperately to be involved in my kids' care...

Lack of energy, because of the lack of sleep. Hard for me to get on the exercise bike. No appetite problems. Put back on a bit of the weight.

Not overwhelming stress.

Not on medication. I have had bad reactions to meds. Took a few and had bad times. Any med that might help me with sleep, I'm worried that anything I do under the influence of meds might be used to portray me poorly. If my therapist recommended something, I would take it to heart. I went to her for help. I want the help.

Secrets – Pam spends money. Has no concept of anything in terms of what to do with money. It got worse and worse over the years. She was on groupon, two or three other of these groupon things. She would buy these things, and I would say, what are these for? I would get the credit statement and there are 40 charges, 25 of them I don't know what they are. I would ask her, what are these for? All these groupons. She spent \$500 for \$1000 at Macys. It expired. The clothing budget every year, \$7k, four to five k on Pam. She kept spending money. I said please stop, not putting enough into savings. Everytime I said it, the spending got worse. I said, I'm making \$300k a year, should have more in savings. Two years before I left the marriage, I had \$1k taken out of every check that she didn't know about. The bank statements came to our house. It was on our quicken accounts. On the home desktop in her office. She had my password because she looked through my emails. I've told her god knows how many times to look at it. I just wanted to set aside money, I didn't know how to do it. I made the dumbass move, I told Jaime about it. then Pam found out that Jaime knew, she has had this incredible wedge between her and Jaime. The worst thing I did was telling Jaime about it. I have apologized to both.

We've found through discovery, she actually has been hiding bank accounts. She has twice as much money in savings than I have. She has this corporation, said she closed it. then she said it didn't get closed. We subpoenaed her bank records, not there, it was under a separate TIN, was \$74k. and a 401k that she has some money in, she "forgot" to tell us about. I have supplied evidence. they had the gall to accuse me of hiding a corporation, but it was her...

I have never ever threatened to kill myself. One item I asked her to come home, Megan was not doing well and I thought it would be helpful to have another parent there. Her list of trips – her statement she sent to the court over the years, 8 trips a year, multiple days every year. In two of my jobs in private practice I had to use up all my vacation days because I was on call a lot. I could not take calls when she was not home. She would go to four conferences a year, give talks. If she was that worried about my ability to handle the kids, you don't go on that many trips, year after year. The same kind of things, where truly the worst argument we had about Megan's care was her problem eating after the back surgery. The worst time in the marriage, and Pam has this overwhelming laissez faire attitude, it will get better. I didn't agree with that. My argument is that if you disagree with me completely and worry I'm going to get a tube put in to feed her, or exaggerate it, why would you let me take her to the ER by yourself. She didn't go because she knows there is reason to worry. On both occasions the doctor told her that if she didn't eat right that moment they would hospitalize her. On both occasions they put IV's in her. Did I handle it as well emotionally as I could have? No. Why I left for a couple of days, had to get away. It was negatively affecting Megan.

The first time they had someone come down to deal with Megan's issues about why wasn't she eating. I'm not going to say I was perfect. I was getting no help at home. The eating thing we talked about it with her doctor before the surgery, about getting a feeding tube placed in before she came home... it was the single biggest issue... The issue now. Her weight is not okay. The doctor who is the most concerned about her disease, is now saying he's concerned about her weight loss. The thing I tried to bring up with Lindenbaum, who said it was not an appropriate measurement. I said it is. I don't suffer fools easily, don't suffer people who don't have my daughter's best interests at heart. Dr. Lindenbaum is a fool. He is not properly trained, made no attempt to get her records ahead of time, the only reason she is with Dr. H is because I made a stink. I did make a stink. Dr. Chesley was receptive and why we found somebody else.

Pam took Megan to visit after visit. Megan would sit there, with a previous counselor at GH, with no effect. McKeever was effective. It doesn't have to be him, but... not appropriate for that to disappear.

I'm a NY, we are blunt, get it out and move on. How you deal with things. I've never thrown things, never hit anybody, never threatened harm to anyone. My boss says, the problem with Dave is that he's blunt and not politic, but he almost always is right. I've already lost one kid.

Cooperating – 90% of it is Pam not communicating. Megan came to me and said Abby not at her camp. This is huge. I asked Megan about it, she said mom sent an email, heard nothing back. I said let me try. The person answered, I asked if you can make this switch it would be huge. Megan told Pam that I had called. Pam said I wish you had told me about it... she had already tried to coordinate it herself. Without communicating with me.

With the school thing, this past year, we tried to meet with the whole school, teachers, to get to know them and help them know about her. She sent me an email, she was trying to schedule this. I said great. The next thing I get is a thank you from the teacher for the meeting. It was her failure in communication. I sent an email to the counselor and said I would appreciate being copied on any email between Pam and the school. Because I wasn't included. I was polite. It didn't happen, but I tried.

The PDA training is medical training to tell people how to administer glucagon. I've been

doing it every year. Pam never attended it, never asked, not interested. As long as I got it done. When she said this year she wanted to be there, it was when this was starting and I didn't want her to be present.

Megan's needs - I would be worried if she was home alone for along time. I think it's good for her, to get up, go to mom's. if she is awake she can haneld herslf for hours on end. A risk she will get hypoglycemic. That will always be there. She might feel low and will treat herslf. She can do this. I would leave her at the apartment. Pam has made this into a huge deal.

When Pam was out of town now, Megan would be home alone. I would try to get home early. But this was two years ago. a big difference. now she wants to be more independent. It is nerve wracking to me when Pam was out of town and was in Bremerton and Megan was home. It was nerve wracking. Some of it my anxiety. Stuff changes. When I first got into the apartment, I hadn't lived in one for 100 years. I had safety stuff I had to install. I needed a comfort zone. Things are different/better. I'm trying to let Megan have some time. I would like to give her more time, but I'm afraid to.

I wanted 50/50. My lawyer at the time, collab, said the 5-5/2-2. I am not attached to the particular days. Just want to avoid the Bremerton days, which I can schedule accordingly. I just need it predictable.

Decision making - the whole process has been perverted in the last year. I have an inability to communicate with her without a paper trail. e/t has been misrepresented, so right now I cant have direct contact. As bad as our marriage was, right before sepration, Megan's surgery that summer. The surgery happened. Megan had a parent present staying overnight in the ICU through the enire surgery. No fighting. Megan got her care.

99.9% of her care got done.

Boundaires - masturbation, happened once, door closed, kid walked in without knocking. The middle of the night checks, a couple fo times I would wake up groggy, wearing underwear. Personally, not sure it's a big deal. Pam alls he had to do was ask. Since then I make a point of putting on a full robe. Not the worst thing in the world, not sexually appropriate. The set - just below her panty line. When we do it, standing at the counter and put it in. one time with me and one time with pam, she started passing out. The next set I said she had to be laying down. Years ago I've had to give her suppositories. Three or four times. I'm careful of her privacy. I would prefer her to have the set somewhere else, but I didn't choose it.

Road rage - I'm a new Yorker in the car. Don't honk the horn. Do I comment? Yes. I flipped one person off in Chicago in the eraly 90's and he followed me in the parking lot where I worked. I've never don that again. Scared me. 20 years ago. I don't cut people off. Yes, I use more curse words than she would like. Not at the level... so much of what she complains about is hallucinatory or a mountain out of a molehill. Most of it... not that big. Neither one of us struck our child, or molested our child, caused severe psychological damage, have nothing but their best interests at heart. I odn't hink Pam is a horrible parent. I personally think that the way I would parent is better than her, and I think she thingsk the sma way . in reverese. We both care about our kids. when it came to our kids, not other stuff, almost 100% of the time their best interests dealt with and met, tg. the key. Tg. between us, our kids raised well. It is a testament to having the two of us euqlly involve. 4:35

Dave Charney

5/20/14

Permission stuff is done.

Informed consent:

- legal process
- you are not client
- objective, neutral evaluator
- child's best interests are paramount
- not confidential
- not therapy
- anxiety provoking situation
- no interim recommendations – something going on now, time sensitive. Not your role? No.
- task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- there is no guarantee the outcome of the evaluation will be in your favor.
- Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions – no.

Evaluation process:

- Questionnaires –
- Interviews – 2 or more
- home visit – she has enough hearing, if it's quiet and you're facing each other, and you're speaking slowly and clearly, she will get 95% of what you say. I have a lousy facility for languages. I've spent a lot of time learning ASL, then she went to a school where they taught SEE. She's always correcting me. I try to communicate with her on a rudimentary level signing. Sometimes easier to get her attn. through signing. She is constantly got her phone with her – being on the phone texting or reading a major activity. Sometimes I text her sitting next to me. A running joke. Should be able to communicate.
- collaterals – personal and relevant professional - 34 year old daughter my step daughter. Important for you to talk to her. Example of my strength as a parent. We accepted each other early on. She asked me to walk her down the aisle when she got married. Meant a tremendous amount to me.
- testing,
- legal materials and other relevant materials.
- Final
- Report
- Atty meeting

Any questions? Don't think so.

Bringing you to eval?

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I just want those people present for her next year if it is at all possible.

5:06

CURRENT STATUS

Your coping

Children's coping

BACKGROUND INFO

Family growing up

You reported

Family problems while growing up - mh, d/a, dv

Trauma suffered as child - emotional, physical, sexual, etc.

Anything else?

Education

Anything else

Employment
Anything else

A/t else that regularly takes you away from child during your residential time

Legal history

Any contact with police, including arrests, citations, communication related to your behavior?

Any contact you had with police related to spouse's behavior

Anything else?

Your alcohol/other drug history –

Do you currently drink alcohol

When was the last time, how much?

Is that more/less/ the same as usual

How much do you typically consume in a week

Starting when (how long has that been the pattern)

more/less/the same as in the past

Have you ever cut back or quit drinking for a time (first, worst or last time)

Has anyone ever expressed concern about your drinking (first, worst or last time)

Substance use history –

Do you currently use illicit substances or prescribed medications

Have you ever

Names, ages, dates, frequency, volume, last use, period of greatest use

Tell me about a time when you were concerned about your using (first, worst or last time)

Tell me about a time when a loved one or friend expressed concern about your using (first, worst or last time)

Physical health history

Anything else

Your coping/mental health history

Current coping

Better, worse or the same?

