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Psychological Evaluation

June 9, 2021

Name: Catherine Kassenoff

D.O.B.: 1/5/1969

Age: 52

Referral Information:

On April 13, 2021, Ms. Kassenoff requested a psychological evaluation of herself, at the suggestion of her attorney, Marcia Kusnetz, Esq. She has been embroiled in contested divorce and guardianship proceedings over the past two years, which have thus far resulted in the assigning of temporary sole custody of her three children to their father, Allan Kassenoff, and restricting contact with her children to supervised visitation. The decision of the Court was based in part on a forensic evaluation conducted in 2020, which in Ms. Kassenoff's estimation, misrepresented her psychological status, and judgment with respect to her role as parent. She is now seeking the present evaluation in the hope of gaining a more accurate, unbiased assessment of her psychological status, including parenting capacity. She is specifically asking that any findings of the presence of psychiatric illness and/or personality disorder, including DSM diagnoses, be reported. She is also asking for treatment recommendations if applicable.

Evaluation Procedures: 5/10/2021, 5/11/2021, 5/17/2021

Beck Depression Inventory (BDI-II); Clinical interviews, including mental status examination, and personal, marital and case histories; General Health Questionnaire (GHQ); Minnesota Multiphasic Personality Inventory -2 Restructured Form (MMPI -2RF); Parental Discipline Techniques, including questions on alienating behaviors; Thematic Apperception Test (TAT); Trauma Symptom Inventory-2 (TSI-2).

Collateral Contact:

Dr. Anna Filova, M.D. Psychiatrist

Documents Reviewed:

- Domestic Incident Reports– 8/11/2010, 6/27/2018
- Family Offense Petition; Temporary Order of Protection – 9/15/2010
- Medical chart notes, Montefiore New Rochelle Hospital – 2/28/2016
- Medical chart notes, Memorial Hospital for Cancer and Related Diseases – 12/6 – 12/11/2017
- Medical chart notes, MD Urgent Care – 5/11/2019
- Clinical note re: Interview of Alexandra, Seth Winkler, M.D. 5/16/2019
- Diagnostic Psychiatric Evaluation of Alexandra, Alan Ravitz, M.D. 11/1/2019
- Transcript of Testimony of Dr. Anna Filova, Supreme Court of NYS, Westchester, Matrimonial Part – 7/22/2020
- Neuropsychological Evaluation of Alexandra, Carolyn McGuffog, Ph.D., Ed.D. – 11/1/2020
- Psychiatric Report on Charlotte, Josephine Kuhl, M.D. – 2/22/2021

Personal History:

Ms. Catherine Kassenoff is the eldest of three offspring of Dr. Navih Youssef and Heather Youssef. Dr. Youssef, who had an Egyptian, Coptic Christian heritage, was an Oncologist who died in 2009 at the age of 69. Ms. Youssef, 76, who has an English heritage, is a former Bio-technician who currently lives in Dallas, Texas. One brother, Michael, 48, is a Radiologist, unmarried, living in Tampa, Florida. Another brother, Jamie, 46, is the COO of Cardinal Health in Texas. He is divorced and the father of 3 daughters. Born in Halifax, Nova Scotia, Catherine lived with her family in Canada until age 10, when they relocated to a rural community in West Virginia, not far from Pittsburgh, Pennsylvania. Catherine describes a “very pleasant, happy childhood,” which had unhappy elements. Father’s middle eastern background resulted in the strong demarcation of gender roles within the family, as manifested in greater privileges being extended to her younger brothers than to her. When Catherine wanted to secure part-time employment while in high school, her father rejected the idea, explaining that her working at that age would have reflected negatively on him. In retrospect, Catherine

considers the experience of gender bias and double standard at home to have had a traumatizing effect on her, greatly limiting her assertiveness and stifling the development of positive self-esteem. She was never physically abused or otherwise mistreated, subjected only to occasional spankings when she was young. She encountered difficulties in acclimating to school in America, beginning in 4th grade, because of significant contrast with the curriculum she had been familiar with in Canada. It also took a few years before she could fit in socially with peers. She recalls feeling like this “freak from Canada lost in an all-white, culturally foreign environment. Things improved substantially when Catherine attended an all-girls Catholic high school, where she thrived academically and socially. She became very involved with debating, French club and tennis, and earned the distinction of being valedictorian at graduation. She continued to excel as an undergraduate at Dartmouth College in New Hampshire, where she majored in Philosophy and Biology, and graduated Cum Laude. After spending a year as a paralegal in N.Y.C., and a year in Poland teaching English to high school and college students, Catherine enrolled at New York University, graduating in 1995 with a law degree.

For the first three years of her law career, Catherine served as a litigation associate at a private law firm where prepared expert and fact witnesses for trial testimony. From 2000 until the beginning of 2005, she served as Assistant U.S. Attorney within the criminal division, business securities fraud unit of the United States Attorney’s Office for the Eastern District of New York. To qualify for this position, she first had to be thoroughly vetted to ensure that she was free of any potential legal, ethical or psychological concerns. Over the ensuing decade, she worked in various capacities within corporate enterprises. She was Senior Counsel at Citigroup, Inc. for two years, Director of Corporate Compliance at Edison Learning, Inc. for a year, Chief Litigation Counsel at GAF Materials Corp. for three years, and Executive Director/Head of U.S. Litigation and Government Investigations at Boehringer Ingelheim Pharmaceuticals for two years. In March, 2015, Catherine was accepted for a position in the Office of Governor Andrew Cuomo, where she is still employed. She serves as Special Counsel for Ethics, Risk & Compliance for the Energy and Finance Sub-Cabinet. Once again, as requirement for the position, she first had to be thoroughly vetted, this time by

NYS authorities. She presently works a full-time schedule with flexible hours, and has no plans to change employment position.

