

CHILD CUSTODY EVALUATION

Docket Number: FBT FA 19-5040574-S

Dates of Evaluation: 10/15/2019, 10/18/2019, 10/23/2019, 10/31/2019, 11/07/2019, 11/10/2019,
11/21/2019

Date of Report: 12/30/2019

Examiner: Jessica Biren Caverly, Ph.D.

Guardian ad Litem: Janis Laliberte, Esq.

Father: Frank Tiberi

Date of Birth: 12/03/1966

Age: 52 years

Mother: Joriz Tiberi

Date of Birth: 06/19/1977

Age: 42 years

Minor Child: Leonardo Tiberi

Date of Birth: 03/31/2015

Age: 4 years

I. Purpose and Process of Evaluation

Reason for Referral

The current evaluation was court ordered on the recommendation of the Guardian ad Litem (GAL) Attorney Janis Laliberte in regards to a child custody matter between Frank Tiberi and Joriz Tiberi as part of their divorce. Dr. Tiberi and Ms. Tiberi both indicated that there has been significant discord in the relationship since prior to their marriage. The parents discussed that Ms. Tiberi has a history of significant mental illness and Dr. Tiberi has a history of substance abuse. The family has been involved with DCF since 2018 due to Ms. Tiberi's accusations of sexual abuse against Dr. Tiberi and unknown others. It was noted that DCF substantiated against Ms. Tiberi for emotional and physical abuse and against Dr. Tiberi for physical abuse, and both parents are appealing the substantiations. The current evaluation assessed the parties' mental states while in a parenting role with the child and whether the parents could support the child's relationship with the other parent. Therefore, the current evaluation assessed Dr. Tiberi and Ms. Tiberi's parenting abilities, as well as each party's psychological functioning, and recommendations were made. In addition, the evaluation included an assessment of Leonardo's current psychological functioning.

Method of Evaluation

Interviews:

- Interview and testing with Dr. Tiberi, 10/15/2019, 10/31/2019, 11/10/2019
- Interview and testing with Ms. Tiberi, 10/18/2019, 10/23/2019, 11/07/2019
- Interview and testing with Leonardo Tiberi, 11/10/2019, 11/21/2019
- Interactional with Leonardo and Dr. Tiberi, 11/10/2019
- Interactional with Leonardo and Ms. Tiberi, 11/21/2019

Collateral Contacts:

- Simon Williams, DCF Milford (10/31/2019 - 45 minutes and 12/11/2019 - 10 minutes)

- James Perrone, Ph.D. (11/05/2019 - 25 minutes)
- Robert Horwitz, Ph.D. (11/07/2019 - 25 minutes)
- Lisa Kerin, LCSW (11/21/2019 - 50 minutes)
- Lisa Lanni, Principal, Holy Trinity School (11/21/2019 - 30 minutes)
- John Tsalapatanis, MD, and Gretchen Carlin, APRN, Canterbury Pediatrics (12/04/2019 - 25 minutes)
- Kristen Hammel, MSW, Yale Child Study Center (12/06/2019 - 15 minutes)

- Sherard Willis (12/06/2019 - 30 minutes)
- Babea Castro (12/06/2019 - 60 minutes)
- Michael Saad, LCSW (12/12/2019 - 20 minutes)
- Thomas Tiberi (12/13/2019 - 30 minutes)
- Stephanie DeCesare, PA, Griffin Faculty Physicians (12/13/2019 - 10 minutes)
- Stephanie La Machia (12/19/2019 - 10 minutes)
- Marta Cahill (12/20/2019 - 25 minutes)
- Other Collaterals:
 - Silver Hills, records received
 - Waynik Group
 - faxes 10/30/2019, 11/26/2019, 12/18/2019
 - calls 11/12/2019, 11/21/2019, 11/22/2019, 11/26/2019, and 12/18/2019
 - clinician never returned calls
 - records received
 - Shelton Police Department, records received
 - Marie Cadella LCSW, St. Vincent's Behavioral Health
 - faxes 10/30/2019, 11/22/2019, 12/12/2019
 - call 12/10/2019
 - clinician never returned calls
 - Hall-Brooke Behavioral Health
 - faxes 11/06/2019, 11/22/2019
 - calls 10/30/2019, 11/04/2019, 11/24/2019, 11/25/2019, 12/03/2019
 - records received
 - Twin Peaks Counseling
 - faxed 11/22/2019
 - calls 11/04/2019, 11/07/2019, 11/22/2019, 11/26/2019
 - records received
 - clinician left the practice
 - Child Guidance Center
 - faxes 11/04/2019, 11/07/2019, 11/26/2019, and 12/09/2019
 - calls 11/22/2019, 11/25/2019, 11/26/2019, and 12/18/2019
 - clinician never returned calls
 - Dr. Ladan Hamdheydari
 - calls 12/09/2019, 12/12/2019
 - doctor on vacation until 01/02/2020
 - Mai and Mark, neighbors, letter received
 - Zana Willis
 - calls 12/03/2019, 12/09/2019, 12/12/2019

- never returned call
- Al Schacter and Gina Ambrosio, email received 12/12/2019
- Jeannie Jones
 - Calls 11/04/2019, 11/21/2019, 11/25/2019, 12/03/2019, 12/09/2019, 12/12/2019, 12/17/2019, 12/18/2019
 - Call scheduled for 12/17/2019 but no answer
- Elizabeth Sousa and Scott Hudak, CT Sports Center
 - Faxed 12/09/2019
 - Calls 12/09/2019, 12/18/2019
 - Call scheduled for 12/18/2019 but no answer

Assessment Tools for Dr. Tiberi:

- Child Abuse Potential Inventory (CAPI)
- Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)
- Mini-Mental State Examination (MMSE)
- Multiphasic Sex Inventory II - Adult Male Form (MSI-II)
- Parenting Stress Inventory, Fourth Edition (PSI-4)
- Paulhus Deception Scale (PDS)
- Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4)
- Trauma Symptoms Inventory, Second Edition (TSI-2)
- Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)
- Wechsler Test of Adult Reading (WTAR)

Assessment Tools for Ms. Tiberi:

- Child Abuse Potential Inventory (CAPI)
- Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III)
- Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)
- Mini-Mental State Examination (MMSE)
- Parenting Stress Inventory, Fourth Edition (PSI-4)
- Paulhus Deception Scale (PDS)
- Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4)
- Trauma Symptoms Inventory, Second Edition (TSI-2)
- Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)

Assessment Tools for Leonardo Tiberi:

- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)
- Behavioral Assessment System for Children, Third Edition (BASC-3) Parent Rating Form
- Oral and Written Language Scales, Second Edition (OWLS-II)
- Ten Step Investigative Interview

Documents Reviewed Provided by Dr. Tiberi:

- Photos
- Twin Peaks therapy records dated 08/08/2018, 08/19/2018, and 09/10/2018

- LabCorp patient report dated 05/04/2019
- Omega Laboratories report dated 05/06/2019
- The Waynik Group psychiatric evaluation dated 05/29/2019
- Letter written by Sherard Willis, undated
- Letter written by Babeer Castro, undated
- Letter written by Dr. Tiberi dated 06/12/2019
- Letter written by Gina Ambrosio dated 04/17/2019

- Letter written by Mark and Mai Tran dated 06/17/2019
- Order of Protection dated 06/05/2019
- Application for Relief from Abuse dated 06/05/2019
- Affidavit - Relief from Abuse dated 06/05/2019
- Affidavit - Civil Protection Order dated 06/05/2019
- Affidavit Concerning Children dated 06/05/2019
- Medical records from St. Vincent's Inpatient Behavioral Health dated 08/07/2018
- Emails to Dr. Biren Caverly:
 - Subject: Custody study, dated 10/29/2019
 - Subject: Allegation, dated 11/01/2019
 - Subject: Today with Leo, dated 11/03/2019
 - Subject: [no subject], dated 11/03/2019
 - Subject: Mass text with family members to Joriz, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: image000000.jpg, dated 11/03/2019
 - Subject: Use of medical marijuana, dated 11/12/2019
 - Subject: IMG_0894.jpg, dated 11/12/2019
 - Subject: IMG_0896.jpg, dated 11/12/2019
 - Subject: IMG_0895.jpg, dated 11/12/2019
 - Subject: IMG_0898.jpg, dated 11/12/2019
 - Subject: Last allegation, dated 11/13/2019
 - Subject: Anything u need from me, dated 11/19/2019
 - Subject: Mom n Leo preparing mussels, dated 11/19/2019
 - Subject: All documents, police reports, hospital reports, history of allegations. Phone calls, dated 11/19/2019
 - Subject: Not amicable what so ever, dated 12/09/2019
 - Subject: [no subject], dated 12/09/2019
 - Subject: [no subject], dated 12/09/2019
 - Subject: My daughter, dated 12/09/2019
 - Subject: [no subject], dated 12/11/2019
- Shelton Police Department reports:

- CFS No. 1800025568, report dated 07/16/2018
- CFS No. 1800025568, report dated 07/17/2018
- CFS No. 1800025568, report dated 07/26/2018
- CFS No. 1800027719, report dated 08/01/2018
- CFS No. 1800027613, report dated 08/02/2018
- CFS No. 1800025568, report dated 08/28/2018
- CFS No. 1900009956, report dated 03/23/2019

Documents Reviewed Provided by Ms. Tiberi:

- Appearance, Stipulation, and Waiver/Marital Settlement Agreement dated 04/24/2001
- Prescriptions from The Watershed for Dr. Tiberi dated 12/13/2011
- Creative writing on the subject of addiction
- Assorted handwritten notes written by Dr. Tiberi
- Hair chain of custody form dated 04/30/2019
- St. Vincent's Behavioral Health records dated 08/01/2018 to 08/07/2018 (first page only) and 05/23/2019
- DCF Notification of Investigation Results dated 05/13/2019
- DCF explanation of rights printout
- Petition: Neglected, Uncared-for, Abused Child/Youth dated 05/31/2019
- DCF referral letter dated 07/27/2018
- Summary of Facts Substantiating Allegations of Neglect written by Nikki Baldwin, dated 05/21/2019
- Affidavit Seeking Out-of-Home Placement of Child written by Nikki Baldwin, dated 05/31/2019
- Clifford Beers Statewide Uniform Crisis Plan dated 03/23/2019
- Clifford Beers Notice of Privacy Practices
- Clifford Beers Client's Bill of Rights
- Termination letter from Child and Family Guidance Center dated 04/20/2019
- Agreements dated 07/01/2019 and 07/25/2019
- Stipulation Re: Interim Parenting Plan dated 05/09/2019
- 5 images labeled "8.15"
- 2 videos and 1 image labeled "8.21"
- 2 images labeled "8.24"
- 1 audio recording and 1 image labeled "9.19"
- 1 video and 1 image labeled "9.25"
- 1 audio recording and 1 image labeled "9.30"
- 1 audio recording and 1 image labeled "10.2"
- 3 images labeled "10.6"
- 1 image labeled "10.9"
- 1 video and 1 image labeled "10.20"
- 1 video and 1 image labeled "Franks conversation w/ Steve"
- 7 images labeled "Leo's notes from school 2019"
- 1 video and 1 image labeled "Leo 11.1.2019"
- 2 images and 1 audio recording labeled "Leo 11.3.2019"
- 1 video and 1 image labeled "Leo 11.7.19."

- 3 images labeled "11.7"
- 1 video and 1 image labeled "11.17"
- 3 videos and 2 images labeled "11.18"
- 1 video and 1 image labeled "11.9"
- 1 audio file and 1 image labeled "11.11"
- Application for Emergency Ex Parte Order of Custody dated 04/12/2019
- Agreement dated 04/26/2019
- Order of Protection dated 06/05/2019
- Stipulation Re: Psychological Evaluation Pendente Lite dated 09/19/2019
- Emails to Dr. Biren Caverly:
 - Subject: 10/21 Leo, dated 10/21/2019
 - Subject: 10/21 Leo (video of Leo 9/25), dated 10/21/2019
 - Subject: 10/21 (video of Leo 10/20), dated 10/21/2019
 - Subject: 10/21 (Leo 8/24), dated 10/21/2019
 - Subject: 10/21 (Leo 8/15 Thursday), dated 10/21/2019
 - Subject: 10/21 (Leo 9-19), dated 10/21/2019
 - Subject: 10/21 (Leo 9/30), dated 10/21/2019
 - Subject: 10/21 (Leo 10/2), dated 10/21/2019
 - Subject: 10/21 Leo's notes from school, dated 10/21/2019
 - Subject: 10/21 (Leo 10/9), dated 10/21/2019
 - Subject: 10/22 (10/6), dated 10/22/2019
 - Subject: Joriz Tiberi shared "Franks phone conversation.MOV" with you, dated 10/22/2019
 - Subject: 10/22 (phone conversation), dated 10/22/2019
 - Subject: Audio 10_23 6:10 pm Wednesday #1.mp3.mp4., dated 10/24/2019
 - Subject: Audio 10_23 Wednesday 6:15pm #2.mp3.mp4, dated 10/24/2019
 - Subject: 10/24 Leo's bruise, dated 10/24/2019
 - Subject: 10/30 Franks Hypodermic needles and Steroid bottles, dated 10/30/2019
 - Subject: 11/1 DCF recommendation, dated 11/01/2019
 - Subject: 11/1, dated 11/01/2019
 - Subject: 11/2 1st Marriage, dated 11/02/2019
 - Subject: Re: 11/2 1st Marriage, dated 11/02/2019
 - Subject: 11/24 Hair follicles test (4/30/19), dated 11/24/2019
 - Subject: 11/24 Franks cannabis growing room, dated 11/24/2019
 - Subject: 11/26, dated 11/26/2019
 - Subject: 11/27 conversation with Marta, dated 11/27/2019
 - Subject: 11/29 Leo, dated 12/02/2019
 - Subject: 11/29 Leo, dated 12/02/2019
 - Subject: 12/1 Leo, dated 12/02/2019
 - Subject: 12/9 Louisa's texts (Franks Sister), dated 12/09/2019

Documents Reviewed Provided by Third Parties:

- Medical records from St. Vincent's Behavioral Health dated 08/01/2018 to 08/07/2018
- Therapy records from Twin Peaks Counseling dated 08/19/2018 to 04/24/2019
- Medical records from Canterbury Pediatrics dated 04/16/2019 to 08/29/2019

- Medical records from Silver Hill Hospital dated 07/10/2013 to 07/16/2013
- Medical records from Waynik Group dated 05/29/2019
- Email from Gina Ambrosio to the evaluator dated 12/12/2019
- Letter written by Gina Ambrosio
- Shelton Police Department reports:
 - CFS No. 1700013932, report dated 05/15/2017
 - CFS No. 1800025568, report dated 07/16/2018
 - CFS No. 1800025568, report dated 07/17/2018
 - CFS No. 1800025568, report dated 07/26/2018
 - CFS No. 1800027719, report dated 08/01/2018
 - CFS No. 1800027613, report dated 08/02/2018
 - CFS No. 1900009956, report dated 03/23/2019
 - CFS No. 1900012394, report dated 04/12/2019
 - CFS No. 1900014035, report dated 04/28/2019
 - CFS No. 1900018937, report dated 06/12/2019
 - CFS No. 1900019778, report dated 06/24/2019

Legal and Ethical Protections for Examinees

Prior to beginning the evaluation, each parent met with the evaluator who reviewed the limits of confidentiality form. Both Dr. Tiberi and Ms. Tiberi signed the consent for forensic services form, and parts of this form were subsequently reviewed orally by the evaluator. The consent form outlined the limits of confidentiality for specialized evaluations. The consent form indicated that the evaluator will be writing a report based on all information obtained or received during the evaluation. Dr. Tiberi and Ms. Tiberi were informed that he/she had the right to refuse to answer specific questions during the evaluation, but that it may be noted by the evaluator. Both Dr. Tiberi and Ms. Tiberi were informed that the evaluation was not confidential in that a copy of the report would be given directly to the referral source, Attorney Janis Laliberte. In addition, they were both informed that any and all information obtained during the evaluation will be shared with the referral source. Dr. Tiberi and Ms. Tiberi were told that the evaluator may need to testify regarding the results of the evaluation. Both were informed that the evaluator is a mandated reporter who would be required to report any suspected instances of child abuse or neglect, elder abuse, or abuse of a handicapped person. Both were told that substance abuse information would be included in the report and that the evaluator may ask about his/her HIV/AIDS status. Both Dr. Tiberi and Ms. Tiberi signed that they understood that if they no longer wanted to participate in the evaluation that they would have to revoke consent in writing. Dr. Tiberi and Ms. Tiberi agreed in writing to participate in the evaluation, and they agreed to waive confidentiality and privilege so that the report could be released directly to the referral source. Dr. Tiberi stated that the limits outlined “basically, everything you asked me about. The whole thing about recording, not to photocopy things, confidentiality.” When asked who gets a copy of the report, he indicated the “attorneys, GAL.” Ms. Tiberi stated that the limits of confidentiality include “exactly what you told me, about the HIV, GAL.” When asked for clarification, she explained, “I trusted you read to me. Everything you say to me is not confidential, you may have to report things to DCF. Later on, you may revisit HIV or AIDS if it comes to that.” She stated that the report goes to “my attorney, his attorney, from the GAL. For there, they make judgment if it goes to the Judge, DCF.”

II. Clinical Information Obtained

A. Dr. Tiberi's History

Marital History

Dr. Tiberi shared that he met Ms. Tiberi approximately five or six years ago at Fairfield Beach; they then met at a bar, Splash, later that night. He recalled that Ms. Tiberi arrived with two males and ignored him. When they ran into each other a few days later at Grey Goose and started talking, their courtship began. Dr. Tiberi noted that he learned that Ms. Tiberi was recently engaged to Austin Russo, the son of the owner of Conair, and that he had ended their engagement and forced her from the home about three or four months before they met. He noted that Ms. Tiberi was staying with Al and Gina, a couple from Trumbull who allowed her to stay at their home for low rent. Dr. Tiberi expressed that he asked Ms. Tiberi to move into his home in Shelton and that she would go back and forth between the houses before permanently moving in with him. He explained that he was in the process of renovating his home, so they lived with his parents at one point. Ms. Tiberi began picking out paint colors, furniture, and dishes for the home. Dr. Tiberi commented that "I always gave her whatever she wanted. I wanted to make her feel special."

Dr. Tiberi indicated that Ms. Tiberi's friends had warned him that "she's all about the money." He noted that one of Ms. Tiberi's friends was his dental lab tech and had stated that "Joriz is someone you want to f--k, not marry." However, Dr. Tiberi stated that "I didn't think anything of it." He described that she is "funny, happy go lucky" and that her "personality is awesome." However, he stated that Ms. Tiberi had significant changes in her personality. For instance, he recalled that Ms. Tiberi had a "dark side," sharing that if things were not done properly at a restaurant, she would make "such a big deal, above and beyond." Dr. Tiberi indicated that Ms. Tiberi often would get jealous when they went out and that she would start verbal fights with people and "I have to stick up for her." He expressed that "when she fights, foam from the corners of her mouth, like a dog with rabies."

Dr. Tiberi shared that on one morning, Ms. Tiberi had upset him so much that he took an Ambien in the morning. He noted that he was not scheduled to work that day and knew he would not be driving. Dr. Tiberi explained that he took the Ambien "to go to sleep and forget about things." He stated that Ms. Tiberi called him, then went to the home, and then called Al and Gina. Dr. Tiberi indicated that after that, he went to rehab at Silver Hill to get off the Ambien. He noted that he had been taking Ambien since 1997 and that this occurred in 2013 or 2014. Dr. Tiberi shared that he was unable to sleep once he was off the medication. Dr. Tiberi shared that in 2010, he went to the Watershed in Florida for rehab.

Dr. Tiberi stated that right before he went to Silver Hill, Ms. Tiberi informed him that she was pregnant. He shared that he was skeptical about being able to impregnate someone, indicating that he and his ex-wife had tried to get pregnant naturally and that they completed three or four rounds of inseminations and were unsuccessful at getting pregnant. Dr. Tiberi indicated that they decided to adopt, and they adopted Isabella from Brazil when she was a few weeks old. He noted that during the process, his ex-wife informed him that she was pregnant. He described later learning that he was not the father and that the child was the result of an affair. Dr. Tiberi stated

that the couple remained married initially and that he went to all of her doctor appointments, even though he knew that the baby was not his. He explained that his ex-wife had stated that it was a one time incident but that he learned by looking at the phone records that they were having continued contact. Dr. Tiberi indicated that he did not tell his family initially that the baby was not his and that they remained together.

Dr. Tiberi indicated that he was skeptical when Ms. Tiberi informed him that she was pregnant, and his friends questioned the baby's paternity. He explained that Ms. Tiberi had an abortion, indicating that it was because Dr. Tiberi was on the sleeping pills and not ready to have a baby. He noted that he was not in favor of the abortion but that it was her decision. Dr. Tiberi stated that Ms. Tiberi then decided to get pregnant again, and they conceived Leo three or four months later. He noted that he agreed for them to try since he did not think that he could get her pregnant. Dr. Tiberi shared that around this time, they discussed getting married, and he gave her a ring her mother had made. He explained that after his experience with his first wife, he decided they needed a prenuptial agreement, indicating that "she has no money, I have money." He indicated that Ms. Tiberi "got pissed off about it" and that she ripped his shirt and "got physical" with him. Dr. Tiberi stated that he did not report the incident to the police. After that, Ms. Tiberi decided to return to California. Dr. Tiberi stated that Ms. Tiberi packed her car and gave him back the ring; he gave her a thousand dollars, and she expressed "you're throwing me and the baby away." Dr. Tiberi explained that Ms. Tiberi left Connecticut around Thanksgiving and that she did not call or text him when she arrived, at the upcoming holidays, or on his birthday. He reported that he sent her messages, but she did not respond. Dr. Tiberi stated that "we broke up" but "not according to her." He indicated that he began dating other people while she was in California, since they were not in communication. Dr. Tiberi discussed that when Ms. Tiberi's due date was approaching, they began having some contact. He stated that he continued to question if it was his child but that he had shared that he wanted to be present when the baby was born.