Have you ever had trouble managing your thoughts, either too fast or too slow? or emotions – too much, too high, too low?

Duration/intensity/frequency

Have you ever had individual counseling

Has anyone ever recommended you seek counseling

RELATIONSHIP HISTORY

Prior significant relationships?

Relationship with other party

How would you describe it?

Any separations? Who initiated and why

Final separation – what happened?

Have you ever felt threatened or intimidated in any past rel (including other party)?
Has any past partner of yours felt threatened or intimidated by you?
Have you ever hit, pushed or broken any objects in any past rel?
First, worst and most recent incident.
Has any past partner of yours ever hit, pushed, or broken any objects during a conflict with you? With any prior partner?
First, worst and most recent incident...

Does the other parent use alcohol or other substances now
Have they ever
Has their consumption ever caused you concern or created conflict
Tell me about the first, worst, and last time

Has the other parent ever had trouble with their moods, too strong, too high, too low?
Duration/intensity/frequency
Have they ever sought individual counseling
Has anyone ever recommended they seek counseling

PARENTING HISTORY

Tell me about your child/children
Your role with the child/children since birth
Other parent's role with the child/children since birth

Dave Charney

2nd 7/3/14

5/20/14

Permission stuff is done.

Informed consent:

- legal process
- you are not client
- objective, neutral evaluator
- child's best interests are paramount
- not confidential
- not therapy
- anxiety provoking situation
- no interim recommendations – something going on now, time sensitive. Not your role? No.
- task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- there is no guarantee the outcome of the evaluation will be in your favor.
- Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions – no.

Evaluation process:

- Questionnaires –
- Interviews – 2 or more
- home visit – she has enough hearing, if it's quiet and you're facing each other, and you're speaking slowly and clearly, she will get 95% of what you say. I have a lousy facility for languages. I've spent a lot of time learning ASL, then she went to a school where they taught SEE. She's always correcting me. I try to communicate with her on a rudimentary level signing. Sometimes easier to get her attn. through signing. She is constantly got her phone with her – being on the phone texting or reading a major activity. Sometimes I text her sitting next to me. A running joke. Should be able to communicate.
- collaterals – personal and relevant professional - 34 year old daughter my step daughter. Important for you to talk to her. Example of my strength as a parent. We accepted each other early on. She asked me to walk her down the aisle when she got married. Meant a tremendous amount to me.
- testing,
- legal materials and other relevant materials.
- Final
- Report
- Atty meeting

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5:06

7/3/14

update? Nothing much new. Switched into the summer, four days off, four days on. Weird. Neither of us requested it. for megan, I think it works reasonabley well. From her standpoint, as far as she is concerned she gets to sleep in until noon. On days ai have her and I am working, I take her to pams' house. She is not terribly happy about getting up. The last couple days when I had her she got up without problem. She goes to pams' bc mom doesn't feel it's safe tof hre to be at the apt by herself. It became a huge issue.

Other updates? Had a long discussion with oldest daughter this morning, she is trying to get us ot mediate and not go to court. That would be fine by me. I never wanted to go to court, but can't accept what Pam is offereing. If she can get her to the table, great. Other than that, nothing changed significantly. Meagan's health is the same.

A good thing – Camp Korey. It's a huge deal for her, an amazing time for her, North Bend. She' alreadyplanning for next year. The second most important part of this, a girl she is tremendous friens with that comes from TX for this, the only time they see each other. There are only three weeks for kis with mitochondrial disease. She hadn't gotten scheduled with the other girl for the week. Megan was really upset about it. as of Saturday morning I asked her about it, she said mom emailed but they didn't get back to her. I had the person's contact info, the individual was there and we talked, and yesterday she found out that they switched her to the other camp. It's a big deal for them to do that. That was excellent – she's really happy. Her friend has a little bit less issues, she can fly by herself, Megan with diabetes not as easy. We talked about her friend coming and being with us for a day or two, if it didn't work out.

BACKGROUND INFO

Family growing up

You reported – frwe up in nyc. I have a yonger sister, three years. My father just passed away, six years go. Parens were pretty stable household from an emotional sense. They would argue but they stayed tg their whole life. Our biggest issue grwoinig upis that my father was unemployed for the vast majority of 9 years. From Jr. high school trhough when I was into college. He was of the old school, worked for one company your whole career, they ot bought out and downsized. First wave of that... people weren't hiring oldr workers, the culture was changing. He was an engineer. My mother worked, she was working before but started to support the family. He would get these tmeep jobs and work a bit. Economically we were lower, lower middle class. It was a big stress. The man is supposed to be the breadwinner, etc. a decent amount of stress. In some ways it was really good, I learned to take care of myself financially. In school, they had no money to support me. I worked, did work study, graduated in three years, took out loans. In medical school, I took out a loan the first year, then joined the army. Spent eight years in the army, five in training and three payback. I'm not really an Army... soldiers first, doctors second. I went into it to payfor school, not be of a military bent.

I met pam in the army, met my first year of residency. She had already had Jaime, from another marriage, had gotten divorced about a ear of so before we got married. Jamei was five ish, give or take, when we married.

I went to fellowship, during my fellowship Pam decided she wanted a divorce and left. Filed for divorce. I never really knew the issue. She just up and left. Living in San Antonio. I can't remember how many months before she came back. But she had actually filed the papers, we

ended up withdrawing the petition for divorce. It was about six plus months.

We were trying to have kids, but I had an issue, with ejaculation, not able to impregnate her for many years. Not a lot of support in the army for AI, they didn't have that. I got out of the army, we went to Utah, I was on the faculty at the university of Utah during that we had some support for assisted insemination. Towards the end of that two year period we had Becca. Utah was weird place, so Mormon. Jamie had some problems with making friends bc almost all the social activities are church related. Really hard for her to have friends that she did stuff with after school. the job was not perfect and after two years not getting any kind of raise. My first real real job. e/t greener on the other side of the fence. So we moved to rural upstate ny, neither of us had been from rural rural new york. Cooperstown, NY. No there there. Some historical things, baseball museum, Fennimore Cooper museum, 80 miles to Albany. Had to drive a half hour to the movies. Image of a bucolic setting, but not in reality. Not a lot for Jamie to do, no activities. We tried to get them to build a skating rink locally, for the kids. while we were there we had Daniel. He died at three months of SIDS. I was in Palau when he died. Nothing worse than outliving your kids, something wrong with the universe when that happens.

I think that definitely where the marriage started falling apart. Initially my parents came, there for the first week or so, sister there. Everybody is completely numb. There was no real support from Pam, not like we were giving tg. she withdrew. Someone had to take care of Jamie and Bekka. I wasn't doing well but had to take care of them. I couldn't eat, ended up having to go back to work after two weeks. I never got a hug from her after he died, some human contact about that. We were already thinking about whether we wanted to live in rural America, but after that decided we couldn't stay there, e/t reminded us of him.

U of Chicago, the first of the bad job choices I made. It wasn't present honestly. They weren't dishonest, just delusional. When I interviewed, they had a ton of money. Whe I got there, it turned out all the money they thought they had was based on an accounting error. They cut cme trips, research, all gone. UC is one of those oldfashioned med schools where there is a big division between the clinical faculty and the research faculty. The fiscal support for the division coming from the clinical side, tub the research side had all the authority. Not a lot of opportunities for advancement. We only stayed for three years.

At that point the marriage had already started to drastically deteriorate. In terms of affx, sex activity. Respect, but no love. That is weh I had an affair, not intercourse but an affair. Pam found out, never forgiven me for that. It didn't change anything towards getting us back towards each other. While in Chicago, right at the end of that, we had Megan. That was a little bit of a sticking point. I was scared of having Megan. I wa afraid of what would happen if another kid died. I knew what I had gone through with Daniel. I knew if I had nother kid I would be up all night checking to be sure she was breathing. And I did, twice a night. From pam, no discussion, she just wanted another child.

We went to Ohio and that job, it turned out that the job I took was a temp job, but they didn't tell me. They had a partner that died unexpectedly to cancer, were looking for somebody. There was a resident that was graduating just as I cam ein. They were hiring somebody for two years so he could go off and do his fellowship, and if the practice expanded enough maybe they would keep both. They gave me two one year contracts then didn't renew when he came back.

The marriage continued to just get worse. I know the last time we had sex was ten years ago. I tried to get a romantic weekend in New York with her, spent two nights at the Carlyle. I bought her \$2k in jewelry, and we had sex. That was it. It just continued to deteriorate into this - being married to being roommates, then to being bad roommates. We lost love, like, respect... if I said it was night, it had to be day. We stopped sleeping in the same bedroom about two and a half years before I left, I was in the basement, I snored, had gained a lot of weight, I have a bad kneecap, and one night she just lashed out at me with her foot, kicked me in the knee, and another half inch it would have been dislocated. I was done after that.

The marriage getting worse and worse. We're in Columbus, left Columbus. Pam had been working on her PhD, slowly, had to switch universities because we were moving. She was close to finishing. Thought that she could finish at Ohio State. I looked for a job where I could be there and come home on the weekends. I found a job in Dayton. I think something happened with her research project, fell apart, going to set her back, and have to start a whole new project. She decided to get into an online program at Rutgers so she came to Dayton after two or three months.

We were living in Dayton for three years. One year before we left Megan was diagnosed with diabetes. The first inkling she had had issues. That diabetes turned out to be a big deal. The only K programs in Dayton were half day, and Pam needed full day to finish her dissertation. We put both girls into a private school. Megan was having some issues with ADD, we thought another year of K would help her. The 2nd year she gets diagnosed with diabetes and the principal was a wreck about it. Megan was reasonably stable. The job in Dayton, two partners, milking all the money out of the practice. If you were offered a partnership your pay went down. I couldn't afford to make partner.

