

**Robin M. Lynch, PhD**  
New York State License #013654  
New York 10471

**Psychologist,**  
P.O. Box 158 Riverdale Station Bronx,

December 14, 2020

To: Nickola J. Cunha Esq.  
2494 Whitney Avenue  
Hamden, Connecticut 06518

For: peer review of the  
Child custody evaluation report  
In the matter of Riordan v. Ambrose

Dear Ms. Cunha,

I am a New York State licensed psychologist and sit on the New York State Appellate Division's panel of child custody evaluators. I have been a child custody evaluator, consultant on child custody cases and an expert witness on child custody matters for over twenty years. Pursuant to your request I have prepared my peer review of the child custody evaluation report in the matter of Riordan v. Ambrose conducted by Jessica Biren Caverly, PhD.

### **Introduction: The Child Custody Evaluation Report**

A "peer review" of a child custody evaluation (CCE) is an independent assessment of the CCE's accuracy by a qualified child custody evaluator. Accordingly the report is reviewed for the extent to which it adhered to the American Psychological Association, (APA) "Guidelines for Child Custody Evaluations in Divorce Proceedings" (2010/2016) and other guidelines and peer review literature including: the APA's "Specialty Guidelines for Forensic Psychology," (2012), APA's "Ethical Principles of Psychologists and Code of Conduct, (2002); Association of Family and Conciliation Courts (AFCC) Model Standards of Practice for Child Custody Evaluations (2006), Flens and Drozd, "Psychological Testing in Child Custody Evaluations (2005), Melton et al, "Psychological Evaluations for the Courts" (2007) Martindale and Gould, "Deconstructing Custody Evaluation Reports (2013) and Simon and Stahl, "Analysis in Child Custody Reports: A Crucial Component" (2014).

The following section of the APA's "Guidelines for Child Custody Evaluations in Divorce Proceedings" introduce the principal concern and primary responsibility of child custody evaluations:

*Psychologists do have an ethical requirement to base their opinions on information and techniques sufficient to substantiate their findings (Ethics Code, Standard 9.01(a)) and may wish to emphasize this point for the court's benefit if pressed to provide opinions.*

*.. If psychologists choose to make child custody recommendations, these are derived from sound psychological data and address the psychological best interests of the child. When making recommendations, psychologists seek to avoid relying upon personal biases or unsupported beliefs. Recommendations are based upon articulated assumptions, interpretations, and inferences that are consistent with established professional and scientific standards. Although the profession has not reached consensus about whether psychologists should make recommendations to the court about the final child custody determination (i.e., "ultimate opinion" testimony), psychologists seek to remain aware of the arguments on both sides of this issue (Bala, 2005; Grisso, 2003; Heilbrun, 2001; Tippins & Wittman, 2005) and are able to articulate the logic of their positions on this issue. Psychologists strive to identify the psychological best interests of the child. To this end, they are encouraged to weigh and incorporate such overlapping factors as family dynamics and interactions; cultural and environmental variables; relevant challenges and aptitudes for all examined parties; and the child's educational, parental, and psychological needs.*

*Psychologists attempt to provide the court with information specifically germane to its role in apportioning decision making, caretaking, and access. The most useful and influential evaluations focus upon skills, deficits, values, and tendencies relevant to parenting attributes and a child's psychological needs. Comparatively little weight is afforded to evaluations that offer a general personality assessment without attempting to place results in the appropriate context. Useful contextual considerations may include the availability and use of effective treatment, the augmentation of parenting attributes through the efforts of supplemental caregivers, and other factors that could affect the potential impact of a clinical condition upon parenting.*

*Psychologists are encouraged to monitor their own values, perceptions, and reactions ...and to seek peer consultation in the face of a potential loss of impartiality. Vigilant maintenance of professional boundaries and adherence to standard assessment procedures, throughout the evaluation process, will place psychologists in the best position to identify variations that may signal impaired neutrality.*

