



## THE WIEDERKEHR LAW GROUP, P.C.

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May 9, 2023

**Via NYSCEF to:**

Hon. Susan Capeci, A.J.S.C.  
Westchester County Supreme Court  
111 Dr. Martin Luther King, Jr. Boulevard  
White Plains, New York 10601

Re: Allan Kassenoff v. Catherine Kassenoff  
Supreme Court, Westchester County  
Index No.: 58217/2019

Dear Honorable Madam:

We are the attorneys for Defendant, Catherine Kassenoff, in the above-referenced matter. Please be advised that this office will shortly be filing a revised Retainer Agreement with Ms. Kassenoff concerning custody issues.

Upon issuance of the forensic report by Dr. McKay, Ms. Kassenoff's long treating medical professional, Dr. Stephanie Brandt, was made aware of Dr. McKay's reference to their recent interview as well as the Order issued suspending my client's access with the children. Dr. Brandt felt it imperative to raise various issues of concern with respect to Dr. McKay and the loss of custodial access. For the Court's reference, in advance of tomorrow's appearance, please see Dr. Brandt's letter respectfully directed to the Court's attention. Request is respectfully submitted that the Court consider this professional's recitation of facts and opinions based upon her first-hand experience and knowledge.

Lastly, given that this Sunday is Mother's Day, we request that arrangements be made to provide Ms. Kassenoff time with the children together with Ms. Kassenoff's mother.

Thank you for your attention to this matter.

Respectfully submitted,

Evan Wiederkehr

encl.

cc: All counsel of record (via NYSCEF)  
Catherine Kassenoff (via email)

Stephanie Brandt MD  
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[sab2009@med.cornell.edu](mailto:sab2009@med.cornell.edu)

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May 9, 2023

**Via Email**

The Honorable Susan Capeci, J.S.C.  
Supreme Court of the State of New York - Westchester County  
111 Dr. Martin Luther King Jr. Blvd.  
White Plains, New York 10601

Re: *Kassenoff v. Kassenoff*, 58217/19

Dear Judge Capeci,

I am writing to you on behalf of my patient, Ms. Catherine Kassenoff, who is a litigant in this prolonged and complex custody litigation before you. I have known Ms. Kassenoff for nearly two years. I have seen her for individual psychotherapy/ crisis intervention on a weekly basis since the Summer of 2021. Therefore, I have direct and ongoing knowledge of her mental status, diagnosis, and the current context. She was originally referred to me because of i. my expertise in child psychiatry, ii. my experience as a forensic evaluator familiar with the nature of this kind of litigation and iii. my decades of experience in the

private clinical treatment of parents and children who have been involved in what is referred to as 'high conflict' divorce. Her prior doctor, Dr. Anna Filova, MD, an excellent clinician, did not have these qualifications and agreed with transferring her care to me. Ms. Kassenoff has always expressed great concern for the well-being of her children and wanted my help in understanding the impact of what surely seems like an organized campaign against her, not only as a parent, but also as a public person and a highly respected professional. To my knowledge her loss of custody was largely based on an evaluation by Dr. Marc T. Abrams, who has now been disqualified from acting as a forensic. Nonetheless his recommendations and apparently his conclusions about my patient have remained in effect.

My *curriculum vitae* is attached. Please note that I was on the panel of approved custody evaluators for years but voluntarily retired from that work. I was a member of the Interdisciplinary Forum for many years, and I am currently a member of the AFCC, the American Academy of Child Psychiatry and other national and local organizations in my profession. I am board-certified in both adult and child psychiatry. I have been on the faculty of Weill Cornell Medical College since the 1980s where I trained and continue to train adult and child residents. I am also on the teaching faculty of the New York Psychoanalytic Institute, where I am a senior supervising child and adolescent analyst, and the Chairman of the Ethics Committee.

This letter was prompted by my learning that there was an order suspending ALL of Ms. Kassenoff's visitation with her three children. My

understanding is that this was largely, perhaps exclusively, based on the forensic report of Dr. Kathleen McKay submitted last week. I spoke to Dr. McKay on April 6, 2023 and I am aware that my comments to her, and hers to me, were rendered, *inadequately*, in her report. My opinions offered in this letter, are based on my direct knowledge of Ms. Kassenoff, my review of the many evaluations of her and her children that are on the record, as well as the many reports of visitation with the children submitted by Ms. Jennifer Culley, which all described an ongoing rapprochement with her children despite the very intense parental conflict which is surely impacting all of them. I am generally aware of and have read some of the many motions filed by my patient and others. I have not met the children, nor Mr. Kassenoff. However, I am quite aware of the basic developmental principles that should guide decisions about 'the best interests' standard that applies to custody decisions. Maintaining ongoing attachment to parents, in the absence of gross abuse, is a very basic principle recognized in every mental health discipline. I have not read the forensic report but have been generally made aware of its contents by Ms. Kassenoff and her lawyer, Mr. Evan Wiederkehr.

Based on the above, it is my unequivocal opinion, as a specialist in child psychiatry, that suspending Ms. Kassenoff's visitation with these children is not only unnecessary and but also destructive to her and the children's obvious ongoing attachment to their mother. Their attachment to her, their former primary caretaker, persists and is amply evident in Ms. Culley's reports, despite the very apparent pressure on them to reject her. A dramatic concern for their literal

safety, both emotional and physical, is quite clearly conveyed not only by their father, but also by the former attorney for the children, Ms. Carol Most, and the various therapists of these children, who were all chosen by Ms. Most and inappropriately instructed by her. I assume that an attitude of contempt was conveyed to these children by the prior treating therapists who were shockingly banned by the former AFC from accepting communication with their mother at all. That any well-trained professional would acquiesce to this demand is frankly mind boggling. To be clear, this is a breach of the usual standard of care in the treatment of children where it is required to have contact with both parents. It is astounding to me that this was imposed and agreed to by these clinicians despite no concrete evidence of harm, other than unproven speculations about her 'toxic' impact on them. To be clear, it is well known, that actively destroying an attachment to a parent is harmful to a child's development. Speaking as Ms. Kassenoff's physician, it is also extraordinarily traumatic to her as a parent who has never been judged as mentally ill, unfit nor dangerous, except by unproven allegations that are part of this litigation. In fact, Ms. Kassenoff is a highly respected attorney, who worked at the highest level of federal and NYS government and obtained a top-secret security clearance for that purpose. Surely, that kind of vetting would have revealed any instability or dishonesty. It did not. I, too, have also made no diagnosis of any psychopathology other than the traumatic syndrome that I believe is the result of the damage sustained by this litigation. I know of no premorbid disorder, nor did any other clinician who examined her, other than the disqualified Dr. Abrams. Traumatic syndromes are defined as the

response of a normal person to an abnormal situation. It is not an ongoing nor irreversible mental state if the stressor is eliminated.