Fortunately I had applied once before at Group Health, we really liked the PNW. Pam's dream all along had been to be a nutritional ed coord at UW. When I applied there years before their salary structure abysmal, and the cost of living too high. But later on, the structure better. And another chief got sick, and a former army buddy suggested I apply.

I'm a nephrologist at GH, about 80% clinic, 20% hospital. I do clinic in Seattle mostly, one day a week on average a clinic in Bremerton, and about one in five weeks I'm on call, don't see patients but work between VM and Overlake. Here no calls in the middle of the night too much.

We ended up buying a house on Mercer Island. A huge sticking point, argument point in the marriage. Pam has a tendency to revisionist history. I would fly out for a weekend to look at houses, the peak of the market, houses going very quickly. She came out on one trip for a week. She had seen the house and liked the house. We really didn't want to rent for a while and then move again. We ended up buying the house, a joint decision, not unilateral on my part. This house was unbelievably expensive compared to our previous homes. \$900k. It turned out our inspector missed almost everything in the house, a huge amount of things going on in the house. We put in \$200k into the house in repairs, no updating but one thing.

I've never been one where the house itself means that much to me. Like my car - doesn't need to be fancy, but functional and dependable. Same with the house, doesn't need to be fancy schmancy. She wants that, wants to spend the money on that. My passion is travel. A constant dichotomy on where we're spending money. The house was constantly sucking up the money. The house became more and more of a focal point for anger and heated discussions.

I'm tired of this. When pam turned fifty, her thing she wanted to do, her uncle buried in Belgium, and she wanted to travel there. I was perfectly happy. When I turned 50, I wanted to go back to NZ and walk the Milford Track, wanted to be on the track for my bday. That spring, prior, we went to put in a new deck, the old one was falling apart, this was the only upgrade. We could afford both things. But it turned out there was rot due to faulty construction, then the home addition hadn't been built to code , and we had to basically gut and rebuild that corner of the house. Turned into an \$80k job. That money for the NZ trip was more than gone. It didn't bother Pam that I had this dream and it was gone. No sympathy. She got to do her thing. It was like my last straw with the house. The house was a huge huge sticking point and a huge focus for arguments.

Megan starts having – when we came her we started arguing with the school about her diabetes care, an IEP. She started first grade and her teacher took on her diabetes. We always pushed for someone at the school to be available to give glucagon at the school right away if she was hypoglycemic and not wait for the EMT's. no school nurse at the elementary school. Her teacher just took it on, and he got a couple other teachers to agree, but after that year it was more and more or an arguement with the school.

Then her hearing became an issue. Dovetailing with the diagnosis of the mitochondrial disease. They were going to get an fm system, but it really requires a lot more assistance than that. The school district would fight us on it that took effort, other than throwing money at it. Pam and I talked about it, do you want me to argue with them about this? She was always happy for me to be bad cop and sh would play good cop, that was okay when we were a team. I would be the one at the meetings that would say things. We structured it that way, working to accomplish things for megan. When the hearing became more and more of an issue, and the school district had more issues,, they came to us with a fait accompli about sending her to this school in the north end. I went and looked at it, hadn't heard fo it before and I was actually impressed with it. we ended up sending her there. She went there for 2 ½ years and had tremendous support. Every day before we had argued with the school... on and on, every day. Really nice at the nw school for hearing impaired children.

The problem is it's a very tiny school, six or eight kids per grade. Phenomenal for teaching, but not a lot of resources. Takes longer to teach the kids, didn't have access to some things, like science. Not as broad a curriculum as kids in middle school. Made sense at the time. the last year she was there, her last year in middle school, pam said we are going to try and mainstream her in the high school, let's mainstream her in two classes at the middle school, see how that goes. And get her a science class. I thought it was a good idea, although still limited time in a day. In some days it worked really well. She had a science teacher that really took it on and figured out how to make it work. One thing – brilliant. They had a class where they were teaching something in the dark. The teacher got white gloves for the interpreter and a black light – so cool. The second class not as great, just good.

The next thing with Megan in terms of her schooling, which high school is she going to go to? Mainstream her completely or send her to a high school in Edmonds Woodway, where they had a critical mass of deaf kids, have a deaf culture, used to teaching kids. pam and Megan from the beginning wanted her to go to the locl high school. I just wasn't sure what was the right answer. We all went up to Edmonds for the day, and it looked like a bad academic program –it presented so poorly. And the effort it would have taken to get Megan there on time, etc. because the MIHS more academically rigorous, if she failed there it would be easier to switch to the other. Couldn't go the other way. There were discussions about this

and we worked it out. We came up with a plan. It didn't require an arbitrator, or some third party. A key thing about megan's care, and her medical care. We had a terrible marriage and a terrible rel between us for many years. Lots of arguments, fighting, disagreemns . no physical fighting. But when it ame time for megans' health and bekka and megans' schooling, we accomplished htose things. We may have disagree on stuff, but it got done. We went to meetings, we discussed things. I was given the role of bad cop, so I did that. We accomplished those things. I think Megan did as well as she has bc she has two paernts that are trying their best for her, same with becca and Jamie. We accomplished. I think if we get past this diorce process, we can do it again. Can get back to that. With medical decision making, nothing like one of us objecting. Pacemaker, she got that. Scoliosis surgery, it gone done. We disagree on her medical care sometimes, and sometimesit lurches in this dirction and that, but she's done well. Both of us tring to do the best for megan. It's worked. I think there are strengrhs and weaknesses of both of us, that complement each. Megan is propped up the whole time. I think Megan's care will not bas as good if its not like that. I thinkd mer edical care has not ben as good this psat year bc just one parent on it. I think she gets propped up when we both work on it. pams approach doesn't always serve megan well. My approache doesn't always serve well. Between us, it works.

In the divorce process, things have gone horribly. A lot of stuff, has not gone well. The commx is poor. Part of it is there has to be a paper trail at this point, so next to no verbal commx. Is there going to have to be a paper trail after? I don't think so. Even when we sep we didn't have a paper trail. Things started going awry when we went to court. Im really hopeful if we get this thing behind us, altho if part of the settlement goes bacd for one of us may be longer, I really hope it can treturn ot that. It works well for both of us. I truly believe that. I've been asking for fifty fity and fjoint decision making. I think tht is best for Megan. Better than either one of us making decisions alone. The care of our children the only thing that has gone well into our marriage. By the end it ws spilling over into the care of the children, so much rancor and arguing... that is why I left. I was staying for the kids. it reached a point where it was clearly not good for the kids. past that poing but I hadn't see in it wll. Honestly in a lot of ways it is bette r for the kids. the div process has cont some of the rancor.

When I sepd , efore I filed, I didn't want to reconcile, but I said I want to give us six months to make sure this works for megan, don't want her to suffer. If that happens im foing to move back in and we'll I figure it out. When we separated things worked pretty decently Megan was with me fifty fifty, tow on, two off. It was shared. Pams job allos her more freedom to take her to appts but I was taking her to apps. a/t with a major decision, I attended. Pacemaker, I went. When she was in the hospital, I was there for 50% of that. Scoliosis surger, ety. Things working like that. Since the move towards court orders things hae gone awry.

Things have not gone well. This poress an abysmal exp and an absolute horror. Caused a lot of rancor and aggravation. Even the comx porces has been erverted. But it did work, it can work again. Some things pam does with megans care that I disagree with, but not bc she donse't care about megan.

Megan is tracking along mostly with one synedorm, the KSS. She has a larger delition than that, don't know if there is more. She is doing better than most kids that have ksS, much better. She is already into the age range where they start getting little strokes... a lot of these kids do not live past age 20. Thank god she has the pacemaker, they can'tdo mri's... I don't

want to know if her brain is getting little holes in it. for megan's sake she has had a team. I'm not saying that I'm a material better parent that I should hav her the majority of the time. I think we should do it tg. I would like to see Pam take a more active role with Becky. I think she still needs that.

The present parenting plan: during the school year I have her one weekenight and alternating weekends. Little less than 30% of the time. this summer is shared. I proposed we switched it to two on two off, three days. I think that would work well during the school year. The other sticking issue, school decs have been left as a fifty fifty thing, but I've been removed from medical decision making. When the commish did tht, our commx so bad that some of her deisions need to be made in a time framd such that we cant comm. That's never happedned. When megan needed surgery, we put the pacemaker. We don't have a fundamental disagreement about her diagnosis or care. If we had to make joint decision making over the house, that we need help with.

The bieggest argument we've had about megan's care in the last year and a half is getting her to behavioral health. for a number of years she had been going to behave health for different things – she went to see a guy at children's and I have a higher opinion of the effect of his work than Pam does. It was a pain, it took her out of school more, the traffic, etc. logically it was a drain. But I think he was very effective. My teaching is that the growth curves in a pediatric patient, they are the be all and end all. She had tracked on the third to fifth percentile for twelve years. She started seeing this guy and there is an inflection and she goes up to the 25th percentile, which is a huge difference, 1st December she stopped going to him, and she flattened out, ist racking back to the third or fifth percentile. In mitochondrial deisease it is a huge deal, energy, having reserve important or you start going into stroke. He was effective in that. I've been asking, is she goeing to someon else? She goes to see someone at gh, and the guy she ses is – beav health not one of gh's strong suits. This guy is not great – sees her onceor twice, sees her with her deafness without an interpreter and makes the decision she dones't need any follow up. I asked for a family meeting. With him, the ped, and pam. I showed them the growth curve... on top of that, why is there no interpreter? Megan sits there the whole time,playing with her phone. We get her attn. so she cn talk to the guru guy – she doesn't understand a word he is saying. I think McKeever at children's was effective, I want that for her. lets find that. I think she has a lot of issues that need to be looked into. So now she is going to someone different at gh, not the "guru." Give him a chance. The first two meeitngs, no interpreter. I asked Megan, she said she didn'tunderstand a word her said. Why would we not make it easier for her to engage in this process. So finally, the last time, we are getting an interpreter. I said, so what are the goals. We are going to see how her weight does and then how will we assess it. fine, but what is the goal? I cant get that from pam, but she has medical deecn making. That there is a disagreement. Her care is not suffering bc of the disagreement. I still think we can work this out. I did some emaisl with Pam and now she has an interpreter. I don't think megan suffered bec of that. A compromise in place. I think Megan benefits from two parents doing this. In the past when I was able to be involved in Megan's med care, it helped to have pam point that out. I truly think she would benefit befst by a 50/50 split of time and joint decision making. Benefitte in the past, and can in the future. We can do it. we've done it all along, don't see why it can't continue. This is the nadir of the reel between pamd and me. This is the worst, in terms of comm and working tg than it has ever been. I don't thing it wll stay like this. Even at its nadir her care has benefited from both being involved. How can it not get better.