Dr. Tiberi stated that he flew to California to be there for the birth and that he stayed with Ms. Tiberi's mother. He indicated that people there questioned if she was depressed and noted that "her family members were getting fed up with her, wanted me to take her back." Dr. Tiberi indicated that he asked for a paternity test, and Ms. Tiberi felt it was "a big slap in the face." However, he felt that he needed the test to know that the child was his after his experience with his ex-wife. Dr. Tiberi indicated that testing confirmed that he was the father. He shared that Ms. Tiberi was expecting him to apologize and was offended. Dr. Tiberi stated that they were affectionate with each other during his two weeks in California. He described planning to get married if she would sign the prenuptial agreement. Dr. Tiberi stated that she no longer had an issue signing the prenuptial agreement, and he proposed again in front of his family, who had flown out to California.

Dr. Tiberi stated that Ms. Tiberi agreed to return to Connecticut. He stated that her friends informed her that he had dated someone while she was away and that she accused him of cheating on her while she was pregnant. Dr. Tiberi expressed that Ms. Tiberi began questioning him for details of his sexual relations with others. He stated that he believed they were broken up but that she kept saying he cheated and "she wouldn't stop until I admitted I cheated." Dr. Tiberi

noted that this last for about six months and that they had not yet gotten married.

Dr. Tiberi expressed that in December, they decided to get married right before Christmas Eve. He stated that they went to see an attorney on December 20th to review and sign the prenuptial agreement. He explained that his lawyer presented the agreement to her, and she made some changes that he agreed to. Dr. Tiberi stated that his attorney, Gerard Galante, witnessed their signatures. However, he indicated that the agreement was never notarized and that the attorney did not keep a signed copy, giving the couple the original and a copy. Dr. Tiberi stated that both copies of the agreement were kept in the kitchen and that "she ripped up both copies." He indicated that Ms. Tiberi told her first attorney, Karen Fisher, that he had ripped up the agreement and told her second attorney, Deb Marino, that he had never signed it. Dr. Tiberi added that because of this, Attorney Galante was no longer able to represent him, and he retained new counsel.

Dr. Tiberi shared that they married on 12/23/2015 or 12/24/2015. He stated that they were married by a justice of the peace in front of his parents and Leo and that they never had a reception. Dr. Tiberi explained that things would be going fine in the marriage and then Ms. Tiberi would bring up that he had affairs while she was in California. Dr. Tiberi stated Ms. Tiberi obtained a medical marijuana card in Connecticut by stating that she had Post-Traumatic Stress Disorder (PTSD) resulting from him cheating on her. He explained that she was "smoking a tremendous amount" of marijuana. He added that Ms. Tiberi had smoked marijuana in California during her pregnancy. Dr. Tiberi stated that he never cared for marijuana but that he would smoke with her on occasion, noting that she smoked every three to four hours, spending \$600 to \$800 per month. Dr. Tiberi noted that "she's a good mother" but that she smoked in front of Leo. Dr. Tiberi indicated that they disagreed about Ms. Tiberi staying home with Leo. He stated that he thought she would get a job when he was one or two years old, but "she tells people I want her to be a stay at home mom." Dr. Tiberi explained that he built a salon for Ms. Tiberi in his sunroom. However, he complained that Ms. Tiberi often did not charge people for her services.

Dr. Tiberi stated that "I don't want confrontation" and that Ms. Tiberi would often pick fights with him right before he had to leave for work and then would get upset when he left. He recalled a time they went out and she accused him of looking at a girl, noting that he would eventually agree just "to move on"; he explained that "I have to admit what I didn't do to hear her shut up. It happened a lot."

Dr. Tiberi described that in April or May 2018, Ms. Tiberi fell and banged her head when she was at the mall. He explained that he and Leo were in the car waiting for her. Dr. Tiberi stated that Ms. Tiberi seemed alert, so they decided to not go to the hospital and just to monitor her. He discussed that after the head injury, she "started saying some crazy shit." Dr. Tiberi indicated that Ms. Tiberi took Leo to daycare at Shelton Rinks, and on his first day she found that his pants were on backwards when she went to pick him up. Ms. Tiberi reportedly went to the police and alleged that Leo had been abducted from daycare, put in a van, tied up, and that someone inserted a screwdriver in his rectum and rubbed their vagina in Leo's face. Ms. Tiberi stated that the abductor washed Leo's clothes while he was in a tunnel under a house before returning him to daycare. Dr. Tiberi explained that the Shelton Police Department reviewed the daycare's

security camera and interviewed staff. Dr. Tiberi stated that Ms. Tiberi was mad at him for not believing her. He noted that Ms. Tiberi stated that Leo had told her what happened, but he suggested that she would ask him leading questions. Dr. Tiberi stated that several days later, they were at an ice cream parlor and Leo pointed out a woman with a black eye. Ms. Tiberi reportedly went “right up to her face” and accused the woman “you f--king molested my son.” The police were called and while waiting, Leo walked down a street and pointed at a mailbox; Ms. Tiberi informed the police that this was the home where Leo had been placed in tunnels. Dr. Tiberi explained that the police had to interview the home owners and the woman with the black eye, but that no charges were filed against Ms. Tiberi. He noted being unsure what was happening and questioned if it was an effect of the Adderall and marijuana, noting “I didn’t think about her banging her head until more recently.”

Dr. Tiberi described that Ms. Tiberi took Leo to the doctor to see if something had been inserted into his rectum and then alleged that the doctor did not write a report because Dr. Tiberi had slept with the doctor. Dr. Tiberi indicated that Ms. Tiberi began accusing him of sleeping with a variety of individuals, including Leo’s male pediatrician and the female neighbor. He noted that Ms. Tiberi approached some children in the neighborhood and asked them inappropriate questions about the daycare. Dr. Tiberi stated that Ms. Tiberi accused a neighbor’s wife of sleeping with Dr. Tiberi in front of the neighbor’s child, noting that their neighbors began to “abandon us” because they were afraid Ms. Tiberi would make accusations.

Ms. Tiberi reportedly took Leo away for “spiritual healing” to Parsipony, New Jersey. He stated that he tried to call her during the trip, but she would not return his calls or inform him where they were. In the end of July 2018, an amber alert was issued for Leo after Ms. Tiberi took him without explanation. Dr. Tiberi stated that the police came by the next morning to check on them, and she went “ballistic again” and started spraying the police with the hose. Dr. Tiberi reported that Ms. Tiberi was calling Leo Jesus Christ, and the police called an ambulance to take Ms. Tiberi to the hospital to be evaluated. Ms. Tiberi was hospitalized at Hall-Brooke, and he reportedly visited her daily. Dr. Tiberi indicated that Ms. Tiberi wanted to be discharged, so she agreed to make amends with the neighbors and reported that she understood that none of her accusations were factual. Dr. Tiberi indicated that Ms. Tiberi had been diagnosed with “acute psychosis.” He noted that Ms. Tiberi has denied believing that any of it happened. Dr. Tiberi indicated that Ms. Tiberi was supposed to see a therapist and psychiatrist after her discharge. He commented that he did not like the psychiatrist, Dr. Hamd. Dr. Tiberi stated that Ms. Tiberi took Leo to therapy at Twin Peaks instead of engaging in individual therapy for herself. He noted that after Twin Peaks, Ms. Tiberi did not re-engage with any therapy, noting that if he pushed her, “she gets pissed.” Dr. Tiberi stated that Ms. Tiberi took psychiatric medication for August and September 2018.

Dr. Tiberi noted that Ms. Tiberi’s father came to visit and “tried to talk some sense into her.” He noted that Ms. Tiberi became mad at her father when he suggested that she get a job. Dr. Tiberi stated that Ms. Tiberi stopped taking the medication because she did not like that she was gaining weight. He noted that she missed a few menstrual cycles and thought she was pregnant, adding that if she had two negative pregnancy tests, it meant that she was carrying twins. Dr. Tiberi added that Ms. Tiberi returned to smoking marijuana.

Dr. Tiberi stated that things were okay until January 2019 when she accused him of being a pedophile. He stated that Ms. Tiberi accused him of sleeping with his daughter and Isabella of molesting Leo. Dr. Tiberi stated that Ms. Tiberi had informed Isabella that she needed to see a psychiatrist, and therefore Isabella did not want to visit the home. Dr. Tiberi noted that Ms. Tiberi had always been jealous of his relationship with Isabella, sharing that she would get upset if Isabella would cuddle with him while watching television.

Dr. Tiberi stated that in January 2019, Ms. Tiberi was making the accusations every week or two. He shared that they were continuing to be sexually active and then in January and February 2019, Ms. Tiberi stated that she would only agree to have sex if he ejaculated inside her, sharing that she wanted to get pregnant. Dr. Tiberi stated that they would have fights if he refused to ejaculate inside her.

Dr. Tiberi stated that around this time, he decided to enter a weight loss competition, knowing that the previous winner had won a significant amount of money. He shared that the competition “took a lot of work, dedication.” He noted that he worked out at least three times a day, often for three to four hours per day, and he significantly restricted his food consumption. Dr. Tiberi shared that he went from 250 pounds to 172 pounds. He commented that during the competition, Ms. Tiberi required him to bathe and feed Leo, stating “she made a point to make me really suffer.” Dr. Tiberi stated that he won the competition in March 2019 and earned \$10,000. Dr. Tiberi indicated that “I focused on weight loss thing as a way to block her crap.”

Dr. Tiberi stated that four days after the contest ended, Ms. Tiberi informed him that the “police are going to come.” The next day, the police informed him that Ms. Tiberi had accused him of molesting Leo. Ms. Tiberi had reported that Dr. Tiberi stuck a finger into Leo’s buttocks, urinated on his face, and french kissed him. Dr. Tiberi stated that in the report, it was written that Ms. Tiberi smelled of marijuana. He reported that the police questioned how he is still married to her. He stated that “I’m married to her so stick by because her mind is doing this crap.”

Dr. Tiberi stated that Ms. Tiberi left the home with Leo and went to stay with Steve Landa, his sister’s ex-husband. Dr. Tiberi stated that he and Ms. Tiberi’s mother tried to have Ms. Tiberi hospitalized again in April 2019. He explained that Ms. Tiberi “acted normal” and mobile crisis did not take her. Dr. Tiberi reported that Ms. Tiberi served him with divorce papers that day. Dr. Tiberi stated that Ms. Tiberi went to the Court and obtained a restraining order against him, reporting that he had molested Leo and used heroin. Dr. Tiberi stated that he was able to get the restraining order removed, and Ms. Tiberi returned to the home. He noted that Ms. Tiberi’s mother and sisters came to Connecticut to testify on his behalf. They spoke to Ms. Tiberi and tried to convince her that nothing happened, and she reportedly replied “God is good, God is with me always.” He noted that Leo told him that “God is not in your heart” and that he was going to jail. Dr. Tiberi reported that he asked Mr. Landa to stop talking to Ms. Tiberi. Dr. Tiberi discussed that Ms. Tiberi went to Court for another restraining order, noting that “she didn’t go to police or DCF” with any of her allegations. He shared that DCF Milford office had become involved following Ms. Tiberi’s first allegation. Dr. Tiberi stated that following the second restraining order, he was required to have visits supervised, and he is no longer allowed in the

home. He explained that they went to Court three weeks later and the restraining order was dropped, but Ms. Tiberi was able to retain exclusive rights to the house and custody of Leo. Dr. Tiberi stated that he worked with Lisa Kerin for the supervised visits. Dr. Tiberi commented "I'd love to sue the Court, the Judge. I'd love to pull her kids from her and see how it feels."

Dr. Tiberi reported that he was found guilty of physical neglect of Leo by DCF for "not taking Leo away from her soon enough." He noted that DCF found Ms. Tiberi to be guilty of emotional and physical neglect. He stated that the Court appointed a Guardian ad Litem but that "nothing changed." He noted that Ms. Tiberi told a different DCF worker that he had choked Leo and punched and pulled Leo's privates. Dr. Tiberi expressed that the GAL has indicated that he should consider full custody, but "I think every child deserves a mother and father." However, Ms. Tiberi then accused him of stripping naked and putting his finger in Leo's rectum while Dr. Tiberi's mother watched, at which point, he decided to seek full custody. Dr. Tiberi reported that DCF informed Ms. Tiberi that if she makes one more false report, they will remove Leo from her care. He commented that he did not want to go to Family Relations because his sister had reported that Mr. Landa had slept with one of the workers. Dr. Tiberi questioned "what gives her the right to be in my house," noting that he has owned the home for 17 years and only been married for three years.

Dr. Tiberi discussed with the evaluator that he wanted to talk about Ms. Tiberi's previous history. He noted that Ms. Tiberi is 42 and has a 24 year old daughter, Zana, whom he has met a couple of times. Dr. Tiberi recalled that Ms. Tiberi's ex-husband had commented that they should speak, but "she prevented me from talking to him." Dr. Tiberi stated that Zana informed him that Ms. Tiberi left her when she was 14 years old to be with her previous fiance. Zana reportedly stated that Ms. Tiberi had previously had two other significant relationships with wealthy individuals and that she would do drugs in California. Dr. Tiberi stated that he has now spoken with Ms. Tiberi's ex-husband and learned that Ms. Tiberi used to be a stripper and had given him chlamydia and gonorrhea.

The evaluator asked Dr. Tiberi about what allegations Ms. Tiberi will make about him. He stated that she will report that he uses steroids. Dr. Tiberi stated that about a year or year and a half ago, they both used steroids that he would get from the gym. He reported that Ms. Tiberi will accuse him of drinking a lot of alcohol. However, he stated that he only drank when they went out on the weekends and used a babysitter for Leo, adding that "she always drinks, too."

Dr. Tiberi shared that in 1994, he tore his Achilles Tendon and began taking pain meds, noting that by 1997, he was "hooked on pain meds." Dr. Tiberi indicated that he went to Silver Hill and was clean from 1997 to 2005. Dr. Tiberi stated that following the time when he learned that his ex-wife had cheated on him, he again used pain medication from 2008 to 2010. He reported using heroin from 2009 to 2010. At that point, he went to the Watershed in Florida for three months. Dr. Tiberi indicated that he has attended rehab/inpatient hospitalizations three times, remarking "not many people can kick heroin." The evaluator showed Dr. Tiberi the picture that Ms. Tiberi had sent of the steroids Bio Tren and Bio Bold. He acknowledged using those brands and stated that Ms. Tiberi had used the pills in the picture with him, adding that he would give her injections into her bottom.

The evaluator asked Dr. Tiberi about Ms. Tiberi's accusation that he gave Leo a black eye. He commented that Ms. Tiberi had told him that Leo was hit by a peer at school causing the black eye, but then she accused him of doing it, commenting "nothing will surprise me what she's capable of doing."

Dr. Tiberi was asked about him not having health insurance for Leo. He stated that Leo and Ms. Tiberi currently have Husky for insurance. He stated that Ms. Tiberi's "spending is outrageous." He noted that the only insurance they had in the office was for a high deductible plan. Therefore, he decided to get extra money by declining insurance. Instead, he would just pay the doctor bills, noting that the bills cost less than the insurance; he provided the example that he can take Leo to the doctor ten times in a month and cost only \$750 instead of his \$1800 insurance premium. Dr. Tiberi suggested that "if her spending was okay and she had a job, no problem having insurance." He reported that Ms. Tiberi cost him money for "unnecessary crap" when she would take Leo to the doctor to be evaluated for abuse and when she wanted to be tested for STDs.

Children

Dr. Tiberi stated that he and his ex-wife adopted a daughter, Isabella "Bella," who is now 13 years old. He discussed that his ex-wife had a baby, Joshua, that he learned through a paternity test was not his child, and therefore he does not have any custody. Dr. Tiberi stated that he and Ms. Tiberi had Leonardo Tiberi (DOB: 03/31/2015). He shared that Bella lives with his ex-wife in Stratford. He explained that he used to see her a lot, but the child was upset when Ms. Tiberi moved Bella's room in the house to a smaller bedroom. Dr. Tiberi stated that when Ms. Tiberi moved back to California, Bella began coming over again, noting that "they never got along." He explained that he currently sees Bella on Wednesday and Saturday or Sunday, indicating that he does not have overnights because he is living with his parents.

Custody Goals

Dr. Tiberi stated that he currently sees Leo on Monday from 5:30 to 8 pm, Wednesday after school until 6 pm, and Sunday from 12-5 pm. He noted that he cannot do overnights because he is living at his parents' home in Bridgeport in a room with a twin bed. He indicated that he would not be able to get Leo to school and then get back to work on time from their home.

Dr. Tiberi expressed that he would like to have sole custody of Leo, noting that "at this point, she won't be amicable about anything. I don't know her intentions; she's keeping him away from me." He noted that "I took the divorce class. She's broken every rule." He added that "what she's feeding him about me is utterly sick." Dr. Tiberi stated that "what she's been doing, I don't think is safe for Leo mentally. She should be limited until she gets help." When questioned further, Dr. Tiberi indicated that he thinks that Ms. Tiberi should have supervised visits.

Dr. Tiberi was asked if they can make decisions together. He discussed that they have not had conflict in making medical, educational, or religious decisions together. He stated that Leo has not had any significant medical issues or needed surgery. He stated that they agree about Leo's education. He stated that they are the same religion and agreed not to go to church when Leo was younger because it was "tough."

Family History

Dr. Tiberi stated that he was raised in Bridgeport by his married parents and that he has an older brother, Tom, and a younger sister, Louisa. He noted that Tom is also a dentist and that they share a practice. He stated that he used to be great friends with his sister but that she is addicted to Adderall. He explained that she had a bad divorce experience and “she got crazy after he tormented her,” noting that his former brother-in-law is a “manipulator.” Dr. Tiberi stated that he is currently living with his parents in their home, noting that “this is a blessing that I’m out of the house.” He explained that his father has pancreatic cancer for the second time and that his parents have recently experienced bronchitis and pneumonia. Dr. Tiberi denied any significant family mental health history, but he noted that his uncle had Obsessive Compulsive Disorder (OCD).

Medical History

Dr. Tiberi denied any significant medical history but questioned if he currently has sleep apnea. He reported having surgery on his Achilles tendon and that he developed a staph infection after the surgery. He noted having a repair to a torn meniscus and a hernia operation. Dr. Tiberi denied any broken bones or that he is currently prescribed any medication.

Mental Health History

Dr. Tiberi reported that he and Ms. Tiberi engaged in marriage therapy but that she stopped treatment. He reported that he was being treated by Dr. Waynik, a psychiatrist, whom he called “a drug pusher,” noting that he prescribed Elavil and Ambien. Dr. Tiberi noted that he has attended rehab three times, for pain pills, heroin, and sleep medication. He denied any current or past thoughts of wanting to harm himself or others. He reported attending a men’s group for four or five sessions but stated that he has not gone in a while. Dr. Tiberi denied that he has engaged in individual therapy.

Trauma History

Dr. Tiberi reported that he has experienced verbal and physical abuse from Ms. Tiberi. He denied ever experiencing sexual abuse. He noted that Ms. Tiberi accused his father and his father’s brother (his uncle) of molesting him and his brother. Dr. Tiberi stated that Ms. Tiberi told his uncle’s wife the accusation.

Substance Use History

Dr. Tiberi reported that he tried cigarettes when he was in college, denying that he ever smoked daily. Of note, he reported that he will smoke cigarettes if he is out and has a drink, and he stated that he currently chews tobacco. Dr. Tiberi indicated that he tried alcohol for the first time when he was in high school. He stated that his heaviest drinking was in college when he would go to parties and go out on the weekends. He reported currently drinking one or two times per week, adding that since he is living at his parents’ home, he is going out more. Dr. Tiberi estimated that he will typically drink three servings of Captain Morgan’s and coke. He reported last consuming alcohol the Friday or Saturday prior to the interview. Dr. Tiberi stated that he first tried marijuana when he was in high school, denying that he ever smoked daily. He denied currently smoking marijuana, stating that he last smoked marijuana in March 2019 with Ms. Tiberi. He reported that

he tried cocaine approximately ten times in college and stated that he has not used it since. Dr. Tiberi reported that he had completed rehab on three different occasions, once for opiates, once for heroin, and once for sleeping medication. He denied all other illicit substance use.

Legal History

Dr. Tiberi denied that he has ever been arrested but commented that Ms. Tiberi was arrested twice for domestic violence with her ex-husband, Sherard Willis.

Relationship History

Dr. Tiberi stated that he dated Michelle for a year in high school, and the relationship ended when they went to college. He dated Teddy for a couple of years, and the relationship ended when he went to dental school; he noted "I should have married her." Dr. Tiberi denied any significant relationships during dental school. He stated that "I think I like crazy women. Anyone that's nice, I lose interest." Dr. Tiberi indicated that he met his first wife, Marta, and the pair married in 2000 or 2001. In 2005, the pair adopted Bella. He discussed that the marriage ended when he learned that the baby she was carrying was the product of an affair. He explained that he was using pain meds and was "numbified," and the pair divorced in 2010, around when he went to rehab. Dr. Tiberi stated that after being addicted to opiates, "my thing was dead," so he went to Dr. Waynik who prescribed Viagra and then Cialis. He explained that he used it whenever he needed it, adding that he currently takes Power Zen, a product that you can buy at gas stations.

Dr. Tiberi stated that he met Ms. Tiberi in 2013, and he denied cheating on her during the course of their relationship. He commented that when Ms. Tiberi moved to California and he thought the relationship had ended, he dated other women; he reported that he stopped once she returned to Connecticut. Dr. Tiberi denied that he is currently dating anyone or that anyone can say they are pregnant by him. He noted that Leo has told him that he will have a baby girl or boy and "I'm the daddy." However, he reported that he last had intercourse with Ms. Tiberi in February 2019.