Catherine reports having no history of psychiatric illness, psychiatric hospitalization or treatment with psychotropic medication. She began seeing Psychiatrist, Dr. Anna Filova for individual therapy sessions in July, 2019, shortly after divorce proceedings were initiated. Catherine reports the absence of psychiatric illness history for her parents and siblings.

Catherine was afflicted with breast cancer twice, first in 2008 and again in 2017. She is presently receiving medication as part of recovery protocol, and she is eagerly awaiting a status report in June, 2021, which, if favorable, would mean a lowering of her risk for recurrence. She is in good health, otherwise, although her busy schedule prevents her from adhering to a fitness regimen which formerly included tennis activity. She derives much support and social outlet from "a good network of friends." She resides in the New Rochelle home, jointly owned with her estranged husband, since August, 2020. Her plans are to put the home up for sale and move to Larchmont to be closer to where her children attend school.

Marital and Case History:

Catherine met her future husband, Allan in 2005 when they both worked at the same law firm. They were working on the same case, and it was soon apparent that they had common interests. She was impressed by his strong work ethic, his reliability and most importantly, his strong desire to have children. The relationship thrived as they derived mutual enjoyment by simply playing board games and exploring interesting real estate properties together. The couple married in November 2006. Stymied by repeated miscarriages, they soon turned to In-Vitro Fertilization, but without success. The quest to have a baby was then derailed in 2008 when Catherine was diagnosed with an aggressive form of breast cancer. It was then when Catherine concluded that Allan "showed that he was not good at handling stress." It was Catherine's mother who came to the rescue as a crucial source of support in helping her daughter get through the difficult period of recovery in 2008. When a resumption of In-Vitro Fertilization attempts failed to bring desired results, it was Allan who brought up the idea of adoption, eventuating in the adoption of Alexandra in July, 2009. Afterwards, the couple tried in earnest, through IVF, to conceive a sibling for Alexandra, and now their

efforts brought fruit. Charlotte was likely conceived at the beginning of May, 2010. Days or weeks later, Catherine discovered that Allan was having an affair with their live-in nanny, which he denied. He was reportedly incensed when Catherine fired the nanny, making pronouncements about the inevitability of divorce. In August, 2010 a heated argument devolved into a pushing incident, then another physical confrontation on September 14, 2010. As described in the Family Offense Petition filed by Catherine the next day, Allan "forcibly took the child, Alexandra Kassenoff, out of the child's high chair while the Petitioner was feeding the child, which caused the child to cry ... Respondent pushed the Petitioner out of the way ...barricaded himself in the room with the child ..." A Temporary Order of Protection was issued by Judge Nilda Horowitz on September 15, 2010. By then, Catherine was determined to file for divorce, but relented when Allan agreed to participate in anger management counseling and family counseling. He responded favorably leading to a vast improvement in the marital relationship. After Charlotte was born on February 1, 2011, 2011 and 2012 proved to be the "best years" of the marriage. A close, loving, intimate relationship was restored, leading to the birth of Josephine in August, 2013.

As Josephine's first birthday approached, it became evident that she was manifesting developmental delays and in need of early intervention services, including Occupational Therapy, Physical Therapy and Speech habilitation services. This prompted Catherine to resign from her position as Executive Director and Executive Counsel at a pharmaceutical company in Connecticut. For the ensuing eight months she was a full-time mom, tending to the parenting challenges presented not only from Josephine but from Alexandra, too, as she was manifesting behavioral-emotional difficulties. Allan reportedly was "livid" about Catherine's decision and the sudden drop in family income that was to come. He wasn't particularly pleased in March 2015 when Catherine decided to accept a government job, rather than return to the much more lucrative world of corporate America. He apparently failed to appreciate how the new job in the Office of Governor Cuomo would feature the stable yet flexible schedule which would maximize Catherine's availability to attend to the job most important for her, parent of three young children. Tensions within the marriage returned and progressively worsened through the remainder of 2015 and into early 2016. On 2/28/2016 Catherine was seen at the emergency room of Montefiore New

Rochelle Hospital. According to the Physician Progress Note, she "complains of being assaulted today by a nonspecific assailant in a nonspecific location earlier today...she hesitates to provide details about the assailant or mechanism of injury. She acknowledges getting thrown to the ground." As she expected that "the assailant will be far away for a long time, she does not want police involved." Upon examination, there was "no evidence of serious head injury, neurologic injury, chest or abdominal injury." Clinical impression is listed as "alleged assault; multiple abrasions; multiple contusions; muscle strain." Motrin was prescribed for pain management. Catherine's refusal to identify the assailant as her husband was consistent with her position following other incidences of domestic violence to suppress information in the service of preserving the pragmatic benefits associated with staying in the marriage.