Counseling – 2009, for work stress. The job that I do – people ask me if I like my job, I like

patient care, but I hate health care. My job at this point, bc of what is going on at medicine, I've been doing what I do for 25 years, and I'm actually pretty damn good at it, not a lot of innovations... patient care doesn't take up an enormous amt of my energy. Healthcare is like 90% of what I do. Dealing with regs, various and sundry ways of documenting, we don't cover this med, give that, etc... all that arguing. I hate that. I don't like my job, it's not what I went into. It's hard when you are on call and get called all night about things like this, not not feel frustrated and upset. It's hard to go, knowing that I have no othe marketable skills, can't support my family otherwise, to go to work every day. It's hard to do that. The if you nave that on top of a home env that was terrible – I don't drink or gamble, my two places are my home and my work. If netiher one is good, that's hard. So I went to someone for stress mgmt.. we talked, I vtned, and he wasn't any help. He said quit and get another job. I know there is no greener grass. And his advice about the marriage was just leave. Not terribly helpful.

I've been – depressed isn' the right word. Stressed. Under a tremendous amount of stress. I don tlike my job, don't like the divorce process, didn't want to go ome bc of pam. Wanted to see the kids but hated seeing pam, knew there would be an argument. Its not been depression, but stress. How can someone help me? I need a new job in a different profession, or a change in my wife...

Joint counseling – we got to the point where the marriage was a disaster, and finances have always been a big issue. Marie McNabb has abackgourn in financial and marriage counseling. We went to her. pam didn't accept anything pam said. She gave her som exercise. I always did the finances, pam didn't have any interest in them. I would say look at the information. So marie said to her, look at quicken the accounts. She wouldn't do it. dave complains about your spending. I don't know if that is right or wormg, why don't you look at it, maybe hes rigt or its him spending, etc. she never would do it. marie suggested at one time that pam get counseling for depression. Pam was offended.

We went to Italy two summers ago. my aunt died and my moterh gave my sister and I \$15k each, do with it what you want. My aunt was one person that got me into traveling... I wanted to go on a family trip, we planned the Italy trip as a family. As we got up to it, Pam didn't want to spend the money on the trip, but it was my money for that purpose. We went to Italy, I knew the marriage was in the toilet, we had a great time. kids had a great time, everyone did for the most part. Go back to Marie, she says pam what did you think about the trip? She said it was okay. I thought, its never going to change. I cannot make this woman happy and she can't amake me happy. I decided to move out.

I would be short with the kids... I was nonfx not jx as I should as their parent. I was not supportive at times, bec of this. I couldn't be a good father under these circumetancs. I think my reel with the kids is really quite good right now. Try to keep them out of it... Megan enjoys when she oems oer, knows she can talk to me aobut htngs. The kids prove it by coming to me with problems. Becky calls me with problems. She just broke up with her bf and she calls me. She was at my apartment that night, I was out with a friend, she calls me weepy... I went home. I think we have a really good reel now. A lot better than it was, infinitely better than it was.

The counseling since then, basically – wheni got the temp court orders, being very frank with you, a lot of dishonest presentation, lies to the court. I ended up getting completely hosed on the financial and parenting plan. Not even remotely something I thought would happen. I was

so angry – at Pam, for doing it this way, at the court for not paying attention to the contradicting facts... I was furious, to the point where I couldn't, to the point that when I left court I almost got killed bc I just pulled right out into traffic – it was absolutely my fault. I needed – I can't help my kids in that state. The next day I called the person at work, said I need to get into therapy fast... I'm nonfx. Jamie would call, she's in Atlanta, and 99.9% of what is going on is the divorce and I couldn't talk about it. so I didn't speak to her for three weeks – I had to get past this. I can't fix for my kids like this. When I went into counseling, seeing her weekly. She helped me initially get past that degree of anger, that was just anger anger, there's been frustration anger since then at times more and less, trying to get me to focus on what is your ultimate goal, how does what is going on right now effect that, if it doesn't don't let it become a major thing... I've tried to keep the kids out of it, occasionally I think the result of what I'm doing is wrong, doing what Pam is doing. She helps me. This is a tremendously stressful situation and the way Pam is approaching it makes it a more stressful situation. I need to be able to handle this in a good fashion, down the road. I need some help with this. Not depressed, just reeling.

Home visit – schedule

11:34

Family problems while growing up - mh, d/a, dv
Trauma suffered as child - emotional, physical, sexual, etc.
Anything else?

Education

Anything else

Employment

Anything else

A/t else that regularly takes you away from child during your residential time

Legal history

Any contact with police, including arrests, citations, communication related to your behavior?

Any contact you had with police related to spouse's behavior

Anything else?

Your alcohol/other drug history –

Do you currently drink alcohol

When was the last time, how much?

Is that more/less/ the same as usual

How much do you typically consume in a week

Starting when (how long has that been the pattern)

more/less/the same as in the past

Have you ever cut back or quit drinking for a time (first, worst or last time)

Has anyone ever expressed concern about your drinking (first, worst or last time)

Substance use history –

Do you currently use illicit substances or prescribed medications

Have you ever

Names, ages, dates, frequency, volume, last use, period of greatest use

Tell me about a time when you were concerned about your using (first, worst or last time)

Tell me about a time when a loved one or friend expressed concern about your using (first, worst or last time)

Physical health history

Anything else

Your coping/mental health history

Current coping

Better, worse or the same?

Have you ever had trouble managing your thoughts, either too fast or too slow? or emotions – too much, too high, too low?

Duration/intensity/frequency

Have you ever had individual counseling

Has anyone ever recommended you seek counseling

RELATIONSHIP HISTORY

Prior significant relationships?

Relationship with other party

How would you describe it?

Any separations? Who initiated and why

Final separation – what happened?

Have you ever felt threatened or intimidated in any past rel (including other party)?

Has any past partner of yours felt threatened or intimidated by you?

Have you ever hit, pushed or broken any objects in any past rel?

First, worst and most recent incident.

Has any past partner of yours ever hit, pushed, or broken any objects during a conflict with you? With any prior partner?

First, worst and most recent incident...

Does the other parent use alcohol or other substances now

Have they ever

Has their consumption ever caused you concern or created conflict

Tell me about the first, worst, and last time

Has the other parent ever had trouble with their moods, too strong, too high, too low?

Duration/intensity/frequency

Have they ever sought individual counseling

Has anyone ever recommended they seek counseling

PARENTING HISTORY

Tell me about your child/children

Your role with the child/children since birth

Other parent's role with the child/children since birth

00230
KEILIN, JENNIFER 2015-2LW PAGE 253

deDave Charney

3rd 11:35

2nd 7/3/14

5/20/14

Permission stuff is done.

Informed consent:

- o legal process
- o you are not client
- o objective, neutral evaluator
- o child's best interests are paramount
- o not confidential
- o not therapy
- o anxiety provoking situation
- o no interim recommendations – something going on now, time sensitive. Not your role? No.
- o task is to generate legally relevant hypotheses and reach opinions and make recommendations based on multiple data points
- o there is no guarantee the outcome of the evaluation will be in your favor.
- o Money – monthly billing to you and counsel, when retainer falls to \$2000 will ask for more if needed, must pay final balance before report issued

No questions – no.

Evaluation process:

- o Questionnaires –
- o Interviews – 2 or more
- o home visit – she has enough hearing, if it's quiet and you're facing each other, and you're speaking slowly and clearly, she will get 95% of what you say. I have a lousy facility for languages. I've spent a lot of time learning ASL, then she went to a school where they taught SEE. She's always correcting me. I try to communicate with her on a rudimentary level signing. Sometimes easier to get her attn. through signing. She is constantly got her phone with her – being on the phone texting or reading a major activity. Sometimes I text her sitting next to me. A running joke. Should be able to communicate.
- o collaterals – personal and relevant professional - 34 year old daughter my step daughter. Important for you to talk to her. Example of my strength as a parent. We accepted each other early on. She asked me to walk her down the aisle when she got married. Meant a tremendous amount to me.
- o testing,
- o legal materials and other relevant materials.
- o Final
- o Report
- o Atty meeting

Any questions? Don't think so.

Bringing you to eval?

I went into this process all along wanting to be fair, and straightforward. It just hasn't worked out that way. I keep being told, every little thing that's wrong... I look at two basic issues – three. Megan the most important part. I understand that that class they make you go to, excellent... I'm glad they made me go. The overriding issue. Another basic issue, in the

midst of all of this process, there is a lot more contention in a lot of ways than before the separation. And hopefully a lot more than there will be in the future. Right now the commx is poorer about a lot of things than it was, or will be. To bring up every bit of that – hopefully not indicative of what will happen in the future. I don't want to inundate you with every email. By the same token, there has been this contention. I think there is a big diff between our decls. I understand she has strengths and weaknesses. I have too. Important for the children to have both parents involved with them. I didn't go into this with the concept that one of us would be the dominant parent. The part of this – the only strong part of the marriage for a long time was that we both cared about the children and tried to do our best, in diff ways. That was the best part of us being tog. I didn't see why that had to change drastically. This whole process has been pretty hurtful. The court has put its imprimatur on that inequity. I don't want to fight back. But when I hadn't fought-back, I lost ground. Time, with megan, decision making. It's hard to balance that – the process portion. How many emails – none, 50, 1000? All through this process have undersubmitted, under-sent stuff. I've ended up losing things bc of that. The reason we communicate by email and text now is that stuff is misrepresented when sold vertically. I don't. But I feel I have to create a paper trail, bc I'm having enormous problems. I think it's just a illegale.