Educational History

Dr. Tiberi reported that he completed college at Duquesne and dental school at the University of Pittsburgh. He denied any accommodations in school or ever being retained.

Employment History

Dr. Tiberi reported that during college and dental school, he worked as a waiter and caterer. He discussed that he worked at a gym and that he was fired for not opening the business one day. Dr. Tiberi stated that he has been working as a dentist with his brother at Tiberi Family Dentistry for 27 years, since 1992.

B. Presentation and Mental Status

Dr. Tiberi arrived on time for his appointments. He appeared his stated age and wore clothing that was appropriate for the weather and the situation. He was noted to be muscular, and his skin was very tan. Dr. Tiberi had white hair and was observed to wear a large gold necklace. At points during the interview, Dr. Tiberi was noted to have poor eye contact. He explained that "I'm not looking at you because I'm trying to get my thoughts."

During the interview and testing, Dr. Tiberi was observed to have a prominent hand shake, and he suggested that it was due to his pre-workout shake, noting that the drink is high in caffeine. Dr. Tiberi stated that he does not always have a shake and that he uses finger rests while doing dental work. It was hypothesized that Dr. Tiberi would have earned a higher score on the Block Design subtest of the intelligence test if he did not have the shake since he was able to complete the design but outside of the time limit.

During the interview, Dr. Tiberi frequently made attempts at controlling the situation. For instance, he questioned the evaluator's process of completing the evaluation, questioning why the documents and collateral calls were not immediately completed. The evaluator informed Dr. Tiberi that there are set procedures for how the evaluator completes the evaluation. He commented that the evaluator is "the professional." Of note, Dr. Tiberi emailed the evaluator several times to question if the evaluator had done certain things, such as if the evaluator had made the collateral calls or contacted DCF yet. The evaluator informed Dr. Tiberi that all necessary procedures would be followed, but he continued to question the evaluator.

Mini-Mental State Examination (MMSE)

Dr. Tiberi was administered the Mini-Mental State Examination (MMSE), and he was fully orientated to person, place, and time. Dr. Tiberi obtained a score of 27 out of 30, indicating no cognitive impairment. Dr. Tiberi lost two points when asked to count backward from 100 by sevens and when he was instructed to take a paper in his right hand but used his left hand.

C. Dr. Tiberi's Current Functioning

Cognitive Functioning

Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)

Dr. Tiberi was administered certain subtests of the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II) as a measure of cognitive functioning known to highly correlate with academic achievement. During the evaluation, Dr. Tiberi was cooperative and motivated to perform well. The WASI-II results are viewed to be a valid indicator of his current cognitive abilities.

WASI-II Scale	Composite Score	Percentile Rank	95% Confidence Interval	Range
Verbal Comprehension (VCI)	99	47	93-105	Average
Perceptual Reasoning Index (PRI)	96	39	89-103	Average
Full Scale IQ (FSIQ-4)	97	42	92-102	Average

Dr. Tiberi's overall, or Full Scale (FSIQ), score of 97 was obtained by averaging his scores on a variety of tasks. Given the normal error variance inherent in tests, it is likely (95 percent chance) that his actual FSIQ falls between 92 and 102. This performance falls in the Average range of functioning, and the 42nd percentile when he is compared with same age peers.

Dr. Tiberi's Verbal Comprehension Index (VCI) of 99 is a general assessment of his acquired knowledge, verbal reasoning, and comprehension of verbal information. His true VCI likely (95 percent chance) falls between 93 and 105, which is in the Average range of intellectual functioning and falls at the 47th percentile. Overall, this score indicated that his abilities in this domain are adequately developed.

Dr. Tiberi's Perceptual Reasoning Index (PRI) score of 96 fell in the Average range of functioning, and his true PRI likely (95 percent chance) falls between 89 and 103. The PRI is designed to measure fluid reasoning in the perceptual domain with tasks that assess nonverbal concept formation, visual perception and organization, simultaneous processing, visual-motor coordination, and learning, and his PRI score indicated adequate abilities in these domains.

Wechsler Test of Adult Reading (WTAR)

The Wechsler Test of Adult Reading (WTAR) is an assessment that was developed to aid clinicians in making judgments regarding an individual's premorbid intellectual abilities prior to a cerebral insult and in making clinical decisions regarding loss of function in intellectual and memory domains. On the WTAR, Dr. Tiberi obtained a scaled score of 101, which is consistent with his WASI score and therefore does not show cognitive decline due to substance use.

Clinical Functioning

Paulhus Deception Scales (PDS)

Dr. Tiberi completed the Paulhus Deception Scales (PDS), an inventory designed to assess whether the test taker has distorted their test responses to produce an unlikely positive result. The PDS is broken down into two subcategories, as well as a total score. The first subscale is the Impression Management scale, which represents faking or lying. Dr. Tiberi scored in the Above Average range (T = 62), possibly due to efforts to try to impress the test administrator. He also had a Slightly Below Average (T = 42) score on the Self-Deceptive Enhancement scale, which measures rigid overconfidence akin to narcissism. In addition, Dr. Tiberi's total score fell in the Slightly Above Average range (T = 57). This profile is usually found in individuals who are aware of their shortcomings but who want to appear publicly acceptable. It is possible that demands of the situation may have promoted socially desirable responding.

Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III)

Dr. Tiberi completed the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III), a self-report measure of social-emotional functioning. Of note, the MCMI-III is commonly used in child custody evaluations, but the test was normed using a group that is different from custody litigants.¹

Dr. Tiberi had an elevated score on the Desirability Index, which "assesses the degree to which the patient's results may have been affected by his or her inclination to appear socially attractive, morally virtuous, or emotionally well composed."² On the Desirability Index, any score over 75

¹ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc., pg. 156.

² Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc., pg. 138.

is considered to indicate that the person is trying to present themselves in a positive light,³ and “the higher the score, the more likely it is that the patient concealed some aspect of his or her psychological or interpersonal difficulties.”⁴ Of note, Dr. Tiberi received a score of 75, which is approaches elevation. However, this elevation does not invalidate the profile, and therefore it was able to be interpreted.

Dr. Tiberi also had an elevated score on the Compulsive scale (BR = 107), which measures individuals who are perfectionistic.⁵ Individuals with these elevations are “behaviorally rigid.”⁶ This pattern of responses indicated that Dr. Tiberi believes that there are strict rules for behavior and that things should be organized and carried out in a specific fashion. Compulsive individuals may experience that they have been “coerced into accepting the demands and judgments imposed on them by others.”⁷ Looking solely at the MCMI-III results, Dr. Tiberi’s responses were consistent with meeting the criteria for Obsessive-Compulsive Personality Disorder (OCPD).

Of note, research with the MCMI has shown that elevations on the Compulsive scales can “reflect personality strengths rather than personality pathology.”⁸ However, the higher the score, the more likely it is to reflect personality pathology rather than being a strength.⁹ Since his compulsive score is quite high, this may indicate that it is not just a strength but reflective of a personality disorder.

Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)

Dr. Tiberi completed the MMPI-2-RF as part of the current evaluation. This test was added to provide additional information about his social emotional functioning and was chosen specifically because it allowed his scores to be compared to other custody litigants. Dr. Tiberi’s responses on the validity scales indicated that his protocol was interpretable.¹⁰

On the MMPI-2-RF, Dr. Tiberi’s responses indicated significant thought dysfunction (Thought Dysfunction T-score = 67).¹¹ Specifically, he reported persecutory ideation such as believing that others are trying to harm him (Ideas of Persecution = 66).¹² He responded affirmatively to the statement *Someone has it in for me*. Dr. Tiberi was noted to be suspicious of others and to experience interpersonal difficulties because of his suspiciousness.¹³

³ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 16)

⁴ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 138)

⁵ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 5)

⁶ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 24)

⁷ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 17)

⁸ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 145)

⁹ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 145)

¹⁰ Ben-Porath, Y. S. (2011) MMPI-2-RF Manual for Administration, Scoring, and Interpretation. Minneapolis, MN: University of Minnesota Press (pg. 21-32)

¹¹ Cox, A., et al. (2012) Effects of augmenting response options on MMPI-2 RC Scale psychometrics. *Journal of Personality Assessment*, 94, 613-619.

¹² Crighton, A. H. et al. (2017) Utility of the MMPI-2-RF Validity Scales in the detection of simulated underreporting: Implications of incorporating a manipulation check. *Assessment*, 24, 853-864.

¹³ Dragon, W. R. et al. (2012) Examining the impact of unscorable item responses on the validity and interpretability of MMPI-2/MMPI-2-RF Restructured Clinical (RC) Scale scores. *Assessment*, 19, 101-113.

Trauma Symptom Inventory, Second Edition (TSI-2)

Dr. Tiberi completed the Trauma Symptom Inventory, Second Edition (TSI-2), a self-report measure of trauma symptoms. Dr. Tiberi's responses did not endorse elevations on any of the clinical scales of the TSI-2.

Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4)

Dr. Tiberi completed the Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4). He scored in the Low Probability of having a Substance Dependence Disorder. However, his Defensiveness score was significantly elevated, indicating the possibility that the SASSI-4 characterized him incorrectly.

Multiphasic Sex Inventory II - Adult Male Form (MSI-II)

Dr. Tiberi completed the MSI-II, a measure which addresses a wide range of sexual, behavioral, clinical, and emotional factors. His specific responses were compared to a sample of adult male sex offenders and those who have been alleged to commit sexual offenses throughout the US and Canada. When Dr. Tiberi's responses were reviewed, it was noted that he responded "all false" to most test items, even items that normal subjects could answer true. A variety of reasons are noted by the test maker for this response, including problems reading the items, hurrying to finish, believing the test to be a waste of time, or being angry about answering questions regarding his sexual information. Therefore, it was determined that his test results were invalid and unable to be interpreted.

*Parenting Assessment*Child Abuse Potential Inventory (CAPI)

Dr. Tiberi completed the Child Abuse Potential Inventory (CAPI), a self-report measure designed as a screening tool for the detection of physical abuse in social service agencies. Dr. Tiberi had no elevated scores on any of the scales indicating no elevated factors for abuse.

Parenting Stress Inventory, Fourth Edition (PSI-4)

Dr. Tiberi completed the Parenting Stress Index, Fourth Edition (PSI-4), a measure of stress related to parenting, in regards to Leo. His responses indicated that he reported being comfortable with his ability to care for Leo and denied experiencing any significant life stressors. Dr. Tiberi indicated that he has a reasonably positive relationship with Leo's other parent. He expressed experiencing a number of life stressors from outside the parent-child relationship that may divert his attention from child rearing responsibilities and can increase the likelihood of dysfunctional parenting. Of note, the impact of the stressors appears mild and likely does not play a major role in the parent-child relationship.

Parenting Interview

Dr. Tiberi was questioned about if Leo has any special needs in regards to his educational, medical, and therapy needs. He discussed that Leo broke his clavicle at birth and was under ultraviolet lights for four days. He was diagnosed with the coxsackie virus when he was two years old. Dr. Tiberi stated that they used to go together to all doctor appointments and that Ms. Tiberi now takes Leo without telling him. He commented that Ms. Tiberi does not typically tell

him about the appointment afterward, either. Dr. Tiberi stated that educationally, Leo is “good” and that Ms. Tiberi blames him for issues Leo has with taking his pants off at school. He commented that Ms. Tiberi cited Leo taking his pants off in one of the restraining orders. Dr. Tiberi shared that Leo was engaged once before in therapy, noting that he terminated treatment because the focus of treatment was the premise that Dr. Tiberi had sexually abused Leo. He noted that the parents have spoken with Robert Horwitz, Ph.D., but it was recommended that they not engage in treatment at this time.

Dr. Tiberi was asked what activities he and Leo like to do together. He discussed that they go fishing, draw, count, play hide and seek, and play with Marvel toys. Dr. Tiberi stated that he is teaching Leo how to throw and they like to do this outdoors; they also like to go to the beach and to play in the backyard. Dr. Tiberi indicated that Leo is a “very picky eater” who likes fruit, french fries, pretzels, pizza, chicken nuggets, and broccoli. He stated that Leo does not like burgers, steak, chicken, fish, or any vegetables besides broccoli. Dr. Tiberi stated that Leo’s weight is appropriate and that his pediatrician is not concerned.

Dr. Tiberi was questioned about his understanding of treating common childhood illnesses. He stated that normal body temperature is 98.6 degrees and that a fever is over 99 degrees. He shared that he would treat a fever for Leo using Baby Tylenol. For an upset stomach, Dr. Tiberi indicated that he would give Leo a mild diet and liquids. In regards to home remedies, he would give Leo ginger ale, toast, and jelly. Dr. Tiberi was able to state the name of Leo’s pediatrician. Dr. Tiberi shared that when he was required to leave the home, Leo was still being given a bottle during the day before his nap. The evaluator asked his opinion as a dentist for Leo to take a bottle to bed and he said “not good” due to “baby bottle syndrome.” He shared that Leo has had cavities in two baby teeth, noting “she would blame on me him needing a bottle. I blame on her.” Dr. Tiberi indicated that he would try to refuse to give Leo a bottle, but “sometimes I cave in and give the bottle.” He stated that he assumes that Leo is no longer using a bottle now.

Dr. Tiberi was asked about disciplinary strategies he can employ with Leo at his current age. He indicated that “he’s been good with me” and that he does time-outs. He explained time-out as being the same amount of minutes as the child’s age and noted that he uses the clock on the stove. Dr. Tiberi was asked what he would do for discipline when Leo is six years old, and he stated that he would take things away, such as his favorite toy or iPad. When he is ten years old, he will take away activities that Leo likes.

In regards to bedtime routine, Dr. Tiberi stated that he gives Leo a shower, they watch television, and they do an activity until Leo is tired. They go upstairs for quiet time at around 8 or 8:30pm. Dr. Tiberi stated that Leo would sleep with them in their bed. He noted that they moved Leo’s crib to their room, and he would climb out and go in their bed. Dr. Tiberi indicated “I know that wasn’t right.” He explained that when Ms. Tiberi initially made her allegations, he would stay in the other bedroom and she and Leo would sleep together in the master bedroom. He suggested “to this day, she may be sleeping with him in bed.” He noted that “when she is sleeping, she is not wearing much clothes. She just wearing underwear.” Dr. Tiberi stated that he asks Leo where he sleeps now, but Leo does not answer.

Dr. Tiberi was asked about his strengths and weaknesses in regards to his ability to parent. He stated that his parenting strength is “teaching.” In regards to parenting weaknesses, he stated that “I’m a little soft. I should be a little more harsh in disciplining.” He shared that when he was a child, his parents would use a belt for punishment, and he commented “I would never hit him.” He stated that his supports are “my brother, my mom, dad, friend.” Dr. Tiberi was asked what he would do with Leo while he is working, and he stated that his parents would help him and he would need a reliable babysitter.

D. Ms. Tiberi’s History

Marital History

Ms. Tiberi shared that she met Dr. Tiberi in 2012 at Penfield Beach in Fairfield. She noted that she thought he was hitting on her friend and “I was playing the field.” Ms. Tiberi stated that her friend had known Dr. Tiberi because her father owned a dental lab, and she suggested that they invite Dr. Tiberi to Splash that night. She noted that she was meeting up with a guy and thought that her friend could hang out with Dr. Tiberi. Ms. Tiberi stated that they did not talk much that night; about a week later, she was meeting a friend at Grey Goose and Dr. Tiberi was there. She recalled suggesting that she call her friend to join them, but he stated that he was interested in her and they hung out that night. Ms. Tiberi stated that they began talking daily, and he would show up at her work and bring her coffee or lunch. She commented that “it was a little weird. It moved a little fast.” Ms. Tiberi noted that they would go out to dinner and eat appetizers, a meal, and dessert, and that he would drink alcohol and take shots. She stated that after three or four months of dating, he explained to her that he was living with his parents because he had just gotten out of rehab for heroin. She commented “he was pretty vulnerable and opened up to me. I respected that.” Ms. Tiberi recalled him being surprised that she did not judge him and explained that “I helped him have more confidence to move back to his own house.” She stated that the house was empty because his ex-wife had taken everything in the divorce. Ms. Tiberi indicated that she would sometimes spend the night at his house and that she was renting a room at a friend’s house. Ms. Tiberi stated that she began to notice that he was “always passive aggressive,” and that “his temper never went up, even when things were bad.”

Ms. Tiberi stated that she began to question his drinking and asked him to go to counseling at Waynik Group. She shared that she had been to the office when Dr. Tiberi had gone to see Dr. Waynik for prescription refills for his sleeping pills. The couple attended therapy for three or four visits with Ms. Hoffman, who reportedly told her to “run for the hills.” Ms. Tiberi stated that they broke up many times because she felt he was smothering and she was concerned with his drinking. She recalled that at the next appointment, she shared that she was pregnant. She noted that Dr. Tiberi had not shared with her that he could not get his ex-wife pregnant because he was an addict. Ms. Tiberi noted that she was unsure if she wanted to be with Dr. Tiberi, sharing that she has a grown child. She indicated that Dr. Tiberi was “in disbelief” because he thought he could not get someone pregnant. She noted that the next day, he called her “all messed up” because he had taken sleeping pills during the day. Ms. Tiberi recalled asking her friends Gina and Al to go with her to Dr. Tiberi’s house. She shared that she wanted to have an abortion but that “he was begging me to keep the baby.” She recalled saying that “if meant to be, God will give us another one.” Ms. Tiberi noted that Dr. Tiberi agreed to go to Silver Hill for rehab. Ms. Tiberi indicated that “I was really affected by the abortion. I was sad about it. It made us closer.”

Ms. Tiberi noted that in the summer of 2013, she moved into Dr. Tiberi's home. She stated that "I monitored his meds. Slowly I weaned him off without him knowing." Ms. Tiberi stated that he proposed to her and she said yes. She commented that she wanted to start trying again and became pregnant within one or two months. Ms. Tiberi stated that she left Connecticut and moved to California when she was five months pregnant. She noted that they were planning a destination wedding and right before they had to put down the deposit, he presented her with a prenuptial agreement. Ms. Tiberi stated that she did not understand, as she was a U.S. citizen and did not need a green card, like his ex-wife. She noted that "all he can look at is money that would be taken from him." She explained that the "prenup is so offensive" and that she questioned if he really wanted to get married. Ms. Tiberi reported that she waited three months before leaving to California in case Dr. Tiberi wanted to change his mind. She explained that they shared a bed but did not have sex and that "he was a mute every day." Ms. Tiberi indicated that Dr. Tiberi began taking Soma and other pills. Ms. Tiberi stated that she moved to California, noting "I knew that there would be a connection because his baby." She explained that he was sending her money and that "he would text, I text back. He barely text."

Ms. Tiberi stated that Dr. Tiberi went to California about three weeks before the baby was born. She recalled that he wanted her to compliment him on losing weight, noting "I'm as big as a whale and you are asking me how he looked." She shared that Dr. Tiberi informed her that he had sex with someone else while she was in California. Ms. Tiberi explained "I gave him back his ring, but technically, I'm pregnant with your baby. Should be a togetherness there. Only broke up because he wouldn't commit without a prenup." She added "he should have known I was coming back. I had his child." Ms. Tiberi stated that she understood and wanted to make the relationship work, so she told him "I'll forgive you for this." She discussed that Leo was discharged from the hospital following birth but was readmitted the following day for eight additional days. She noted that Dr. Tiberi returned to Connecticut before Leo was discharged again. Ms. Tiberi stated that when Dr. Tiberi left, "we were together. He wanted us to come to Connecticut." She shared that she and Leo went to Connecticut when Leo was two months old in June 2015. Ms. Tiberi indicated that she offered a one month "trial period" for herself and Leo to be in Connecticut. She reported learning on her birthday from the owner of a restaurant that Dr. Tiberi would go there often when she was in California. Ms. Tiberi indicated that on that evening, she asked him for his phone and "it took hours for him to let me see his phone." She stated that she told him "if you give me the phone, it'll show me that you are sorry and whatever you have done, as long as you spill it all, I'll forgive you." She reported that the phone contained texts and pictures from other women. Ms. Tiberi indicated that she initially told him that she was returning to California, but "I eventually forgave him." She noted that she did return to California, but it was to pack and move back to Connecticut. Ms. Tiberi shared that Dr. Tiberi and his family came to California for Leo's baptism, and he proposed again. She stated that by August 2015, she was living in Connecticut. Ms. Tiberi reported that "he had not given up on the prenup." Ms. Tiberi stated "I did not sign a prenup. He drafted all that stuff, we got married." She explained that they went to his lawyer's office and then returned another day. She shared that she did not have her own attorney, and his attorney advised that she get her own attorney. Ms. Tiberi stated that "I still didn't fully understand it." She reported going home with the agreement and that she sent it to her father to review; he thought it was "unfair." Ms. Tiberi acknowledged

that they went back and forth making changes to the prenup but that she felt “it was very offensive” and “still not a good prenup.”

Ms. Tiberi reported that they married on 12/24/2015. She characterized the first year of marriage as “rough,” adding that “I think I still had a lot of residual feelings.” Ms. Tiberi stated “I had a lot of paranoia with women he had slept with. I felt trauma, PTSD.” Of note, the evaluator asked her to further explain the feelings of paranoia, but she could not express it in words. Ms. Tiberi stated that she was prescribed medication that year, including antidepressants, a stimulant, and medical marijuana. She noted that she had a medical marijuana prescription for PTSD “because of me thinking he sleeping with different women.” The evaluator discussed with Ms. Tiberi that the first criterion of PTSD includes having witnessed a traumatic event, and she replied that “it could have had to do with the confessions I wanted.” She then made comments that she was finding condoms and wrappers in his closet and that he was “still on phone an awful lot,” implying that the affairs were continuing. Ms. Tiberi stated that “I was able to track him on his phone. He said he in one area but he was not. I didn’t tell him that.”