My concerns about Dr. McKay's characterization of my conversation with her are as follows. Our conversation lasted no more than fifteen minutes and was ended by Dr. McKay. I had been prepared for a much longer conversation. This conversation with Dr. McKay, was preceded by some quite remarkably negative statements about Ms. Kassenoff, but they were off the record and not rendered in her report. I have appended my written communication with her that occurred before we spoke. They demonstrate an attitude of suspicion and disapproval towards Ms. Kassenoff which my patient has had NO opportunity to address. I am concerned that Ms. Kassenoff be given the option of addressing allegations made against her. When that happens 'off the record,' that is impossible.

At the outset, Dr. McKay stated that Ms. Kassenoff had discovered and used a private cell phone (and email) that she had not given her. She said that she even had to block her. When I asked her to explain in detail, she only stated that she was sure this was so. When I told Ms. Kassenoff about this she was stunned and spent many hours looking through her telephone records to understand what had happened and found nothing. So, in effect, Dr. McKay began her conversation with me with a written allegation against my patient that she simply expected me to believe. I do not. I cannot explain this myself, but I believe that Ms. Kassenoff surely has the right to respond to this as it is an accusation of significant wrongdoing on her part. It was entirely clear that this allegation is a part of what informs Dr. McKay's negative view of my patient. The obvious

implication is that she is very disturbed and dishonest. It is important to note that none of these comments are contained in her report, but they are clearly important in her formulation of this case. I can see no other reason to have told me spontaneously. At the least this is an allegation of duplicity that should not be made off the record. I do not know Dr. McKay's intentions, nor the data she based this on, but the message to me was clear that she viewed Ms. Kassenoff with considerable suspicion and conveyed this even in a simple email arranging a conversation. I have attached this correspondence.

In this correspondence I asked what she wanted to know, how much time we needed etc. – standard questions. I was told that I cannot say anything about the children as I had not examined them. I disagreed that it was not within my role to address Ms. Kassenoff's parenting and the impact of and her response to her children's behavior towards her. I also disagreed with Dr. McKay's belief that I had no right to address what are basic principles of development and what supports a child's well-being. Advice regarding parenting has been a large part of my intervention with Ms. Kassenoff. I was astounded that Dr. McKay believes that is not within my role as her doctor and I am surprised that none of this is included in her report. As I stated, my expertise in child assessment and treatment is one reason that Ms. Kassenoff consulted me. Conveying to Ms. Kassenoff and therefore to Dr. McKay my knowledge of child development is simply not the same as opining on a child's specific mental status. I stated, in that correspondence, that it is important to any child that they know what is true, real, and verifiable as a matter of their moral development and their emerging sense of

reality. THAT is not speculation. Despite this, nothing I stated about Ms. Kassenoff's nuanced understanding of her children's terrible dilemma about their mother was included. The question of parenting capacity is essential, though hard to formulate in a valid and reliable way. Ignoring my opinion, which is based on my direct knowledge of my patient is, to say the least – puzzling. In fact, as I have learned, my comments were entirely in line with Ms. Culley's reports.

I am also aware that Dr. McKay has told the Court that these children should not see MD psychiatrists except for some medication consultation and that we do not do 'therapy' and that what these children need is CBT / DBT. That is also a stunning idea which has absolutely no basis at all. Firstly, we do not recommend any treatment for a child that we have not examined. It is necessary to do an evaluation, make a diagnosis and only then do we recommend a specific treatment. That is standard practice. Dr. McKay cannot know, *a priori*, if any MD is able to do the kind of treatment that would be appropriate. The idea that MDs are not qualified to treat children is absurd. It depends on the doctor's training. The doctors that were recommended for these children are all experienced clinicians and therapists. Her comment about MDs is so misinformed that I find it hard to believe. Psychiatrist do not just write prescriptions. Dr. Sickles, and the other physicians who were suggested by Ms. Kassenoff and who were available to these children locally are all highly experienced therapists. It is an obvious common-sense assumption that these children need a safe and **confidential** place to sort through what has happened to their family with a qualified, experienced professional who understands child development.



I will describe the conversation I had with Dr. McKay. I do not have verbatim notes of my discussion, but this is my recollection of the sequence. Dr. McKay began with the unexpected statement that she had never seen anyone 'file so many motions.' I was again rather shocked at the overt expression of her very negative take on my patient despite her role as a neutral. This is a familiar trope about women, especially those in family court custody battles, regarding supposed 'mental illness' *i.e.*, the lady with the bags of papers who shows up in the ER or office to prosecute her case. It is an expression between professionals that one believes that the woman is crazy and paranoid. In response I said that I disagreed that her motions were an expression of psychopathology. I am told that Dr. McKay avoided stating this directly in her report, but again my message was entirely clear in our discussion. Why open our conversation with that at all? I said that I believed that she had not obtained great legal advice in the beginning and was *pro se* until recently and that in fact – she had WON MOST OF THESE MOTIONS. I asked why that was an indication of anything but resilience, persistence in the face of what was, for her, a disaster. For Ms. Kassenoff to use her considerable legal skills is not a manifestation of any mental illness. It is a strength. There was no answer. Once again, these statements by Dr. McKay were NOT rendered in her report. To be clear –I do not think that Ms. Kassenoff's motions and her right to sue attorneys, clinicians whom she understandably believes do her and her children great harm, is a sign of some supposed mental illness. These appear to be claims made only by opposing counsel's team. Indeed, neither Dr. Filova nor I felt that medication for Ms. Kassenoff was warranted.