### Article 1 APA Guidelines and Mental Disorders in Child Custody

The guidelines and academic articles emphasize three fundamental points that are relevant to peer review: (1) the scope of the report and the methodology used to address the specific issues mandated in the order (referred to in the report as the "stipulation"), that this has been made clear to the litigants in the form of a "consent for a child custody evaluation" agreement; (2) the evaluator describes in the report the standardized tests being used, the reason for their use and the limitations of their results in the present context and (3) the analysis is clearly informed by the data collected, that the analysis considered each party's concerns and weighed them equally and that the report's conclusions and recommendations are informed by multiple hypotheses. Concerning this last point the evaluator is required to

discuss the alternative hypotheses they considered, generated by the academic literature on contested child conflicts and by the litigants themselves and their rationale for upholding one particular hypothesis over another.

Adhering to these three guiding principles described above allows for a scientifically crafted evaluation that allows for “the best interest of the child” standard to be met. Accordingly, an evaluation requires sound psychological data that is typically obtained from four areas: 1) clinical interviews with the subject parents and the subject child(ren), (2) observations of parent-child interactions, (3) testing and (4) outside sources of information. The latter category typically includes collateral interviews with those individuals whose observations help place the evaluation in context and whose observations can be compared with the evaluator’s clinical impression of the litigants, as well as medical, school and court records as appropriate. The evaluator may choose to expand or limit these data sources in accordance with the court order and the scope of the evaluation, as well as the rules of evidence, however, they must explain their methodology, regardless of the sources of data used. Data is to be collected and analyzed in a fair and balanced way, mindful of the threats to the integrity of the report by such factors as confirmatory bias and other forms of bias that undermine the report’s findings.

### **Peer Review**

I based this peer review on my analysis of the court’s stipulation (after this referred to as “the court order”) authorizing the child custody evaluation report, the child custody evaluation itself, extensive interviews with Ms. Riordan, the transcript from the August 2019 hearing and the April 2020 hearing and several emails forwarded to me by Ms. Riordan that documented her children’s medical and educational histories and related information largely unaddressed in the report. I was concerned by the following: the discrepancy between the court’s order and Dr. Caverly’s stated objective in the report, that the clinical interviews were reported without analysis, that the test results were reported without explaining their limits although they appeared to figure critically in the analysis, that information relevant to the children’s well-being was omitted from the report, and finally by Dr. Caverly’s analysis, which did not consider alternative hypotheses, particularly the limits of “parent alienation” theory and the research undermining its usefulness in child custody evaluations.

The following elaborates on these concerns. First, it addresses the matter of the discrepancy between the court order and the objective of the report stated by Dr. Caverly, then it addresses the nature of the data collected from the litigants, family members and collaterals and the inherent discrepancies in this data which are not analyzed, next it examines the use of the testing data and whether the information obtained addresses the psychological and legal issues of this case and finally it discusses alternative hypotheses based on the information provided in the report and in the additional information noted above.

### **Court Order: Informed Consent, Evaluator’s Role, and Purpose of the Evaluation**

Prior to the evaluation the child custody litigants are expected to sign a form indicating they are aware of the purpose and scope of the evaluation, the limits on confidentiality of such an evaluation and the means and responsibility for assuming the cost of the evaluation. The APA ethics code detailing this is provided below:

### *9.03 Informed Consent in Assessments*

**(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.**

Information and concerns regarding the manner in which the “informed consent” in this matter was conscripted is described below. The literature on peer reviews emphasizes the importance of the CCE being scientific, meaning its methodology and attendant data collection, findings and analysis is designed to answer the specific inquiry asked by the court order; this goal is expected to be reflected in the consent form. In this instance the order read, with slight edits, as follows:

A psychological evaluation and any other testing as deemed necessary and appropriate. And the order stated that the CCE shall examine all family members and it may include: drug and alcohol evaluation, home visits, record requests, collateral information sources interactions and discussions with the Guardian ad Litum (GAL). Furthermore, the CCE shall answer the following questions:

- What is the quality of the relationship between each of the children and each parent?
- Do the parents provide a consistent and nurturing environment for the children?
- Does either parent present a mental health issue that interferes with h/her ability to effectively parent the children or co-parent?
- Do either parent attempt to undermine the children's relationship with the other parent?
- Does each parent exhibit appropriate empathy for and insight into the children and their physical, educational, psychological and emotional and developmental status and needs? If not identify the issues with specificity.
- Is either parent more likely or less like to foster a positive relationship with and regular access between the children and the other parent?
- Does either party present a physical, psychological or emotional danger to himself, herself or the children?