Ms. Tiberi commented that “he was drinking a lot, taking steroids.” She stated that he was using steroids too often and “his appetite for sex was quite large.” Ms. Tiberi reported that she showed his parents the needles and said “your son needs help.” She stated that “I got on meds to keep emotions intact.” She noted that he would come home from work and drink shots of tequila, adding “I would drink with him.” Ms. Tiberi indicated that Dr. Tiberi had an image of his “perfect wife,” including someone who wears white shorts in the summer and would not have straight hair.

Ms. Tiberi began discussing Isabella, Dr. Tiberi’s adopted daughter. She noted that before they were married, she always found Isabella to be hyper, and she questioned if she had ADHD. She explained that “I thought maybe something wrong with her, possibly because she adopted.” Ms. Tiberi recalled a time when Isabella’s mother, Dr. Tiberi’s ex-wife, came to the home and was “yelling about stuff,” and she told Dr. Tiberi “go handle it but not with me.... Whatever is going on with Bella has nothing to do with me.” Ms. Tiberi stated that the ex-wife came to the house instead of meeting on the green as planned and stated “I want to talk to you.” She alleged that the ex-wife informed her that Isabella was “drawing Frank f--king you.” Ms. Tiberi indicated that she saw a picture of “a girl with boobs. Guy with penis sticking up.” She stated that “I was upset she came at me” and told her to “get the f--k out of here.” Ms. Tiberi indicated that Dr. Tiberi told her later that it was a drawing of a boy Isabella liked and “by talking calmly,” she believed him. She stated that “I knew this little girl had a problem with over-sexualized thing.” Ms. Tiberi reported that prior to Leo’s birth, she had seen Isabella “watching hard core porn” on her tablet, adding that one was “Filipino porn.” She added that “this little girl used to pull her pants down and spread her butt to her cousins.” Ms. Tiberi recalled that she thought there was sexual abuse at Isabella’s mother’s house and therefore stated that “she needs to live with us.” She discussed that when Leo was born, “I want to make sure to teach my son about privates.” Ms. Tiberi stated that when Leo was two years old, he told her that “Bella spanked my batoytoy,” the name that they used for his penis. She recalled telling Dr. Tiberi “let’s not make a big deal, but we need to talk to her and keep an eye on it. We can’t leave them alone.” She stated that “Frank claims he talked to her without me” and “I brought up to her, too.” Ms. Tiberi reported that Isabella stated that when

Leo was running “he [was] being annoying,” so she accidentally hit him on his privates. Ms. Tiberi stated that there was an incident in which she and Leo were in the shower. She stated that after the shower he said “squeeze, squeeze, squeeze” and asked to play with Bella. She noted that Dr. Tiberi did not want to discuss it with Isabella, so “I feel I’m not getting any support.”

Ms. Tiberi was asked about her breakdown. She stated “first of all, I was on all those meds for some time, maybe a couple of years. That took a toll on me.” Ms. Tiberi shared that she had not sent Leo to any type of daycare or summer program “unless he able to communicate.” She discussed that when he was three, she sent him to the sports center, stating that he could communicate “but not to point he communicates now. He can say if someone hurt him.” She commented “I never had my husband’s support. I needed some sort of support and I never had it.” Ms. Tiberi indicated that Leo went to the summer program; when he returned, he was tired and had his underwear on backwards. She stated that when she asked him why, he said “I don’t know.” Ms. Tiberi remarked “I don’t think anything happened to him at that time. More what going on in my marriage and not being supported.” Ms. Tiberi indicated “I jumped the gun. I didn’t go and ask the sports center. I immediately started having fear inside that something bad happened. It was a part of paranoia feeling.” She stated that “I felt instantly afraid. I went to the police station. I told them that son’s underwear backwards.” Ms. Tiberi stated that she did not tell Dr. Tiberi what happened but had him meet her at the police station. She remarked that “they basically said nothing happened to son, he not taken out of place.” Ms. Tiberi stated “I told them a story about him being taken out of place. When meds made imaginations grow wilder.” When asked what the story was, she stated that “him being taken out of place and taken somewhere and molested. Something like that. What I do believe was medically induced. It was such an improper way to say it.” Ms. Tiberi indicated that DCF became involved. Ms. Tiberi stated that she would tell Dr. Tiberi that something happened and he would not let her bring Leo to the doctor without his permission, noting “if I did something he not happy with, he would shut credit card off.”

Ms. Tiberi stated that the police came to the house because Dr. Tiberi had called them to do a welfare check. She stated that “I could hear what’s going on, but didn’t have control of what’s coming out of my mouth.” Ms. Tiberi was asked about other incidents, and she shared that when they went to an ice cream parlor, they saw a woman with a black eye and Leo commented “I know her.” She remarked that she went up to the woman and asked “you know my son.” She stated that the woman told her that Leo was “cute” and started walking down a road, and “we started following her down the road.” Ms. Tiberi stated that Dr. Tiberi told her that the woman had called the police “because I was harassing her.” She reported that she called the police and said that the woman took him here, indicating down the street. She indicated “I thought I was protecting my son. This is someone who hurt him.” Ms. Tiberi described that “I was immersed in listening to whatever he is trying to describe to me. I felt nobody was listening to him. That’s what a parent is supposed to do. Is protect their child. Again, my medication.” She was asked to clarify if Leo had made these statements, and she stated “thinking about it now, it might not have been. I went on the deep end because I felt my feelings were not supported.” Ms. Tiberi then remarked “I know I didn’t imagine what happened to Bella. I know I didn’t imagine all this stuff.” She described that she, Dr. Tiberi, and Isabella would sit, and she would ask Isabella “why you doing this stuff to Leo?” Ms. Tiberi commented that Dr. Tiberi “wouldn’t do anything else to

get her help.” She expressed that Dr. Tiberi would tell her that Isabella did not like her, and Isabella stopped coming to the house; she noted “a part of me felt relieved. At least I didn’t have to worry for Leo.”

Ms. Tiberi stated that Dr. Tiberi and Ms. Castro, her mother, were gaslighting her. She noted that her family does not talk to her and questioned why he says she is sick. Ms. Tiberi commented that “he’s been planting this seed with them for quite some time.” She noted that “I was sick to point that I lost control of words and...”; Ms. Tiberi then pointed to her head. Ms. Tiberi stated that she went to Hall-Brooke “willingly.” She stated that “I needed help but he wouldn’t get me any help. I say I want to go to doctor but he wouldn’t.” Ms. Tiberi stated that she was taken off all of her medication and put on Risperdal, an antipsychotic. She explained that she took Risperdal for three or four months and was off all medication by January 2019.

Ms. Tiberi explained that after the hospitalization, Dr. Tiberi became upset because she did not drink but continued to smoke marijuana. She stated that “I made a conscious decision to do everything for Leo and what best for Leo, not best for Frank.” Ms. Tiberi stated that “more I didn’t indulge, more silly he looked drinking like a fish, more sloppy he got. He hiding little bottles of nips.” Ms. Tiberi noted that the “more I just paid attention to my son and his needs, more apparent his habits looked.” She stated that Dr. Tiberi began sleeping in another room because he snores. She indicated that he took pills to have an erection but that they were not having sex. When asked if she thought he was having affairs, she replied “maybe. I didn’t care.”

Ms. Tiberi stated that in March 2019, Leo told her that Dr. Tiberi was playing with his penis. She discussed that she went to the gym one day and upon her return, Leo was only wearing pajama pants, no underwear or shirt. Ms. Tiberi stated that as she was packing snacks for the day, she asked Leo “did daddy squeeze your leg” and he said “right there,” commenting “he squeezes his leg the same way Bella shows me.” Ms. Tiberi stated that when they were getting in the car, she asked Leo “did daddy touch your batoytoy” and Leo said “yeah.” She stated that she asked Leo what else Dr. Tiberi did, and Leo told her “he peed in my hand.” Ms. Tiberi reported that she called DCF, reported it, and then left the home and checked into a hotel. She noted that Leo had stuck his tongue in her mouth a few times when she was carrying him. Ms. Tiberi stated that she asked Leo “who kisses baby like this” and he replied “daddy,” so she made a note to tell DCF. Ms. Tiberi stated that since they left the house, Leo has engaged in different behaviors. She reported that he was “sticking his finger in my butt with my pants on. Poking me in my anus” as well as doing this to his cousins. Ms. Tiberi noted that they went for a period of time to live with Mr. Landa, Dr. Tiberi’s former brother-in-law, and his daughters. She stated that the girls told her that their mother told them that “uncle Frankie and Tommy played with her vagina when they were kids and that Uncle Frankie likes boys.”

Ms. Tiberi remarked that Leo is still acting out now, adding that “I have videos now.” She stated that Leo says on one video that “daddy sticks his thumb in my butt” when they were in the shower. Ms. Tiberi remarked that “he was an absent father, shadow of a man. Only chore he ever did with Leo was a shower.” Ms. Tiberi reported that she filed for divorce in April 2019. She stated that Leo has told her after visits that “my butt is itchy” and that “daddy poked my butt.” She shared that Leo has “voiced to DCF a few times” that “daddy hits him and DCF knows that.”

Ms. Tiberi noted that she came home one day to two police officers and a woman from BHCare; Dr. Tiberi had reportedly told them that she was making false allegations, and she replied “just words coming from your son, not from me.” She explained that Dr. Tiberi was “trying to set me up to get committed.” Ms. Tiberi commented that Dr. Tiberi continued to gaslight her by telling her family that “I creating all these lies and crazy like I was last year.” She stated that she was granted a temporary ex-parte motion for sole custody.

Ms. Tiberi indicated that she engaged therapy at Child Guidance Center for Leo. She noted that she had asked the Court for sole custody and that she was willing to move back into the home so that “my son doesn’t have to be alone with him.” Ms. Tiberi commented “my son not making up. He not capable of it.” She stated that “I thought he wouldn’t do anything weird to him with me here.” Ms. Tiberi stated that from late April to June 2019, they all lived together in the home and that “all of a sudden, Frank wants to be an active parent.” She explained that “I filed a restraining order against him. I didn’t know what else to do. Karen Fisher not on top of her game. The only reason I filed for divorce is my son’s safety and he still doing stuff.” When asked for additional information, she replied “I don’t know off the top of my head...I don’t dwell on the past. It has to do with intimidating, hitting him.” Ms. Tiberi reported that she was washing her face and Leo “sticks his tongue out between my butt cheeks.” She indicated that “a lot of disturbing things my son has been doing.” Ms. Tiberi stated that after she got the temporary restraining order, Dr. Tiberi had to leave the home, and he had supervised visitation with Lisa Kerin. She shared that Ms. Kerin found “nothing wrong with the relationship,” but she added “of course, he’s on best behavior”; Dr. Tiberi was then able to return to unsupervised visits. Ms. Tiberi shared that she has remained in the home with Leo and that Dr. Tiberi sees Leo for visits during the day and does not have overnights. She commented that “nobody is trying to take anything from him. Not my deal.” Ms. Tiberi indicated that she has been asking for the current evaluation “for a long time.”

Ms. Tiberi noted that her attorney had filed for contempt because Dr. Tiberi was not paying for Leo’s activities or lawn care. She stated that after Dr. Tiberi moved out, she found “all these bills.” She noted that he had not paid her hospital bills and was in collections even though “he said he took care of everything.” Ms. Tiberi also indicated that they would be going to trial in November 2019 because Dr. Tiberi did not agree to a nolo plea. She stated that the charge against Dr. Tiberi was “medical neglect” for not getting Leo therapy or going to the dentist.

Ms. Tiberi reported that Dr. Tiberi used steroids, noting “I didn’t realize how bad.” She stated that after Dr. Tiberi left the home, she was looking for summer clothes in storage bins and found steroids. Of note, at that point, she produced a gallon size ziploc bag that included boxes that she stated held steroids, hypodermic needles, pills, and nip bottles of alcohol. The evaluator advised Ms. Tiberi to send pictures to the evaluator of the contents of the bag and that the evaluator was not going to keep the contents of the bag. Ms. Tiberi also provided the evaluator with what she explained was Dr. Tiberi’s journal from when he was in rehab in Florida. She reported that “he used to practice dentistry under the influence” and that he was never caught. Ms. Tiberi expressed “I find that strange. Never any repercussions.” She explained that “I found these in garbage bags in the garage.”

Ms. Tiberi reported that “our sex life was hardly even there” and that Dr. Tiberi was “taking erectile pills on a daily basis.” She had previously reported that he was a sex addict, and she clarified “he wanted sex in the beginning” and that “being a sex addict, watching a lot of porn or maybe sex with others.” Ms. Tiberi then noted “I don’t know.”

Ms. Tiberi reported that she has a number of videos of Leo reporting abuse by his father. She stated that there was one from his most recent visit before the interview where Leo reported that Dr. Tiberi “poked me in butt.” She indicated being surprised when Leo asked if Simon, the DCF worker, “can help us.” Ms. Tiberi stated that she told Leo that Simon can help and asked him “do you want to tell him when he comes to see us?” However, she stated that when Simon came the day before the interview, Leo failed to say anything, noting “I can’t exactly make him talk.” Ms. Tiberi shared that “I make a note of everything that comes out of his mouth that is a little weird or behaviors.”

Ms. Tiberi stated that Dr. Tiberi tried to call Dr. Perrone, her current therapist. She noted that one of the recordings she was providing was of Dr. Tiberi having a conversation with Mr. Landa. Ms. Tiberi shared that Dr. Tiberi “consistently threatens Steve.” Ms. Tiberi indicated that Mr. Landa’s daughter Juliet recorded Dr. Tiberi harassing him at a restaurant.

After Leo’s interaction with Ms. Tiberi, she requested to speak with the evaluator. She stated that she wanted to discuss “things that would be helpful to my case.” Ms. Tiberi reported that Dr. Tiberi used to tell her about his father beating him and that his mother would say “not the face” but not protect him. She indicated that when Dr. Tiberi was ten or eleven years old, his uncle tried to drown him for taking off his toupee, noting that these are “things that may have traumatized him.” Ms. Tiberi reported that Dr. Tiberi would raise pet bunnies and his father would force him to hold them down while he killed them. She stated that she asked her mother in law if that was true and she agreed and stated that it was at Leo’s age. Ms. Tiberi stated that during one of Leo’s visits, his grandmother “saw” the abuse and “came in the room and hitting daddy in the face.” She indicated that “his parents know that there’s something sick about him.”

Children

Ms. Tiberi was asked about her children, and she said that she has Zana Willis (age 23) and Isabella Tiberi (age 13.5). Of note, she did not list Leo, the subject of the current evaluation. The evaluator discussed Zana with Ms. Tiberi, and she explained that “she used to be with me all the time until thirteen years old.” She explained divorcing from Zana’s father when she was two years old and that because her ex-husband did not pay child support until Zana was three, she got a job to support them. Ms. Tiberi stated that in California, “they eventually come after you” and that there was a judgement that he owed her \$40,000 in child support. She indicated that “he thought he could get that turned over” so Zana “never came back from seeing him.” Ms. Tiberi reported that Zana’s father allowed Zana more freedom, such as getting her nails done. She indicated that she went to the police, but they would not return Zana. Ms. Tiberi stated that Zana never returned to her care, they did not have visits, and Zana was “limited on her phone calls.” She remarked “what I did, I kept working and catch up with her when I can.” When the evaluator asked if she fought to have Zana returned, she said “I young and didn’t know.” Ms. Tiberi was asked about their current relationship, and she said “I can’t say it is fantastic.” She noted that

since Dr. Tiberi knew that they had a strained relationship, “he called her.”

Ms. Tiberi then explained that she left California for Connecticut after Zana had been with her father for a year. She noted that after she moved, Zana’s father filed for child support and “I didn’t have money to fight it.” However, she noted that her support was not something she had to pay but rather was just deducted from what Mr. Willis owed her. Ms. Tiberi stated that she sends Zana and Zana’s son (her grandson) cookies. She noted that after the child was born, she and Dr. Tiberi went to California and met him but that this was the only time she has seen him. She expressed “I had plans to come again but all of this stuff came about and made it difficult to do that.”

Child Custody Goals

Ms. Tiberi indicated that she currently has sole physical custody and joint legal custody of Leo. When asked about her custody goals, Ms. Tiberi stated “ultimately, I want what’s best for my son.” She stated that “at this time, I’m seeking sole custody with visitation.” Ms. Tiberi stated that “I would like all of the therapy Leo needs and info we can gather to see why he acting out in this way. It is difficult to believe that he just made all of this up by myself. I know I’m not teaching him these things.” Ms. Tiberi stated that she would like to have physical custody of Leo, and when asked about Leo’s contact with his father, she replied “I want him to see his son as much as possible.” She stated “from what I can see with my son, I think my husband needs a lot of help. Unhealthy for him to be unsupervised.” Ms. Tiberi added that she would allow Dr. Tiberi to see Leo “as much as he wants as long as supervised. As long as no mental anguish for my son. I would like sole custody with supervision.”

Ms. Tiberi was asked about how they have been able to make decisions together. She explained that it is “tough with Frank because he’s against anything.” She stated that “he drags his feet on paying for any activities.” Ms. Tiberi was asked about their ability to make medical decisions together. She shared an example of Dr. Tiberi being upset when she took Leo to the emergency room when he had the coxsackie virus. Ms. Tiberi stated that he took Leo off insurance, and she commented “I feel some concern because we weren’t able to seek medical attention. Everything he concerned about is costs.” Ms. Tiberi stated that Dr. Tiberi has not been in agreement with Leo having therapy, noting that he insinuated to her “Leo doesn’t need it, me who needs it. I’m making up all these allegations.” Ms. Tiberi shared that they each met with Dr. Robert Horwitz twice, and it was recommended to complete the current evaluation before continuing with therapy for Leo. She commented that the DCF worker disagrees with Leo not being engaged in therapy. She noted that Kristen Hammel at the Yale Child Study Center also did therapy with Leo.

Ms. Tiberi stated that they agreed to send Leo to St. Lawrence for school. She commented that after the divorce proceedings started, Dr. Tiberi no longer wanted Leo in school full-time, noting he feels “I don’t have a job and he doesn’t have to pay for school.” Ms. Tiberi stated that she does not consider herself Catholic, noting “I feel like my life has made a huge transformation because of the things that transpired.” She shared that they were both born and raised Catholic. Ms. Tiberi stated that she is not against Leo being raised with religion “but I also don’t want to force feed anything to my son.”

Family History

Ms. Tiberi stated that she was raised by her married parents and that there are five children, three girls and two boys, noting that she is the second youngest. She indicated that after 44 years of marriage, her parents divorced when she was in her 30s. She added that her mother continues to live in California in the home where she was raised while her father lives in Texas with his new wife. Ms. Tiberi stated that her siblings all continue to live in California near their mother except for her. She noted that her mother “didn’t handle the divorce well” and “forbid everyone to have a relationship with him.” Ms. Tiberi indicated that she no longer has any communication with her siblings “because of my husband.” She stated that they stopped talking when she moved out, noting that “Francis called each one to say I making false allegations.” She stated that “this is my very own little situation and nobody can really help me. I certainly didn’t need their emotional support. They didn’t have much for me.” Ms. Tiberi stated that “I’ll mend my relationships with them in the future.”

Ms. Tiberi commented “my mom, I’m surprised she hasn’t called you. She’s called every attorney.” She shared that her mother had her father committed to a mental asylum in the Philippines. Ms. Tiberi indicated that her father now has PTSD from being hospitalized. Ms. Tiberi then returned to talking about her mother calling attorneys, indicating that her mother has called her first attorney, Karen Fisher, and the GAL, Janis Laliberte. She stated that her mother wrote her current attorney, Deb Marino, a long letter. Ms. Tiberi stated that her father only speaks to her now and none of her siblings or his family. She denied that there is any family history of mental illness.

Medical History

Ms. Tiberi denied that she has received any medical diagnoses. She stated that she had a breast augmentation surgery after Leo was born and denied any broken bones. She denied being prescribed any medication, indicating that she is no longer on birth control because “no action going on so why take extra hormones.”

Mental Health History

Ms. Tiberi stated that she was previously diagnosed with acute psychosis but that she does not know her current diagnosis. She denied that she is currently prescribed any psychiatric medication. Ms. Tiberi indicated that she was hospitalized at Hall-Brooke in 2018 and was prescribed Risperdal and Lexapro. She denied any past or current thoughts of wanting to harm herself or others.

Ms. Tiberi stated that she currently attends a women’s therapy group every other week at St. Vincent’s outpatient behavioral health. She noted that “I was evaluated and they didn’t see me as anyone needing anything more.” Ms. Tiberi reported that she attends weekly individual therapy with Dr. Perrone. She noted that he does not find her to be depressed and believes she is lucid. Ms. Tiberi stated that she is not attending psychiatric appointments and is not prescribed medication. Ms. Tiberi reported that she previously attended therapy in 2007 when her daughter “was taken from me by her father.” She noted that she and Dr. Tiberi attended couple’s therapy.

Trauma History

Ms. Tiberi denied that she has ever experienced physical abuse. She commented that her ex-husband once grabbed her, noting “nothing I experienced was beating.” Ms. Tiberi stated that Dr. Tiberi is “passive aggressive, silent but deadly.” Ms. Tiberi denied that she has ever experienced sexual abuse.

Substance Use History

Ms. Tiberi stated that she tried cigarettes for the first time when she was in her 20s and denied ever smoking daily. She denied that she is currently smoking. Ms. Tiberi stated that she tried alcohol for the first time in her 20s, and then she questioned if she tried alcohol with her ex-husband prior to that time. She stated that her heaviest alcohol consumption was during her relationship with Dr. Tiberi. Ms. Tiberi stated that she currently drinks a glass of wine once a week, noting that sometimes she drinks twice a month. She reported that her last alcohol consumption was a glass of wine the previous weekend. Ms. Tiberi stated that she smoked marijuana daily in her 20s when she was living in California. She shared that she obtained a medical marijuana card in 2016 or 2017. She reported that she last smoked marijuana in March 2019. She stated that she tried cocaine between one and ten times when she was in her 20s and that this was her last use. Ms. Tiberi reported that she tried ecstasy when she was in her 20s. Ms. Tiberi reported that she tried “something” in Cabo with Dr. Tiberi a few years ago on vacation. She denied all other illicit substance abuse or prescription use.