Diagnosis by lawyer would not be tolerated in any mainstream mental health profession. There is a long list of reasons why children align with and against a parent that apparently was not even considered. I believe Ms. Kassenoff's persistence in the form of motions and lawsuits is a manifestation of resilience and unwillingness to just submit. It is a strength, not a sign of some kind of 'obsessive rumination', a term that was apparently attributed to me that I did not use to describe Ms. Kassenoff. Of late, she has prevailed even though she has endured, not only this litigation, but also two bouts of breast cancer. Her strength is quite remarkable. It was quite awful to hear how easily a woman of her resilience and accomplishment could be so easily dismissed as a 'nut case'. She is no such thing. I do not know why Dr. McKay's opinion of Ms. Kassenoff is so negative, but I can say that as her doctor, and with access to collateral sources such as the reports of supervised visitation and prior evaluations, I do believe that Dr. McKay is simply incorrect.

As we continued, I explained that I thought that Ms. Kassenoff has symptoms of PTSD and that she also has panic attacks which are part of this syndrome. They are not a separate disorder. Dr. McKay said, 'but no one else said that!' and I responded that "Well I am her doctor, who would have done that – and why does that matter anyway?" I do not recall when other professionals did an evaluation of her and, perhaps, she did not have them at those times. That is irrelevant. But it was entirely obvious that Dr. McKay was dismissive of my conclusions. As I have known Ms. Kassenoff for quite a long time, I found that quite incredible. Her rendition of my comments about Ms. Kassenoff's response

to her panic as conveyed to me was 'formally' correct in the written report, as I heard about it. However, it was clear to me that my saying that she was 'better' was used to indicate that she was inappropriate and sick i.e., mentally ill before. I did not say any such thing, nor imply it. I said that she had learned a lot about litigation and the pitfalls involved and was more thoughtful and strategic. THAT is not a statement implying psychopathology. It is a statement about experience and learning that panic attacks limit your judgement and must pass before you make life altering decisions. That is not even psychiatry. It is common sense. But my comments were apparently framed as if I was discussing someone very disturbed who is now somewhat improved. To reiterate: I do not find any psychopathology in Ms. Kassenoff unless you consider symptoms of PTSD – a response to a major stressor -- to be a disorder. I have heard nothing that makes me concerned about her judgment. That she is an intense woman, and very upset and angry at what has occurred should be no surprise and is certainly no measure of a disturbance. There are many studies now about women's credibility and the negative response to their anger and assertiveness in this context is used to discredit them. I do believe that Ms. Kassenoff has been judged by this unfair standard. It is a double standard that is apparently not applied to Mr. Kassenoff who has also filed many motions as well as involved the police. I ask that you consider why Dr. McKay so easily used the fact of Ms. Kassenoff's *pro se* legal abilities and persistence as evidence of some mental illness that no one has ever diagnosed. She has lost access to her children. What mother would be content

with that? I ask that you consider Dr. McKay's pathological portrayal of Ms. Kassenoff's use of her considerable legal skills to be frank bias.

I recall very little else that I was 'permitted' by Dr. McKay to mention in this discussion. Even so, much is omitted that, I am told, is not reflected in her report. In addition, Ms. Kassenoff was not permitted to talk to Dr. McKay for months even though she has seen Mr. Kassenoff on an ongoing basis for 17 appointments. It is beyond me to understand how she can discredit my opinion, and the observations of Ms. Culley. We are the ONLY people who have had regular ongoing contact with Ms. Kassenoff, and Ms. Culley has seen her with her children many times. It is my understanding that Dr. McKay did not have parent child visits with two of the children and their mother. Yet she wants Ms. Culley to be removed? To my knowledge, based on Ms. Culley's reports, their behavior visibly changes to verbal abuse and various kinds of acting out when their father or anyone from his team is present. When not present, in other words, when there is no audience reporting to him, they are clearly attached and unafraid of their mother. And there can be no realistic reason for them to be afraid of her that I know, and it seems that they are not. Dr. McKay's theory that Ally has been coerced to 'like' her mother and that her attachment is inauthentic is pure speculation. It is a fabricated inference based on her assumptions about the mother and not based on any data. I cannot read the report myself, but I have been made aware that this was Dr. McKay's view of Ally. This absurd theory supports her idea that these children need to be 'protected' from some unknown psychological harm that Ms. Kassenoff presents. To my knowledge, this is not

based on any verifiable facts and should not be credited as anything but a narrative about this family that demonizes the mother and deprives the child of her.

To forcibly remove a parent from a child's life is the worst possible outcome of this case. These children have a mother. Why on earth are they being treated as if she is a danger to them? There is no basis for that besides a disqualified forensic, an angry husbands' allegations of mental illness by a lawyer, not a qualified professional, and now what sounds like a grossly distorted 100-page forensic report that reflects cherry picked data to 'prove' that Ms. Kassenoff must be so disturbed that she should lose her parental rights.

How is that possible? There are standards for forensic reports. In just the part that I know of, this evaluation falls far short of many professional standards.

I do hope that the Court will reconsider this order ending Ms. Kassenoff's contact with her children. Destroying the attachment to a parent is one of the worst things that can occur to any child. That is a bedrock principle of all developmental science. I do not have to examine these children to know this. I hope the Court does not enable this. No child should be taught to hate and fear their mother. And most certainly not one as competent and loving as Ms. Kassenoff. Destroying a parent-child relationship that is not dangerous nor abusive is a recipe for eventual psychopathology in all three children.

I hope this information is helpful to the Court in reconsidering the order to suspend Ms. Kassenoff's contact with her children.

I am available for any further discussion should that be helpful in fashioning a solution that does not deprive these children of a loving parent. I can be contacted at the above phone or email.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Brandt MD". The signature is written in a cursive, flowing style.

Stephanie Brandt MD

From: Kathleen McKay <kemckay@me.com>  
Subject: [EXTERNAL] CLIENT INQUIRY  
Date: March 31, 2023 at 9:52:01 AM EDT  
To: sab2009@med.cornell.edu

Hi Dr. Brandt,

At long last, I have arrived at the point where I'm ready to speak with you re your client Ms. Catherine Kassenoff. I have attached the release form specific to my evaluation parameters as well as a general HIPPA form provided by Ms. Kassenoff.

Please call me on my private cell (~~please do not share - although Ms. Kassenoff has already obtained it somehow~~) whenever it is convenient for you - 914-588-3199.

I look forward to speaking with you.