In 2017, Catherine suffered a recurrence of breast cancer. She states, "by that time he really checked out of the marriage." Any vestige of intimacy, a fulfilling social life, or a feeling of being supported during a medical crisis was gone. As things were deteriorating in 2016, the couple decided to video record themselves at home, in an effort to learn about the dynamics of their conflicts, but this effort didn't last for long. The retention of a marriage counselor lasted for only 2 sessions. On December 6, 2017, Catherine was interviewed and examined at Memorial Hospital for Cancer and Allied Diseases. As per Medical chart notes, she appeared "because her husband threw her across the room and she hit her right arm and head on ottoman...(she) initially stated that her kids witnessed the event, but later stated they didn't. Patient doesn't want to file police report because she doesn't want husband to lose job because she is on his insurance. She reported that her previous mild dizziness had worsened since the incident. Social support notes indicate that Catherine explained that "husband has some issues with anger, (but) he has never hurt their three children."

On 6/27/2018, a Domestic Incident Report was made when Catherine complained that Allen was "attempting to take their common children out of the country." By then, there apparently no trust existing between the two, but it wasn't until eleven months later, in May 2019 that the couple separated and effectively terminated the marriage. On 5/11/2019, Catherine visited MD Urgent Care in Mamaroneck, N.Y., complaining of "constant foreign body of the left eye ...patient and her daughter (Ally) report that patient's husband was upset about a comment

she made about how to do gardening and threw a mixture of grass and sod at patient which hit her on side of left eye. She reports her eye was tearing and has felling of a scratch..." A diagnosis of Unspecified injury of left eye and orbit was made. In an email exchange with Catherine on 5/15/2019, Allan asks, "why did you report me to CPS? Now I'm going to have to hire a lawyer and file for divorce." The next day, 5/16/2021, Alexandra was seen by Seth Winkler, M.D. of Pediatric Associates of Westchester, and she told the doctor "her father got angry at dog and started to kick the face of the dog...father then kicked patient in lower left leg, leaving a bruise." When this incident came to light at school, the principal called CPS. On 5/17/2019, Catherine secured an Order of Protection after being urged to do so by police. This eventuated in Allan's being required by police to vacate his home. On 5/24/2019, Allan had Catherine served with divorce papers. On 6/1/2019, Judge David Everett issued an Ex Parte Order, vacating the Order of Protection and assigned temporary custody of the children to Allan. A settlement was reached by which a 50-50 nesting arrangement was to occur, with each parent spending approximately 50% of the week with the children in the family home. A proviso was attached, requiring that a third adult party be present during Catherine's time in the home. Without benefit of a court hearing, the judge apparently was convinced from what he was told about Catherine's possibly having a psychiatric disorder such as Borderline Personality Disorder, that the children should not be left alone with her. This 50-50 residential arrangement remained in effect until March, 2020. On 3/26/2021, with Judge Everett presiding on an emergency basis, upon considering the results and conclusions of a forensic evaluation, he issued an Order calling for the total exclusion of Catherine from the family home. This put an end to the 50-50 nesting arrangement, and suddenly left Catherine homeless. She was now permitted to have only brief supervised therapeutic visits via Zoom each day, and one in-person supervised visit. According to Catherine, based upon the forensic evaluation report, concerns were raised in Court about the possibility that she had been coaching her children to fabricate claims about their father's mistreating them as well as attacking their mother. Such conclusion was at odds with the 6/7/2019 testimony of Detective Lisa Pompilio of the Larchmont Police Department, who had interviewed Josephine on or about 5/16/2019. She reported that Josephine told her teacher that "she was afraid to go home. She was afraid of her father (explaining)... her father had kicked her sister (Alexandra)." The detective also elicited from

Josephine that "she is afraid of her father because he said 'you should all go to hell' she watched him kick her sister Charlotte...I ran upstairs and hid in my mom's room while she was napping ...(father hit her mother so hard in the eye that she needed to see a doctor ... she was very scared for her mom ... her father needs to be taking medicine but he has not been. He yells and curses at us ... her father was yelling at her and grabbed her left arm so hard she had marks and bruises ... Josephine stated several times that she did not want to go home with her father or with the babysitter if her father was going to be there..." Detective Pompilio said she regarded Josephine to be "very well spoken and extremely smart... she was clear, concise and easily recalled all facts with no hesitation ..." In response to a question about whether he ascertained the extent to which Josephine was telling the truth, Det. Pompilio replied, "I rephrased several of my questions to see if I elicited the same response, which I did. Her responses did not change ... there was no hesitation ...she was very open ... it was truly like a floodgate." She testified that she thought Josephine was being truthful, explaining that "there is a certain age where children have the ability which is age appropriate to make up a story and be consistent with that story. Developmentally, a five-year old, six-year old, the facts are sometimes ... marked up and crazy8 when they are making up stories because they are trying to give you a fake story, but at the same time they are trying to recall what it was the told you. Where a ten-year old or 11-year old has the developmental ability to make up a lie and remember consistent what it is that they gave you. So based on that and her language skills, her ability to tell me explicitly what happened, I felt she was being truthful." The detective expressed no concern about the possibility that Josephine had been coached by her mother or anyone else about what she said in the interview.