Legal History

Ms. Tiberi denied any legal history.

Relationship History

Ms. Tiberi stated that her first relationship was with her ex-husband, Sherard Willis. She explained that they married when she was 18 years old because she was “Catholic and pregnant.” She noted that they divorced when their daughter, Zana, was two years old. She explained that he enrolled in the military after Zana was born and that he returned from training with a venereal disease. Ms. Tiberi reported that she then dated Chris for two and a half years and that the relationship ended because he was not faithful. She reported that she dated Steve for two and a half years, but he was “not ready to grow up.” Ms. Tiberi stated that she was engaged to Austin Russo, noting that he was the reason that she moved to Connecticut. She stated that they met when she worked at Conair, adding that his father was an executive at the company. Ms. Tiberi indicated that the relationship ended because “I started speaking up for myself.” She reported that the relationship ended four months before she met Dr. Tiberi. Ms. Tiberi denied that she is currently in a relationship, and she denied any chance that she may be pregnant.

Educational History

Ms. Tiberi reported that she graduated from high school. She denied needing any accommodations or being held back in school.

Employment History

Ms. Tiberi stated that she has had positions in sales and as a hairdresser. She denied being employed currently “because of what’s going on.” She reported that the plan is to become a

hairdresser. Ms. Tiberi reported that she had a salon chair in her house but had to stop when “Frank didn’t want people over anymore.” When asked why she is not using the chair now that Dr. Tiberi is out of the home and she replied “I would but I have to get out and make clients.”

E. Presentation and Mental Status

Ms. Tiberi presented on time for her appointments, and she appeared to be her stated age. She was observed to be dressed in attire appropriate to the weather and situation. At the start of the first appointment, Ms. Tiberi commented about how young she thought the evaluator was, making statements about the evaluator’s skin and lack of wrinkles. It appeared that this was an attempt to sway the evaluator to her side by giving compliments.

During the interview, Ms. Tiberi was found to be very tangential, often discussing non-relevant topics when asked questions. She was noted to often jump between topics without any transition, making her statements difficult to follow. When the evaluator would attempt to ask questions, it often did not serve to return to the original topic. The evaluator noted that Ms. Tiberi would make statements of abuse, but then could not provide relevant examples. Ms. Tiberi was also noted to provide conflicting reports. For instance, she stated that Dr. Tiberi was a sex addict, but then commented that they did not often have sex. When questioned, she alluded to him having affairs but then ultimately indicated “I don’t know.”

The evaluator repeatedly asked Ms. Tiberi to discuss the psychosis. On several occasions, she explained that she had to tell a different detail first. However, the detail would be irrelevant and Ms. Tiberi would fail to return to discussing the psychosis. The evaluator kept asking her to discuss the psychosis. Ms. Tiberi initially significantly minimized details of her psychosis, instead focusing on the ill effects of adderall and marijuana. Ms. Tiberi kept trying to explain why the psychosis happened without giving details of what actually occurred. After multiple failed attempts to gain information, the evaluator asked Ms. Tiberi to give her explanation first and then share the details of the incidents. Ms. Tiberi continued to struggle with providing the details of the incidents without her explanation. When pressed, Ms. Tiberi became upset and raised her voice at the evaluator. In addition, Ms. Tiberi was noted to stop on two occasions, question herself aloud about if her recollection was accurate, and then restart her account.

Mini-Mental State Examination (MMSE)

Ms. Tiberi was administered the Mini-Mental State Examination (MMSE), and she was fully orientated to person, place, and time. Ms. Tiberi obtained a score of 30 out of 30, indicating no cognitive impairment.

F. Ms. Tiberi’s Current Functioning

Cognitive Functioning

Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)

Ms. Tiberi was administered certain subtests of the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II) as a measure of cognitive functioning known to highly correlate with academic achievement. During the evaluation, Ms. Tiberi was cooperative and motivated to perform well. The WASI-II results are viewed to be a valid indicator of Ms. Tiberi’s current cognitive abilities.

WASI-II Scale	Composite Score	Percentile Rank	95% Confidence Interval	Range
Verbal Comprehension (VCI)	92	30	86-99	Average
Perceptual Reasoning Index (PRI)	96	39	89-103	Average
Full Scale IQ (FSIQ-4)	93	32	88-98	Average

Ms. Tiberi's overall, or Full Scale (FSIQ), score of 93 was obtained by averaging her scores on a variety of tasks. Given the normal error variance inherent in tests, it is likely (95 percent chance) that her actual FSIQ falls between 88 and 98. This performance fell in the Average range of functioning and the 32nd percentile when she is compared with same age peers.

Ms. Tiberi's Verbal Comprehension Index (VCI) of 92 is a general assessment of her acquired knowledge, verbal reasoning, and comprehension of verbal information. Ms. Tiberi's true VCI likely (95 percent chance) falls between 86 and 99, which is in the Average range of intellectual functioning. Her score falls at the 30th percentile when compared to same age peers. Overall, her score indicated adequate abilities in this domain.

Ms. Tiberi's Perceptual Reasoning Index (PRI) score of 96 fell in the Average range of functioning, and her true PRI (95 percent chance) likely falls between 89 and 103. The PRI is designed to measure fluid reasoning in the perceptual domain with tasks that assess nonverbal concept formation, visual perception and organization, simultaneous processing, visual-motor coordination, and learning; her score indicated adequate abilities in these domains.

Clinical Functioning

Paulhus Deception Scales (PDS)

Ms. Tiberi completed the Paulhus Deception Scales (PDS), an inventory designed to assess whether the test taker has distorted their responses to produce an unlikely positive result. The PDS is broken down into two subcategories, as well as a total score. The first subscale is the Impression Management scale, which represents faking or lying. Ms. Tiberi scored in the Very Much Above Average range (T = 73), possibly due to efforts to try to impress the test administrator. She also had a Very Much Above Average (T = 90+) score on the Self-Deceptive Enhancement scale, which measures rigid overconfidence akin to narcissism. In addition, Ms. Tiberi's total score fell in the Very Much Above Average range (T = 90+). This profile indicated that Ms. Tiberi appears restrained and well socialized. However, she is likely rigid and lacks the insight to adequately deal with any problems she may have. Ms. Tiberi's scores suggested that she has a characterological style toward self-enhancement in addition to situational demands that prompted socially desirable responding.

Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III)

Ms. Tiberi completed the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III), a measure of social-emotional functioning. Of note, the MCMI-III is commonly used in child

custody evaluations, but the test was normed using a group that is different from custody litigants.¹⁴

Ms. Tiberi had an elevated score on the Desirability Index, which “assesses the degree to which the patient’s results may have been affected by his or her inclination to appear socially attractive, morally virtuous, or emotionally well composed.”¹⁵ On the Desirability Index, any score over 75 is considered to indicate that the person is trying to present themselves in a positive light,¹⁶ and “the higher the score, the more likely it is that the patient concealed some aspect of his or her psychological or interpersonal difficulties.”¹⁷ Of note, Ms. Tiberi’s score was elevated (BR =80), but it was determined that her profile was able to be interpreted.

Ms. Tiberi had an elevated score on the Compulsive scale (BR = 90), which measures individuals who are perfectionistic.¹⁸ Individuals with these elevations are “behaviorally rigid.”¹⁹ This pattern of responses indicated that Ms. Tiberi believes that there are strict rules for behavior and that things should be organized and carried out in a specific fashion. Compulsive individuals may experience that they have been “coerced into accepting the demands and judgments imposed on them by others.”²⁰ Looking solely at the MCMI-III results, Ms. Tiberi’s responses were consistent with meeting the criteria for Obsessive-Compulsive Personality Disorder (OCPD).

Ms. Tiberi also received an elevated score on the Histrionic scale (Base Rate = 76) which includes “gregarious behavior, ease of social engagement and social facility, easy display of feelings, extroverted traits, flirtatious behavior, and need of excitement.”²¹ Individuals with this elevation often have a need for attention and seek praise. They may manipulate others for attention and approval, and relationships are often strained due to emotional outbursts and self-centeredness. Ms. Tiberi indicated that she is sociable, outgoing, and finds it easy to make new friends.

Of note, research with the MCMI has shown that elevations on the Compulsive and Histrionic scales can “reflect personality strengths rather than personality pathology.”²² However, the higher the score, the more likely it is to reflect personality pathology rather than being a strength.²³ Since her score was significantly elevated, this may indicate that it is not just a strength but reflective of a personality disorder.

¹⁴ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 156)

¹⁵ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 138)

¹⁶ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 16)

¹⁷ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 138)

¹⁸ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 5)

¹⁹ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 24)

²⁰ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 17)

²¹ Strack, S. (2002) Essentials of Millon Inventories Assessment. New York, NY: John Wiley & Sons, Inc. (pg. 20)

²² Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 145)

²³ Millon, T. (2009) MCMI-III Manual, Fourth Edition. Bloomington, MN: NCS, Inc. (pg. 145)

Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)

Ms. Tiberi was administered the MMPI-2-RF. However, her protocol was found to be invalid and uninterpretable due to an elevated score on the True Response Inconsistency scale (TRIN-r > 79). Of note, this response pattern indicated an increased likelihood of an uncooperative test-taking approach.²⁴

Trauma Symptom Inventory, Second Edition (TSI-2)

Ms. Tiberi completed the Trauma Symptom Inventory, Second Edition (TSI-2), a self-report questionnaire about trauma symptoms. She had a slightly elevated score on the Response Level scale, which indicated that she was being defensive and avoidant. Ms. Tiberi's responses did not endorse elevations on any of the clinical scales of the TSI-2.

Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4)

Ms. Tiberi completed the Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4). She scored in the Low Probability of having a Substance Dependence Disorder. However, her Defensiveness score was significantly elevated, indicating the possibility that the SASSI-4 characterized her incorrectly.

*Parenting Assessment*Child Abuse Potential Inventory (CAPI)

Ms. Tiberi completed the Child Abuse Potential Inventory (CAPI), a self-report measure designed as a screening tool for the detection of physical abuse in social service agencies. Her results showed elevated scores on the Faking-Good Index, indicating an attempt to give socially desirable responses and hide any negative personal characteristics. Elevations on this index also show a denial of faults due to perceived consequences of revealing negative attitudes and feelings. Ms. Tiberi's responses also resulted in an elevation on the Unhappiness scale, which is indicative of a general unhappiness with life, as well as specific unhappiness related to interpersonal problems. Her personal characteristics, along with deficits in interpersonal skills, likely result in feelings of unhappiness in her life and relationships. This unhappiness may contribute to the likelihood of difficulties in interactions with her children.

Parenting Stress Index, Fourth Edition (PSI-4)

Ms. Tiberi completed the Parenting Stress Index, Fourth Edition (PSI-4), a self-report measure of stress related to parenting, in regards to Leo. The overall stress she is experiencing is in the normal range and if parenting difficulties exist, they are likely to be isolated and manageable. Ms. Tiberi indicated that she is reasonably confident in her child management skills. She suggested that she has a reasonably positive relationship with her child's other parent.

Parenting Interview

Ms. Tiberi was asked about any special needs that Leo may have in regards to his education, medical, and therapy needs. She denied that Leo has any significant medical needs and stated that he has never had surgery and that he is not prescribed medication. Ms. Tiberi indicated that Leo attends pre-K at Holy Trinity Catholic Academy at St. Lawrence. She shared that Leo has

²⁴ Ben-Porath, Y. S. (2011) MMPI-2-RF Manual for Administration, Scoring, and Interpretation. Minneapolis, MN: University of Minnesota Press (pg. 24)

been hitting a particular child at school who is his friend. She stated that Leo had thrown a block and it hit the child in the face; she then reportedly encouraged him to apologize. Ms. Tiberi indicated that Leo gave the child a toy car, commenting that Leo has told her that he gets toy cars from Dr. Tiberi as rewards. She indicated that Dr. Tiberi recently gave the child free dental work “to turn his mother to side with him.”

Ms. Tiberi was asked about activities that she and Leo like to do together. She indicated that they bake, cook, do artwork, and sing songs. She described that he has a shark book that he likes to read every night, commenting that he has memorized much of the book. Ms. Tiberi stated that Leo plays soccer once a week and they play together in the house and backyard. Ms. Tiberi indicated that Leo is a picky eater. She noted that “he was still on the bottle. The father shoved the bottle in his mouth.” Ms. Tiberi stated that since they separated, Leo no longer drinks from a baby bottle and that he only drinks milk at night. She reported that he used to only eat french fries and he now eats hot dogs, garlic bread, broccoli, pizza, and pasta. She indicated that he now eats meat, such as dinosaur shaped chicken nuggets and bagel bites with pepperoni.

Ms. Tiberi was questioned about her understanding of treating common childhood illnesses. She stated that normal body temperature is 96.7 degrees. She stated that a fever is anything over 100 degrees and that she would treat a fever using Tylenol for kids. For an upset stomach, she has Leo “practice out breathing” and then they discuss what he ate and how he feels. Ms. Tiberi stated that he “sometimes gets an upset stomach when nervous.” She noted that Leo had stated that “I peed myself” and said he urinated on himself at school recently.

Ms. Tiberi stated that for discipline, “I first tell him, Leo, I’m upset” and then she gives him a time-out. She stated that when he is six years old, “I think he’ll know how to communicate his feelings better” and added that she would still use time-out. Ms. Tiberi indicated that when Leo is ten years old, she will ground him or take things away. She described that before giving Leo a time-out, she will give say “please stop doing this.” She indicated that she will count and that he usually listens after she says three. Ms. Tiberi stated that Leo has not had a time-out in a long time. In regards to bedtime, Ms. Tiberi stated that Leo takes a shower or bath and then they draw or paint before he goes to sleep. She noted that he has a snack and then they go upstairs and read a bedtime story. She turns on a baby cartoon that he watches and they snuggle until he falls asleep. Ms. Tiberi indicated that “he used to sleep in bed with us” and that Leo continues to crawl into bed with her “most nights.”

Ms. Tiberi was asked about her strengths and weaknesses in regards to her parenting abilities. She stated that her parenting strength is “being in the present moment.” In regards to her weaknesses as a parent, she stated “I guess how you define a weakness. I think I’m a pretty darn good parent.” Ms. Tiberi stated that her supports are “Steve, Stephanie, Shelly, Maureen, and Phoebe.”

G. Interview with Leonardo “Leo” Tiberi, minor child

Leo was interviewed by the evaluator twice, at each interactional appointment. The evaluator spoke with him briefly prior to the interactional with Dr. Tiberi. The evaluator pointed out the sound machines to Leo and explained how they work and that the sound machines prohibit

others from hearing what is discussed in the room. The evaluator asked Leo if he knew the evaluator's name, and he did not, so it was shared with him. Leo indicated that he was not sure why he was present at the evaluator's office. He denied that either Mr. or Ms. Tiberi had spoken to him about coming to the evaluator's office.

Leo discussed that he attends pre-K 4 at Holy Trinity. He stated the name of his teacher, but his speech was unclear. Leo was unable to state what he likes at school until the evaluator provided him with some suggestions, and then he stated that he likes going outside. Leo stated that he is friends with Nathan, James, and Raymond. He discussed that mommy lives at home with him and that his father lives with his grandma and grandpa. When asked why Dr. Tiberi no longer lives in the house, Leo stated "mommy doesn't allow in house." Leo spontaneously then remarked "I want to live with mommy." When asked why he does not want to live with his father, he stated "I don't like him. He's mean." The evaluator asked "what does he do that is mean," and Leo initially said "nothing" and then said "he hits me." When the evaluator attempted to get more details, including where and when his father hits him, he replied "I don't know." Leo was asked if his father ever touches his genitals (using age appropriate language) and Leo denied it. He was specifically asked if his father ever inserts his finger in his rectum, and Leo again denied it. The evaluator asked Leo does "mommy tell you to say he does" and Leo said "yeah. She says to tell Simon." However, Leo denied that his mother told him to make the statement to the evaluator.

The evaluator attempted to question Leo about the sexual abuse allegations using the Ten Step Investigative Interview.²⁵ The evaluator shared with Leo the "don't know" instruction in which he was told that it is okay to respond that he does not know something. He was instructed that if he does not understand something, he can ask the evaluator and the question can be said differently. Leo was informed about the "you're wrong" instruction in which the evaluator may say things that are wrong and he should fix the statement. The evaluator was able to complete the "ignorant interviewer" instruction in which Leo was told that the evaluator did not know the allegation. The evaluator discussed with Leo that he knows what the truth is and promises not to tell a lie. Leo was then asked some practice questions, such as a question about his likes and dislikes that he was able to answer. However, when the evaluator began to ask him about why he was present, he refused to answer and attempted to run from the room. The evaluator attempted to re-engage him, but Leo did not respond and the interview was ended.

Prior to his interactional with Ms. Tiberi, the evaluator again spoke with Leo alone. The evaluator reminded him about what the interactional would entail. Leo again denied that either parent had spoken to him about what to say or what not to say.

H. Behavioral Observations

During testing, Leo was observed to have good eye contact. Leo's voice had a robotic, monotone quality, and was observed to be hoarse. He was observed to lick his tongue all the way around his mouth and lips. When Leo entered the evaluator's office, he sat in a chair. He often was noted to stand on the chair or tip it onto two legs and the evaluator discussed with him that these were

²⁵ Thomas D. Lyon, J.D., Ph.D. 2005 (version 2) (Adaptation of the NICHD Investigative Interview Protocol)

unsafe behaviors. At the second appointment, the evaluator used a different office to see if he was better able to modulate his activity. He was noted to often get up from his seat and at one point, he began climbing on a couch while the evaluator was attempting to engage him in testing.

During the interview, whenever the evaluator attempted to question him about any abuse, he would attempt to leave the room or run out. Therefore, the interview was terminated prior to Leo discussing the allegations. However, Leo had previously informed the evaluator that his mother has him tell Simon, the DCF worker, that his father hurts him.

I. Psychological Testing

Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Module 2

The ADOS-2 is a standardized, semi-structured assessment instrument designed to assess communication, reciprocal social interactions, interests, and behaviors in individuals who may have an autism spectrum disorder. Module 2 of the ADOS-2 is intended for children with phrase speech. It includes a number of activities, such as playing with action figures, describing a picture, telling a story from a book, and playing with bubbles.

Leo was observed to have largely good eye contact, even though it would sometimes divert from the evaluator. Leo engaged in some repetitive language, such as asking “for what” three times in a row. He did not respond to his name until the third prompt, but he responded on the first prompt when the evaluator said “Leo, look” and pointed at a mechanical bunny. When Leo was asked to engage in a birthday party, he started to sign the birthday song in whispers but then stopped singing. Leo was able to appropriately ask for items when doing a puzzle and when having a snack.

Leo struggled to engage in independent make believe play when given action figures and props. Leo was observed to move the characters, but he did not provide them with any dialogue or meaningful play. He stated “I don’t know what to do,” and the evaluator prompted him to play with the toys. Leo asked the evaluator if he could use the cars from the lobby when he was given time to free play with the toys. When the evaluator showed him how to use styrofoam darts, he was excited and tried himself, and then he assisted the evaluator with using the bubble machine.

Leo’s Overall Total score on the Module 2 algorithm was not consistent with an ADOS-2 Classification of *Autism*. His ADOS-2 Comparison Score further indicated that, on the ADOS-2, he displayed a Moderate level of autism spectrum-related symptoms as compared with children who have ASD and are of the same chronological age and language level. This indicated that he had some characteristics consistent with children who have been diagnosed with an autism spectrum disorder, but his testing results did not meet the threshold for criteria for this diagnosis.

Oral and Written Language Scales, Second Edition (OWLS-II)

The Oral and Written Language Scales, Second Edition (OWLS-II) is an assessment of receptive and expressive language for children and young adults. Leo completed the Listening Comprehension (LC) and Oral Expression (OE) scales on the OWLS-II. Leo’s raw score on each scale was compared with the scores of other individuals of the same age from the normative sample.

The Listening Comprehension (LC) scale measures oral language reception, which is the understanding of spoken language. The examiner orally presented increasingly difficult words, phrases, and sentences to Leo, and he responded by pointing to or stating which of four pictures was correct. Leo's score fell in the Below Average range compared with others his age. Leo's performance on this task was projected to be equivalent to that of a child of three years and one month, significantly lower than his chronological age at the time of testing of four years and seven months.

The Oral Expression (OE) scale measures oral language expression, which is the use of spoken language. Leo was asked to finish a sentence with an appropriate word or phrase, or to generate an appropriate response to a prompt with correct grammar, pragmatic knowledge, or sequence of events. Leo's performance on this scale fell in the Average range, suggesting an age equivalency of three years and nine months old, which is lower than his chronological age.

When Leo's testing results were compared, there was a statistically significant difference between the Oral Expression and the Listening Comprehension scales for Leo. This indicated that Leo performed significantly better on tasks of oral language expression than in language comprehension. This magnitude of the score discrepancy was found to occur between 15 and 20 percent of individuals in the standardization sample. When the two subtests were combined to form the Oral Language Composite, Leo's performance of oral language functioning fell in the Below Average range when compared to others his age.