Basically it was 50/50 until court orders, etc. I don't disagree with the way we split it, two here, two there. Just easiest. Even though splitting 50/50 differently is okay. But I ended up with far less. Where did I get this? Very, very hurtful.

Can I mention the issue? Megan has a special ed teacher, iep leader on the sch. staff, also being a central person. She also has her personal sign language interpreter that works in all classes. Megan brought up to me, in a couple of missus I. E.P.s in the school. Has unaware of any kind of freedom. I thought the interpretation is annoying, important. Megan's success. The IEP leader is also important to her students. I am trying to point out that you know. Channel may be letting now. I didn't. She, with I. E.P. said it was a problem. But she didn't think it was appropriate to tell me what it is. I don't understand? I. E.P. Megan's success rides pretty strongly on that. I don't think the issue itself is the important thing. That there is an issue. I suggested bringing us someone in the chain of command, like mediating it. Pam said no. I've got to make decision making. It was suggested bringing it to you?

I just want those people present for the next year if it's at all possible.

5:06

deDave Charney

3rd 11:35

2nd 7/3/14

5/20/14

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Basically it was 50/50 until court orders entered. You could disagree with the way we split it, two here, two there. Just easiest. Can be argued splitting 50/50 differently is okay. But I ended up with far less. Where did I get inadequate? Its been very hurtful.

Can I mention the issue? Megan has a special ed teacher, iep leader for the school; advocate, being a central person. She also has her personal sign language interpreter that is with her in all classes. Megan brought up to me there is some sort of issue between the two adults. I was unaware of any kind of friction. Charnell the interpreter is amazing, important to Megan's success. The IEP leader is also important to her success. We are trying to mainstream Megan. Charnel may be leaving now. I commx that with Pam. She said it was a personal issue and she didn't think it was appropriate to tell me what it is. I don't understand? I think Megan's success rides pretty strongly on this. I don't think the issue itself is the important thing, but that there is an issue. I suggested talking to someone in the chain of command about mediating it. pam said no. I've got joint decision making – it was suggested bringing it to you?

I just want those people present for her next year if it is at all possible.

5:06

7/3/14

update? Nothing much new. Switched into the summer, four days off, four days on. Weird. Neither of us requested it. for megan, I think it works reasonabley well. From her standpoint, as far as she is concerned she gets to sleep in until noon. On days ai have her and I am working, I take her to pams' house. She is not terribly happy about getting up. The last couple days when I had her she got up without problem. She goes to pams' bc mom doesn't feel it's safe tof hre to be at the apt by herself. It became a huge issue.

Other updates? Had a long discussion with oldest daughter this morning, she is trying to get us ot mediate and not go to court. That would be fine by me. I never wanted to go to court, but can't accept what Pam is offereing. If she can get her to the table, great. Other than that, nothing changed significantly. Meagan's health is the same.

A good thing – Camp Korey. It's a huge deal for her, an amazing time for her, North Bend. She' alreadyplanning for next year. The second most important part of this, a girl she is tremendous friens with that comes from TX for this, the only time they see each other. There are only three weeks for kis with mitochondrial disease. She hadn't gotten scheduled with the other girl for the week. Megan was really upset about it. as of Saturday morning I asked her about it, she said mom emailed but they didn't get back to her. I had the person's contact info, the individual was there and we talked, and yesterday she found out that they switched her to the other camp. It's a big deal for them to do that. That was excellent – she's really happy. Her friend has a little bit less issues, she can fly by herself, Megan with diabetes not as easy. We talked about her friend coming and being with us for a day or two,if it didn't work out.

BACKGROUND INFO

Family growing up

You reported – frwe up in nyc. I have a yonger sister, three years. My father just passed away, six years go. Parens were pretty stable household from an emotional sense. They would argue but they stayed tg their whole life. Our biggest issue grwoinig upis that my father was unemployed for the vast majority of 9 years. From Jr. high school trhough when I was into college. He was of the old school, worked for one company your whole career, they ot bought out and downsized. First wave of that... people weren't hiring olde workers, the culture was changing. He was an engineer. My mother worked, she was working before but started to support the family. He would get these tmeep jobs and work a bit. Economically we were lower, lower middle class. It was a big stress. The man is supposed to be the breadwinner, etc. a decent amount of stress. In some ways it was really good, I learned to take care of myself financially. In school, they had no money to support me. I worked, did work study, graduated in three years, took out loans. In medical school, I took out a loan the first year, then joined the army. Spent eight years in the army, five in training and three payback. I'm not really an Army... soldiers first, doctors second. I went into it to payfor school, not be of a military bent.

I met pam in the army, met my first year of residency. She had already had Jaime, from another marriage, had gotten divorced about a ear of so before we got married. Jamei was five ish, give or take, when we married.

I went to fellowship, during my fellowship Pam decided she wanted a divorce and left. Filed for divorce. I never really knew the issue. She just up and left. Living in San Antonio. I can't remember how many months before she came back. But she had actually filed the papers, we

ended up withdrawing the petition for divorce. It was about six plus months.

We were trying to have kids, but I had an issue, with ejaculation, not able to impregnate her for many years. No t a lot of support in the army for AI, they didn't haе that. I got out of the army, we went to Utah, I was on the faculty at the university of Utah during that we had some support for assisted insemination. Towards the end of that two year period we had Becca. Utah was weird place, so Mormon. Jamei had some problems with making friens bc almost all the social activities are church related. Really hard for her to have friens that she did stuff with fter school. the job was not perfect and after two years not getting any kind of raise. My first real real job. e/t greener on the other side of the fence. So we moved to rural upstate ny, neither of us had been from rural rural new york. Cooperstown, NY. No there there. Some historical things, baseball museum, Fennimore Cooper museum, 80 miles to Albany. Had to drive a half hour to the movies. Image of a bucolic setting, but not in reality. Not a lot for Jamie to do, no activities. We tried to get them to build a skating rink locally, for the kids. while we were there we had Daniel. He died at three months of SIDS. I was in Palau when he died. Nothing worse than outliving your kids, something wrong with the universe when that happens.

I think that definitely where the marriage started falling apart. Initially my parents came, there for the first week or so, sister there. Everybody is completely numb. There was no real support from Pam, not like we were griving tg. she withdrew. Someon had to take care of Jamie and Bekka. I wasn't doing well but had to take care of them. I couldn't eat, ended up having to go back to work after two weks. I never got a hug from her after he died, some human contact about that. We were already thinking about whether we wanted to live in rural America, but after that decided we couldn't stay there, e/t reminded us of him.

U of Chicago, the first of the bad job choices I made. It wasn't present honestly. They weren't dishonest, just delusional. When I interviewed, they had a ton of money. Whe I got there, it turned out all the money they thought they had was based on an accounting error. They cut cme trips, research, all gone. UC is one of those oldfashioned med schools where ther e is a big dvision between the clinical faculty and the research faculty. The fiscal support for the division coming from the clinical side, tub the research side had all the authority. Not a lot of opportunities for advancement. We only stayed for three years.

At that point the marriage had already started to drastically deteriorate. In terms of affx, sex activity. Respect, but no love. That is weh I had an affair, not intercourse but an affair. Pam found out, never forgiven me for that. It didn't change anything towards getting us back towards each other. While in Chicago, right at the end of that, we had Megan. That was a little bit of a sticking point. I was scared of having Megan. I wa afraid of what would happen if another kid died. I knew what I had gone through with Daniel. I knew if I had nothe rkid I would be up all night checking to be sure she was breathing. And I did, twice a night. From pam, no discussion, she just wanted another child.

We went to Ohio and that job, it turned out that the job I took was a temp job, but they didn't tell me. They had a partner that died unexpectedly to cancer, were looking for somebody. There was a resident that was graduating just as I cam ein. They were hiring somebody for two years so he could go off and do his fellowship, and if the practice expanded enough maybe they would keep both. They gave me two one year contracts then didn't renew when he came back.

The marriage continued to just get worse. I know the last time we had sex was ten years ago. I tried to get a romantic weekend in New York with her, spent two nights at the Carlyle. I bought her \$2k in jewelry, and we had sex. That was it. It just continued to deteriorate into this – being married to being roommates, then to being bad roommates. We lost love, like, respect... if I said it was night, it had to be day. We stopped sleeping in the same bedroom about two and a half years before I left, I was in the basement, I snored, had gained a lot of weight, I have a bad kneecap, and one night she just lashed out at me with her foot, kicked me in the knee, and another half inch it would have been dislocated. I was done after that.

The marriage getting worse and worse. We're in Columbus, left Columbus. Pam had been working on her PhD, slowly, had to switch universities because we were moving. She was close to finishing. Thought that she could finish at Ohio State. I looked for a job where I could be there and come home on the weekends. I found a job in Dayton. I think something happened with her research project, fell apart, going to set her back, and have to start a whole new project. She decided to get into an online program at Rutgers so she came to Dayton after two or three months.

We were living in Dayton for three years. One year before we left Megan was diagnosed with diabetes. The first inkling she had had med issues. That diabetes turned out to be a big deal. The only K programs in Dayton were half day, and Pam needed full day to finish her dissertation. We put both girls into a private school. Megan was having some issues with ADD, we thought another year of K would help her. The 2nd year she gets diagnosed with diabetes and the principal was a wreck about it. Megan was reasonably stable. The job in Dayton, two partners, milking all the money out of the practice. If you were offered a partnership your pay went down. I couldn't afford to make partner.

Fortunately I had applied once before at Group Health, we really liked the place. Pam's dream all along had been to be a nutritional ed coord at UW. When I applied there years before their salary structure abysmal, and the cost of living too high. But later on, the structure better. And another chief got sick, and a former army buddy suggested I apply.

I'm a nephrologist at GH, about 80% clinic, 20% hospital. I do clinic in Seattle mostly, one day a week on average a clinic in Bremerton, and about one in five weeks I'm on call, don't see patients but work between VM and Overlake. Here no calls in the middle of the night too much.