Concerns were also raised at Court about the forensic evaluator's conclusion that Catherine had a history of impeding Allan's access to the children by scheduling events or meetings at times that conflicted with his work schedule. This is refuted by Catherine who attests to having gone out of her way to accommodate the children's schedule to permit maximum access by father. She mentions how she regularly made use of a whiteboard at home when she and Allan still lived together, and later used google calendars and e-mail reminders to Allan regarding the next day's schedules for all three girls. This is evidenced by a July, 2016 e-mail

summary of a daily agenda and an 8/25/2016 e-mail informing Allan of invites for parents to serve as soccer coaches for the Junior Soccer League.

In June, 2020, in an e-mail sent to her mother, Charlotte made suicidal statements in connection with the possibility of being forced to live with her father for an indefinite period. Charlotte reportedly harbored similar thoughts ever since she learned of her father's petition for divorce a year earlier. Upon receipt of the e-mail, Catherine forwarded a copy to her attorney, as she was by then forbidden to have direct communication with Charlotte's therapist. She decided not to inform Allan of the e-mail, fearing that he might retaliate against Charlotte for what she wrote. Instead, she deleted the e-mail to permanently shield it from Allan, and reached out instead to her mother, asking that she follow-up to check that Charlotte was okay. Catherine also advised Charlotte during a Zoom visit to share her feelings and thoughts with her therapist at her next session. It was three days later when Catherine informed the Court about the latest suicidal statements, and she was subsequently criticized soundly for having used poor judgment when she withheld the information from Charlotte's father and legal guardian.

In January, 2021, and again in March, 2021, Alexandre showed up at Catherine's home in a state of panic, complaining she felt unsafe with father. Alarmed, Catherine acted responsibly in calling for an ambulance to take Alexandre to the emergency room. As of April, 2021, Catherine is permitted to see her children in-person with supervision for up to 4 hours per week. Alternatively, she may participate in 20 minute supervised Zoom sessions for up to 5 days per week.

Mental Status and Psychological Test Results:

Ms. Catherine Youssef Kassenoff is an affable, well-groomed, mild-mannered woman of average stature, who is readily engaged and highly motivated to complete the present evaluation. She is hopeful that the evaluation will correct inaccurate impressions of her reported last year by the forensic evaluator. She is fully cooperative, calm, attentive and focused throughout each of three 3 to 4 hour interviews, responding immediately to each question and task offered, without distraction or digression. Speech is normal and not pressured, perseverative or incoherent. Mental status examination reveals a woman with

likely superior range intelligence (no formal intelligence test was administered, but this estimate is based upon vocabulary, capacity for advanced abstract thought and coherence of her responses), who is well-oriented with respect to person, place and time, and whose remote memory is grossly intact. There is some hesitation and need for reflection before responding to questions tapping dates and chronology of more recent events. Ms. Kassenoff explains that when thrust into a very emotional situation, she is apt to protect herself by "turning out detail, essentially engaging in a pseudo dissociative practice which facilitates active forgetting. Thinking is logical, sequential, and goal-directed, with no evidence of delusional thought, tangential diversions, loosening of associations, or other signs of thought disorder. Ideas of reference are limited to her stated suspicions about biases against her shared by the forensic evaluator, attorney for the children, and perhaps each of the two judges who have presided in the case. No hallucinatory behavior is observed or reported, nor is any other indicator of perceptual disturbance evident. Affect is appropriate and regulated, with mood ranging from neutral to serious. Ms. Kassenoff reveals that over the past year she has not been "as smiley and laughing" as before. Presently, she is "more serious than ever, like on a constant to-do list." She finds that she becomes more exhausted than she felt during her bouts with cancer. She is subject to brief crying spells when reflecting on her children and how she is not available to them. She is able to snap out of the depressive moment by reminding herself of the tasks ahead. This is especially effective while at work where she is generally so focused as to be virtually immune to distracting thoughts or images. She suffers, however, when not occupied with work, giving her time to struggle with how she doesn't see herself as a mother anymore. It's akin to being fired from the most important job she has, that of parent. As successful as she has been in her legal career, her professional identity has always been secondary to her primary function of raising her children. Ms. Kassenoff's responses during the mental status examination and over the course of the entire evaluation reveal considerable insight and understanding of the forces that her thoughts, feelings and behaviors. Her judgment has been highly respected over the course of her professional career, but called into question concerning decisions she has made in her role as parent. Her objectivity may tend to suffer at times of emotional duress, particularly when fears regarding her safety and the safety of her children are raised. At such times she may be conflicted about how candid she and/or her children should be with

others, including Mr. Kassenoff. This has included withholding information from him when there is a concern about what his probable reaction might be.

Ms. Kassenoff reports that her appetite has been satisfactory as has her ability to sleep through the night uninterrupted. She recalls some "partial dreams" which are often anxiety laden and/or featuring themes of being alone. In her waking state, she is "not overly social," usually perceived as being helpful in a supportive rather than leadership role, although she was the PTA representative for Charlotte's class for several years. At work she is perceived as "very reliable", one with a strong work ethic, who is principled, and who works "quickly and thoroughly." She reports that she limits intake of alcohol beverages to 2 or 3 times per week. Although she engaged in "a lot of drinking in college," she never reached the level of alcohol abuse. No other drug use is acknowledged.