- Is each party capable of effectively and appropriately parenting the children?
- Is each party capable of co-parenting with the other? If not does either party present any issues which may interfere with his or her ability to effectively make decisions pertaining to the children or work with the other parent in making those decisions?
- Does either party present any significant issues relevant to the determination of an appropriate parenting plan addressing the minor children's physical custody?
- Has either parent made parenting decisions that place the parents' needs over the needs or best interests of the children? If so, explain.
- Does any party or any child require on-going psychological or psychiatric treatment? If so what type of treatment is recommended.
- Are there any characteristics of either parent or the children which have significant impact on the parent-child fit? If so, explain.
- What parenting schedule best meets the developmental needs of the children considering all information including but not limited to: the ages of the children; the education, social and extra-curricular schedules of the children; and the parents' personal and professional schedules.
- Explain any other data that you believe is important in determin[ed] the best interest of the children based upon your professional judgment.

This broad order is consistent with the "best interest of the child" standard as it seeks information on the important factors that impact a child's life; notably, however, it does not specifically include parent-child observations, yet it emphasizes the parent's ability to address each child's "best interest" and the relationship between the children and each parent. Important information is gleaned from these observations yet these observations are limited to the children's relationship with their parent during testing sessions.

Notably, in her introduction to the CCE Dr. Caverly wrote only that the court was seeking information "on the parents' individual psychological functioning while in a parenting role with the children," (p. 2). This is a much more narrow focus than what was ordered by the court. However, Dr. Caverly proceeds to conduct a more traditional CCE, in line with the court order, collecting a wealth of information from multiple sources that might have a bearing on the children's "best interest," but uses the sole question of the parents' mental health as the basis of her analysis. This inconsistency and the implications for the integrity of this report will be discussed further in the "Analysis" section below.

## Data Collection

### *Sources of Data and Method of Evaluation*

Dr. Caverly provides more than eleven pages of data collected to inform her report, representing the traditional sources of information used in a CCE, described above. Among these data sources there were two clinical interviews of Ms. Riordan of unknown length,

three clinical interviews of Mr. Ambrose of unknown length, more than sixty emails from Mr. Ambrose to Dr. Caverly alone and more than one hundred from Ms. Riordan to Dr. Caverly. Data sources included hundreds of other electronic messages such as recordings and videos. Also, according to the report, there were eight objective tests administered to Ms. Riordan and nine to Mr. Ambrose. Additionally, there were 24 collateral contacts listed, eight of which Dr. Caverly reported could not be reached. The methodology behind the collection and analysis of this data was not discussed. Implications for manner in which data was collected and used will be described below.

### *Clinical Interviews*

Simon and Martindale (2013) delineate rules for conducting interviews and parentchild interactions in CCEs that help preserve the integrity of the report. Specifically they point out the importance of follow-up questions throughout the interview as well as followup interviews. In addition to exploring the interviewee's responses they point out the value of getting information that is relevant to the individual's developmental history, cultural background, family life, academic interests and work background, as well as a detailed health history among other areas relevant to their analysis. Also, they make clear that there should be detailed information about these interviews in their notes. The authors note that collateral interviews can be used to inform questions appropriate for follow-up interviews with the litigants and help flesh out the litigants' specific behavior in situations that are relevant to their analysis.