OWLS-II				
Scale	Standard Score	Percentile	Description	Test-Age Equivalent
Listening Comprehension	76	5	Below Average	3-1
Oral Expression	90	25	Average	3-9
Oral Language Composite	81	10	Below Average	n/a

Behavioral Assessment System for Children, Third Edition (BASC-3)

The Behavioral Assessment Scale for Children, Third Edition (BASC-3) is a multidimensional, standardized questionnaire that is used to assess children's adaptive and maladaptive functioning in a variety of emotional and behavioral domains, as observed by the parent or teacher. Items are listed as statements about the child's behavior, verbalizations, self-perceptions and personality characteristics. Scores that fall in the Clinically Significant range suggest a high level of maladjustment. Scores that fall in the At-Risk range suggest either a significant problem that may not be severe enough to require formal treatment or a developing problem that should be carefully monitored. Both Ms. Tiberi and Dr. Tiberi completed Parent Forms of the BASC-3.

Leo's parents had only one point of agreement, which was on the Somatization scale, where both parents rated him in the At-Risk range. The Somatization scale looks at how often the child feigns an illness. Dr. Tiberi indicated that Leo has some deficits in his Functional Communication. Ms. Tiberi identified that Leo has problems with Aggression, Anxiety,

Atypicality, and Activities of Daily Living. Of note, her Anxiety rating for Leo fell in the Clinically Significant range, indicating that Ms. Tiberi finds this to be an area of concern.

BASC-3 Clinical Scales	Parent Rating: Dad		Parent Rating: Mom	
	T-score	Percentile	T-score	Percentile
Hyperactivity	56	78	50	57
Aggression	57	82	61*	88
Externalizing Problems	57	80	56	78
Anxiety	57	78	74**	98
Depression	56	76	56	76
Somatization	65*	92	60*	86
Internalizing Problems	62*	88	67*	94
Attention Problems	54	67	45	33
Atypicality	58	83	60*	87
Withdrawal	58	81	58	81
Behavioral Symptoms Index	58	84	56	80
Adaptability	46	35	59	80
Social Skills	44	27	58	77
Activities of Daily Living	54	61	37*	10
Functional Communication	40*	18	54	60
Adaptive Skills Composite	45	29	52	55

* = At-Risk; ** = Clinically Significant

J. Interactionals

Leo completed two interactional appointments, one with each parent. Both appointments took place at the evaluator's office, which was determined to be a neutral location. He was briefly interviewed prior to each interactional and completed a more detailed interview and/or testing after each interactional.

For the first interactional appointment, Leo was brought by his father, Dr. Tiberi. He immediately saw a basket with toy cars in the waiting room, and he came into the evaluator's office with the cars. Dr. Tiberi was observed to bring new toys to play with, including a PJ Mask puzzle and a Lego set. Dr. Tiberi kept trying to engage with the evaluator, and the evaluator informed him each time that this was his time to play with Leo. He asked the evaluator how to address the evaluator, and it was discussed that Leo and the evaluator had already had that discussion.

Leo and Dr. Tiberi decided together to work together to build the Lego dinosaur set. Dr. Tiberi handed Leo each piece individually as he read the directions, and Leo was able to put the toy together. Dr. Tiberi questioned Leo about knowing his right from left and then gave Leo verbal praise when he was correct. When Leo made a mistake with the dinosaur, Dr. Tiberi pointed it out and Leo fixed it. Leo was proud of himself for his progress and showed the evaluator, and he earned a thumbs up. While building, most of the conversation was in regards to their activity. Leo was observed to say some words under his breath, such as "bumper."

Several times, Dr. Tiberi asked to use the restroom, leaving Leo with the evaluator. After the repeated bathroom breaks, the evaluator questioned Dr. Tiberi. He indicated that he had taken a water pill that morning which prompted his frequent need to use the restroom.

Dr. Tiberi asked Leo if he wanted a drink of water, but Leo was fully engaged in the toys and did not respond initially. Leo then responded and drank a sip of water while looking at the Lego box. Dr. Tiberi appropriately asked Leo if he needed help and watched without saying more when Leo did not respond. After everything was built, they decided to play with the objects. Leo was observed to narrate the movements of the car and the dinosaur.

The next interactional observed was between Leo and Ms. Tiberi. At the start of the interactional, Leo informed his mother what they would be doing. Ms. Tiberi was observed to call him “scoops.” When Leo tried to engage with the evaluator, Ms. Tiberi stopped him. Leo had brought in the toy cars from the waiting room, and he began lining them up and counting the cars. Leo counted to 26, and Ms. Tiberi asked him how many there would be if she took 10 away. When he did not know the answer, she took out a dry erase board and wrote down the math problem using numbers, which is likely too advanced for his age and ability. Leo did not appear familiar with the math lesson and asked his mother “why” when she told him the answer to write down. Ms. Tiberi prompted Leo to write more on the dry erase board, but he said “no more, no more.” He then screamed out “markers” in a demanding tone and she called out “sweet boy.” He raised his voice again and said “let me try” and she did not respond. They then used the board with lines on it to practice letters. When Leo attempted to write the letter P, he repeatedly said “P, P, P.” He then instructed his mother to “erase it, erase it,” and she corrected him and said “can you please erase it?” At approximately 30 minutes into the interactional, Leo stated that he wanted to go home so that he could go to Michelle’s house after the appointment. Leo then asked for a snack, and Ms. Tiberi had him pick two. Ms. Tiberi then had Leo go through a scholastic order form to pick books, but they did not remain on the task long. Ms. Tiberi then took out the shark book and read to him. Leo asked her to draw a shark, and she urged him to draw a shark, so they each worked on their own papers.

K. Collateral Contacts

For the family:

Simon Williams, DCF Milford

Mr. Williams discussed that the case has been substantiated for physical neglect against Dr. Tiberi and for physical and emotional neglect against Ms. Tiberi. He shared that the parents are disputing the substantiation and therefore are going back to Court. Mr. Williams indicated that the case is currently part of the ongoing treatment unit. He commented that the case is “so unstable at this point” and therefore DCF is seeking an additional six months of involvement with the family.

Mr. Williams noted that DCF involvement has been because of the “stream of allegations from mom to dad.” He shared that prior to that, Ms. Tiberi was making accusations against individuals in the community. He indicated that the “police found no credibility to any accusations” and have informed Ms. Tiberi that if she makes another allegation, she can be arrested. Mr. Williams indicated that Dr. Tiberi wants DCF to contact the police to say that Ms. Tiberi has made another

report and Ms. Tiberi wants DCF to take away Dr. Tiberi's visits or resume supervised visitation. He shared that Ms. Tiberi recently reported to him that Dr. Tiberi had punched Leo in the eye and therefore she was instructed to take Leo to the doctor, who then found that there was no abuse. Mr. Williams shared that no doctor has ever made any findings consistent with abuse or neglect.

Mr. Williams discussed that when he has spoken to Leo, he will sometimes tell "what I believe is the truth and then changes it and makes up stories." He suggested that Ms. Tiberi may be coaching Leo or that Leo says what he believes he wants his mother to hear. Mr. Williams added that Leo has only made allegations to him in Ms. Tiberi's presence. Mr. Williams indicated that DCF has told Ms. Tiberi that if she makes another allegation, they will place Leo with Dr. Tiberi. He noted that since Ms. Tiberi has been told to not make allegations to providers, she tells him and "if I do nothing, then my responsibility if abuse occurred." Mr. Williams reported that he has heard Ms. Tiberi call Leo "jengo" which in Phillipino means "guys with long things." Of note, the evaluator was unable to find a reference to jengo. He noted that Ms. Tiberi treats Leo like a baby and that Dr. Tiberi spoils him.

Robert Horwitz, Ph.D.

Dr. Horwitz shared that he has met with Ms. Tiberi on two occasions (09/09/2019 and 09/13/2019) and with Dr. Tiberi for one long session (09/12/2019) adding that there was a second meeting that only lasted a few minutes. Dr. Horwitz indicated that he never met Leo but that after meeting with the parents, he believed that the family would benefit from an evaluation instead of therapy for Leo. He noted that he informed the GAL that he did not think it was advisable to meet with Leo until the evaluation was completed.

Dr. Horwitz indicated that Ms. Tiberi is convinced that Dr. Tiberi is an abuser. However, he noted that he questioned if Ms. Tiberi has a significant mental health condition, such as schizophrenia or an encapsulated delusional system. Dr. Horwitz added that Ms. Tiberi does not appear to appreciate how her continuing on the course of repeated accusations can be hurting the child. He noted that Ms. Tiberi is placing too much energy looking for symptoms of abuse and is not doing the appropriate things to advance the child developmentally.

Michael Saad, LCSW

Mr. Saad shared that he met with the couple approximately four times right after Leo was born. He shared that the meetings were "high conflict on both their parts." He noted that Ms. Tiberi had mistrust about Dr. Tiberi's sobriety and fidelity. Mr. Saad stated that it was "not substantial work" because they fought a lot in sessions. He noted that there was no report of domestic violence during the appointments. Mr. Saad found that they both had a "hyper sense" of their gender roles, including how they should act and look.

Mr. Saad shared that Ms. Tiberi had called him in June 2019 about meeting for individual therapy. He noted that he offered Ms. Tiberi some appointment times, but she was only able to meet while Leo was in school. Mr. Saad noted that he reached out to Ms. Tiberi by phone and text and that she never called back to schedule.

For Dr. Tiberi:

Lisa Kerin, LCSW

Ms. Kerin discussed that she was supervising visits between Dr. Tiberi and Leo. She noted that “dad is very bonded with the little boy” and that Leo “is not afraid of dad.” Ms. Kerin described that when Leo saw his father for the first time, he commented that he had gone “on a really long vacation” and that “Frank managed it perfectly.” She indicated that their exchanges were “cute, normal, healthy.” Ms. Kerin denied that anything “ever approaching abuse came up.” She noted that Dr. Tiberi is “loving with Leo, compassionate” and shared an example of him wiping Leo’s chin when he had ice cream dripping. Ms. Kerin added that when Leo asked to go home with his father, “Frank was exceptional.” She shared that Dr. Tiberi always came to visits prepared with snacks or activities, noting that she sees him as being able to meet Leo’s needs. Ms. Kerin noted that there were a few visits that Leo arrived tired and he would say that Ms. Tiberi had kept him up late the night before talking.

Thomas Tiberi, Dr. Tiberi’s brother

Dr. Thomas Tiberi shared that he has had control of the prescription pad at the office since Dr. Tiberi’s previous problems in 2010. He denied any concern that Dr. Tiberi is currently using, and he denied having seen any hand shaking.

Dr. Thomas Tiberi indicated that Ms. Tiberi was “trying to play us” but he saw that she was always after Dr. Tiberi’s money, noting “she’s a gold digger.” He noted that Ms. Tiberi was frequently high and that “her eyes were glassed.” He commented that Ms. Tiberi was spending Dr. Tiberi’s money and when he spoke up, she threatened divorce. Dr. Thomas Tiberi shared that Ms. Tiberi “despised Isabella” and that she accused Isabella of abusing Leo.

Marta Cahill, Dr. Tiberi’s ex-wife

Ms. Cahill discussed that Isabella sees Dr. Tiberi on Saturdays and sometimes during the week. She commented “I have no concerns with Frank.”

For Ms. Tiberi:

James Perrone, Ph.D.

Of note, prior to agreeing to the phone interview, Dr. Perrone questioned if the evaluator would be recording their conversation. Therefore, at the start of the conversation, the evaluator informed Dr. Perrone that it would not be recorded but that the evaluator was taking notes. Dr. Perrone agreed to that condition and at the end of the call, the evaluator reviewed the notes with Dr. Perrone.

Dr. Perrone shared that Ms. Tiberi was referred for therapy by DCF and that they had completed approximately ten sessions. He stated that the initial diagnosis used for insurance billing was Unspecified Depressive Disorder, which he later changed to Unspecified Anxiety Disorder. Dr. Perrone indicated that Ms. Tiberi has reported that she is handling her depression and anxiety by using meditation. Dr. Perrone remarked that Ms. Tiberi’s mental status is “good” and that he finds her to be oriented to time and space and that her thoughts are organized. He noted that “she admits to no real symptoms” and that she is “constantly worried about her son” and “claims her husband is gaslighting her.” Dr. Perrone stated that Ms. Tiberi acknowledged being hospitalized

due to a combination of adderall and marijuana. When he discussed the records with her, she indicated that “it was a dramatic response to her husband. Him accusing her of doing bad things.”

Dr. Perrone expressed that Dr. Tiberi has called him twice, which he has reported to DCF. He noted that the first call was Dr. Tiberi asking for the cost of treatment and saying that he was responsible, so he contacted him and said that there was no cost because she was using Medicaid. Dr. Perrone stated that he recorded the second message, in which Dr. Tiberi indicated that Ms. Tiberi has a history of making accusations like this during a custody dispute. Dr. Perrone stated that he confronted Ms. Tiberi, and she said he was lying. Dr. Perrone expressed that “I was unhappy about her husband calling me.” Dr. Perrone discussed that he has never found Ms. Tiberi to be psychotic and that “she’s always lucid.” He denied feeling that Ms. Tiberi has a personality disorder.

Sherard Willis, Ms. Tiberi’s ex-husband

Mr. Willis shared that “when everything started going downhill,” he was deployed in the military and Ms. Tiberi began working as an exotic dancer. He shared that she continued in this line of work following his return to the states and that she decided to end the marriage not long after that. Mr. Willis stated that “since then, been a tug of war when it came to my daughter.” He explained that “I was a very active father. She tried to get me out of her daughter’s life. She wants to be the most important thing in her child’s life. Children wanting to be with the father threatens her own relationship with them.”

Mr. Willis indicated that when Zana was twelve years old, he learned that Ms. Tiberi was leaving her home alone overnight. He explained that when he went to pick her up one day, she began crying and stated that she did not want to live with Ms. Tiberi anymore. He shared that Ms. Tiberi was upset because Zana never returned to live with her full time. Mr. Willis noted that Ms. Tiberi was mad at Zana because she was “telling her secrets.” He stated that Ms. Tiberi “would manipulate my daughter, telling her to hold mommy’s secrets, don’t tell daddy things.” He felt that Ms. Tiberi “retaliated against my daughter” when she decided to move to Connecticut. Mr. Willis stated that Ms. Tiberi’s contact with Zana after that time was “slim to none.”

Mr. Willis recounted that when they were going through their divorce, Ms. Tiberi accused him of physically and sexually abusing Zana, noting that it went to Court and was “all unfounded.” He stated that Zana has had to go to therapy “over the psychological effects of what her mother programmed in her head.” Mr. Willis commented that “when in the midst of the storm [you] don’t pay attention to the signs, but now that out of it, there are basically tell-tale signs of mental instability” in regards to Ms. Tiberi. He noted that Ms. Tiberi would accuse him of infidelity. He expressed that there is a cultural piece to the situation where children are supposed to show love to their mother and that the mother is more important than the father. Mr. Willis suggested that his issue with Ms. Tiberi was that “she wanted me to bow out gracefully and pay” support.

Mr. Willis expressed that “their relationship is deteriorating.” He stated that Zana talks to Ms. Tiberi maybe once a month and that they have a “tug of war match in terms of respect.” He shared that he tells Zana that she still needs to respect her mother, but he noted that “I understand

where my daughter is coming from. She feels abandoned by her mom.” Mr. Willis indicated that his daughter “is still looking for that validation from her mother.” He explained that Ms. Tiberi will become upset with Zana and comment that “I’m your mother,” but Zana is “not twelve anymore.” Mr. Willis noted that “Joriz cannot recognize that Zana is an adult, has her own life.” He shared that Ms. Tiberi would always try to baby Zana and treat her like a little kid, commenting “by her babying them, they will always need her.”

Babee Castro, Ms. Tiberi’s mother

Ms. Castro discussed that “I wasn’t aware that she lost custody of Zana until all the problems now. Whatever she is doing now, is what she did to Sherard.” She commented that “I wanted to blame myself. Why did I not see it? This girl has a problem.” Ms. Castro shared that Mr. Willis had called the police on Ms. Tiberi twice, and she had two cases of domestic violence in California from their custody dispute. She noted that Ms. Tiberi had told her that there was “no reason to stay because Zana didn’t want to be with her.”

Ms. Castro indicated that Ms. Tiberi went to see different counselors during the 80s because she did not like school, and a doctor questioned if she had ADHD. Ms. Castro commented that Ms. Tiberi “cannot keep relationships” and “Joriz knows how to create chaos.” Ms. Castro stated that she has tried to help Ms. Tiberi get treatment. She stated that she talked to Dr. Hamd and wrote letters to Attorney Deb Marino. She commented that after she spoke with Dr. Hamd, Ms. Tiberi cancelled all future appointments. Ms. Castro discussed that Ms. Tiberi would call Leo “Jesus Christ” and noted that she was talking to her deceased grandmother.

Stephanie DeCesare, PA, Griffin Faculty Physicians

Ms. DeCesare indicated that Ms. Tiberi came in for an appointment in September 2019 to establish care. She noted that it was recommended that Ms. Tiberi come in for a physical, but no appointment was made. Ms. DeCesare shared that Ms. Tiberi reported that she had a history of anxiety when married and denied currently being anxious. She denied that Ms. Tiberi discussed a history of using medical marijuana. She shared that Ms. Tiberi completed a PHQ 9, a test of depression, and received a score of zero, indicating that she did not identify any symptoms of depression.

Stephanie La Machia

Ms. La Machia indicated that her son is friends with Leo, and therefore she does playdates with the children and Ms. Tiberi. She noted that “I feel Frank is a good dad and Joriz is an okay mom” and that she finds the current situation is due to them getting divorced. Ms. La Machia stated that “I’ve never seen Frank or Joriz hurt Leo” and that she has “nothing negative to say” about either parent. She commented that “their marriage is at a point that both saying things.” She denied ever having concerns about Ms. Tiberi’s behavior or questions about her using substances.

For Leonardo Tiberi:

Lisa Lanni, Principal, and Sheila Krawitz, Teacher, Holy Trinity

Ms. Lanni noted that when the divorce proceedings started, both parents wanted to talk about the other and she told them both that she “will not engage in that” and that “our goal is Leo and having him educated.” She expressed that “mom is playing nice” and she has instructed Leo’s

teachers to not engage in conversations with the parents. Ms. Lanni indicated that a few weeks before the current interview, Dr. Tiberi had called and stated that a doctor would be calling but she did not inform him that the interview was already scheduled. She noted that when he started talking about Ms. Tiberi, she did not allow the comments.

Ms. Lanni stated that Leo has “adjusted beautifully to the four year old program. Everything seems fine at school.” She noted that he does well socially now, but there were some incidents of him being “handsy with kids.” The evaluator questioned the statements about Leo getting a black eye. She stated that “he never got a black eye.” Ms. Lanni indicated that Leo had bumped into another student and his eye was red so he was given an ice pack by the school nurse. She shared that the teacher had emailed Ms. Tiberi to let her know it had happened and that the school never saw any additional bruising on his eye. Ms. Lanni added that Ms. Tiberi never called the school to report that Dr. Tiberi had given Leo a black eye. Ms. Lanni noted that the teacher did not email Dr. Tiberi because he does not have email.

Ms. Lanni indicated that the teachers have informed her that Leo has always gotten so excited when he sees his mother. She noted that he is not as excited to see his father but that he goes without hesitation and was never afraid of his father. Ms. Lanni stated that the school had noted that Ms. Tiberi “has a need to carry him all the time” to the point where the school has put a stop to her carrying him. She expressed that last year, Ms. Tiberi would try to carry Leo to his classroom and that the school had to stop her, noting that the parents are not allowed to walk the children to the class.

The evaluator asked Ms. Lanni about Leo’s speech and social skills. She noted that the school has not red flagged Leo as having a speech problem and that he does okay socially and has friends. Ms. Lanni noted that Leo is in a class with Ms. Sheila Krawitz, whom she described as being a veteran teacher. She shared that Leo appeared to have been “babied” and that the school “made him accountable to clean up” and that he now cleans up his own mess.

Of note, Ms. Krawitz entered the conversation and stated that she sees some language gap for Leo. She stated that he will talk about off topic things. Ms. Krawitz indicated that she has seen Leo line up toys. She noted that “he is definitely involved with playing with friends.” She stated that he does pretend play and likes to help clean. Ms. Krawitz shared that Leo talks about his mother at school, noting that he used to say that he missed his father at the beginning of the year but not much lately. She discussed that at Leo’s parent teacher conference with Ms. Tiberi, “the entire conference was about the divorce” and her attempting to discuss Leo’s education. Ms. Krawitz indicated that Ms. Tiberi “didn’t make any direct accusations of abuse” but would generally talk about “Leo’s safety.”

Dr. John Tsalapatani and Gretchen Carlin, APRN, Canterbury Pediatrics

Dr. Tsalapatani shared that Leo has been a patient of the practice since he was an infant. He noted that Leo was primarily seen by his associate, Dr. Kutu, until he left the practice. Dr. Tsalapatani stated that Leo was at the office for a physical in May 2019, sharing that the divorce was started but everyone was still living in the same house. He shared that in April 2019, Dr.

Tiberi had come to the office and spoken to the office manager to get records of the sexual assault accusations that were made in July 2018.

Dr. Tsalapatanis shared that on August 29, 2019, Leo was brought to the office to discuss a mark behind his left ear. He stated that Leo often shrugged his shoulders when asked what happened and eventually stated that he was playing a chasing game with his father and that his father had hit him in the privates through full clothing. Dr. Tsalapatanis stated that Ms. Tiberi wanted DCF to be notified. He shared that Leo appeared to be in no distress and that there was no evidence of trauma or bruising on his scrotum. Dr. Tsalapatanis stated that Leo had a scratch near the mark by his ear that was consistent with the child scratching a bug bite. He stated that there was “no evidence of trauma” and he had spoken with the current worker, Simon Williams, to review the visit and he was advised that he did not have to file a 136 form with allegations of abuse.