On the General Health Questionnaire (GHQ) Ms. Kassenoff's total score of 12 is precisely within the range typically found with the average adult. She reports that she feels under strain more than usual and that she feels less productive in playing a useful role in recent months. This has not affected her ability to sleep soundly nor her sense of self-worth. Ms. Kassenoff also represents that her ability to concentrate, make decisions, face up to problems and enjoy normal activities has been the same as usual. She has not been experiencing unhappy or depressed feelings any more than usual, nor has she been losing confidence in herself.

Results of the GHQ are consistent with findings from Ms. Kassenoff's self-report responses on the Beck Depression Inventory (BDI-II). Her total score of 8 falls within the "minimal" range of depression pertaining to how she has been feeling recently. Ms. Kassenoff reports that she gets as much pleasure as ever from the things she enjoys, and that she has been no more agitated, indecisive, or irritable than usual. She has not experienced any changes in appetite, ability to concentrate, or interest in sex. Suicidal thoughts are denied. She acknowledges, however, that she feels sad much of the time, cries more often than she used to, and has less energy than before, getting more easily fatigued. She also feels more discouraged about her future outlook than in the past, entertaining the thought that she at times believes that she may be punished in some way.

On the Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2RF) Ms. Kassenoff's responses on the Uncommon Virtues (L-r) and Adjustment

Validity (K-r) scales (T=42 and 59, respectively) lead to the conclusion of a valid protocol. There are no indications of over- or under-reporting. She does not portray herself as being more or less virtuous or well-adjusted than others. Substantive scale results show no indications of somatic dysfunction, cognitive dysfunction, disordered thinking, maladaptive externalizing behavior, or interpersonal dysfunction. Ms. Kassenoff reports a lack of positive emotional experiences, anhedonia and lack of interest in some aspects of life, such as those of a mechanical nature. On the Low Positive Emotions (RC2) Restructured Clinical Scale, Ms. Kassenoff's T score of 65 is 1.8 standard deviations above the mean for the comparison sample of female child custody litigants, indicating she is more apt than others to experience a dearth of such positive emotions as happiness, elation or excitement. This finding is consistent with her T score of 60 (1.25 standard deviations above the mean) on the Introversion/Low Positive Emotionally-Revised (INTR-r) Personality Psychopathology-5 Scales, indicative of a lack of positive emotional experiences. This may include significant problems with anhedonia, although her responses on the GHQ and the BDI-II suggest otherwise. Her T score of 34 on the Dysfunctional Negative Emotions (RC7) scale, which is 1.0 standard deviations below the mean, indicates she is less apt than others to experience excessive worry, guilt, obsessive rumination or anger. Her T score of 58 on the Inefficacy (NFC) Internalizing scale is 1.2 standard deviations above the mean, suggesting that, contrary to other reassurances of self-confidence, she may harbor doubt about her capability of coping with current difficulties.

The overall results of the MMPI-2RF uncover no signs of psychopathology or personality disorder. There are no elevated scores on any of the seven MMPI-2RF critical response scales which tap suicidal ideation, helplessness, anxiety, ideas of persecution, aberrant experiences, substance abuse and aggression.

The Traumatic Symptoms Inventory-2 (TSI-2) is designed to tap a broad range of psychological function often compromised by exposure to traumatic experience. Results of the two validity scales indicate valid protocols. Ms. Kassenoff's T score on the Response Level (RL) scale is 67; her T score on the Atypical Response (ATR) scale is 45. Of the 24 clinical scales which comprise the TSI-2, T scores above 50, the mean level of the standardization sample, are found only twice. On the Intrusive Experiences scale her T score of 52 places her at the 62nd percentile,

reflective of minimal, non-significant elevation. Such intrusive experiences, sequelae of past trauma, may include nightmares, flashbacks or repetitive thoughts of unpleasant previous experience. On the Suicidality Behavior (SUI-B) scale her T score of 52 places her at the 42nd percentile, also reflective of minimal, non-significant elevation. T scores for all other clinical scales are at 50 or below, indicating average or below average levels of self-reported arousal, depression, anger, defensive avoidance, dissociation, somatic preoccupation, sexual concerns, insecure attachment, impaired self-reference and tension reduction behavior. An analysis of the results in the context of four broad domains reveals clinically non-significant levels of self-disturbance (T=45), posttraumatic stress (T=45), externalization of problems (T=41), and somatization (T=32).

Ms. Kassinoff's responses on the projective test, the Thematic Apperception Test (TAT), provide additional information about her self-perception, perception of interpersonal relationships, approaches to conflict resolution and organization of thought. Her TAT stories are coherent, and quite creative, in illustrating the centrality of love, particularly between parent and child, within positive relationships. Imports suggest the importance for parents educate children in ways that promote critical thinking and ability to make wise choices independently. Parents are depicted as being capable of deriving feelings of joy, even in the absence of their children, by conjuring their presence if only via imagery. In one import, the importance of avoiding dual roles within a relationship, and refusing to yield to outside influence or pressure is emphasized. In another import, the importance of persistence in pursuit of honesty within a relationship is highlighted as a means of achieving enjoyable time together.