We ended up buying a house on Mercer Island. A huge sticking point, argument point in the marriage. Pam has a tendency to revisionist history. I would fly out for a weekend to look at houses, the peak of the market, houses going very quickly. She came out on one trip for a week. She had seen the house and liked the house. We really didn't want to rent for a while and then move again. We ended up buying the house, a joint decision, not unilateral on my part. This house was unbelievably expensive compared to our previous homes. \$900k. It turned out our inspector missed almost everything in the house, a huge amount of things going on in the house. We put in \$200k into the house in repairs, no updating but one thing.

I've never been one where the house itself means that much to me. Like my car – doesn't need to be fancy, but functional and dependable. Same with the house, doesn't need to be fancy schmancy. She wants that, wants to spend the money on that. My passion is travel. A constant dichotomy on where we're spending money. The house was constantly sucking up the money. The house became more and more of a focal point for anger and heated discussions.

I'm tired of this. When pam turned fifty, her thing she wanted to do, her uncle buried in Belgium, and she wanted to travel there. I was perfectly happy. When I turned 50, I wanted to go back to NZ and walk the Milford Track, wanted to be on the track for my bday. That spring, prior, we went to put in a new deck, the old one was falling apart, this was the only upgrade. We could afford both things. But it turned out there was rot due to faulty construction, then the home addition hadn't been built to code , and we had to basically gut and rebuild that corner of the house. Turned into an \$80k job. That money for the NZ trip was more than gone. It didn't bother Pam that I had this dream and it was gone. No sympathy. She got to do her thing. It was like my last straw with the house. The house was a huge huge sticking point and a huge focus for arguments.

Megan starts having – when we came her we started arguing with the school about her diabetes care, an IEP. She started first grade and her teacher took on her diabetes. We always pushed for someone at the school to be available to give glucagon at the school right away if she was hypoglycemic and not wait for the EMT's. no school nurse at the elementary school. Her teacher just took it on, and he got a couple other teachers to agree, but after that year it was more and more or an arguement with the school.

Then her hearing became an issue. Dovetailing with the diagnosis of the mitochondrial disease. They were going to get an fm system, but it really requires a lot more assistance than that. The school district would fight us on it that took effort, other than throwing money at it. Pam and I talked about it, do you want me to argue with them about this? She was always happy for me to be bad cop and sh would play good cop, that was okay when we were a team. I would be the one at the meetings that would say things. We structured it that way, working to accomplish things for megan. When the hearing became more and more of an issue, and the school district had more issues,, they came to us with a fait-accompli about sending her to this school in the north end. I went and looked at it, hadn't heard of it before and I was actually impressed with it. we ended up sending her there. She went there for 2 ½ years and had tremendous support. Every day before we had argued with the school... on and on, every day. Really nice at the nw school for hearing impaired children.

The problem is it's a very tiny school, six or eight kids per grade. Phenomenal for teaching, but not a lot of resources. Takes longer to teach the kids, didn't have access to some things, like science. Not as broad a curriculum as kids in middle school. Made sense at the time. the last year she was there, her last year in middle school, pam said we are going to try and mainstream her in the high school, let's mainstream her in two classes at the middle school, see how that goes. And get her a science class. I thought it was a good idea, although still limited time in a day. In some days it worked really well. She had a science teacher that really took it on and figured out how to make it work. One thing – brilliant. They had a class where they were teaching something in the dark. The teacher got white gloves for the interpreter and a black light – so cool. The second class not as great, just good.

The next thing with Megan in terms of her schooling, which high school is she going to go to? Mainstream her completely or send her to a high school in Edmonds Woodway, where they had a critical mass of deaf kids, have a deaf culture, used to teaching kids. pam and Megan from the beginning wanted her to go to the locl high school. I just wasn't sure what was the right answer. We all went up to Edmonds for the day, and it looked like a bad academic program –it presented so poorly. And the effort it would have taken to get Megan there on time, etc. because the MIHS more academically rigorous, if she failed there it would be easier to switch to the other. Couldn't go the other way. There were discussions about this

and we worked it out. We came up with a plan. It didn't require an arbitrator, or some third party. A key thing about megan's care, and her medical care. We had a terrible marriage and a terrible rel between us for many years. Lots of arguments, fighting, disagreemns . no physical fighting. But when it ame time for megans' health and bekka and megans' schooling, we accomplished htose things. We may have disagree on stuff, but it got done. We went to meetings, we discussed things. I was given the role of bad cop, so I did that. We accomplished those things. I think Megan did as well as she has bc she has two paernts that are trying their best for her, same with becca and Jamie. We accomplished. I think if we get past this diorce process, we can do it again. Can get back to that. With medical decision making, nothing like one of us objecting. Pacemaker, she got that. Scoliosis surgery, it gone done. We disagree on her medical care sometimes, and sometimesit lurches in this dirction and that, but she's done well. Both of us tring to do the best for megan. It's worked. I think there are strengrhs and weaknesses of both of us, that complement each. Megan is propped up the whole time. I think Megan's care will not bas as good if its not like that. I thinkd mer edical care has not ben as good this psat year bc just one parent on it. I think she gets propped up when we both work on it. pams approach doesn't always serve megan well. My approache doesn't always serve well. Between us, it works.

In the divorce process, things have gone horribly. A lot of stuff, has not gone well. The commx is poor. Part of it is there has to be a paper trail at this point, so next to no verbal commx. Is there going to have to be a paper trail after? I don't think so. Even when we sep we didn't have a paper trail. Things started going awry when we went to court. Im really hopeful if we get this thing behind us, altho if part of the settlement goes bacd for one of us may be longer, I really hope it can treturn ot that. It works well for both of us. I truly belive that. I've been asking for fifty fifty and fjoint decision making. I think tht is best for Megan. Better than either one of us making decisions alone. The care of our children the=only thing that has gone well into our marriage. By the end it ws spilling over into the care of the children, so much rancor and arguming... that is why I left. I was staying for the kids. it reached a point where it was clearly not good for the kids. past that poing but I hadn't see in it wll. Honestly in a lot of ways it is bette r for the kids. the div process has cont some of the rancor.

When I sepd , efore I filed, I didn't want to reconcile, but I said I want to give us six months to make sure this works for megan, don't want her to suffer. If that happens im foing to move back in and we'll I figure it out. When we separated things worked pretty decently Megan was with me fifty fifty, tow on, two off. It was shared. Pams job allos her more freedom to take her to appts but I was taking her to apps. a/t with a major decision, I attended. Pacemaker, I went. When she was in the hospital, I was there for 50% of that. Scoliosis surger, ety. Things working like that. Since the move towards court orders things hae gone awry.

Things have not gone well. This poress an abysmal exp and an absolute horror. Caused a lot of rancor and aggravation. Even the comx porces has been erverted. But it did work, it can work again. Some things pam does with megans care that I disagree with, but not bc she donse't care about megan.

Megan is tracking along mostly with one synedorm, the KSS. She has a larger delition than that, don't know if there is more. She is doing better than most kids that have ksS, much better. She is already into the age range where they start getting little strokes... a lot of these kids do not live past age 20. Thank god she has the pacemaker, they can'tdo mri's... I don't

want to know if her brain is getting little holes in it. for megan's sake she has had a team. I'm not saying that I'm a material better parent that I should hav her the majority of the time. I think we should do it tg. I would like to see Pam take a more active role with Becky. I think she still needs that.

The present parenting plan: during the school year I have her one weekenight and alternating weekends. Little less than 30% of the time. this summer is shared. I proposed we switched it to two on two off, three days. I think that would work well during the school year. The other sticking issue, school decs have been left as a fifty fifty thing, but I've been removed from medical decision making. When the commish did tht, our commx so bad that some of her deissons need to be made in a time framd such that we cant comm. That's never happendned. When megan needed surgery, we put the pacemaker. We don't have a fundamental disagreement about her diagnosis or care. If we had to make joint decision making over the house, that we need help with.

The bieggest argument we've had about megan's care in the last year and a half is getting her to behavioral health. for a number of years she had been going to behave health for different things – she went to see a guy at children's and I have a higher opinion of the effect of his work than Pam does. It was a pain, it took her out of school more, the traffic, etc. logically it was a drain. But I think he was very effective. My teaching is that the growth curves in a pediatric patient, they are the be all and end all. She had tracked on the third to fifth percentile for twelve years. She started seeing this guy and there is an inflection and she goes up to the 25th percentile, which is a huge difference, 1st December she stopped going to him, and she flattened out, ist racking back to the third or fifth percentile. In mitochondrial deisease it is a huge deal, energy, having reserve important or you start going into stroke. He was effective in that. I've been asking, is she goeing to someone else? She goes to see someone at gh, and the guy she ses is – beav health not one of gh's strong suits. This guy is not great – sees her onceor twice, sees her with her deafness without an interpreter and makes the decision she dones't need any follow up. I asked for a family meeting. With him, the ped, and pam. I showed them the growth curve... on top of that, why is there no interpreter? Megan sits there the whole time,playing with her phone. We get her attn. so she cn talk to the guru guy – she doesn't understand a word he is saying. I think McKeever at children's was effective, I want that for her. lets find that. I think she has a lot of issues that need to be looked into. So now she is going to someone different at gh, not the "guru." Give him a chance. The first two meeitngs, no interpreter. I asked Megan, she said she didn'tunderstand a word her said. Why would we not make it easier for her to engage in this process. So finally, the last time, we are getting an interpreter. I said, so what are the goals. We are going to see how her weight does and then how will we assess it. fine, but what is the goal? I cant get that from pam, but she has medical deecn making. That there is a disagreement. Her care is not suffering bc of the disagreement. I still think we can work this out. I did some emaisl with Pam and now she has an interpreter. I don't think megan suffered bec of that. A compromise in place. I think Megan benefits from two parents doing this. In the past when I was able to be involved in Megan's med care, it helped to have pam point that out. I truly think she would benefit besft by a 50/50 split of time and joint decision making. Benefitte in the past, and can in the future. We can do it. we've done it all along, don't see why it can't continue. This is the nadir of the reel between pamd and me. This is the worst, in terms of comm and working tg than it has ever been. I don't thing it wll stay like this. Even at its nadir her care has benefited from both being involved. How can it not get better.