#### Clinical interview: Christopher Ambrose

Dr. Caverly description's of Mr. Ambrose's clinical interviews consisted of a more than 14 page, single space description of Mr. Ambrose's account of the conflict in which he and Ms. Riordan are currently embroiled. Very little information is known about him from the report as a person; as a father, a son, a brother, an attorney, a television writer or meaningful experiences in his life, his personal goals, his reason for wanting to marry Ms. Riordan, his interest in adoption or various other traits or experiences that put his experience of this current conflict in perspective. Follow-up questions were not reported that would have provided information about Mr. Ambrose's perception on the discord, other than he was being victimized by Ms. Riordan and through her influence, by the children. Additionally, it is very difficult from Dr. Caverly's account to follow the source of the conflict or who how the couple was attempting to deal with it; rather separate, disjointed accounts are reported, that are out of sequence, that refer to various medical professionals, geographic locations and school systems without the reader knowing the time frame in which they are occurring, the age of the children and the role various professionals play in the life of the family. It is known that the children each presented with either various learning differences, physical disorders such as deafness, and socio-emotional issues; each of which required intervention and might have understandably contribute to significant stress for each of the family members. (It is important to be mindful that, alternatively many parents are particularly adept at raising children with special needs; regardless of the parent's response, it figures into the family dynamics and the post-divorce arrangement.)

### Clinical Interview: Karen Riordan

Dr. Caverly's description of her clinical interviews with Ms. Riordan consisted of more than 12 pages, single spaced report. Again, the report did not describe Ms. Riordan in a way that gave a sense of her character, her hopes and aspirations for herself and her family, her love of her work and her extended family. Again, there were not follow-up questions that would have provided insight into Ms. Riordan nor was their follow-up about Mr. Ambrose's reported aggressiveness to her and to the children. Ms. Riordan reported to me that the report, which is difficult for her to discuss as she is struggling emotionally with the separation from her children, was not reflective of what occurred between her Mr. Ambrose and the events leading up to the end of their marriage. Again, the account of these clinical interviews were disjointed, so that the various behavior depicted could not be put in context and were not evaluated for their validity.

### Clinical interview: Ambrose Children

The accounts Dr. Caverly gave of her interviews with the children were similarly devoid of context, without giving a description of the children's experience of their family life, their parents' separation, their hopes for the future both individually and as a family. The children's responses will be incorporated in the analysis section

### Standardized tests

Flens and Drozd (2005) establish the importance of describing the tests the evaluator is using to collect data about the litigants, the strengths and weaknesses of the instrument(s) and what can be reasonably concluded from the results. Test results risk being a threat to the integrity of the study if the results are not integrated with other data used in the analysis.

The following section of the APA's ethical guidelines (2016) explains the chief concerns of testing:

#### *9.02 Use of Assessments*

- (a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.*
- (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.*
- (c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.*

#### *9.06 Interpreting Assessment Results*

**When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as**

**the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations.**

The following tests were used in the CCE report to assess the parents:

- Mini-mental state examination (MMSE)
- Paulhus deception scales PDS
- Millon Clinical Multiaxial Inventory: Third edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory-2-Revised Form (MMPI-2RF)
- Trauma Symptom Inventory, Second Edition TSI-2
- Substance Abuse Subtle Screening Inventory, Fourth Edition
- Child Abuse Potential Inventory (CAPI)
- Parenting Stress Index, Fourth Edition (PSI-4)
- Stress Index of Parents of Adolescents (SIPA)

Ms. Riordan reportedly had an elevated score on the Millon Clinical Multiaxial Inventory: Third edition (MCMI-III) histrionic scale which includes in its description “gregarious behavior, ease of social engagement and social facility, easy display of feelings, extroverted traits, flirtatious behavior and need of excitement.” However, Dr. Caverly reported that this instrument is not normed on custody litigants so that it is particularly important that it be given consideration only if supported by other data. Her scores on other instruments fell in the normal range with the exception of a slight elevation on the Paulhus deception scales; as that scale is more relevant for addicted individuals which Ms. Riordan is not, it will not be discussed further. Also, the Minnesota Multiphasic Personality Inventory-2 Revised Form which evidenced an elevation in interpersonal passivity suggesting possibly, a dependent personality disorder, which will be discussed below. Mr. Ambrose’s scores on each of the scales were within the normal range with the exception of the Millon Clinical Multiaxial Inventory: Third edition (MCMI-III) which indicated Obsessive Compulsive Disorder and the Minnesota Multiphasic Personality Inventory-2-Revised Form which evidenced an elevation in interpersonal passivity suggesting possibly, similar to Ms. Riordan, an elevated passivity score similar to a dependent personality disorder. These results are discussed below.