Kathleen McKay, Ph.D.  
Licensed Psychologist  
Specializing in Forensic &  
Neuropsychological Evaluation

5/8/23, 12:16 PM

Mail - Stephanie Ann Brandt MD - Outlook

[EXTERNAL] Re: CLIENT INQUIRY

Kathleen McKay <kemckay@me.com>

Mon 4/3/2023 9:07 PM

To: Stephanie Ann Brandt MD <sab2009@med.cornell.edu>

Dr. Brandt

Thank you for your response.

Thursday is best. Any time works so u can pick.

I have no idea how long. My inquiry is regarding your treatment of Ms KASSENOFF, i.e. course of treatment, frequency of meetings, clinical/diagnostic impressions, amenability, medications if any etc.

I am assuming you have not met or worked with the children. As such I ask that we keep our discussion limited to your client.

Yes. I'm quite sure. She contacted me on my personal cell (I told her not to do it again and blocked her) and my personal email. I do not distribute either to clients.

If u could text me what time works for you, that would be great. I will email a Doxy link.

I look forward to speaking with you.

Kathleen McKay, Ph.D.  
Sent from my iPhone

On Apr 3, 2023, at 8:45 PM, Stephanie Ann Brandt MD <sab2009@med.cornell.edu> wrote:

Dear Dr. McKay,

I would be happy to discuss Catherine Kassenoff with you.

It would be helpful in doing this if I knew 1. How much time you think we need 2. what questions you have of me, 3. what areas you want me to discuss. Much of my treatment of Catherine has been about her concerns and questions about the children, not just about herself. She came to me in part because I am a child psychiatrist and have experience in the forensic context. Her prior therapist, Dr Filova, did not.

So, if you can guide me on the above it may make this more efficient. If you do not want to do things that way, its fine to just schedule a call ( or zoom - I prefer zoom or doxy actually )

There was nothing for me to sign on your forms as I read them except that you needed my landline in my office. - 212 996 0698 and my fax which is 917 591 5165.( see below under my sig) . I did fax them back to you however. My home landline is 212 410 6159.



I am emailing you, not calling right now, as this is just about logistics. But I will keep your cell and of course, not share it. As you mentioned it, I was a bit stunned that you seem to believe that Catherine has this private number. Are you certain of that? I have always been aware that she communicates with you on another cell 914 949 6761-( I may have the last two wrong ) which you gave her for that purpose or on doxy for the teletherapy. Is that incorrect? Does she text you on the wrong phone? I ask, largely because it is so important in this **very** fraught case that there be no misunderstanding about even small things like this. Unfortunately, I am aware that there are MANY allegations made about her not only by her ex-husband but many other 'professionals' that ,when investigated, were not corroborated at all. That said, I do know, having done this work, how hard it is to go through the overwhelming amount of data in this case. Nonetheless given this confusing context and, for the sake of her personal and professional reputation, I am asking if there could be some misunderstanding about the cell phones as you seemed to be implying some wrongdoing on her part.

I am also quite aware how difficult it must be to deal with these three girls. The extremely rapid and abrupt changes in what they say to and about Catherine ranges from sweet moments, invitations to things when unobserved or with Ms. Culley to then sudden utterly vile vilification of her, full of claims of horrendous abuse, illegal activities, and multiple visits to the police to request OOP's and even get her arrested. I am not sure if you are aware of this but Catherine, when she worked for NYS gov, had a top-secret security clearance that few obtain and for which she was vetted in a much more thorough process than can occur in this litigation. And yet these children have been concerned that she would kill them? That makes zero sense unless they were repeatedly told such things. I cannot imagine how confused, frightened they must be. And of course, just aligning with one parent, can feel safer than preserving their sense of reality, their memory of the past, and their developing sense of fairness. But that is a sure recipe for psychopathology. I do believe that these children, and all children, should not have to forfeit their sense of reality in order to preserve an attachment to a parent. I am quite concerned that they will all need help safely and privately ( Ie in a real confidential therapeutic context ) understanding what the **facts and reality** are. I do not know why there has been such a concerted attempt to destroy this woman but to involve the children in that is appalling. I can say as a child psychiatrist who has treated many children in this context that it does very much matter to support their appreciation of reality - and most especially if they are told lies about one parent by the other and by the parent and allies who are in charge of them. Given the number of lies that have been told not only within the family but also to the surrounding community it seems entirely clear that much of what they say and how they behave with their mother depends on who is present - or who isn't. It is my impression that much is performative Ie for an audience, but that the actually visits reflect their underlying attachment to their mother which persists but is often understandably hidden from those whom they believe would object.

This week I am able to speak at the following times without interruption.

Wednesday: so far, I am actually free after 230 but in the office until about 6 so that is a good interval, if it works for you. It is the first night of Passover, so no one is coming to see me !

Thursday: I can do 1030 until about 11 15, or one to two.

Friday: I am free i.e. sans patients from 1030 until about 130.

So please let me know which if any works for you. This week because of Passover and my guests it is hard to do evenings but my days are much lighter so I hope we can find a time soon.

Looking forward to speaking with you.

SB

**Stephanie Brandt MD**  
350 Central Park West  
#13-I  
New York, New York  
10025

Tel: 212 996 0698  
Fax: 917 591 5165  
Emergency: 917 509 2323

[sab2009@med.cornell.edu](mailto:sab2009@med.cornell.edu)  
[SABRANDTMD@gmail.com](mailto:SABRANDTMD@gmail.com)

Clinical Assistant Professor of Psychiatry  
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Faculty and Chairman, Ethics Committee  
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Child and Adolescent Supervising Psychoanalyst  
New York Psychoanalytic Institute  
New York, NY

PLEASE DO NOT COUNT ON TEXT OR EMAIL IN A TIME SENSITIVE CONTEXT.  
CALL MY EMERGENCY NUMBER.

PLEASE DO NOT CONVEY EMERGENCY OR HIPAA PROTECTED INFORMATION VIA  
EMAIL or TEXT.

**HIPAA Notification:** This electronic message contains information that may be privileged, confidential or otherwise protected from disclosure. The information contained herein is intended to be for the addressee only. If you are not the intended addressee, any disclosure, copying, distribution or use of the contents of this message (including attachments) is prohibited. If you have received this electronic message in error, please notify the sender immediately and destroy the original message and all copies.