Several of Ms. Kassinoff's TAT stories focus on loss, grief and recovery within interpersonal relationships. In one story the male protagonist is already grieving the imminent death of his female companion, but he draws upon the deep love between them to divert his attention to total openness and the extension of compassionate care. This facilitates the man's ability to manage his grief and move forward with his life after his companion passes away. From another story emerges the import that although one is typically susceptible to becoming weakened physically and cognitively when overcome with grief after encountering the loss of a loved one, recovery occurs as strength is eventually restored and positive steps are taken towards building a new future. In another

import, the support and expressed concerns of a loved one are identified as key ingredients needed in order to reverse devastating feelings of self-recrimination following a serious personal setback of any kind. This formula for recovery applies no matter what type of adverse event is experienced, be it serious illness, financial ruin or legal jeopardy resulting in incarceration. A sensitivity to human suffering permeates all of Ms. Kassonoff's TAT stories. Protagonists display compassion, empathy and activism in coming to the aid of others just as they strive to promote self-recovery when they face adversity. One protagonist, who is fortunate to have been spared significant adversity, expresses much appreciation for her material wealth and access to education. She decides to channel her gratitude in the direction of helping others who have been less fortunate than she is, and to join in the fight against any injustice they may face.

Parenting Capacity:

In looking back at her childhood and what positives she recalls about the upbringing received from her parents, Ms. Kassonoff most values the "true family time" she regularly experienced. The practice of dining together as a family on a daily basis was a given, not an option, and "it was great." Of particular importance to Ms. Kassonoff is having had a "very interactive father... he was there," typically engaging in weekend sports activities with his children, or just spending time with the family. There was less opportunity for parent-child interaction on weekdays, with father busy at work and mother occupied with housework, food preparation and overseeing school related matters. Ms. Kassonoff eschews the practice followed during her childhood of using "television as a babysitter." In her household, when her children are with her, television watching is permitted only on weekends. She makes sure that she is available to the children for "a check-in" immediately after they return from school. This has reportedly resulted in the development of close relationships, featuring a readiness felt by her daughters to be open and candid with her about any issues or concerns they might have. She considers her ability to foster communication with each child to be a strength as parent. She also prides herself in striving to make her children's lives "happy and smooth," including facilitating and encouraging their integration within community activities. Above all, she regards herself as each child's advocate, made possible by the trust that each has developed in her, believing that mother is "there to help, not to shame them." She feels well positioned to succeed in this

role because of being “very aware of each child’s needs,” coupled with her ability to offer the kind of support each requires. She admonishes herself for sometimes having tried too hard to press them into following a path that she felt sure was best. Rather than discussing the pros and cons of each person’s position, Ms. Kassenoff would typically just dig in and try to convince that her position was best and the one to follow. She also acknowledges having some difficulty when it comes to managing conflict among the children.

Ms. Kassenoff exhibits a commendable appreciation for the individualized personalities, strengths, vulnerabilities and needs of each of her daughters. Such recognition permits differentiation in how best to engage, share affection, and problem-solve with each child. She regards Alexandra as being a very affectionate child who wants to be held and to derive comfort from physical contact, even to the extent of resorting to attention-seeking behavior when feeling overly needy. In contrast, Charlotte is not nearly as effusive. She rarely initiates exchanges of affection, willing to only go as far as sharing a partial hug when prompted. Josephine, on the other hand, “initiates all the time.” She is very physical, loves to snuggle and loves to be carried.

Ms. Kassenoff mentions how distressed Alexandra has long been by the fact of her adoption, as well as by some cruel taunting she has had to endure because of her status by peers when she was younger. A positive experience was realized in 2019 when a two week stay at a special camp for adopted girls was arranged. Alexandra reportedly “loved it.” Of the three children, Alexandra has presented the greatest challenge with respect to behavioral dysregulation. She required treatment with psychostimulant medication for ADHD, beginning in 2016, which appeared to be helping her with improved school performance, but the medication was later discontinued when parental opinions clashed about its efficacy. There has also been a chronic history of Alexandra’s stealing and lying behaviors, dating back at least to first grade. A diagnosis of Oppositional-Defiant Disorder was assigned, with consideration of possible emerging Conduct Disorder. With insufficient progress has come disagreement over what professional help is needed.

Ms. Kassenoff believes that the prospect of divorce has taken its greatest toll on Charlotte. Very intelligent, academically at the top of her class, and talented,

Charlotte is vulnerable to becoming overwhelmed with emotion when conflictual family matters dominate her attention. In response to the prospect of being separated from mother in 2019, she reportedly engaged in some self-injurious cutting behavior and made suicidal statements. Ms. Kassenoff is distressed by the accusation that she may have exacerbated Charlotte's emotional reaction and may have attempted to influence the opinion of Charlotte's therapist. That Charlotte might have acted and spoken as she did for dramatic effect on mother is a possibility raised by a clinician offering a second opinion. Based on that formulation, the clinician, Dr. Kuhl, reportedly recommended conjoint mother-daughter dyadic therapy. Instead of following this course, it was decided at Court to transfer Charlotte's treatment to another therapist, Dr. Adler, and to forbid Ms. Kassenoff from speaking with Dr. Adler. Ms. Kassenoff understandably objects to being excluded as a collateral to Charlotte's treatment.