The results of the Ambrose children’s responses are not relevant for the purpose of this review.

### Analysis

The analysis will review in order each of the sections of the CCE described above.



The Consent Form:

Ms. Riordan reports that she did not sign a form that reflected the “order” described above or the goal of the CCE stated by Dr. Caverly at the beginning of the report. Furthermore she said Dr. Caverly was not paid jointly as the court denied her access to any of the marital accounts. Ms. Riordan assumes Mr. Ambrose paid Dr. Caverly however she is not aware of the amount she was paid or whether Dr. Caverly continues to be paid. Ms. Riordan’s statement on this matter is confirmed by her attorney, Ms. Cunha.

Both parties must consent to having a child custody evaluation as it is necessarily an invasive, long-term and expensive undertaking in which the litigants must put their faith and trust in the expertise of the evaluator. Ms. Riordan stated that she would not necessarily have agreed to the evaluation had she known its principle purpose. Furthermore, asymmetrical payment sets up the condition for bias as Dr. Caverly is dependent on Mr. Ambrose for payment, not on both parents equally. Finally, Ms. Riordan reports and her attorney corroborates that Dr. Caverly made the report available to her one month after she made it to the court, that she was able to view it in her attorney’s office once and that Dr. Caverly has not submitted her underlying notes as ordered by the court, that would help explain the inconsistent findings in the report. Finally, as an expert witness Dr. Caverly must remain completely independent from the court proceedings to ensure the objectivity of her testimony. Nonetheless Ms. Riordan and her attorney believe that she has had communication with the GAL since submitting the CCE; Ms. Riordan and her attorney believe Dr. Caverly may have communicated with the GAL and interfered in what was reliably reported to me as a recent child sexual abuse (CSA) investigation by the Hartford Children’s Hospital. Dr. Caverly is permitted to speak with the GAL under the court order, but not subsequent to submitting the report; such communication constitutes “dual roles” and is a conflict of interest. Child custody evaluations are highly correlated with abuse including CSA and abuse must be prioritized in determining “best interest,” (Drozd, et al 2016)

Data Collection: Sources of Data and Method of Evaluation:

Dr. Caverly did not account for the reason she was unable to contact eight of the 24 collaterals she listed in her collateral contacts as sources of information, however, Ms. Riordan believes that information from those omitted sources would have supported her concern for the children and the need to protect them. This omission suggests a form of “selection bias” unless there is relevant reason for excluding this information from the report.

Additionally, Dr. Caverly does not explain the purpose of collecting the various sources of data, nor does she describe the content. Data is collected from multiple sources to increase convergent validity and is essential to minimizing bias; the evaluator must make clear how this information is used in the evaluator’s analysis.

Data Collection: Clinical Interviews:

Dr. Caverly did not describe the context in which the evaluation took place prior to describing the litigants’ clinical interviews so that the report provides no understanding of the basis of the conflict between the litigants. Similarly, a timeline was not provided of the events that lead to this court action. These factors combined made it difficult to grasp the

significance of the information each parent provided and to evaluate the truthfulness of the parents' responses. Additionally, the clinical interviews do not establish the parent's perspective, except that Mr. Ambrose feels he is a victim of "alienation" and Ms. Riordan feels isolated and unsupported.

