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February 22, 2021

Re: Charlotte Kassenoff  
DOB:02/01/2011

This report was requested because of concerns about Charlotte's suicidal verbalizations and the level of possible risk. The concerns about safety seem to have been prompted by both verbal statements of suicidal ideation and suicidal ideation reported in texts and emails reported primarily by the mother. It is unclear to me who actually saw these emails.

The report is based on a review of all available documents and one or more interviews with parents, visit supervisor, therapist, Child Law Guardian and Charlotte herself. I will include only significant information relating to my evaluation and will not repeat information easily available elsewhere.

At the time of this evaluation Charlotte is living with her father and 2 siblings. All three siblings have regular planned supervised visits with mother as a group. The divorce process is reported to be difficult and prolonged.

Significant issues in the family include:

1. Difficult communication between parents and use of third parties to communicate information.
2. A radically different dynamic between children and parents and children and each other since the move away from mother. Charlotte seems to have less preferential treatment and less control over her environment while the alliance between Josephine and Ally has strengthened.

3. The discrepancies in the parents views, expectations and communications which create a dilemma for the children who want both parents to love them but are required to meet different expectations and may feel obliged to take sides to maintain alliances.

On interview, Charlotte presents as calm and cooperative. At times she makes good eye contact but at times she is clearly not focussed on the interviewer. She is bright and very adept at presenting herself as "fine". She is very contained and shows little emotion. Getting relevant and significant information requires very concise and specific questions. She seems to view emotional expression as a means to an end rather than a way of opening up or getting to know someone. She is very pleasant but it isn't clear if this reflects her true feelings or if she knows how to "behave". She admits to intense emotional outbursts but has difficulty describing her emotions. She tries to minimize behaviors she knows are "unacceptable." She denies persistent suicidal ideation or depression and denies any persistent symptoms of major depression. She is logical and goal directed and there is no evidence of a thought disorder.

#### Conclusions;

I do not know if Charlotte has a personality disorder or other serious pathology. She is very young and trying to cope in a very dysfunctional situation while maintaining the image of being exceptional. It is a mistake to rush to diagnostic opinions. I think she is more fragile than she presents and less confident. Her current symptoms and behavior is easily explained by the various stressors of her current living situation.

1. I believe the suicidal ideation expressed by Charlotte is mostly an impulsive and emphatic way of expressing her anger and frustration and always seem to be related to an immediate stressor/conflict, "in the heat of the moment". There is no evidence of persistent suicidal ideation, intention or plan to commit suicide. Charlotte says she would talk to friends about such feelings and knows they would report to her parents or the staff at

school. Clearly, people who express the intensity of their emotions through suicidal expression can escalate if they feel there are not heard. I think any information about safety concerns should be shared with both parents and the therapist. Right now Charlotte's predominant emotions are anger and frustration which is understandable and should be validated.

2. Currently, Charlotte's reference point of safety, security and acceptance, is school where she can feel competent and a member of the clan. I think it is important for her to have that stability and that everything possible should be done to keep her in that school for the present.

3. I think it is very important that each child has individual 1:1 visits with mother. Group visits are interfering with the relationships between mother and children and between the children as well, increasing conflict and problem behaviors.

4. It is important that the treatment team maintain a neutral stance and not take sides or make diagnostic assumptions.. The existence of sides is what promotes many of the problem behaviors described to me and will prevent the children from feeling safe to be open and honest with their therapy team. People underestimate how much children pick up on their 'opinions' and tend to believe their ideas are hidden and inaccessible.

#### Recommendations:

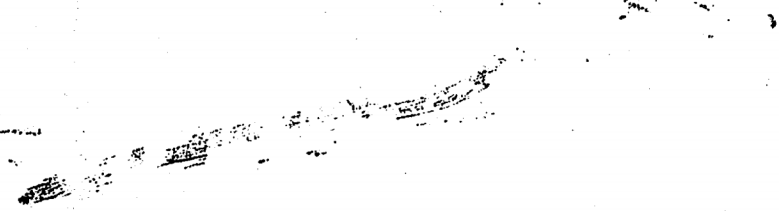
1. All family members should be encouraged to use direct communication and not communicate for other people. When some says "please tell this person something" the answer should be to encourage direct communication.
2. Questions about the "best way" to communicate should be directed to the treatment team.
3. Communications about the children should be CC'd to a well defined team and include both parents. Letters to select people with "private" information can create confusion for everyone and interfere with appropriate parenting and safety.
4. The current visit plan, with all siblings visiting together, is increasing the tension tension between siblings and their individual relationships with

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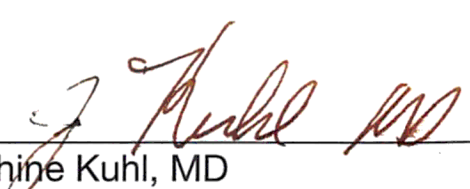
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each parent. Having the opportunity for 1:1 visits is more important than the frequency of visits.

Please feel free to contact me if you have questions about this evaluation or feel it is unclear.



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