5/8/23, 12:16 PM

Mail - Stephanie Ann Brandt MD - Outlook

**From:** Kathleen McKay <kemckay@me.com>  
**Sent:** Friday, March 31, 2023 9:52 AM  
**To:** Stephanie Ann Brandt MD <sab2009@med.cornell.edu>  
**Subject:** [EXTERNAL] CLIENT INQUIRY

Hi Dr. Brandt,

At long last, I have arrived at the point where I'm ready to speak with you re your client Ms. Catherine Kassenoff. I have attached the release form specific to my evaluation parameters as well as a general HIPPA form provided by Ms. Kassenoff.

Please call me on my private cell (please do not share - although Ms. Kassenoff has already obtained it somehow) whenever it is convenient for you - 914-588-3199.

I look forward to speaking with you.

Kathleen McKay, Ph.D. Licensed Psychologist Specializing in Forensic & Neuropsychological Evaluation

5/8/23, 12:14 PM

Mail - Stephanie Ann Brandt MD - Outlook

Re: [EXTERNAL] Re: CLIENT INQUIRY

Stephanie Ann Brandt MD

Tue 4/4/2023 3:54 PM

To: Kathleen McKay &lt;kemckay@me.com&gt;

HI,

Sorry for delay in responding. At this point because of many changes due to Passover I can only do **11 on Thursday**. Does that still work for you? If so let me know how to proceed.

I understand that I can not comment diagnostically on someone I have not examined. I agree, of course. However, I do have a lot to say about CK's parenting and the impact of this litigation on her, including as a parent I assume that in part that is what you want to discuss. Please know that is what I meant. FYI - I also have read quite a few of the court docs from both parties but clearly not all of them, seen a few videos, and I have read the reports by Culley.

I think it can be VERY hard for all of us to know what is TRUE in this case without getting into the weeds and at times stuck there. However, in the end, as I said, it is obvious that the children need to be protected from the inter parental hostility. However, simply as a well established developmental principle, I feel very strongly, that they also need to know what is true and what is not true about both parents at an age appropriate level. This is esp so as I know that they have already dealt with two very scary bouts of CK's cancer and at those times, must have been afraid of losing her too. But, yes, that is an inference given what I know about children. It does inform what I say to Catherine. Perhaps we disagree on that, but I do think, whether I have met them or not, that both parents being honest with them is just fundamental to their development, esp their moral development. I think that the impact of the children's vicious comments on CK is quite relevant to my view of Catherine, and her treatment. I don't think that I should avoid addressing that. My comments are not about the girls internal lives or mental state but their behavior towards their mother (witnessed and reported by many inc Culley) which is so erratic and inconsistent. I know about that from many sources but my point, again, is the impact on my patient and how she has handled herself during this terrible case.

Hope that's clear.

See you on Thursday

Thanks,

SB

Stephanie Brandt MD  
350 Central Park West  
#13-I  
New York, New York  
10025

Tel: 212 996 0698

Fax: 917 591 5165

Emergency: 917 509 2323

[sab2009@med.cornell.edu](mailto:sab2009@med.cornell.edu)

[SABRANDTMD@gmail.com](mailto:SABRANDTMD@gmail.com)

5/8/23, 12:14 PM

Mail - Stephanie Ann Brandt MD - Outlook

Clinical Assistant Professor of Psychiatry  
New York Hospital-Weill Cornell Medicine

Faculty and Chairman, Ethics Committee  
New York Psychoanalytic Institute

Child and Adolescent Supervising Psychoanalyst  
New York Psychoanalytic Institute  
New York, NY

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---

**From:** Kathleen McKay <kemckay@me.com>  
**Sent:** Monday, April 3, 2023 9:06 PM  
**To:** Stephanie Ann Brandt MD <sab2009@med.cornell.edu>  
**Subject:** [EXTERNAL] Re: CLIENT INQUIRY

Dr. Brandt

Thank you for your response.

Thursday is best. Any time works so u can pick.

I have no idea how long. My inquiry is regarding your treatment of Ms KASSENOFF, i.e. course of treatment, frequency of meetings, clinical/diagnostic impressions, amenability, medications if any etc.

I am assuming you have not met or worked with the children. As such I ask that we keep our discussion limited to your client.

Yes. I'm quite sure. She contacted me on my personal cell (I told her not to do it again and blocked her) and my personal email. I do not distribute either to clients.

If u could text me what time works for you, that would be great. I will email a Doxy link.

I look forward to speaking with you.

Kathleen McKay, Ph.D.  
Sent from my iPhone

On Apr 3, 2023, at 8:45 PM, Stephanie Ann Brandt MD <sab2009@med.cornell.edu> wrote:

Dear Dr. McKay,

I would be happy to discuss Catherine Kassenoff with you.

It would be helpful in doing this if I knew 1. How much time you think we need 2. what questions you have of me, 3. what areas you want me to discuss. Much of my treatment of Catherine has been about her concerns and questions about the children, not just about herself. She came to me in part because I am a child psychiatrist and have experience in the forensic context. Her prior therapist, Dr Filova, did not.

So, if you can guide me on the above it may make this more efficient. If you do not want to do things that way, its fine to just schedule a call ( or zoom - I prefer zoom or doxy actually )

There was nothing for me to sign on your forms as I read them except that you needed my landline in my office. - 212 996 0698 and my fax which is 917 591 5165.( see below under my sig) . I did fax them back to you however. My home landline is 212 410 6159.

I am emailing you, not calling right now, as this is just about logistics. But I will keep your cell and of course, not share it. As you mentioned it, I was a bit stunned that you seem to believe that Catherine has this private number. Are you certain of that? I have always been aware that she communicates with you on another cell 914 949 6761-( I may have the last two wrong ) which you gave her for that purpose or on doxy for the teletherapy. Is that incorrect? Does she text you on the wrong phone? I ask, largely because it is so important in this **very** fraught case that there be no misunderstanding about even small things like this. Unfortunately, I am aware that there are MANY allegations made about her not only by her ex-husband but many other 'professionals' that ,when investigated, were not corroborated at all. That said, I do know, having done this work, how hard it is to go through the overwhelming amount of data in this case. Nonetheless given this confusing context and, for the sake of her personal and professional reputation, I am asking if there could be some misunderstanding about the cell phones as you seemed to be implying some wrongdoing on her part.