Most importantly, however, Ms. Riordan denies vehemently and it appears with evidence much of what is reported by Mr. Ambrose which, while not of course proof of her veracity, does require Dr. Caverly to consider her side of the story. Even though the responses frequently contradicted one another and many accounts, examples of which are listed below, were not only flatly denied by Ms. Riordan, but Ms. Riordan showed evidence that the exact opposite was true, the report did not follow up with the litigants on these matters that clearly are relevant to the children's "best interest." As a result important information supporting each parent's perspective on the conflict was lacking.

Examples of the disparities between these parent's accounts include: from page 15 of the report Mr. Ambrose reports that Ms. Riordan showed poor judgment when she left their daughter in the care of a cousin who had raped Ms. Riordan when she was in her twenties; in fact Ms. Riordan's cousin died before their daughter was born; if this is true this allegation is false. Another example from page 18 of the report: *Mr. Ambrose noted that Dr. Horn had texted him that he had gotten an angry message from Ms. Riordan but that he was not responding. He stated they all stayed in the Aunt's apartment that night and Miss Riordan asked him to edit a scathing email she had written to the head of special education at the Westport school district. This evaluator confirmed that none of their children were rolled in that district at that point. [sic] Stated that Miss Riordan did not like his edits and that when she went to work on the letter ... his phone was flying through the door and she stormed out of the room telling him to leave or else she would call the police Mr. Ambrose stated that Matthew was present for the exchange; he reported that when he went into the bedroom to get his wallet and keys she smacked me over the head with my own laptop he stated that she screamed out to Matthew mommy didn't hit Daddy.* Ms. Riordan said it was not she who lost her temper; rather she sought to be the peacemaker in this instance and in most instances in their marriages. This example Ms. Riordan said is a real reversal of what occurred as she was in Rhode Island seeking to protect the children from their father who so frequently lost his temper with the children and threw things at the children. Also, Ms. Riordan said that considering all that our daughter went through with the Westport School system she had, overall, showed great patience and restraint and that she showed Dr. Caverly proof of this in the emails she sent the school.

Also, another example from page 25 of the report: *Mr. Ambrose stated that Ms. Riordan is this way with everyone, so reactive so vengeful, he provided an example of a former teacher that Miss Riordan wanted to be fired and to be unable to get another job in another school district Mr. Ambrose stated that it is bad enough our marriage didn't work instead of moving on she's going to destroy me with everyone I know. Mr. Ambrose stated that I want alienation to stop; only way to do that is if the kids are with me- he stated that I don't want to trash talk Karen to them but they need to know how I've been portrayed isn't good or fair he stated that I am loath to say I don't want full custody don't know if it's best in the long run but may be right in short term.* Ms. Riordan said there is overwhelming proof from emails and collateral contacts how consistently she supported their children's relationship with their father. She said she was, however, increasingly concerned about the way he was physically touching the children, including sleeping with them which she tried to manage in a way that harmed the children as little as possible.

Finally, the report contains an example of how the subject child was holding what the interviewer thought was a recording device in order to report the interview to Ms. Riordan;

in fact according to Ms. Riordan the “recording device” is a blue heart that the children gave their mother and which the child was holding during the interview as a source of comfort. The blue heart was shown to the interviewer and its purpose in helping the child feel comfortable had been fully explained to the interviewer, yet it appeared to Ms. Riordan that nonetheless, the interviewer reported it as potentially a “recording device” in order to make her look uncooperative and devious.

Mr. Ambrose’s account of the alienation has to be evaluated as to whether or not it is a reversal that abusers adopt as part of their psychological defense system, (Lynch, 2015). Lynch points out that reversal occurs because individuals who cannot regulate their negative feelings “project” them onto others, so they accuse others of what in fact they are doing. It should be understood that alienation is part of an abusive dynamic; what needs to be established is who is doing the alienating.

Lubit (2019b) points out as well, that alienation can only be proven if competing hypothesis for the children’s rejection can be disproven. These alternative hypotheses might be rejection of one parent on the basis of “justified rejection,” “estrangement” or affinity. The first two causes stem from the rejected parent’s problematic behavior, including abuse and “affinity” refers to preferring one parent over another. Ms. Riordan’s behavior has not met the definition of “alienation” and the children’s increasingly problematic relationship with their father is clearly the result of his behavior.