Ms. Kassenoff is also excluded from serving as a collateral parental resource in Josephine's treatment with Dr. Adler. As far as she knows, Josephine's behavioral-emotional status is not regarded as presenting significant issues. She is aware that Josephine had experienced anxiety about being taunted by some boys in her class in the past, and that her grades were not as high as expected. Ms. Kassenoff laments about Josephine's having to discontinue participation in a swimming activity because of financial factors. Her long term goals for all three girls include "being in a good relationship," featuring normal give and take and equal sharing of responsibilities, rather than being in a marriage emphasizing a power dynamic. Additionally, she'd like to see her daughters have "solid careers with good income, closeness to each other, and strong peer relationships."

Differing approaches for motivating and setting limits have been employed across children. Charlotte and Josephine are viewed by Ms. Kassenoff as being "very rule oriented and respectful of authority." For them, it is sufficient to simply explain the rationale for a rule, without having to offer special incentives for compliance or penalties for non-compliance. When rewards are offered it occurs in a spontaneous rather than pre-planned manner. For example, Ms. Kassenoff might announce that it's time to do homework, with an ice cream treat to follow. More formal behavioral plans have been attempted with Alexandre, often targeting undesirable behavior such as stealing. Plans involving differential reinforcement of other (socially acceptable) behavior have failed to produced

durable gains. Other approaches utilizing penalties and positive practice, over-correction have proven to be equally unsuccessful. Ms. Kassenoff acknowledges that more effort, alternative approaches, and consideration of other medications are needed. She is also highly motivated to participate in conjoint therapy sessions with Alexandre in conjunction with individual therapy that is needed.

An additional perspective of Ms. Kassenoff's parenting philosophy and practices is gained in reviewing her likely approach to hypothetical situations posed on the Parental Discipline Techniques activity. She recognizes the importance of first ensuring the safety of the child before proceeding with addressing whatever problem the child is facing or causing. She would reassure the child of her unconditional love as a means for engagement and encouragement to communicate verbally rather than through acting out. When providing guidance and feedback to help the child distinguish right from wrong, she would be mindful of not over-reacting to the child's transgressions. Some inconsistency is noted, however, regarding when to offer an explanation or rationale for why a specific action is acceptable or not acceptable. Attempts would be made to ascertain the child's goal or motivation for acting in the manner he or she did. After educating the child about the unacceptability of his or her actions, she would explain the likely social consequences that might ensue if this were to continue. Logical consequences would be applied where applicable, and behavioral contingencies would be introduced if necessary. Ms. Kassenoff instinctually prefers encouraging the child to problem-solve independently before imposing her solutions. She'd intrude more immediately as soon as it becomes apparent that the problem at hand is escalating. Even then, she would join the child in the problem-solving process, rather than just take over. Together, parent and child should explore possible origins of the problem and come up with alternative paths open for the child to realize his or her goals in a socially acceptable manner. In so doing, the parent should remain mindful of the individual strengths and limitations of her child as well as the unique demands posed by the setting. Ms. Kassenoff would not hesitate to consult a professional for assistance with intractable problems, and gain the expert's perspective without losing sight of the perspectives of her child and herself. Finally, Ms. Kassenoff emphasizes the need for the parent to be identified as helper for the child, not moralizer.

Concerns About the Use of Alienating Behaviors: In the course of custody case proceedings, concerns were raised over the possibility that Ms. Kassinoﬀ engaged in one or more alienating behaviors in interactions with her children. It was alleged that she took steps to impede Mr. Kassinoﬀ’s involvement with the children, influenced, possibly coached them to make accusations that he acted in a hostile manner towards them and towards their mother, and attempted to bias the children’s therapist against Mr. Kassinoﬀ. Research studies have identified 17 alienation strategies or behaviors most often used by parents seeking to bias their children towards rejecting the other parent. For the present evaluation there is no objective means for verifying whether Ms. Kassinoﬀ employed any of the most commonly used alienating behaviors, but it is edifying to elicit her views about some of them. In **badmouthing**, the alienating parent says harmful statements in front of the child directed towards the rejected parent. In situations when one of her children is upset over something that occurred with father, Ms. Kassinoﬀ strives to validate the child’s experience, while providing a possible rationale for making sense out of it. Rather than badmouthing father, or **telling the child father doesn’t love her**, she states she does the opposite by declaring, “of course he loves you.” Her primary goal at such moment is to “make them feel loved.” **Limiting contact** can be manifested by acting in a manner which is disruptive to the existing parenting/visitation plan. As already stated earlier in this report, Ms. Kassinoﬀ details how she exerted maximum effort to keep Mr. Kassinoﬀ informed of the daily schedules of all three children, utilizing a whiteboard at home, google calendars and nightly email reminders. She acknowledges that there were times that he couldn’t participate because his work schedule conflicted with children’s activity schedule over which she had no control. Ms. Kassinoﬀ emphatically declares that she cannot recall any time when she **interfered with communication** between the children and their father. She reveals, however, that there were times when she felt compelled to edit out inappropriate language or phrases in emails or texts intended for the children. (e.g. referring to child as a “liar” or a “spoiled brat).” **Creating the impression that the rejected parent is dangerous** is considered to be an alienating behavior if there is no basis for such conclusion. In this case, Ms. Kassinoﬀ most certainly considers “anybody who kicks a child, or throws things at his wife” to be dangerous. Although she suppresses making comments to that effect in front of the children, she acknowledges that her true feelings and beliefs may be betrayed