I am also quite aware how difficult it must be to deal with these three girls. The extremely rapid and abrupt changes in what they say to and about Catherine ranges from sweet moments, invitations to things when unobserved or with Ms. Culley to then sudden utterly vile vilification of her, full of claims of horrendous abuse, illegal activities, and multiple visits to the police to request OOP's and even get her arrested. I am not sure if you are aware of this but Catherine, when she worked for NYS gov, had a top-secret security clearance that few obtain and for which she was vetted in a much more thorough process than can occur in this litigation. And yet these children have been concerned that she would kill them? That makes zero sense unless they were repeatedly told such things. I cannot imagine how confused, frightened they must be. And of course, just aligning with one parent, can feel safer than preserving their sense of reality, their memory of the past, and their developing sense of

fairness. But that is a sure recipe for psychopathology. I do believe that these children, and all children, should not have to forfeit their sense of reality in order to preserve an attachment to a parent. I am quite concerned that they will all need help safely and privately ( Ie in a real confidential therapeutic context ) understanding what the **facts and reality** are. I do not know why there has been such a concerted attempt to destroy this woman but to involve the children in that is appalling. I can say as a child psychiatrist who has treated many children in this context that it does very much matter to support their appreciation of reality - and most especially if they are told lies about one parent by the other and by the parent and allies who are in charge of them. Given the number of lies that have been told not only within the family but also to the surrounding community it seems entirely clear that much of what they say and how they behave with their mother depends on who is present - or who isn't. It is my impression that much is performative Ie for an audience, but that the actually visits reflect their underlying attachment to their mother which persists but is often understandably hidden from those whom they believe would object.

This week I am able to speak at the following times without interruption.

Wednesday: so far, I am actually free after 230 but in the office until about 6 so that is a good interval, if it works for you. It is the first night of Passover, so no one is coming to see me !

Thursday: I can do 1030 until about 11 15, or one to two.

Friday: I am free i.e. sans patients from 1030 until about 130.

So please let me know which if any works for you. This week because of Passover and my guests it is hard to do evenings but my days are much lighter so I hope we can find a time soon.

Looking forward to speaking with you.

SB

**Stephanie Brandt MD**  
350 Central Park West  
#13-I  
New York, New York  
10025

Tel:212 996 0698

Fax: 917 591 5165

Emergency: 917 509 2323

[sab2009@med.cornell.edu](mailto:sab2009@med.cornell.edu)

[SABRANDTMD@gmail.com](mailto:SABRANDTMD@gmail.com)

Clinical Assistant Professor of Psychiatry  
New York Hospital-Weill Cornell Medicine

Faculty and Chairman, Ethics Committee  
New York Psychoanalytic Institute

Child and Adolescent Supervising Psychoanalyst  
New York Psychoanalytic Institute  
New York, NY

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**From:** Kathleen McKay <kemckay@me.com>  
**Sent:** Friday, March 31, 2023 9:52 AM  
**To:** Stephanie Ann Brandt MD <sab2009@med.cornell.edu>  
**Subject:** [EXTERNAL] CLIENT INQUIRY

Hi Dr. Brandt,

At long last, I have arrived at the point where I'm ready to speak with you re your client Ms. Catherine Kassenoff. I have attached the release form specific to my evaluation parameters as well as a general HIPPA form provided by Ms. Kassenoff.

Please call me on my private cell (please do not share - although Ms. Kassenoff has already obtained it somehow) whenever it is convenient for you - 914-588-3199.

I look forward to speaking with you.

Kathleen McKay, Ph.D. Licensed Psychologist Specializing in Forensic &  
Neuropsychological Evaluation



**[EXTERNAL] Re: CLIENT INQUIRY**

Kathleen McKay &lt;kemckay@me.com&gt;

Tue 4/4/2023 4:26 PM

To: Stephanie Ann Brandt MD &lt;sab2009@med.cornell.edu&gt;

Thank you for your response.

11 am is fine. I'll send u a doxy link 10 min prior.

See you Thursday - please LMK if any change.

Kathleen McKay, Ph.D.

Sent from my iPhone

On Apr 4, 2023, at 3:54 PM, Stephanie Ann Brandt MD <sab2009@med.cornell.edu> wrote:

HI,

Sorry for delay in responding. At this point because of many changes due to Passover I can only do **11 on Thursday**. Does that still work for you? If so let me know how to proceed.

I understand that I can not comment diagnostically on someone I have not examined. I agree, of course. However, I do have a lot to say about CK's parenting and the impact of this litigation on her - including as a parent. I assume that in part that is what you want to discuss. Please know that is what I meant. FYI - I also have read quite a few of the court docs (from both parties but clearly not all of them), seen a few videos, and I have read the reports by Culley.

I think it can be VERY hard for all of us to know what is TRUE in this case without getting into the weeds and at times stuck there. However, in the end, as I said, it is obvious that the children need to be protected from the inter parental hostility. However, simply as a well established developmental principle - I feel very strongly, that they also need to know what is true and what is not true about both parents at an age appropriate level. This is esp so as I know that they have already dealt with two very scary bouts of CK's cancer and at those times, must have been afraid of losing her too. But, yes, that is an inference given what I know about children. It does inform what I say to Catherine. Perhaps we disagree on that, but I do think, whether I have met them or not, that both parents being honest with them is just fundamental to their development - esp their moral development. I think that the impact of the children's vicious comments on CK is quite relevant to my view of Catherine, and her treatment. I don't think that I should avoid addressing that. My comments are not about the girls' internal lives or mental state but their behavior (towards their mother (witnessed and reported by many inc Culley)) which is so erratic and inconsistent. I know about that from many sources but my point, again, is the impact on my patient and how she has handled herself during this terrible case.

Hope that's clear.

See you on Thursday

Thanks,

SB

-

**Stephanie Brandt MD**

350 Central Park West  
#13-I  
New York, New York  
10025

Tel: 212 996 0698  
Fax: 917 591 5165  
Emergency: 917 509 2323

[sab2009@med.cornell.edu](mailto:sab2009@med.cornell.edu)  
[SABRANDTMD@gmail.com](mailto:SABRANDTMD@gmail.com)

Clinical Assistant Professor of Psychiatry  
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**To:** Stephanie Ann Brandt MD <sab2009@med.cornell.edu>  
**Subject:** [EXTERNAL] Re: CLIENT INQUIRY

NYSCEF DOC. NO. 3109  
5/8/23, 12:23 PM

Mail - Stephanie Ann Brandt MD - Outlook

RECEIVED NYSCEF: 05/09/2023

Dr. Brandt

Thank you for your response.