Data Collection: Testing: Ellis (2012) argued that test results have little reliability in custody evaluations; additionally Emery, Otto, and O’Donohue (2005) noted their inappropriateness for custody evaluations. This criticism is based on the literature showing their misuse in child custody evaluations and that results are frequently confounded with the parents’ significant stress. The use of tests to assist in addressing the question the CCE is analyzing has to be shown; generally this information can be obtained through other, more reliable sources of data. Tests generally are not used to form the basis of a clinical opinion unless corroborated by other sources. The findings of the tests administered for this CCE are not fully explained; the specific scale items are not described allowing the respondent’s to clarify their responses and the results are not corroborated by other data in the report, nor, in Ms. Riordan’s case, are they supported by my own clinical impression.

Dr. Caverly concludes that Ms. Riordan has a personality disorder, is incapable of coparenting the children with Mr. Ambrose and is in fact, alienating the children from their father to the point where the children do not want to be with him. She then recommends that the children be separated from their mother altogether until a reunification therapist can reduce the negative comments and foster a positive relationship between Ms. Riordan and Mr. Ambrose. She states that she bases her conclusions on objective tests and it appears on the reports of collateral interviews.

There is no basis for Dr. Riordan’s conclusions that Ms. Riordan has a personality disorder or is alienating the children. During the course of preparing this review I had twenty hours of conversations with Ms. Riordan and a two and one half hour zoom meeting. I have been impressed with her steadfast determination to protect her children, to appreciate the context under which this crisis is unfolding and to take intelligent steps to correct what the court has done. Ms. Riordan suffers from ADD which she readily admits but maturely recognizes and adjusts her behavior accordingly. What is essentially termination of parental

rights, an extraordinary step, especially when it involves terminating the children's relationship with their primary attachment figure, which the CCE establishes Ms. Riordan is, may be putting the children in harm's way. (While Ms. Riordan acknowledges she was offered supervised visitation last April, she refused on the basis that it would be a bad example for her children.) This de facto termination of rights is done, however, with increasing frequency in the courts (Meier, 2017) when there are charges of "parental alienation." This phenomenon has triggered a national outcry such that several states are enacting laws preventing "parent alienation" as a defense, in child custody conflicts as a child should never be removed from their parent unless they are in danger from that parent. Ironically the "alienation" defense has been highly correlated with abusive fathers Meier demonstrates and represents the reversals caused by the projection which is the root cause of much abuse. Furthermore, consistent with this reversed reality abusers characteristically think of themselves as victims. These concerns are enhanced by information not provided in the report analyzing Mr. Ambrose's relationship with the children. There are accounts that need to be investigated that the relationship with his children was potentially harmful to them, that the children are uncomfortable with him and that these fears have worsened considerably since they have been with their father exclusively. In the interest of protecting the children Ms. Riordan and her attorney have informed me of their concerns; they report that the court and the authorities who are apparently in communication with one another, are treating these concerns under the umbrella of "alienation."

Leading researchers in the field of attachment describe the impact of separation from one's primary attachment figure in the following:

*Preventing children from being with their primary attachment figure for a significant part of the week is likely to do significant harm. Following divorce, children's anxiety, and attachment issues are inversely proportional to the amount of warm parenting time the children receive (Huff, 2015).*

*Van der Kolk (2014) notes that attachment is "the secure base from which a child moves out into the world... having a safe haven promotes self-reliance and develop the self-awareness, empathy, impulse control and self-motivation" (p. 111). The adult world, court system, child guardians, and custody evaluators are supposed to protect children from mistreatment. Removing children from their primary attachment figure to be with a parent, with whom they are uncomfortable, causes betrayal trauma and serious long-term psychological damage (Kleinman & Kaplan, 2016; Lubit, 2019a).*