Ms. Carlin stated that on October 24, 2019, Ms. Tiberi complained about possible child abuse. She shared that Leo presented for a mark on his cheek and said that he was hit in his face by his father. She reported that Leo stated that he was playing in the yard with his father and that his father hit him in the face, stating that it was “intentional.” Ms. Carlin remarked that Leo “looked at mom as he answered.” She noted that Ms. Tiberi asked her to contact DCF and she felt that there was “no physical evidence of anything at all.” Ms. Carlin expressed that they are concerned with the pattern of Ms. Tiberi bringing Leo in and wanting them to call DCF. She added that she has observed that Ms. Tiberi will try “to flatter me into doing what she wanted.”

Kristen Hammel, MSW, Yale Child Study

Ms. Hammel shared that she has never met with the family. However, she had contact with Ms. Tiberi via phone and Dr. Tiberi via email. Ms. Hammel explained that the Milford Rape Crisis Center gave her name as a recommendation to the family and DCF worker. Ms. Hammel noted that she determined that the program was not an appropriate fit and that the family needed a custody evaluation, not trauma treatment. She noted that Ms. Tiberi “was pretty persistent” and that she was upset that the program did not find it appropriate to treat Leo. Ms. Hammel added that Ms. Tiberi had different people send in referrals to the child study program and the outpatient clinic.

L. Documentation Review

The following is a summary of the items that were identified as being pertinent to the current evaluation. The complete list of documents reviewed is found at the beginning of the evaluation.

Documents Reviewed Provided by Ms. Tiberi

DCF Documentation

Ms. Tiberi shared documentation indicating that in regards to the 08/01/2018 investigation, the allegation of Physical Neglect by her against Leo was unsubstantiated. In regards to the investigation dated 03/23/2019, DCF substantiated allegations of Physical Neglect and Emotional Neglect against her. Supporting documentation dated 05/21/2019 indicated that Ms. Tiberi’s accusations that Leo had been sexually assaulted by a sports camp employee and by Dr. Tiberi were unfounded, as was the accusation of Dr. Tiberi giving Leo genital warts. According to the documentation, on 03/23/2019, Ms. Tiberi accused Leo’s step-sister of sexual assault

because she hit Leo in the groin area. It was noted that on 03/26/2019, Leo did not disclose “any inappropriate touching by anyone or that he felt unsafe.” The next day, Ms. Tiberi reported that she was “no longer in mental health treatment or on medication.” The records indicated that on multiple occasions, Ms. Tiberi sought a forensic evaluation of Leo; however, none was completed due to lack of a disclosure from the child.

Photos, Videos, and Audio

Ms. Tiberi provided a number of photos, videos, and audio recordings. The videos focused on Leo making claims about Dr. Tiberi. Of note, the videos were labeled with dates but not years; they are assumed to be from 2019. Two videos were dated 08/21/2019. In the first video, Ms. Tiberi stated “we have to see daddy” and Leo responded “I don’t like him;” Ms. Tiberi then said “I know.” The second video began immediately with Ms. Tiberi questioning “why don’t you want to go with dad?” Leo then stated “he’s mean. He hits me.” As in this example, the videos frequently began with Ms. Tiberi asking about Dr. Tiberi, and Leo making a claim such as that Dr. Tiberi hit him. Leo sometimes began to make a positive statement but then changed to a negative statement.

Documents Reviewed Provided by Dr. Tiberi

Police Reports

Dr. Tiberi provided a number of police reports from Shelton Police Department regarding three incidents. The first incident occurred on 07/16/2018. A report from that day indicated that Ms. Tiberi made a walk-in complaint alleging that someone had inappropriately touched Leo while he was at summer camp at CT Sports Center earlier that day. She explained that she had noticed his underwear was on backwards and found this odd. Ms. Tiberi reported asking Leo if anyone had touched his “buttoytot” (penis) or “buldet” (buttocks); she told police that he told her someone had pinched his penis and looked at his buttocks. Ms. Tiberi reported that she did not notice any red marks or swelling in those areas and that Leo was not acting “out of his normal character.”

A report dated 07/17/2018 described the officer’s interview with The Rinks (CT Sports Center) staff. The officer requested to view the center’s video surveillance, but it was not yet available. He interviewed one of the counselors for Leo’s group at camp. The counselor discussed that at one point in the day, Leo had unzipped his pants while with the other children and needed to be corrected. He explained that the children go to the bathroom in groups, but at one point Leo needed to go to the bathroom immediately after his group returned, so he was taken by a male counselor. The counselor noted that they do not usually go into the bathroom with the children unless there is an issue.

The next report regarding this incident was dated 07/26/2018. The report indicated that the officer had received a call on 07/24/2018 from Rebecha Sullivan, LSCW, from Yale New Haven Hospital. Ms. Sullivan stated that Ms. Tiberi had called her to schedule a forensic interview. She reported that Ms. Tiberi had told her that she had a suspect’s name. Ms. Sullivan described that Ms. Tiberi had difficulty staying on topic and answering questions. It was agreed that Ms. Sullivan would not yet schedule a forensic interview “due to the lack of information regarding the case and the age of [Leo].” The officer then contacted Ms. Tiberi, who gave him a name of a

“suspect.” Ms. Tiberi was noted to give “numerous” different spellings for the name. The report noted that during the one hour conversation, Ms. Tiberi “would constantly jump from one subject to another.” Ms. Tiberi stated that her suspect worked at the day camp and that the woman’s family was molesting “lots of kids” at the camp. She also accused the family of giving out poisoned candy. Ms. Tiberi then shared that she had recently been at Wells Hollow Creamery with her family, and Leo had recognized the woman who had taken him by pointing to a “fat lady.” Ms. Tiberi stated that she had contacted the police; however, the officer reviewed the notes from that incident and noted that the accused woman had been the one to contact the police due to Ms. Tiberi following her around the Creamery, yelling, and accusing her of taking Ms. Tiberi’s son. The officer also noted that he asked CT Sports Center about the name provided by Ms. Tiberi and was told that “no one by that name, or close to that name, has ever worked for the camp.”

A report dated 08/28/2018 discussed the video surveillance footage from the 07/16/2018 incident. According to the report, one of the cameras showed the front door to the center, and Leo was only observed near the front door when he was picked up by Ms. Tiberi. The officer also noted that Leo was on camera “during numerous other parts of the camp,” indicating that he was present throughout the day. The officer wrote that “at no point did I observe anyone touching him inappropriately.” He closed the case and wrote that “I do not believe that [Leo] was taken from the Sportscenter and I do not believe that he was inappropriately touched during his time at camp at the Sportscenter.”

There were two reports regarding events on 08/01/2019. A welfare check was requested by Ms. Tiberi’s mother, Ms. Castro; based on the report, she called in the very early morning. Ms. Castro was concerned because Ms. Tiberi had reportedly been sending her “biblical messages” all day. Officers responded and determined that neither Dr. Tiberi nor Ms. Tiberi had any safety concerns. Another report from that day indicated that Ms. Tiberi’s mother-in-law requested a welfare check later in the day. In her call, Dr. Tiberi’s mother reported that she was concerned because Ms. Tiberi was “reciting bible verses, yelling at her husband, and texting neighbors things about her husband.” When questioned by the responding officer, Dr. Tiberi stated that he was “fine” but that Ms. Tiberi had been “acting out of character;” he discussed that Ms. Tiberi had been claiming to neighbors and family that he had given Leo genital warts and was cheating on her with men and women.

The officer spoke with Ms. Tiberi, who claimed that Dr. Tiberi had assaulted Leo and given him genital warts. She then stated “officers just take a look at my sons penis” [sic]. The officer noted that Leo had come out without pants and that while he was not a doctor, it had not appeared that there was anything wrong with his penis. The officer asked if Ms. Tiberi had brought Leo to be checked out by a doctor. She stated that she had and that there was documentation; however, when asked to produce the documentation, Ms. Tiberi stated that Dr. Tiberi was sleeping with the doctor. Of note, when the officer pointed out that Ms. Tiberi was making a “very serious” allegation against Dr. Tiberi, she rescinded her statement.

The officer described that during his discussion with Ms. Tiberi, Leo was “completely out of control;” he was hitting his mother with objects and running away. Leo then turned on the hose

and attempted to spray the officers and his parents. Ms. Tiberi did not attempt to stop the behavior. Dr. Tiberi took the hose from Leo and he was sprayed in the process.

Ms. Tiberi was asked whether she had taken her medication; she explained that she was prescribed Adderall and Lexapro by Dr. Hamd and that she had not taken it that day and did not want to take it at that time. Ms. Tiberi indicated wanting to show the officer an orange object under the deck; the officer was unable to see anything there other than gravel. Ms. Tiberi then stated that Leo was Jesus and that she took him to church in New Jersey the previous day.

The officer then spoke with Dr. Tiberi in private. Dr. Tiberi stated that he felt Ms. Tiberi's behavior was out of character; he noted that he believed she had been taking her medication. Dr. Tiberi stated that "he finds it very strange that [Ms. Tiberi] asks [Leo] on a daily basis if someone touched his penis or buttocks." He reported that Ms. Tiberi had indeed gone to a church in New Jersey the previous day, explaining that she said it was going to heal her. Dr. Tiberi provided contact information for Dr. Hamd, who told the officer that Ms. Tiberi was "a patient of hers who was starting to act erratically the past few days." Dr. Hamd and the officer agreed that Ms. Tiberi was a danger to herself and needed to be evaluated. Dr. Tiberi reportedly did not want Ms. Tiberi to be hospitalized "because of the cost and because [Ms. Tiberi] was going to a psychiatrist appointment" the next day. However, the officer had Ms. Tiberi transported to St. Vincent's Hospital. He noted that he believed Leo was safe with Dr. Tiberi.

A welfare check was conducted on 03/23/2019; the complainant was a DCF employee who had been informed by Ms. Tiberi that Dr. Tiberi had sexually assaulted their child. Of note, Ms. Tiberi reportedly had stated that the assault "only went as far" as Dr. Tiberi placing his hand on Leo's knee. The officer contacted Dr. Tiberi who was at work. Dr. Tiberi explained that he "knew something was going to happen" because Ms. Tiberi had told him on the previous day "wait until you see what happens" and "you'll be dealing with the police real soon." The officer spoke with Ms. Tiberi and she discussed that Leo had been sitting on Dr. Tiberi's lap in a chair meant for one person. She stated that Dr. Tiberi was holding Leo close and grabbing Leo's upper thigh. Ms. Tiberi reported that she left with Leo and asked him if his father had touched his "toytoy" (meaning penis). She reported that Leo did not answer at first; she asked him again, and he said "yes." She stated that she then asked if Dr. Tiberi was grabbing his own "toytoy," and Leo said "yes." Ms. Tiberi reported that she called DCF instead of the police because she believed all the officers think she is crazy. The officer described that Ms. Tiberi was not staying on topic and "continuously" referred to past events. He noted "I had noticed that Joriz's eyelids began to jitter which I know through my training and experience is indicative [sic] of using a cannabis [sic] type substance." Ms. Tiberi told the officer she had a medical marijuana card, but she presented an expired card. When asked if she had a valid card, she responded "that is all I have." The officer noted that Ms. Tiberi's "emotions kept going up and down." After again interviewing Dr. Tiberi, the officer completed a Suspected Child Abuse or Neglect Form with DCF and requested that the case be forwarded to the Youth Officer for review; he noted that he did not feel there was enough probable cause to prove the alleged incident occurred.

Waynik Group Report

Dr. Tiberi provided a psychiatric evaluation of himself from The Waynik Group. The same evaluation was also obtained directly from The Waynik Group. The evaluation was conducted 05/29/2019, and the report was signed the same date after an appointment of approximately one hour and fifteen minutes. The report diagnosed Dr. Tiberi with Opioid Abuse, In Remission (F11.11).

Drug Testing

Dr. Tiberi provided the evaluator with copies of hair follicle drug testing results for himself from samples collected on 04/30/2019 and 05/03/2019. Both screens indicated negative results for all substances tested for, including opiates.

Medical Records from St. Vincent's Behavioral Health

Dr. Tiberi provided the Clinical Discharge Summary and Patient Summary for Ms. Tiberi's inpatient admission at St. Vincent's Behavioral Health. She was admitted on 08/01/2018 and discharged on 08/07/2018. The notes indicated that Ms. Tiberi was brought in by ambulance for "increased paranoia and anxiety." She was diagnosed with acute psychosis. Of note, tests indicated that Ms. Tiberi was negative for chlamydia and gonorrhea. The records indicated that at the time of discharge, Ms. Tiberi stated that Leo's sexual assault at day camp was a false belief. Discharge instructions noted that "remaining medication and treatment compliant, including no longer using medical cannabis, nor Adderrol [sic], are the best ways to remain stable and out of the hospital." Ms. Tiberi was discharged with an updated prescription for escitalopram (Lexapro) for depression and new prescriptions for benztropine for side effects, risperidone for psychosis, and trazodone for insomnia.

Testimonial Letters

Dr. Tiberi shared a letter dated 04/17/2019 written by Gina Ambrosio to Attorney Fisher regarding Ms. Tiberi. Of note, Ms. Ambrosio also emailed the evaluator a copy of the same letter. Ms. Ambrosio discussed that she was a friend of Ms. Tiberi and was very concerned for her as well as for Leo. Ms. Ambrosio stated that Ms. Tiberi "needs help" and speculated that she may have Munchausen by Proxy. She noted "I am terrified for the safety of her little boy." Ms. Ambrosio wrote that Dr. Tiberi "is a great father and provider to his family and takes wonderful care of Leo and as far as I can see they have a wonderful relationship." She noted that following Ms. Tiberi's psychiatric hospitalization "we think she stop [sic] taking her meds or mixing the meds with marijuana[...]." Ms. Ambrosio described that Ms. Tiberi's constant references to God were out of character. She stated that she was afraid to sign her name to the letter as she was "terrified" of Ms. Tiberi and was not sure what she might do when angry.

Dr. Tiberi provided a letter dated 06/17/2019 that was written by neighbors Mark and Mai Tran. The Trans discussed that they began seeing "concerning behavior" from Ms. Tiberi in the summer of 2018. They explained that their son attended the same camp as Leo. When Ms. Tiberi accused someone at the camp of molesting Leo, she questioned their son about whether anyone had harmed him. The Trans noted that their son was four years old at the time and was scared by her questioning. They wrote that Ms. Tiberi messaged a mutual friend and stated that their son was also harmed at the camp, and they expressed fear that she would eventually accuse them of

molestation if Leo continued to play at their house. The Trans finished by noting that they continue to feel Dr. Tiberi is “an upstanding character, father and friend.”

Documents Reviewed Provided by Third Parties

Canterbury Pediatrics

Medical records for Leo from Canterbury Pediatrics were reviewed. A patient note dated 04/16/2019 indicated that Dr. Tiberi came to the office to request any records related to Ms. Tiberi’s abuse allegations. The note stated that Leo had been seen by Dr. Hayato on 07/17/2018 in regard to the daycare assault allegation, and Dr. Hayato did not find any evidence of assault at the visit. The note also stated that there was no record of Leo having had genital warts.

Records from a visit dated 05/15/2019 stated that Leo has achieved all developmental milestones. Regarding chronic illnesses, the records indicated that Leo has pectus excavatum, or a sunken chest.

Leo visited the doctor on 08/29/2019 due to a rash behind his left ear as well as being hit in the privates. The notes indicated that Ms. Tiberi believed the mark behind Leo’s ear was due to being grabbed by the neck by Dr. Tiberi; however, the doctor indicated that pictures of the mark appeared more consistent with a bug bite. The doctor wrote that “there are no other marks of any sort on his scalp or neck that would support he was grabbed aggressively” [sic]. Regarding being hit in the privates, Leo reported that he was playing a chasing game with Dr. Tiberi and his father hit him in the privates through full clothing while trying to catch him. Ms. Tiberi reportedly wanted DCF to be notified. The notes stated that “there was no pain on exam and there was no evidence of trauma or bruising to his penis or pubic area or his testicles.” The doctor reviewed with Ms. Tiberi that there did not appear to have been any abuse. Leo was noted to be unable to sit still throughout the appointment, even attempting to leave the room.

Twin Peaks Counseling

Twin Peaks provided therapy records for Leo. A note dated 08/20/2018 indicated that Leo responded “yes” to Ms. Tiberi’s inquiry “did someone touch your private parts?” It was noted that he later responded “no” when asked the same question by Dr. Tiberi. A Diagnosis and Treatment Plan dated 08/27/2018 indicated a diagnosis of Adjustment Disorder, Unspecified (F43.20). Records showed that Leo was transferred to a different clinician within the practice, Kristen Ezzo, due to her being experienced working with children around sexual abuse issues. A note dated 09/10/2018 described that when Ms. Ezzo spoke with Ms. Tiberi about a missed appointment, Ms. Tiberi became “irritated” and reported the clinician to be “aggressive” and “talking in circles.” Ms. Tiberi stated that she wanted to work with a more experienced clinician and Ms. Ezzo explained that she was chosen due to her qualifications and that no other clinician in the office would meet the experience requested. On 10/08/2018, Ms. Tiberi called her to pay the bill and “when she was told balance owed she did not want to talk any longer and hung up.” She called back later that day to pay part of the bill but noted that she would not be paying the remaining \$30.

Police Reports

The Shelton Police Department provided a number of reports, some of which were also provided by Dr. Tiberi and were discussed above. On 04/12/2019, Ms. Tiberi made a walk-in complaint that Dr. Tiberi was not giving her access to Leo in accordance with the court order. The officer spoke with Dr. Tiberi who stated that he did not feel it was in Leo's best interest to go with Ms. Tiberi but that he would abide by the order; Dr. Tiberi then turned over Leo without incident.

On 04/28/2019, Dr. Tiberi made a complaint that Ms. Tiberi was keeping Leo from him and disregarding a court order. He described that Ms. Tiberi was out of the house with Leo for twelve hours, and she locked herself and Leo in the bedroom upon their return. The officer advised Dr. Tiberi that the order only specified that they had joint custody and suggested that he should contact his attorney.

A report dated 06/12/2019 indicated that Dr. Tiberi came to the police station to make a complaint that Ms. Tiberi was harassing him by making false allegations. He noted that there was a restraining order in place and claimed that all of the listed incidents were false. The complaint was documented as a matter of record.

On 06/21/2019, Ms. Tiberi called the police because Dr. Tiberi's father had come by the house the previous day to give her a letter from Dr. Tiberi and she felt this was a violation of the restraining order. It was determined that this was not a violation.

St. Vincent's Behavioral Health

Medical records were provided for Ms. Joriz's hospitalization from 08/01/2018 to 08/07/2018. Of note, Dr. Tiberi provided the discharge summary for this stay, and it was discussed above. The records noted that Ms. Tiberi reported that she had been telling her son for the past two weeks that he was Jesus. She reported smoking marijuana several times per day. Ms. Tiberi tested positive for cannabis and amphetamine.

Silver Hill

Silver Hill provided records regarding Dr. Tiberi. Dr. Tiberi was admitted on 07/10/2013 and discharged on 07/16/2013. The records indicated an "uncomplicated detox" for Ambien dependence. It was noted that Dr. Tiberi was anxious during his stay. He was noted to be resistant to making plans to return to his psychiatrist, but he agreed to an IOP at Family Resources.

III. Opinions and Recommendations**A. Referral Questions**

The below opinions are based on the data gathered during the evaluation. This examiner understands that the court may be privy to a wider breadth of information than was available to this examiner.

- a. What is the quality of the relationship between the child and each parent?
During the interactional, Leo appeared to be comfortable with his father. He was able to

ask his father for help as appropriate and he did not appear fearful of his father in any way. Dr. Tiberi appeared knowledgeable about Leo's likes in regards to activities and food. There were no concerns noted in the interactional, and it appeared that the relationship is positive.

During his interactional with his mother, Leo also appeared to be comfortable. Ms. Tiberi was also familiar with Leo's likes in regards to activities and food. At points during the interactional, Leo was observed to raise his voice to his mother and be demanding, something that was not seen during the interactional with Dr. Tiberi. It appeared that Leo has the control in the relationship and can make demands of his mother that she fulfills without comment.

- b. Does either parent provide a more consistent and nurturing environment for the child?

Dr. Tiberi appeared to be consistent in his approach with Leo throughout the interactional. The visit supervisor had indicated that Dr. Tiberi was consistently able to meet all of Leo's needs and that there were no concerns in regards to Leo's safety. Dr. Tiberi was able to speak with Leo in a way that engaged the child without allowing the child to control the situation.

Ms. Tiberi appeared to be consistent during the interactional, and she was nurturing of Leo in that she met his immediate needs. There is concern about Ms. Tiberi's ability to be consistent and provide Leo with a safe environment based on her history of mental illness. For instance, she has believed things that were unfounded and could have potentially placed the child in harm. In addition, there are concerns that Ms. Tiberi is rewarding Leo for saying negative things about his father, which has the potential to cause Leo significant psychological harm now and in the future.

Therefore, it is believed that Dr. Tiberi can provide Leo with a more consistent environment.

- c. Does either parent present any mental health issue that interferes with his or her ability to effectively parent the child or co-parent with the other parent?

Dr. Tiberi presents with symptoms of Obsessive-Compulsive Personality Disorder (OCPD), but he does not appear to meet full criteria for this diagnosis. For instance, his testing indicated that he believes himself to be perfectionistic and "behaviorally rigid" (MCMI-III). This was demonstrated when Dr. Tiberi decided that he wanted to win the weight loss contest and therefore set very strict rules in regards to his food intake and exercise that he was able to abide by without issue, ultimately winning the contest. During the evaluation process, Dr. Tiberi frequently emailed the evaluator and the evaluator's assistant requesting progress updates and lists of items that the evaluator had completed. Dr. Tiberi also appears to have a miserly spending style as demonstrated by his decision to not have health insurance for the family and instead pay out of pocket for medical appointments, believing this to be the cheaper option. He often discussed losing

significant amounts of money during his first divorce which resulted in his steadfast belief that he needed a prenuptial agreement prior to his second marriage. On some of the testing (MMPI-2-RF), Dr. Tiberi's responses indicated that he believes that others are trying to harm him and he is suspicious. While these seem to be significant areas of concern, his responses are likely due to the repeated unsubstantiated claims made against him by Ms. Tiberi to both the police and DCF. Therefore, they do not represent a concern about a mental health disorder. It is not believed that Dr. Tiberi's symptoms of OCPD will interfere with his ability to effectively parent Leo. Instead, he will be more likely to ensure that Leo is prepared for school (i.e., having the appropriate items) and that his needs will be met. Dr. Tiberi will also likely be an organized partner in regards to his ability to co-parent. It does not appear that his symptom profile would impair his co-parenting abilities in any way. In addition, Dr. Tiberi meets criteria for **Opioid Use Disorder, In Sustained Remission (F11)**, since he has not used in over 12 months.

