

**Donald J. Hiebel, Ph.D., DABPS**  
300 Plaza Middlesex, 3rd Floor (corner of Main and College)  
Middletown, Connecticut 06457

(860) 347-9911, x. 400 • fax (860) 347-8120

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**Affidavit of Dr. Hiebel-**

At your request, I have reviewed the psychological report of Stephanie Stein Leite, Psy.D. on the Buden/Bushey family. As a practicing psychologist, I have conducted hundreds of custody evaluations. In addition, I have taught tests and measurements to psychology graduate students and presented papers at the National Symposium on the MMPI. I have many concerns about the report and the conclusions Dr. Stein Leite draws from both the behavioral and testing data she collected.

I am not writing this to be unfairly critical of Dr. Stein Leite, but any of us who conducts such evaluations realizes the importance of these evaluations in affecting the lives of separated and divorced families.

It is essential in integrating the plethora of data collected during the course of these evaluations to insure we do not make two common mistakes:

- 1) Failing to write an integrated report. It is important for the evaluator to take the information gathered, through interviews, testing, behavioral observations and collateral contacts, and formulate clinical impressions which are then stated in coherent statements about the individuals within the family constellation evaluated. Dr. Stein Leite failed to do this, leaving far too much for the reader to interpret. It is her job, as the evaluating psychologist, to put forth clear clinical formulations and not leave it up to an uneducated reader to draw conclusions.
- 2) Speculating beyond what the clinical test results allow. This mistake usually takes three forms: 1) Mitigating statements made about an individual, which then

results in an understatement about indicators of psychopathology (e.g. incidents of domestic abuse or alcoholism are made in the report but no clinical statements are made by the evaluator about their validity, clinical significance, or potential impact on the children, 2) Exaggerated or overstatements about a person's personality or psychopathology without the test, interview, or behavioral data to back it up (e.g. making statements about attachment problems or borderline traits without anything substantive to support it), and 3) Inaccurate interpretations which are not supported by the data.

I feel Dr. Stein Leite made mistakes in all areas. Below, I outline my concerns, in the hopes that more fitting clinical conclusions about this family be considered by those making critical judgments which affect the lives of the children involved.

Unfortunately, this is what I refer to as a "he said-she said" report. The first 25 pages are restatements of what the parties reported to the examiner without her giving the reader a clear clinical understanding of what her clinical formulations are about what is reported. On pages 5, 6 and 7, the evaluator makes reference to reports by Mrs. Buden that Mr. Bushey has alcohol and anger problems, and that the marriage deteriorated because of that. Incidents of obscene name-calling and being hit by Mr. Bushey were reported by her. These are serious allegations, yet the evaluator offers nothing of her own clinical view as to their validity, clinical significance, or, most importantly, how this behavior might impact the parenting of his children.

On page 7, it states that Mr. Bushey reported that Mrs. Buden has made many false allegations against him. Yet, again, the evaluator tells the reader nothing about her own opinion as to whether she thought these allegations had any substance or not.

On page 9, the report states that Mrs. Buden said the kids told her of their father's drinking. I am left wondering if the evaluator ever discussed that issue with the children or not. It is common for evaluators to follow-up with the children about allegations made by the parents. This is a serious omission as the reader, again, does not get a clinical impression from the evaluator but, instead, just a reporting of who said what. Mrs. Buden reported to me that the evaluator saw the children first, but she should have followed up with a second interview.

On page 9, the same mistake is made. Mrs. Buden reported to the evaluator that the children told her they were being yelled at by Ms. Carlson. Once again, the evaluator reports her saying that but ties nothing together for the reader. Did it happen or not? Did the children report it or not? Is there credibility in what Mrs. Buden said or not? Was it followed-up in an interview with Ms. Carlson or not? With the children or not? It is the responsibility of the evaluator to do just that, evaluate and formulate, not just state what is reported to her.

On pages 10 and 11, there is mention of several DCF calls and even police involvement. Again, these are serious. The evaluator does not tell the reader anything about their validity or clinical significance. If ones job is to draw conclusions about each parent's

ability to parent and to make recommendations concerning custody and access, it is imperative to tease apart the significance of DCF and police reports. Which reports seem valid? Who may be making false allegations or exaggerating claims?

On page 11, it states that Mrs. Buden told the evaluator DCF was involved in Ms. Carlson's life previously. Later on, the evaluator recommends a week on and week off schedule, where Ms. Carlson may end up being with the children more than the father, due to his work schedule; yet does not comment on whether her DCF involvement has implications for her parenting capacity. Later on, the evaluator makes the same mistake, as Mrs. Buden reported Ms. Carlson refused to come to co-parenting counseling, in spite of Mrs. Buden's requests, and yet the evaluator does not reflect on what that says about Ms. Carlson's ability to coordinate the care of the children with the mother. The evaluator also ignored the positive aspect of Mrs. Buden's attempt to reach out to Ms. Carlson.