by her facial expression or tone of voice. She notes that her children are “living in fear” , based upon their own experience and observation, not based upon what she said to them. In **confiding in the child** an alienating parent may advise the child to **keep certain secrets** from the rejected parent, which thereby thrusts the child into the middle of her parents’ conflict. Ms. Kassenoff assures that she doesn’t tell them to keep secret about their own actions, but instead encourages them to be completely open with their father about their plans and activities. An exception is made, however, when there is the distinct possibility that the girls might be subjected to father’s wrath in response to their candor. A case in point is when the girls were hesitant to divulge details about celebrating Christmas with mother, anticipating his disapproval with their not celebrating Chanukah instead. This is an example of how fear of how Mr. Kassinoff might react angrily to disturbing news contributes to Ms. Kassinoff’s suppression of information, whenever she feels that her children would otherwise be subjected to frightening rebuke or worse. In her efforts to shield her children from harm she may at times be contributing to their alienation from father. Whereas Ms. Kassinoff encourages her children to be open with her about any potentially dangerous experience they might have during visits with father, she never **asks her children to spy** on him. There were times when Alexandre thought it was her duty to report on father’s everyday actions. Ms. Kassenoff recalls telling her “not to speak about your father.”

Collateral Contact Dr. Anna Filova: 6/8/2021.

Dr. Fillova is a board-certified Psychiatrist who has been providing regular individual psychotherapy services to Ms. Kassenoff since June, 2019. She initially presented herself as a self-referral, without informing Dr. Filova that treatment had been court ordered and that her contacts with her children had to be supervised. Eventually, a trusting therapeutic alliance was established, permitting more candor. The central purpose of therapy focused on how to make the restricted contact with her children more tolerable and peaceful. Over the past two years, Dr. Filova has observed Ms. Kassenoff to occasionally react impulsively, with less deliberation in making judgments, at times when anxiety spiked. She found no evidence, however, of thought disorder or psychotic process at any time, nor did she observe Ms. Kassenoff to present as having Borderline Personality Disorder. Some borderline as well as narcissistic traits may have been

evident, but not to the extent of suggesting the presence of any personality disorder. The only DSM 5 diagnosis given by Dr. Filova, Adjustment Disorder with Mixed Anxiety and Depressed Mood, was offered essentially for insurance coverage purposes. Dr. Filova concludes that Ms. Kassenoff manifests no risks in the form of thought disorder, personality disorder or substance use disorder which would necessitate any restriction to her children on mental health grounds. Furthermore, she reports observing no efforts by Ms. Kassenoff at impeding her children's relationships with their father. Dr. Filova believes that Ms. Kassenoff can still benefit from a continuation of therapy at least until the present court case is completed. She supports the continuance of the anti-depressant medication prescribed by Ms. Kassenoff's Oncologist.

Diagnosis:

Z63.5 Disruption of Family by Separation or Divorce

F43.23 Adjustment Disorder with Mixed Anxiety and Depressed Mood

Conclusions and Recommendations:

The present findings support a conclusion that Ms. Kassinoff is free of significant psychiatric disorder or personality disorder. She is struggling but coping with being separated from her children, as her role as parent defines her more than her professional or social lives. She is a very intelligent, compassionate woman who is quite insightful about the dynamics of interpersonal relationships. Her judgment, which has come into question at court, while unquestioned within a successful, at times high stakes legal career, can be impacted by heightened anxiety and fear in the context of her relationship with her husband. Fears for her safety and her children's safety elicit protective responses including avoidance behavior and cautious if not diminished communication. At such times she chooses to opt on the side of caution and secrecy instead of candor and openness, which can inadvertently contribute to splitting in the children's perceptions of their parents. This in turn could lead to estrangement of the children from their father. Ms. Kassenoff's responses are not indicative of an intentional effort to alienate the children from father or to interfere with his access or involvement. She would welcome a return to the effective co-parenting she believes was present prior to the present litigation.

Ms. Kassenoff's awareness of and sensitivity to the individual needs of each of her children are remarkable. She is quite knowledgeable about the benefits of positive parenting, including commendable understanding of positive parenting practices. She is highly motivated to resume a central nurturing and guiding role in the lives of her children. There is no clinical or psychometric evidence of the presence of any psychological or emotional factor which would impede her ability to parent and to be a vital resource for her children.

It is recommended that Ms. Kassenoff's notable attributes receive fresh, objective scrutiny at court when considering an optimum parenting plan. It is believed that what she has to offer in terms of unconditional love, insight, and advocacy for her

children is being grossly underutilized under the temporary arrangement. This includes her restricted access to professionals treating the children, which needs to be reconsidered. It is not uncommon for parents embroiled in adversarial litigation to have significantly different opinions and perspectives about what is best for their children. Competent professionals are sufficiently trained and experienced to receive contrasting information, some of which biased, and to thereby be privy to a broad perspective of factors contributing to their child clients' presentations. Best practices call for the involvement of both parents as collateral participants to therapy with children.

It is recommended that Ms. Kassenoff continue in treatment with Dr. Filova as clinically indicated. She can still benefit from having a therapeutic forum wherein her fears and anxieties concerning her children can be addressed and be effectively regulated. Additional guidance is needed in learning how to be protective of her children in a manner that does not contribute to splitting in the children's perceptions of their parents. Therapeutic efforts at learning to contain anxiety sufficiently to permit candor in communicating with and about the children would be helpful.



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June 9, 2021