Counseling – 2009, for work stress. The job that I do – people ask me if I like my job, I like

patient care, but I hate health care. My job at this point, bc of what is going on at medicine, I've been doing what I do for 25 years, and I'm actually pretty damn good at it, not a lot of innovations... patient care doesn't take up an enormous amt of my energy. Healthcare is like 90% of what I do. Dealing with regs, various and sundry ways of documenting, we don't cover this med, give that, etc... all that arguing. I hate that. I don't like my job, it's not what I went into. Its hard when you are on call and get called all night about things like this, not not feel frustrated and upset. It's hard to go, knowing that I have no othe marketable skills, can't support my family otherwise, to go to work every day. It's hard to do that. The if you have that on top of a home env that was terrible – I don't drink or gamble, my two places are my home and my work. If netiher one is good, that's hard. So I went to someone for stress mgmt.. we talked, I vted, and he wasn't any help. He said quit and get another job. I know there is no greener grass. And his advice about the marriage was just leave. Not terribly helpful.

Ive been – depressed isn' the right word. Stressed. Under a tremendous amount of stress. I don tlike my job, don't like the divorce process, didn't want to go ome bc of pam. Wanted to see the kids but hated seeing pam, knew there would be an argument. Its not been depression, but stress. How can someone help me? I need a new job in a different profession, or a change in my wife...

Joint counseling – we got to the point where the marriage was a disaster, and finances have always been a big issue. Marie McNabb has abackgourn in financial and marriage counseling. We went to her. pam didn't accept anything pam said. She gave her som exercise. I always did the finances, pam didn't have any interest in them. I would say look at the information. So marie said to her, look at quicken the accounts. She wouldn't do it. dave complains about your spending. I don't know if that is right or worng, why don't you look at it, maybe hes rigt or its him spending, etc. she never would do it. marie suggested at one time that pam get counseling for depression. Pam was offended.

We went to Italy two summers ago. my aunt died and my moterh gave my sister and I \$15k each, do with it what you want. My aunt was one person that got me into traveling... I wanted to go on a family trip, we planned the Italy trip as a family. As we got up to it, Pam didn't want to spend the money on the trip, but it was my money for that purpose. We went to Italy, I knew the marriage was in the toilet, we had a great time. kids had a great time, everyone did for the most part. Go back to Marie, she says pam what did you think about the trip? She said it was okay. I thought, its never going to change. I cannot make this woman happy and she can't amake me happy. I decided to move out.

I would be short with the kids... I was nonfx not jx as I should as their parent. I was not supportive at times, bec of this. I couldn't be a good father under these circumetancs. I think my rel with the kids is really quite good right now. Try to keep them out of it... Megan enjoys when she oems oer, knows she can talk to me aobut htngs. The kids prove it by coming to me with problems. Becky calls me with problems. She just broke up with her bf and she calls me. She was at my apartment that night, I was out with a friend, she calls me weepy... I went home. I think we have a really good rel now. A lot better than it was, infinitely better than it was.

The counseling since then, basically – wheni got the temp court orders, being very frank with you, a lot of dishonest presentation, lies to the court. I ended up getting completely hosed on the financial and parenting plan. Not even remotely something I thought would happen. I was

so angry - at Pam, for doing it this wy, at the court for not paying attention to the contradicting facts... I was furious, to the point where I coouldn't. to the point that when I left court I almost got killed bc I just pulled right out into traffic - it was absolutely my fault. I needed - I cant help my kids in that state. Wo the next day I called the person at work, said I need to get into thx fast... I'm nonfx. Jamie would call, shes in Atlanta, and 99.9% of what is going onis the divorc and I couldn't talk about it. so I didn't speak to her for three weeks - I had to get past this. I cant fux for my kisd like thias. When I went into couseñling, seeing her weekly. She helped me initially get past that degree of anger, that was just anger ager, theres been frustration anger since then at times more ane less, trying to get me to focus on what is your ultimate goal, how dos what is gong on right now effect that, if it doesn't don't let it become a maojor thing... I've tried to keep the kids out of it, occasionally I think the result of what I'm doing is wrong, doing what pam is doing. She helsp me. This is a tremendously stressful sitch and the way pam is approaching it makes it a more stressful stiatuion. I need to be atle to handl this in a good fashion, down the road. I need some help with this. Not depressed, just reeling.

Home visit - schedule

11:34

7/15/14

Home visit was fine, we were planning to do more work on the photos, Megan likes to play with the saturation, etc. one of the things, for fathersd day, She asked me what I wanted. She had taken some really nice photso for a school project and I asked for her to give me some of those for me to print. Usually bekka wouldn't be sitting there. Board games megan dones't do. We wanted something less artificial. Other than that... I think it wetn okay.

I wanted to make sure you knew about the safety devices in the apt, one attached to thephone line, if it rings it has a strobe light that flashing. In the bedroom it lights her light and sets off a vibrating thing under her bed. And a caption phone. I couldn't get a way to attach the apts fire alarm to a vibrator in the bed, but at least the visual flash. It took 2 ½ weeks going back and forth with they guy who knew the alarms, with the guy who knew the hearing impaired stuff, and dind' tknow the apts.

Maybe I should hve left her room as it usually is, I cleaned it up.

I think the interactions you saw were representative of my interx with megan sitting with her and bekka and talking to her like that; were the major impetus of me licavieng the house. The marriage relationship spilled over into e/t else. I stayed in the marriage for more than 10 years because I thought it was better for my kids. I finally realized it was worse for me to stay there. I tlkaed iwt bekka about this after you left, I just think my relationship with them is so much better than it was towards the end of me living in the house. That was the major impetus and that is the major accomplismehnt of the divorc. I'm not happy not eing with them every day, but I'm much happier and I think they are much happier with the way we interact now. I get these inklings that I go to dad's and it's Disneyland, go to the movies, go to the zoo. That is what I always did. We don't do that all the time. the weekend of the nfc championship, I spent the entire weekend working on a math review with Megan, not watching the game. We do the things we need to do... I do stuff with her, to take her to the movies, do take her out. Some of the stuff we do, it has ulterios motives, like the zoo. I take her to the zoo because she doesn't get enough exercise, hard to get her moving. I can get her there for a number of hours. She is walking around, getting fresh air, off her rear. If she goes to a class om toomething, it feels like exercise. If I get her to the science cener or the aquarim, a lot of it is because it gets her out. The zoo – she loves photography, I got her a couple cameras... she is also learning the tiniest bit of patience with that. When we first went, she would click and walk away. Now whe is learning to wait for the shot. A little patience, learning it's not instant gratification.

I get this feedback, from Pam thru Jaime, that Megan just views me as Dland. I don't do that. I do the same things as before, I just do them in a shortened period of time than before. I object to the perception that I'm just the fun one. Mean is not a big board game person, she spends a lot of time reading on the phone, testing, typing, watching tv.

Writing? She has a tendency to borrow from others... she reads a lot of it, writes a lot of it. those notebooks full of things, someone wrote something and she liked a paragraph and she just writes it. she will go through books and will have tagged a page, paragraph. She writes these things down, in order... she is very set in her ways somehow. She does a lot of that. She loves reading. I wish she read a bit more broadly. Sometimes in a hilarious fashion – the hunger games I tried to get her into. She rejected it, then got into the movies. I like the fact that she reads, fantastic habit. Series she likes that we preorder.

I've been trying to get her into more activity, she went to dance for a while. Right after I left, and dance lessons were no longer on my day, and soon after I heard she was going to do some kickboxing. Still hasn't come to fruition. Trying to work with her on that. I've gotten to the point where I say she just has to do it. exercise for five minutes, slowly work it up.

The exercise helps her, because her muscle stamina is terrible. The less she does the less she can do. She is not sports oriented. Her hand eye coordination not phenomenal. She's not active. She just doesn't want to do it. I took her to pt defiance, she wants to see polar bears. They had the taste of Tacoma and we walked over to it. we rest a lot. She said, boy I need to exercise, I have no stamina. I don't expect hours on the bike – just something.

The most relevant thing about your marriage, to the parenting evaluation issues?

On the importan issues, we worked tog. The kids did better than if either of us had been alone. Things like spending money on the house, saving money, travel... no sexual or physical romantic relationship for so many years, not relevant.

Lot of arguments, lots of dysfx interpersonally. But not when it came to the kids. school districts, bekka's school, etc. certainly during this process and even after the sepration, things worked okay. Until the start of the school year when pam decided to change the parenting plan. That is the key thing. I think once this is over it can return to norml. That is not what she wants. That is the snapshot. No matter wha happee btween us as spouses, as parents the kids got what they needed. Megan si doing better than her prognosis, I think because we worked tg. we raised pretty great kids. that is what our parenting accomplished.

I talk to people who really want their other parent involved, but they aren't. and I'm being forced out. I've been a loving father and the one time I started failing them was before I lft the house, and that is why I lft. I didn't have a gf, didn't have this idea to ride off into the sunset with my 18 year old gf in my Porsche... I left because I wasn't a good father. It got a lot better with the kids really fast.

Daily aggravation of living with Pam? She doesn't listen to anything. A few days ago, Mercer Island celebration. Megan likes to go. It's Pam's weekend with her. Megan wanted to go with me. I said I can't, the court order says x. I try to keep the kids out of it. sometimes my thx points out when I screw it up. I'm trying desperately to keep them out of it. she said she would talk to mom. I got a text from megan on Saturday. Mom says we can get tg for an hour this afternoon. I texted back, asking for details. Then later I get an email from Pam, I wished you had brought this up to me earlies, it's messig with my schedule, and megan never mentioned it to me... I sent her a screen shot, it clearly shows I did not start the commx and that she had already talked to Pam. I didn't hear back. Every interaction like that – you said x. I didn't say x.