On page 12, Mrs. Buden reported that Mr. Bushey was denied a gun permit because of a previous charge which stated "bordering sexual assault of a minor". Mrs. Bushey showed me that document. The evaluator states nothing about its relevance to Mr. Bushey's parenting capacity. These are major omissions for any evaluator. These behaviors have relevance to character and parental capacity. It is up to the evaluator to make some clinical formulations about what she thinks such behavior means and its relevance to raising children.

On page 15, the report states that Mr. Bushey made an allegation that Mrs. Buden "smashed and burned" a playscape. I talked to Mrs. Buden about that, and she denied it. Once again, the evaluator states what was reported, and says nothing else. Whether the evaluator is left thinking there was validity to Mr. Bushey's claims is omitted.

On page 17, Mrs. Buden raised the concern about Mr. Bushey's work hours, stating he would often work when he was supposed to be parenting the children. Making recommendations for access schedules has a lot to do with a parent's work schedule, yet the evaluator makes no comment as to how Mr. Bushey's current work schedule might impact his ability to be with his children to directly care for them.

On page 43, when discussing test results, the examiner states that she was "unable to properly diagnose Mrs. Buden because of her extreme defensiveness". I have several comments about this. First of all, the MMPI-2 is not to be used to make diagnoses, but to get diagnostic impressions. Secondly, she says she cannot diagnose her yet later in the report speculates about one of the most serious diagnostic labels given to individuals-borderline.

In general, my criticisms of the evaluator are two fold:

- 1) She seems to overpathologize Mrs. Buden, and 2) underpathologize Mr. Bushey.

On page 43, as previously stated, the examiner states that she is unable to properly diagnose Mrs. Buden. In the next sentence, out of nowhere, she speculates that Mrs. Buden may have had early attachment ruptures. This is a clear example of going beyond the clinical data, as nothing the examiner states indicates that it is a valid clinical impression to speculate about. It is irresponsible to report such a major clinical problem, an attachment problem, without being able to substantiate it. These clinical formations have implications for access and the lives of children. On the other hand, this evaluator ignores the clinical significance of reported drinking, anger, and police involvement by Mr. Bushey yet goes beyond anything presented in the evaluation clinically and speculates about attachment issues with Mrs. Buden. On the next page she makes her most clinically irresponsible statement, again, out of nowhere, that Mrs. Buden has some borderline characteristics. I read the DSM-V symptoms to Mrs. Buden and none of them apply. This is a serious psychopathological clinical label to give to someone, especially when the test data and her life pattern do not back it up. This is a clear example of over-psychopathologizing to, seemingly, fit the bias of the examiner.

The examiner makes the mistake in the opposite direction with Mr. Bushey, ignoring the significance of his responses to personality testing:

- 1) his scores showed significant thought dysfunction (p.52).
- 2) his "very high score" may indicate paranoid delusions.
- 3) his score on Aberrant Experiences showed unusual thought processes.
- 4) His "Psychoticism" score indicates unusual thought processes and thought disorder.
- 5) Based on his score on Behavior/Externalizing Dysfunction he is likely to have a history of acting out an externalizing behavior that has gotten him into trouble.
- 6) Also got high score on Juvenile Conduct problems.

After reporting this about Mr. Bushey, the evaluator makes no integrative clinical statement about how any of this may affect his parenting (e.g. frustration tolerance, discipline, temper, acting out around children, ability to co-parent, handle criticism).

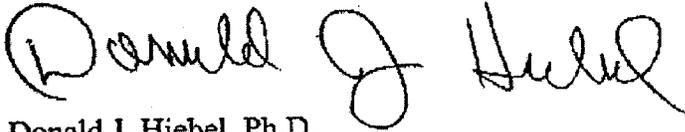
These are examples of underpathologizing, again reflecting what may be a bias the examiner has. She did not let the clinical test results alter her mind-set, it appears, and she seemed to have ignored conflicting evidence as to what she might have thought about these individuals prior to her examination.

On page 69, the examiner seems to equalize the deficiencies of each parent, saying Mr. Bushey has a tendency to be paranoid and Mrs. Buden defensive. I read this report, as a clinical psychologist, and conclude differently. There are far more areas of concern for Mr. Bushey (acting out behaviors, drinking, anger, pathological test results) than there are for Mrs. Buden (where the examiner actually exaggerates and distorts her problems in a negative direction).

Because of the above-mentioned mistakes made in this report, one has to question the appropriateness of the recommendations. They should follow directly from integrated, accurate statements of clinical and behavioral data. Since they do not, they are suspect

and it seems best to, for the best interests of these children, conduct another, more clinically accurate, evaluation.

Sincerely,

A handwritten signature in cursive script that reads "Donald J. Hiebel". The signature is written in black ink and is positioned above the printed name.

Donald J. Hiebel, Ph.D.