*Child maltreatment can adversely affects a child's developing brain (Anda et al., 2006; Teicher, Andersen, Polcari, Anderson, & Navalta, 2002; Van der Kolk, 2014). The marked negative impact of maltreatment on children has been solidly established. PA/PAS advocates argue that PA has serious negative impacts on children but have not produced scientific studies showing it is as harmful as harsh or abusive parenting, or even as harmful as taking a child from her primary attachment figure.*

To conclude Dr. Cavalery's analysis did not investigate the litigant's contradictory account of the conflict that lead to their separation, drew conclusions unsupported by the data presented in the report or available in other court data, misused psychological tests to diagnose Ms. Riordan as mentally ill when there is no information to support this diagnosis, including from the tests themselves, and when it against best practice in CCEs to diagnose in the course of a CCE, (AFCC, 2006) failed to report or overlooked data that was critical to the subject children's best interest and safety, and did not consider alternative hypotheses for the information that she provided. As a result many questions about the subject parents and

their three children relevant to the children's best interest were not considered which is especially important given that the children have been deprived of their primary attachment figure for the last eight months and are possibly at grave risk given what researchers know is at the root of accusations of alienation.

Respectfully Submitted,

Robin M. Lynch, PhD

### References

American Psychological Association. (2010). Guidelines for child custody evaluations in family law proceedings. *American Psychologist*, 65, 863–867. doi: [10.1037/a0021250](https://doi.org/10.1037/a0021250)

APA's "Specialty Guidelines for Forensic Psychology," (2012), APA's "Ethical Principles of Psychologists and Code of Conduct, (2002); Association of Family and Conciliation Courts (AFCC) Model Standards of Practice for Child Custody Evaluations (2006),

Association of Family and Conciliation Courts (AFCC) Model Standards of Practice for Child Custody Evaluations (2006)

"Psychological Evaluations for the Courts" (2007) by Melton et al, Simon and Martindale's *Deconstructing Custody Evaluation Reports* (2013) and (*Bala, 2005; Erard, 2006; Grisso, 2003; Heilbrun, 2001;*)

Drozd, L., Saini, M., Olesen, N. (2016) *Parenting Plan Evaluations for the family court* (second edition). Oxford University Press

Flens, J. Drozd, L. (2005) *Psychological Testing in Child Custody Evaluations* The Haworth Press Inc., New York.

Lubit, R. (19a) *Valid and invalid ways to assess the reason a child rejects a parent: The continued malignant role of "parental alienation syndrome.* *Journal of Child Custody*, pp 42-66. 29 June 2019 <https://doi.org/10.1080/15379418.2019.1590284>

Martindale, D. Gould, J. (2013) *Deconstructing child custody evaluation reports.* *Journal of the American Academy of Matrimonial Lawyers*, 25.

Melton, G, Petrila, J. Poythress, N., Slobogin, C., Lyons, P., Otto,R: (2007) *Psychological Evaluations for the Courts, A Handbook for Mental Health Professionals and Lawyers*, The Guildford Press, New York City

Meier, Joan S. and Dickson, Sean, *Mapping Gender: Shedding Empirical Light on Family Courts' Treatment of Cases Involving Abuse and Alienation* (2017). Joan S. Meier & Sean Dickson, *Mapping Gender: Shedding Empirical Light on Family Courts' Treatment of Cases Involving Abuse and Alienation*, 35 *Law & Ineq.* 311 (2017). ; GWU Law School Public Law Research Paper No. 2017-43; GWU Legal Studies Research Paper No. 2017-43. Available at SSRN: <https://ssrn.com/abstract=2999906>

Simon, R., Stahl, P. (2014) *Analysis in Child Custody Reports: A Crucial Component* *Family Law Quarterly* 48\_1 Spring 2014.

Tippins, T. M., & Wittman, J. P. (2005). Empirical and ethical considerations with custody recommendations: A call for clinical humility and judicial vigilance. *Family Court Review*, 43, 193–222. doi: 10.1111/j.1744–1617.2005.00019.x

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Viking.