The four day on/four day off schedule idiotic. Mom asked for my work schedule. What time are you going to bring her in te mornings. What times. It came up yesterday, this was the first day, this never happens drduing the school.. I asked what time she was bringing Megan over. When she wakes up. I said can you get her up and bring her over at 10:30. I said you asked me for specific times, can you do the same, make it by 10:30, a one hour window. She responded back, 10:30, one hour plus or minus. I said that is not what I said. That's a two hour window. Why does it have to be like that?

We got into a huge to do because Megan has these set changes, the insulin pump, she

changed to this new set she doesn't like. She uses a numbing cream. One occasion it had to be done in the middle of the night at pams. I said can you sent the numbing cream with Megan. No. I'll just get a tube. No I'll take care of it...

I've been removed from medical decision making. Not sure if I can ask for a numbing cream from the dr. she held me in contempt for getting a flu shot for Megan. A lot of times I don't engage wih her. I only respond now if it's times sensitive. Now I write a response, then sleep on it and look at it again to make sure I'm not lashing out. But if I don't respond right away, complaints that I'm not responsive, etc.

A lot of this communication stuff new since the legal stuff. A huge difference between how things were handled and communicated before. We were able to do it. it was not even rmotely like this. From 11/2012 until 8/2013.

Concerns

- 1.
2. I think Mgan's best interests are met by her parents being equally active in her care, the day to day stuff, etc. when she is leaving me on a wed morning and I'm not seeing her again until tue afternoon. On numerous occasions she says she would like more time with me. She expresses that. Times she hasn't been with mom for a while - I offered her time all along, times I gave up with her because I thought it was better for her to spend at the house. Xmas vacation, her sister and his husband visiting, her aunt and s.o. were there, it didn't make sense for me to keep her at my place. When we went to ATL for the mito walk, on both occs Pam, others were there, all staying at Jamie's place. It wouldn't work for me to stay there... so I stayed at a hotel and let Megan stay at the house. Until recently, when I've asked, i've never got any extra time with her. I think a more equitable split of her time is what Megan wants and benefits from. I'd like to make it a bit more fluid... don't want it to be about Pam and me, but about Megan. I'm not saying that I'm the best parent, that the plan should be flipped. That's not right either. The specifics of the 5050, we just made a suggestion - commonly adopted, according to Lisa Barton. Two on, two off, weekends. Part of this is Megan, she only wants to work on her math with me, subjects she only wants to work with Pam, etc. if it's more equitable, she can get her work done, not behind on subjects. She is phenomenally stubborn, if she shuts down it's hard to get her to do the work. I would like to get to the point of some fluidity. If it works better for me to take her to something, great. Or Pam, great. No ledger.
3. Megan's hearing - that impacts her, period. Approaches on various issues that we've gone back and forth on. Overall, v=having both of us work on it tg helps her. as opposed to just one of us. Things that boggle my mind that I would never have thought about unless I was involved with a hearing impaired person. Like the two sign languages. All alont, one of us pushing one, one putting the other, when it looks like sheneeds both. The cochlear implants, how does she approach that? This window of oppy that we are losing a little bit. Some hearing in one ear, and none in the other, my undresatnding is that if you do the implant in the deaf ear while she still has hearin gin tehr other, it helps train the other ear. Megan goes back and forth on it. but we are losing this oppy. We have taken turns pushing for things, gently applying pressure... getting her where she needs to be ultimately. And Megan is missing out on that now, because I'm not involved in med dcnmaking.
4. Megan's health - the same. It's ridiculous that she has one parent, who is a specialist physician, to have that parent removed. The court understood that we couldn't communicate, and I think thought that many medical decisions needed to be made on an hourly basis, and that it was not fair to medical providers to have to work with parents who didn't agree.

Not about my commx with her providers but our commx tog. How I got into trouble with her about the pacemaker – her doctor explaine what criteria he would use to install a pacemaker. I happened to be the one to see the ekg and I looked at it and thought this is what he is talking about... I didn't talk to Pam about it, I didn't know if the doctor would make the decision, I didn't talk to the doctor, etc... it was not done out of malice. It was not a fun secret. I was trying to keep Pams burden at alower level.

5. Megan's education – no disagrements now. I don't think Megan would have ended up at the NW school for hearing iparied if I hadn't been involved, and that was the best thing for her... it was much more caring, much more supportive of mgan. No question. It wouldn't have happned with Pam, because she was going to dismiss it out of hand. There are issues, ands ometiems aim kae a reall positive influence on erh eduation. Times pam helps her too.

Concrns about Pam's parenting?

Pam has a different approach to a number of apsencts of megans care. A more passive approach that things will just work out. Megan is almost 16 so she should be abel to do certain things. She dones't have the ability to do them, some. In other environemtns wher people aer respondilbe for megn, pam demands others do things for megan. Like at school, iep says megan gets certain help writing things. And the ame kin dof thing at home, she should be doing those thinsg herslf. I don't undrsatnd why megan is more capable at home than at school. I think I'm more constistentw ih what we are asking the school than pam is. Socialization – every time we do an iep, pam insists on socialization being a part of it... but then Pam makes no effort whatsoever to provide megan with socialization at home. I've had a couple of her friends over for a sleep over. I've arranged every one of her bday parties, start to finish. I took them, five or six kids, herding them around. Pam didn't go. Half the time, wih the sleep overs, times when Pam was out of twon, or she was there and did a little, but didn't help organize it, or get the kids to sleep, not as active in a lof of the parenting. What megan said yesterday, it's not 100% accurate, but for eg, next week is the bite of seattle, megan wanted to go with me, I asked pam she said no. megan said she didn't want to go ith mom, she sucks all the fun out of it. to some degree, its accurate. There are not a lot of things that megan likes to do, and Pam doesn't like those things, and it doesn tget done.

I used to take Megan to dance and back. A pain in the rear. The teacher always ran late. But I ddi it. the vast majority of the time I took her, picked up and wat and waited for her. initially the sday I would have her was Wednesdays, dance nitght. I didn't realy want that. So we switched it to Tuesdays. With in less than a month, dance disappears. We were taking her to children to a counselor, I thought the most effective one. I took her to a number of these appts. It's a pain to take her there, traffic for hours, truly a pain. Within a month of Pam having her, that disappeared. It disappeared for months. Now she is starting to see a counselor again but only because I made a stink of it. she went from about December 2013, I got a notice they missed their 3rd appt, it disappeared until... she did go to one or two meetings with a guy at gh, who didn't meet with her with an interpretere, megan said she didn't understand a word he said, and he said she didn't need any help. I think she benefits by somebody else being involved, not just one parent.

Pam doesn't facilitate meeting Mega's needs in the best fashion. My presence will help. Ther are areas where Pam facilitates megans needs better than I do. I don't want Pam removed.

Any other concerns? Just this less active in a lot of areas. She says Megan needs exercise, been lookt at kickboxing since dance disappeared, and nothing happening.

Pams less structured approach – bedtime. Megan needs a decent amount of sleep, if she has less sleep she has a much higher tendency of getting headaches. When at the apartment, I stay up until Megan is in bed. Not asleep, but in bed. Between 10:30 and 11:15. I wake her up, get her up at a time where she doesn't have to rush. Time to wake up drink her choc milk, get her pills and get her ready. Pam goes to bed at 9:30, Megan is still up, supposed to get herself to bed. In the morning she gets up a bit later, is rushed, etc. megan has had a number of days she's missed, due to headaches. Never with me.

Megan has adhd that she can't take medication for, she has problems creating her own structure, she needs help from us. She doesn't need to be the weird kid, like Ally Sheedy in Breakfast Club. Maybe I'm a helicopter parent. She seems to get to the bus stop in a reasonable fashion and on time with me. She has said to McKeever in the past that with the eating Megan appreciates the more structured approach with me than with mom. If I was a terrible parent, the father in The Great Santini, megan and I would not have the relationship we do. She gets mad at me, but we have a great relationship. Overall, we do. She cares about me, knows I care about her.

The only thing I would ask of you – I've not inundated you with pprk. I don't want to underrespond. To anything. If there are concerns you feel I need to be responding to, I would ask you to let me know. 1:05

Redaction Summary (525 redactions)

5 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2)" (3 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (308 instances)
- 4 -- "Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1)" (211 instances)
- 5 -- "Personal Information -Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, or bank or other financial information as defined in RCW 9.35.005 including social security numbers - RCW 42.56.230(5)" (1 instance)

Redacted pages:

Page 7. DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2). 1 instance

Page 8, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1). 1 instance

Page 9, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 15, DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2), 1 instance

Page 15, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 17, Name - Whistle

42.56.070(1), 1 instance
Pw-13-P21-H1000_Social_Security_Number_POW-13-EC-250(1), 1 instance

Page 18, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 19, DOH Licensee Health Professional Home Address and/or Home Phone

Page 19, DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2), 1 instance
Page 19, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 22, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW

Page 25, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 25, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 26, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 7 instances

Page 31, Name - Whistler
42 56 070(1), 1 instance

Page 33, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 34, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 37, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 46, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 47, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1) - 1 instance

42.56.070(1), 3 instances
Page 53, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 54, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 55, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 62, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 63, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1). 1 instance

Page 64, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1). 1 instance

Page 69, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 70, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 71, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 72, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 74, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 75, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 76, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 82, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
Page 84, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 88, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 91, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 92, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 93, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 94, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 95, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 97, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances

Page 100, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 102, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 102, Personal Information -Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, or bank or other financial information as defined in RCW 9.35.005 including social security numbers - RCW 42.56.230(5), 1 instance

Page 104, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 107, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 115, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 119, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

Page 119, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 120, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 7 instances

Page 120, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 8 instances

Page 121, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances

Page 121, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 122, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 15 instances

Page 122, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 123, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 5 instances

Page 123, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 124, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

Page 126, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances

Page 126, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances

Page 127, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances

Page 127, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 128, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 14 instances

Page 128, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 5 instances

Page 129, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 18 instances

42.56.070(1), 9 instances
Page 147, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances
Page 148, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 7 instances
Page 149, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 149, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 150, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 9 instances
Page 151, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 8 instances
Page 152, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 5 instances
Page 153, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances
Page 154, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 8 instances