Ms. Tiberi appears to meet criteria for **Delusional Disorder (F22)**. She has experienced several delusions, yet she does not appear to have marked impairment in her functioning and her behavior is not obviously bizarre or odd. Ms. Tiberi expressed that these delusions were the result of her mixing marijuana and adderall. However, she denies current use of either substance and she continues to make accusations against Dr. Tiberi. It appears that she has a history of making allegations of infidelity in both her first and second marriages. Therefore, her delusions appear to be of the **Jealous Type** since the central theme is often her partner's infidelity. Ms. Tiberi appears to consistently present with symptoms of delusions that are not caused by her substance use. Her odd behaviors appear to be exclusively in regards to the delusion, and she is able to carry out activities of daily living without impairment. Ms. Tiberi appears to be able to present herself at times appropriately and without delusion; however, the delusional quality of her reports are unsubstantiated when evaluated and her statements are unable to be corroborated.

Of note, many of Ms. Tiberi's behaviors appear consistent with Borderline Personality Disorder (BPD). However, it is believed that Ms. Tiberi only has symptoms of this diagnosis and does not meet full criteria. For instance, Ms. Tiberi has appeared to engage in frantic efforts to avoid abandonment, such as alleging that Dr. Tiberi was sexually abusing Leo and then agreeing to live together for a period of time. She appears to have a pattern of unstable and intense interpersonal relationships, as noted by her no longer speaking with her family members. Ms. Tiberi appears to have some impulsivity in regards to her excessive spending and substance abuse. Ms. Tiberi appears to have some reactivity of mood and difficulty of anger that were observed during the interview when confronted by the evaluator. Of note, one of the criteria for BPD is stress-related paranoid ideation. It is noteworthy that the delusions she is experiencing may be related to the BPD symptoms; however, they appear to be more bizarre than would be experienced in relation to BPD alone. Regardless, it is imperative that Ms. Tiberi receive proper treatment and medication management to thoroughly treat her symptoms and to solidify the diagnostic picture.

While Ms. Tiberi indicated that she was excessively using marijuana and combining it with adderall, it does not appear that she meets diagnostic criteria for a specific substance use disorder. She reported that both medications were prescribed by a doctor, and there was no indication that she was taking additional medication outside of the prescription. In addition, it does not appear that her use was prohibiting her from functioning.

In regards to Ms. Tiberi's ability to parent with this mental health profile, it is highly likely that she would have impairment. She has experienced sustained periods of delusions which make it hard for her to understand what is happening and what she is imagining. Ms. Tiberi also has significant interpersonal deficits that would impair her ability to work with others in Leo's best interest. For instance, she will likely struggle to work with Leo's teachers, therapists, and/or medical professionals if their opinions differ from her own. In terms of co-parenting, Ms. Tiberi would likely significantly struggle. She experiences delusions of jealousy that will likely preclude her ability to trust Dr. Tiberi, even though her beliefs are unfounded.

- d. Do either of the parents attempt to undermine the child's relationship with the other parent?

It appears that Ms. Tiberi is consistently attempting to undermine Leo's relationship with his father. This was demonstrated repeatedly in the audiotapes that Ms. Tiberi provided the evaluator in which she is interviewing Leo exclusively about being physically or sexually abused by his father. It is noted on the tapes that Leo frequently attempts to change the topic but that Ms. Tiberi continues to ask him inappropriate questions that are damaging to his relationship with his father. The questions support the narrative that Dr. Tiberi is harmful and that he should be apologizing to Leo, and Leo is being rewarded with his mother's attention by providing her with these negative statements. No information was provided to the evaluator that suggested or supported that Dr. Tiberi is attempting to undermine Leo's relationship with his mother.

- e. Does each parent exhibit appropriate empathy for and insight into the child and his physical, educational, psychological and emotional developmental status and needs? If not, identify the issues specifically.

Dr. Tiberi appears to have appropriate empathy for what is happening to Leo, but he does not have the best insight into his own actions. For instance, he does not understand that it is inappropriate to be placing demands on others. However, it appears that he has insight into Leo's needs and that he will be able to address them now and in the future. Ms. Tiberi expressed concern that Dr. Tiberi did not want Leo engaged in mental health treatment; Dr. Tiberi was able to explain that he did not want treatment that was geared exclusively toward treating molestation due to the absence of evidence that such molestation had occurred but that he was agreeable to general psychotherapy for the child.

Ms. Tiberi does not appear to have insight into how her behavior and actions could possibly harm Leo now or in the future. It appears that Ms. Tiberi previously engaged in similar behaviors with her older daughter, and this has negatively impacted their relationship, yet she does not consider how engaging in these behaviors with Leo could cause the same result. Ms. Tiberi has attempted to get Leo into therapy, but it was geared toward supporting her divorce petition rather than helping with his emotional needs. Ms. Tiberi fails to understand how harmful it is to Leo to frequently ask him negative questions about his father and to have Leo make unsubstantiated allegations against his father, with whom he appears to have a good relationship.

- f. Is either parent more or less likely to foster a positive relationship with and regular access between the child and the other parent?

It does not appear that Ms. Tiberi would foster a positive relationship and access between Leo and his father. She has repeatedly made allegations against Dr. Tiberi to the police and DCF, suggesting that she has been unwilling to foster a relationship. In addition, she has repeatedly petitioned the Court for protective orders that preclude Dr. Tiberi from seeing Leo.

- g. Has either parent been inappropriate with the child?

At this time, there is no evidence to support that Dr. Tiberi has been physically or sexually inappropriate with Leo. Dr. Tiberi has been investigated by the police and DCF and all of the allegations have been unsubstantiated. The current evaluation did not find any support for allegations of abuse by Dr. Tiberi.

There was no concern raised in regards to Ms. Tiberi being physically or sexually inappropriate with Leo. However, Dr. Tiberi raised concerns that Ms. Tiberi continued to allow Leo to sleep in her bed while she wore minimal clothing. It appeared that Ms. Tiberi continued to coddle Leo, such as giving him a bottle and carrying him. Collateral sources indicated that Ms. Tiberi would not punish or reprimand Leo for dangerous behaviors, such as climbing on things. While these concerns were raised, they do not reach the level of inappropriate.

- h. Is each party capable of effectively and appropriately parenting the child?

It is believed that Dr. Tiberi would be able to effectively and appropriately parent the child. He was able to demonstrate an adequate understanding of necessary parenting skills needed to treat common childhood illnesses and appropriate discipline. It is believed that Ms. Tiberi would be able to meet Leo's basic needs (i.e., housing, food, clothing) but that she would struggle with some areas of parenting. For instance, it appears that Ms. Tiberi has purposefully attempted to "baby" Leo, such as carrying him instead of having him walk, having him sleep in bed with her instead of independently, and having him use a bottle until well past the recommended age. Of note, she was able

to demonstrate adequate understanding of treating common childhood illnesses and disciplinary strategies.

- i. 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 child or work with the other parent in making those decisions?

It is believed that Dr. Tiberi would be capable of co-parenting. He has demonstrated that he is able to communicate well enough with his ex-wife that he can maintain continued visitation with the child, and she indicated not having any concerns about his parenting abilities. Ms. Tiberi does not appear capable of co-parenting as she has made continuous efforts to remove Dr. Tiberi from Leo's life, such as by getting restraining orders and making false accusations to DCF and the police. This inability to co-parent stems from her significant mental health issues.

- j. Does either party present any significant issues relevant to the determination of an appropriate parenting plan addressing the minor child's physical custody?

It does not appear that Ms. Tiberi is willing to allow Dr. Tiberi to maintain his relationship with Leo, and she has significant mental health needs that impact her ability to distinguish reality from delusions.

- k. Does either parent or any children require ongoing psychological or psychiatric treatment?

At this time, it is believed that all parties in this case should engage in psychological treatment. It is recommended that Dr. Tiberi engage in individual weekly therapy to address his personality style and to assist him in coming to terms with the current situation. It is strongly recommended that Ms. Tiberi engage in an intensive outpatient program (IOP) and psychiatric treatment for her delusional disorder and personality traits. In addition, it is recommended that Leo engage in short-term individual therapy to assist him in understanding the current custody dispute, including changes in custody and why his mother is having him make false allegations.

- l. Are there any characteristics of either parent or child which have significant impact on the parent-child fit? If so, please explain.

Ms. Tiberi's mental health needs at this time have a significant impact on the parent-child fit and her ability to appropriately care for the child. She is having Leo make accusations against his father without recognizing the negative impact on the child's mental health.

B. Diagnostic Impressions Pertaining to Leonardo Tiberi

As part of the current evaluation, Leo completed testing to determine if he has any developmental delays related to the observations that he has a robotic speech quality and fleeting eye contact. However, testing determined that he does not have symptoms consistent with an

autism spectrum disorder (ADOS-2). It is important to recognize that Leo has experienced significant turmoil related to his parents' divorce that may be confounding his current presentation. In addition, the reports from school do not support such an autism spectrum diagnosis. Therefore, a diagnosis of an autism spectrum disorder will not be given at this time. Leo appeared to have some speech and language difficulties that were noted in testing but did not meet criteria for any specific diagnosis. Leo appeared to be hyperactive at times during testing, a finding that was noted by his pediatrician but not corroborated by his teacher. At this time, he will not be given a diagnosis of an attention deficit disorder. However, if deficits persist, he should be re-evaluated.

The Diagnostic and Statistical Manual, Fifth Edition (DSM-5) recently included a new diagnosis, Child Affected by Parental Relationship Distress (V61.29). The description of this condition states that it "may include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwanted feelings of estrangement." In addition, the DSM-5 further discussed the diagnosis and stated that it should be used "when the focus of clinical attention is the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other physical disorders." At this time, Leo does not meet criteria for this diagnosis. If the parents can figure out how to avoid bringing Leo into the conflict, then he will likely not develop this condition in the future. However, if the current turmoil continues, he may in fact meet criteria in the future. It is believed that many of his current symptoms (inactivity, difficulty with eye contact) can be attributed to the ongoing family dynamics.

C. Impressions Pertaining to Custody

It appears that the conflict in the parents' relationship has been going on for a number of years. There have been multiple DCF and police investigations made into Dr. Tiberi without any substantiations. In regards to their custody goals, both parents are currently asking for sole custody and all decision making ability.

At this time, it strongly appears that Ms. Tiberi is engaging in behaviors that are geared towards eliminating Dr. Tiberi from Leo's life in addition to her significant mental health history. For instance, she has frequently engaged in behaviors that have required DCF to intervene with the family, even though the reports have repeatedly been found to be unsubstantiated. Ms. Tiberi is engaging in unjustified gatekeeping, where she is preventing Dr. Tiberi from having access to the child without reason. Gatekeeping has been described as "a set of beliefs, behaviors, and attitudes about the child's relationship with the other parent that can influence the amount of time a child spends with that parent, the quality of that relationship, and the other parent's overall involvement."²⁶ Ms. Tiberi's behaviors are believed to be unjustified because there does not appear to be a corroborated foundation to justify her interference with Dr. Tiberi's relationship with the child. Researchers have indicated that unjustified gatekeeping includes "a parent's questioning the competence of the other parent to appropriately parent without basis for the concerns and parent's anger that contributes to the parent wanting to punish the other parent by

²⁶ Saini, M. A., Drozd, L. M., Olsen, N. W. (2017). Adaptive and Maladaptive Gatekeeping Behaviors and Attitudes: Implications for Child Outcomes after Separation and Divorce. *Family Court Review*, 55(2), 260-272.

interfering with the child's time with that parent."²⁷ However, it is important to consider in this case how Ms. Tiberi's delusions are impacting her behaviors and that there may be disordered thinking that is leading to her engaging in gatekeeping.

Gatekeeping is problematic because it denies contact with the other parent without reason, which can be very confusing to young children. These behaviors are likely the early signs of parental alienation. "An alienated child is defined here as one who expresses, freely and persistently, unreasonable negative feelings and beliefs...toward a parent that are significantly disproportionate to the child's actual experience with that parent."²⁸ Parental alienation can have very alarming and significant impacts on the child's functioning. "The more severe the experienced alienation, the more children were at risk for substance use disorders, depression, anxiety, relational issues, impulse control issues, and self-esteem issues in adulthood. Research centered on the effects of parental alienation points to serious mental health issues later in life and long-term negative harmful consequences due to learning hostile and manipulative behavior in relationships."²⁹ Therefore, Ms. Tiberi should make significant changes in her behavior to dramatically reduce the risk of parental alienation in the future for Leo. Of note, due to her mental health profile it will be difficult for her to make the necessary significant changes without consistent and frequent treatment.

At this time, it is apparent that these two parents cannot continue to have joint legal and physical custody of the child. It is believed that the impact of Ms. Tiberi forcing Leo to repeatedly make false reports to providers and on videotape is traumatic for him. Therefore, it is being recommended that Dr. Tiberi be given sole custody of the child.

There are significant concerns about Ms. Tiberi's behavior with the child and concerns that she will continue to make false reports and bring Leo to various providers who will be required to call DCF. Therefore, it is recommended that for the next six months she have access to the child in a supervised therapeutic capacity. During that time period, Ms. Tiberi must be engaged in either IOP level care and/or care by a licensed psychologist. It is imperative that treatment be with a licensed psychologist who understands both high conflict divorce and personality disorders. For her to advance in regards to a reunification plan, Ms. Tiberi must be working with a psychologist who can demonstrate to the Court and/or the GAL that Ms. Tiberi is making steps in treating her personality disorder and coming to terms with her role in losing custody of her child. After six months, the Court and/or GAL can work with the psychologist to determine if Ms. Tiberi has made sufficient improvements to be able to see her child in an unsupervised capacity. It is recommended that a reunification specialist be utilized at that time to assist the family with making steps in increasing capacity. For instance, if Ms. Tiberi has made enough gains to advance to unsupervised access, the reunification specialist can assist in implementing short unsupervised visits for two to four hours, building to an eight hour day over the period of

²⁷ Saini, M. A., Drozd, L. M., Olsen, N. W. (2017). Adaptive and Maladaptive Gatekeeping Behaviors and Attitudes: Implications for Child Outcomes after Separation and Divorce. *Family Court Review*, 55(2), 260-272.

²⁸ Kelly, J. B., & Johnston, J. R. (2001). The Alienated Child: A Reformulation of Parental Alienation Syndrome. *Family Court Review*, 39(3), 249-266.

²⁹ Jaffe, A. M., Thakkar, M. J., & Piron, P. (2017). Denial of ambivalence as a hallmark of parental alienation. *Cogent Psychology*, 1-15.

the next six months. After a year, Ms. Tiberi can be evaluated to determine if she has made significant improvements to be able to have unsupervised overnight contact with the child. Ultimately, Ms. Tiberi should have access to Leo once a week for dinner and every other weekend.

In regards to therapy, the reunification work **must** be completed by a therapist who is separate from the child's individual therapist. Research has demonstrated that "when therapists selected for the child have no knowledge of child alienation processes or collaborative efforts needed to assist such children and families, considerable harm can be done in supporting and consolidating the child's rage and unwarranted rejection of the parent."³⁰ Therefore, it is imperative that all therapists working on the case are significantly knowledgeable about parental alienation and high conflict divorce. Since Dr. Tiberi is recommended to be the sole custodian, he can pick the therapist for the child. The child's individual therapist must work primarily with the child with interaction only with the custodial parent.

D. Recommendations

Dr. Tiberi

It is strongly recommended that Dr. Tiberi engage in individual therapy to assist him in managing his personality symptoms, his reactions to the current situation, and how he helps Leo with understanding his changing circumstances. It is strongly recommended that Dr. Tiberi make every effort to use his therapy effectively and make changes to his behavior.

Dr. Tiberi should engage with a parenting class, parenting coach, or his therapist to learn how to parent independently. He will likely need assistance developing a routine with the child. He would benefit from learning more about child development and interacting appropriately with the child.

Dr. Tiberi must engage in Leo's therapy as recommended by Leo's therapist. Dr. Tiberi should only discuss therapy with Leo using positive and supportive terms. This is essential for Leo's ability to cope with his parents' continued discord and avoid developing lasting psychological issues in the future. Therapy will help particularly as Leo is transitioning to his father's house full time.

Ms. Tiberi

It is strongly recommended that Ms. Tiberi complete an Intensive Outpatient Program (IOP) that uses Dialectical Behavioral Therapy (DBT) as the primary orientation. Intensive treatment would include frequent sessions multiple times per week. The DBT model would include both individual counseling and group skills training. She would learn interventions geared to helping her question her perceptions and develop better interpersonal skills. In a DBT model, the therapist will challenge Ms. Tiberi's beliefs in a non-judgmental way to assist her with making effective changes. In addition, Ms. Tiberi should complete a psychiatric evaluation as part of the IOP so that it can be determined if she would benefit from psychiatric medication. Ms. Tiberi

³⁰ Kelly, J. B., & Johnston, J. R. (2001). The Alienated Child: A Reformulation of Parental Alienation Syndrome. *Family Court Review*, 39(3), 249-266.

should follow the recommendations of the psychiatrist. It is imperative that both the IOP program's therapist and prescriber either have access to this report and/or be able to communicate with the Guardian ad Litem to help develop specific goals and interventions and to gain a clearer understanding of her mental health symptoms.

Ms. Tiberi should also attend parenting education. However, the scope of her education should not be about basic parenting techniques and skills but rather understanding the emotional needs of her child. She would benefit from a program such as Circle of Security.

Ms. Tiberi should not be a part of Leo's therapy at this time. It is recommended that she see Leo either during supervised visits or as part of reunification therapy with a therapist who is separate from Leo's individual therapist and is not Ms. Tiberi's psychologist.

Ms. Tiberi should immediately cease making videotapes of Leo saying negative things about his father. Any videotapes made should be focused on positive achievements, such as riding his bike or reading independently.

Ms. Tiberi should not make untrue reports to mandated reporters so that they are required to call DCF. DCF has consistently found all of her reports to be unsubstantiated. These reports have only caused Leo trauma, as he has consistently been coached to make false reports to providers and on videotape.

Leonardo Tiberi

Leo should engage in therapy with a therapist who understands high conflict divorce and can assist Dr. Tiberi with implementing structure and routine in the home. Leo's therapist should either have access to this report and/or the GAL to be able to identify goals for treatment. Dr. Tiberi should be a part of Leo's treatment.

Due to the significant change of having Dr. Tiberi have sole physical and legal custody, it is recommended that as much as possible remain the same for Leo. For instance, all efforts should be made to ensure that Leo remain enrolled in the same school, continue to reside in the family home, and continue to be provided with medical care by the current pediatrician.

Family Recommendations

It is strongly recommended that the family continue to have a Guardian ad Litem (GAL) who can assist the family with making decisions pertaining to parental access and in setting goals for the child.

It is strongly recommended that the parents begin to use a communication platform designed for separated parents, such as Our Family Wizard (OFW). OFW should be used to discuss child issues, drop-offs, pickups, medical issues, and school topics.

It is strongly recommended that the family share a calendar, such as a google calendar or the OFW calendar, that both can keep on their phones. Then, when appointments are scheduled, they can be inputted directly into the calendar so that neither parent has the responsibility of

contacting the other about appointments. If a same day appointment is scheduled, the scheduling parent should notify the other using OFW. For all other appointments, no advanced notification is required.

In regards to the ultimate question of custody, it is the evaluator's opinion that Dr. Tiberi have sole custody. Ms. Tiberi should have contact with Leo either in reunification therapy or supervised visits for the first six months and then gradually build to unsupervised daytime visits before ultimately seeing Leo for unsupervised overnight visits every other weekend. As the sole custodian, Dr. Tiberi will be able to make all decisions about Leo's educational, medical, and religious needs.

Once it has been determined that Ms. Tiberi can have unsupervised access with Leo, then it will be important for the parents to determine a parenting schedule for holidays and school vacations. For instance, the parents should alternate who has the child over December and April break within the school year. The parents should alternate February break by odd/even years, especially since many districts are doing away with this holiday or abridging the length of the vacation. Over the summer, the parents should be allowed to take vacation for two non-consecutive weeks. The parents should alternate years for who gets to pick the week first. There should be a clear deadline by which time notification must occur. In regards to holidays, the major holidays should be identified and split equally amongst the parents by alternating years. For instance, the parent who has the children for Christmas Eve this year should have them for Christmas Day next year and vice versa. Ideally, the parents will be able to make decisions in regards to holidays with a mediator or with the assistance of their attorneys.

The parents should maintain space when they are all together at events. The parents should make all efforts to not be within the same area of an event. The parents should only be at the same event if the event is significant, such as a game, performance, or school event. Sports lessons or practices are not significant events and should only be attended by the parent who has the child on that day.

It is recommended that the parents do not engage in alcohol consumption or use of drugs or other substances during the times where the minor child is in their presence.

It is recommended that the parents make efforts to speak about the other parent using positive words. The parents should make all efforts to not speak negatively about the other parent within earshot of the child. Both parents should support the other parent's relationship with the child, and neither parent should block the other parent's access to the child.

It has been a pleasure working with and getting to know the family. Please feel free to call or email me with any questions or concerns.



Jessica Biren Caverly, Ph.D.

Licensed Psychologist