Thursday is best. Any time works so u can pick.

I have no idea how long. My inquiry is regarding your treatment of Ms KASSENOFF, i.e. course of treatment, frequency of meetings, clinical/diagnostic impressions, amenability, medications if any etc.

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New York, New York  
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Kathleen McKay, Ph.D. Licensed Psychologist Specializing in Forensic & Neuropsychological Evaluation

## **Stephanie Ann Brandt, M.D.**

350 Central Park West

# 13-I

New York, New York 10025

Phone: (212) 996 - 0698

Fax: (917) 591-5165

E-mail: sab2009@med.cornell.edu

Adult and Child Psychiatrist and Psychoanalyst.

Experienced expert witness in child-focused domestic and international litigation.

Clinical Assistant Professor in Psychiatry at Weill Cornell Medical College /Weill Cornell-New York Hospital.

Faculty and Chairman of Ethics Committee, New York Psychoanalytic Institute.

Child and Adolescent Supervising Psychoanalyst, New York Psychoanalytic Institute.

### Primary Areas of Expertise and Current Professional Responsibilities

- Child, Adolescent, and Adult Psychiatry and Psychoanalysis
- Expert Witness Evaluation and Testimony in domestic, and international child- focused civil litigation
- Complex diagnostic evaluations/Second opinion consultations
- Teaching Faculty at New York Psychoanalytic Institute
- Child and Adolescent Supervising Psychoanalyst, New York Psychoanalytic Institute.
- Expert Consultation to legal and other professions regarding traumatic syndromes, personality disorders, psychopathy, and other adult and child diagnostic formulations relevant in a forensic context
- Evaluation and Treatment of Clinical Syndromes in Adults and Children secondary to Trauma and their differential diagnosis
- Clinical Consultation regarding individual, family and interdisciplinary issues pertaining to divorce, custody, child protective matters, domestic violence, sexual violence, medical trauma, acute, chronic and complex post traumatic stress disorder.
- Various forms of Psychotherapy, including psychodynamic
- Crisis Intervention in Psychiatric Emergencies

- Psychopharmacology
- Medication Management for non-MD treatment cases.

Expert Witness Evaluation and Testimony in the following Federal Hague Convention Matters

1. Jacki Saada V. Narkis Golan Docket # 18-CV-05292 EDNY(AD), 2019, multiple appeals, and then recent unanimous decision by Supreme Court of the United States on June 15, 2022
2. Christopher E. Davies V. Sally K. Davies, SDNY (VB), 2017
3. Santos Hernan Matute-Castro V. Josselinne Pamela Jimenez-Ortiz, Docket # 15-CV-04568 EDNY (DLI)(JO), 2016
4. Noel Stalin Reyes Olguin V. Maria Del Carmen Cruz Santana, Docket # CV-03-6299 EDNY (JG), 2004
5. M. Elyashiv V Iris Elyashiv, Docket # CV-03-1491 EDNY (FB), 2003

Notable Cases in other Courts

1. Williamsport Capital Ltd and Carmen Onrubia De Beeck v Gasps Roberto Lopez Costa, Index No. V-15307/10 / V-16387/10, 2012 Supreme Court of the State of New York, New York County (JS) 2009
2. Kulik V. Kulik, Docket Numbers V-17910-13 / V-17911-13, Manhattan Family Court (DH) 2013
3. Margaret Rhee-Karn V Kenneth Karn, Index No. V-15307/10 / V-16387/10, Manhattan Family Court (MB) 2012
4. Affidavit and Testimony in Support of Dominique Ouedraogo, Index No. V-15307/10 / V-16387/10, 2012, United States Department of Justice, Immigration Court, New York, New York August 27, 2018
5. Greenberg V Hall Duncan Index No: V- 300534/2018 Supreme Court of the State of New York, New York County (LD) 2018/2019



Primary Responsibilities: Most Recent Two Years

Psychiatrist, Private practice of child, adolescent and adult psychiatry, psychoanalysis and psychopharmacology

Child and Adolescent Supervising Psychoanalyst, New York Psychoanalytic Institute  
New York, NY

Supervision of child psychiatry residents and medical students, Department of Child Psychiatry, Payne Whitney Psychiatric Clinic, New York Hospital –Weill Cornell, New York, NY

Forensic evaluation and testimony in International Child Abduction Cases under The Hague Convention (Southern and Eastern Districts of NY)

Forensic evaluation and testimony in custody and other civil matters (New York State Supreme Court and Manhattan Family Court)

Editorial Board, The International Journal of Applied Psychoanalytic Studies

Reviewer, Journal of Aggression, Maltreatment & Trauma

Chairman, Ethics Committee, New York Psychoanalytic Institute

Faculty Instructor, Sexuality in Psychoanalysis, New York Psychoanalytic Institute

Faculty Instructor, Child Psychoanalysis Division, New York Psychoanalytic

Faculty Instructor, Ethical Issues in Clinical Practice I and II, New York Psychoanalytic Institute

Supervision of psychology interns, externs and post-doctoral students in the Treatment Center of the New York Psychoanalytic Institute

Member, Faculty Council, Department of Psychiatry, Payne Whitney Psychiatric Clinic,  
New York Hospital – Weill Cornell, New York, NY

Faculty Evaluator, Weill Cornell Clinic Human Rights, Weill- Cornell Medical College

Member, Ethics Committee, American Psychoanalytic Association

Consultation to private attorneys, agencies for children, and law firms on complex custody/visitation matters and other civil litigation

Recent Teaching

2019 – Present

Child and Adolescent Supervising Psychoanalyst, the New York Psychoanalytic Institute

2018 – Present

Supervision faculty, Treatment Center of the New York Psychoanalytic Institute

2018 – Present

Instructor, Sexuality in Psychoanalysis, New York Psychoanalytic Institute

2012 – Present

Instructor, Ethical Issues in Clinical Practice I and II, New York Psychoanalytic Institute

2016 – Present

Instructor, Child Psychoanalysis Division, New York Psychoanalytic

1983 – present

Supervision of residents and medical students, in the Department of Child and Adult Psychiatry, Payne Whitney Psychiatric Clinic, New York Hospital – Weill Cornell, New York, N.Y.

