

Professional Perspective	Anxiety Manifestations	Gatekeeping Behaviors	Decision-Making Patterns
Dr. Gary Wieder <i>Focused on Christine's anxiety, stress response, and personality tendencies.</i>	<p>Test results indicated Christine 'shows more defensiveness than was evident on the PAI,' which Dr. Wieder suggested could reflect 'some denial of problems and possible lack of insight.'</p> <p>He noted that this defensiveness might obscure underlying issues, making it 'possible that additional testing could reveal issues not apparent in the initial evaluation.'</p> <p>Wieder suggested that while her traits appear within normal limits, "it is possible that additional testing might reveal underlying issues not apparent in the initial evaluation"</p>	<p>Wieder found "no critical items for testing that rose to a level of concern" but acknowledged her defensive responses, suggesting these could be a mechanism for coping.</p> <p>Wieder raised concerns that Christine's 'tendencies toward introversion' might limit her ability to actively encourage her children's social development, which could impact their ability to build relationships.</p>	<p>Observed that Christine "is likely to perform well and succeed in structured environments" and may be "dutiful and invested in following 'shoulds' and 'oughts'".</p> <p>Identified a preference for self-reliance and a tendency to keep her "emotions well under control," indicating possible reluctance to disclose personal details.</p> <p>Wieder observed that Christine 'might be slow to adapt to unpredictable situations and to be somewhat morally rigid,' indicating a potentially limited ability to respond flexibly to new challenges.</p>
Yurushka Martin <i>Focused on communication issues, noted recurring conflict but did not find abuse or deliberate alienation.</i>	<p>"From the first session it was clear there were issues around communication," with Christine often reporting she felt "threatened and unsafe".</p>	<p>Stated explicitly that "there was no deliberate effort by [Christine] to undermine" Robert or create a false narrative around domestic violence.</p>	<p>Reported that Christine felt safe during sessions despite expressing broader concerns outside of therapy.</p> <p>Martin encouraged keeping discussions focused on present issues, noting "they would not give each other space when requested".</p>
Debbie Bayer <i>Observed parental conflict and noted weaponization dynamics.</i>	<p>Noted that "[the mother] has to have strong boundaries with [the father] because he doesn't adhere to boundaries, but there was a little extra".</p>	<p>"[The mother] was coming to treatment and it felt like she was being coached by an attorney," indicating posturing and power dynamics in sessions.</p> <p>Described that "[the mother] was weaponizing the children. If he was being sober and having clean UAs, [the mother] said what a good dad he is. Then he would have a positive UA, and she would be appropriately concerned".</p>	<p>Observed that "both were posturing, wanting to have a witness to the posturing" in sessions, suggesting entrenched patterns of conflict without resolution.</p>
Dr. Monique Brown <i>Assessed concerns around parenting plan, coparenting conflicts, and family safety dynamics.</i>	<p>Christine reported discomfort with "jumping into a 50/50 parenting plan," expressing anxiety related to potential DV concerns separate from parenting matters.</p>	<p>Dr. Brown observed that Christine did not engage in "a strategic and malicious effort to alienate the children" but noted Christine's expressions of fear and concern, as well as DV-related anxieties that shaped her approach to the father's involvement.</p> <p>Offered Christine information for a certified DV treatment program when she reported these fears.</p>	<p>Recommended a "parallel parenting arrangement instead of active coparenting" given Christine's discomfort and concerns regarding shared custody. She clarified that her recommendations were advisory, emphasizing that her suggestions were not legally binding directives.</p>
Kari Betts <i>Provided therapy for children, noting specific dynamics in family interactions.</i>	<p>Christine "looked uncomfortable" when in joint sessions with the father, prompting Betts to agree to see the parents individually.</p> <p>Betts observed Adrian's "relaxed" posture with his mother but "huddled up, arms crossed" around his father, reflecting possible anxiety or discomfort in his father's presence.</p>	<p>Connor noted that Ms Betterhad made "several CPS referrals" due to concerns raised by Max, including an incident of "wrestling in the water" that Max described as aggressive.</p> <p>However, Betts indicated that "these referrals were not accepted for investigation by CPS," reflecting limitations in external validation of Christine's concerns.</p>	<p>Betts noted that Christine's concerns seemed to emphasize safety, as reflected in her preference for supervised contact between Adrian and the father. Betts observed that this arrangement provided Adrian with a sense of comfort.</p>
Jennifer Keilin <i>LICSW Reunification therapist focused on repairing the parentchild relationship, especially with Adrian.</i>	<p>Jennifer noted Christine "struggled to hide her anxiety" when discussing interactions with the father, describing her feelings as "generally pretty high and easily activated" by the father's behavior.</p> <p>Emphasized the need for Christine "to feel less anxious by [the father] doing less anxietyprovoking things" to help stabilize family interactions.</p>	<p>Stated that she "would not identify any ways in which the mother actively sabotaged the father's relationship with the children" but advised the father on reducing conflict triggers to minimize Christine's anxiety.</p> <p>Noted that the limited contact "keeps the relationship on life support" and advised for increased fatherAdrian interactions, as Adrian's anxieties could be mitigated through "continued counseling".</p>	<p>Recommended more consistent father/Adrian contact, noting that "it is hard to make progress" with minimal interaction, which prevents the relationship from strengthening.</p> <p>Suggested team based therapy for Max, describing the dynamic as "an uphill battle" that would require coordinated professional support.</p>

Before discussion of the issues in this case, the undersigned highlights records and information, that were not available that could have some bearing on the analysis and conclusions of the report. Despite the history of claims, complex family dynamics, and length of time since the petition was filed in this case, the pleadings, **declarations, and orders are limited, reducing the material for consideration by this evaluator. The mother declined to sign a release of information for her current therapist, Amal Hastings, so the undersigned was unable to address some issues related to the question of her mental health and current therapy.**

One of the couple's counselors seen by the parties prior to their marital counseling with Ms. Bayer, Merrie Day, Ph.D. was not listed by either parent as a collateral and was not consulted for this evaluation.

Both parties denied CPS involvement at the time of their interviews, claimed they had never been contacted by a DCYF social worker, and although Adrian's counselor reported having made several referrals to CPS, those referrals pertained to concerns of child maltreatment dating back several years, and it does not appear CPS was involved aside from receiving a referral at intake.

CPS records were not obtained or reviewed given the reports of both parents and the late notice to the undersigned of prior referrals. While the mother provided medical records for Adrian in this case, no such records were made available pertaining to Max, and neither parent identified a provider seeing Max specifically for ADHD treatment in collateral requests from the undersigned.

However, the undersigned gathered educational records, academic and psychological testing records, spoke to Max directly and gathered information from two separate mental health professionals who had seen Max within the last year