2012 – 2019

Member, Faculty Council, Department of Psychiatry, Payne Whitney Psychiatric Clinic, New York Hospital – Weill Cornell, New York, NY

Currently Active Professional Memberships or Affiliations

Member: Alpha Omega Medical Society

Member: American Academy of Child Psychiatry

Member: New York Psychoanalytic Institute and Society

Member: American Psychoanalytic Association

Member: Association for Child Psychoanalysis

Member: Legal Advisory Committee, Sanctuary for Families

Member: American Academy of Psychiatry and Law

Member: Association of Family and Conciliation Courts

Member: Physicians for Human Rights

Member: International Association for Forensic Psychotherapy

Member: American Bar Association

Member: Zero to Three.org

Current Committee Memberships

New York Psychoanalytic Institute  
Chairman of the Ethics Committee  
Sanctuary for Families  
Legal Advisory Committee  
International Journal of Applied Psychanalytic Studies  
Editorial Board

Education and Training

1968 - 1972            B.A. – Barnard College, Columbia University, New York, NY,  
cum laude, major in philosophy and psychology

1972-1973            Post BA Pre- Med Requirements – McGill University, Montreal, Canada

1973 - 1977            M.D. Downstate Medical School, State University of New York, Brooklyn, NY,  
summa cum laude, 1977

1977 – 1978            Medical Internship, New York University, Manhattan Veterans Hospital, New  
York, NY

1978 – 1981            Residency in Adult Psychiatry, Payne Whitney Psychiatric Clinic,  
New York Hospital –Weill Cornell, New York, NY

1981 – 1983            Child Psychiatry Fellowship, Payne Whitney Psychiatric Clinic,  
New York Hospital –Weill Cornell, New York, NY

1983 – 1992            Adult Psychoanalysis, The New York Psychoanalytic Institute, New York, NY

1992 – 2015            Child and Adolescent Psychoanalysis, The New York Psychoanalytic Institute,  
New York, NY

Certification and Licensure

1980    New York State Medical License #142297

1982    American Board of Psychiatry and Neurology (Adult Psychiatry)

1992    Adult Psychoanalysis, The New York Psychoanalytic Institute

1997    American Board of Psychiatry and Neurology, (Child Psychiatry) – Recertification 4/2011

2015 Child and Adolescent Psychoanalysis, The New York Psychoanalytic Institute

2019 Certification in Child Psychoanalysis, American Board of Psychoanalysis

Professional Positions and Activities

2022- Present

Reviewer, Journal of Family Trauma, Child Custody & Child Development

2022-Present

Reviewer, Journal of Aggression, Maltreatment & Trauma

2020 – Present

Editorial Board, International Journal of Applied Psychoanalytic Studies

2019 – Present

Child and Adolescent Supervising Psychoanalyst, the New York Psychoanalytic Institute

2018 – Present

Instructor, Sexuality in Psychoanalysis, New York Psychoanalytic Institute

2016 – Present

Instructor, Child Psychoanalysis Division, New York Psychoanalytic

2012 – Present

Instructor, Ethical Issues in Clinical Practice I and II, New York Psychoanalytic Institute

2012-Present

Chairperson, Ethics Committee, New York Psychoanalytic Institute

1983 – Present

Private practice of child, adolescent and adult psychiatry, psychopharmacology and psychoanalysis

1983 – Present

Supervisor of child and adolescent psychiatry residents and fellows, Department of Child Psychiatry, Payne Whitney Psychiatric Clinic, New York Hospital –Weill Cornell, New York, NY

2012 – 2019, 20221-Present

Member, Faculty Council, Department of Psychiatry, Payne Whitney Psychiatric Clinic, New York Hospital – Weill Cornell, New York, NY

2002 – Present

Forensic evaluation and testimony in International Child Abduction Cases under The Hague Convention (Southern and Eastern Districts of NY)

2015 – Present

Member, Legal Advisory Committee, Sanctuary for Families

1998 – Present

Court appointed and private child custody/visitation/domestic violence evaluations and testimony in Manhattan, Bronx and Brooklyn Family and Supreme Court

2015-2020

Member, Ethics Committee, American Psychoanalytic Association

2015 – 2019

Evaluator, Weill Cornell Center Human Rights, New York Hospital –Weill Cornell, New York, N.Y.

2015 – 2019

Invited Speaker Faculty, Family Law and Family Forensics Training Program, Washington Square Institute, New York, NY

2011 – 2015

Member, Rights and Legal Matters Committee of the American Academy of Child Psychiatry

1998 – 2015

Faculty, Psychotherapy Training Program, The New York Psychoanalytic Institute

1998 – 2000

Co-chairman, Program Committee, Interdisciplinary Forum on Mental Health and Family Law

1997 – Present

Consultation to private attorneys, law guardians and law firms on complex custody/visitation matters and other civil matters

1993 – 2001

Faculty, Extension Division, The New York Psychoanalytic Society, New York, NY

1995 - 2001

Boards of Directors, The New York Psychoanalytic Society, New York, NY

1983 – 1984

Staff psychiatrist, Health Service, Sarah Lawrence College, Bronxville, NY

1983 – 1984

Staff psychiatrist, Health Service, Columbia University Medical School, New York, NY

Presentations, Panels, and Lectures

1. Discussion Group ‘Clinical Aspects of Domestic Violence: The Impact on Children ‘ Clinical 2023 National Meeting of the American Psychoanalytic Association, New York, February 2023
2. Panelist, Addressing Domestic Violence 2022: The Hague Convention on International Child Abduction and Its Intersection with Child Custody Law. Practicing Law Institute, February 2022
3. Discussion Group ‘Clinical Aspects of Domestic Violence ‘ 2019 National Meeting of the American Psychoanalytic Association, New York, February 2019
4. “Civil Aspects of Litigating an International Child Abduction Case Under The Hague Convention: How to Prove the ‘Grave Risk of Harm’ Defense,” presented at the NY County Lawyers Association, New York, July 2018
5. Panelist, “Allegations of ‘Parental Alienation’ in the Context of Domestic Violence Litigation,” NYC Bar Association, New York, April 2017
6. “Turning Points in Child Psychoanalysis – Markers of Progress,” presented at the Annual Meeting of the Association for Child Psychoanalysis, Denver, April 2016
7. “The Impact of Divorce on Children at Different Developmental Phases,” presented at the New York Psychoanalytic Institute, October 2015
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