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Limited Psychological Evaluation of Wesley Smith
Report Date: February 17, 2003

Presenting Problem:

Mr. Wesley Smith requested a psychological evaluation as part of a custody process occurring between himself and his wife Mrs. Cheri Smith. Mr. Smith stated that each of them were to be evaluated by psychotherapists of their own choosing.

I asked what concerns had been expressed about his actual parenting of their child, since this seemed to be the primary focus, not the mental health status per se. Mr. Smith said that his wife was concerned about alleged physical and emotional abuse by Mr. Smith to herself, Cheri Smith, but that she had not expressed concerns about his actual parenting of their son, Liam, a special needs child.

Because there were no clearly stated issues regarding Mr. Smith's parenting ability of his son, and due to time limitations, an abbreviated psychological evaluation was conducted.

Assessment Instruments:

Clinical Interview; Clinical History, including client submitted emails&letters; Psychological Tests: MMPI-2, Wechsler Adult Intelligent Scale subtests Vocabulary & Block Design; Court Documents.

Results:

Mr. Wesley Smith is an intellectually bright, articulate, well presenting adult, with no indication of any mental illness and no indication of any emotional dysfunction or abnormal deviation. He is fairly open, non-defensive, and trusting. His style is to approach relationships and issues more cognitively than emotionally at first. He will prefer a fewer number of close friends as opposed to a large number of social friends; though he is quite adequate in social situations. He has higher levels of creativity, and steady energy toward life. In the majority of life with norms and/or interpersonal "rules" like business, social situations, school, etc, Mr. Smith finds stressors manageable, and thus does not feel much psychological internal distress.

Regarding alleged physical threat to his spouse, court documents indicate that while a preliminary protective order was granted, this order was then dismissed. Thus there seems to be the inverse of physical threat to his spouse as adjudicated by a court of law. Further, the MMPI-2 suggest a modulated, non-physical response to interpersonal pressure; Mr. Smith is not an angry individual, and in fact tends toward a much more gentle non-physical approach to life.

Regarding emotional abuse to his spouse, there is not any pattern discernable to support this by

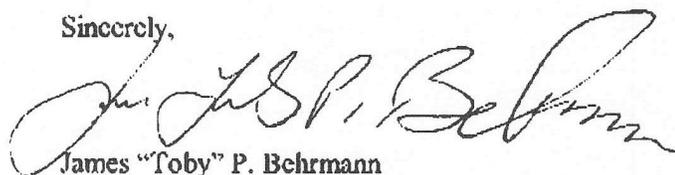
either testing or clinical history or clinical interview. While this is much less definitive, it does seem from copies of emails, as well as client reports, that there is no concern about emotional abuse/neglect by Mr. Smith towards his child. In fact, it would seem from Mr. Smith's statements and supporting documents, that the child seeks Mr. Smith out repeatedly and voluntarily, and feels supported/enhanced by his father.

Limitations of Evaluation:

The tests and interviews conducted are inherently limited. For instance, the MMPI-2 cannot get at possible emotional issues that may occur in unstructured intimacy, particularly with intellectually resourceful individuals. A more thorough evaluation and testing regarding parenting skills was not conducted. This would include direct test measures of parenting abilities as well as direct observation of son Liam with Mr. Smith.

However, there seemed not to be a direct concern about Mr. Wesley Smith's parenting abilities regarding his son Liam. Further, issues between Mr. and Mrs. Smith did not present as directly bearing on Mr. Smith's parenting abilities.

Sincerely,



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TO: Attorney John Whitbeck
RE: Wesley Smith case
DATE: February 17, 2003

Concerns Regarding "Mental Health Evaluation" of Cherie Smith by Mr. Hudson dated 1/27/03 &
1/28/03

First, I have some concerns regarding the evaluation and its findings in and of itself. Second, even apart from the evaluation, I doubt that the real custody/parenting issues have been sufficiently in focus.

I.) Regarding the Mental Health Evaluation of Ms. Cherie Smith by Mr. Hudson:

There are some apparent inherent limitations and inconsistencies.

1. The presenting problem is not focused clearly enough, and thus the evaluation cannot speak to the core issue.

Ms. Smith presents the allegations of mental illness and the fact that it is in the context of marital separation and custody issues. The evaluator then proceeds to examine Ms. Smith for evidence of a diagnosable mental illness. The context then is of custody or the grounds for marital separation/divorce. The evaluator never clarifies what the concerns are of mental illness as regards custody/parenting, and thus the specific relevant concerns are never able to be addressed in the evaluation. Mental illness per se is not the core question in a custody case. The core relevant question is the concerns of parenting ability or parenting dysfunction. Mental illness may be a factor behind possible parenting deficits, but the focus is those alleged deficits, not the fact of an illness or not. People can have mental illness and be good parents; people can have no mental illness and be poor parents. Custody and the court are concerned about parenting; mental illness is a secondary factor only as it impinges upon, or does not impinge upon, ones parenting abilities.

2. A clinical interview and an MMPI-2 cannot get at concerns of unstructured intimate situations. The MMPI-2 is a structured test; it measures less well unstructured situations. In-home intimate/personal relationships between husband and wife, and parent and child, are "unstructured" situations. How closeness is formed and the 'rules' to it, are created in great measure by the people involved, out of 'nothing' that existed prior. We have cultural rules for social settings, we have business routines, etc. Personal closeness in a home is much less structured, much more individualistic. "Unstructured" tests (tests that present ambiguity as part of the test process) and

tests/measures of parenting skills, are much more relevant and perceptive to get under the skin of intimacy.

3. The MMPI-2 is a good screening instrument for significant emotional dysfunction; but following up from #2, individuals with high intellectual abilities can use those cognitive personal resources to keep themselves together despite internal emotional stressors that might come out in very personal situations, but not show up on the MMPI-2. Ms. Smith probably has considerable personal intellectual resources given her BA in Chemistry and her MBA.

4. There is apparent internal inconsistency in the report data. There is the a) clinical interview, b) the testing (MMPI-2), and c) clinical history. The clinical history suggests that Ms. Smith reacts to genuine emotional/relational stressors with felt internal distress. In the past, she has had anxiety or depression, and obtained psychotropic medication and/or wrestled personally in a manner that used good amounts of personal resources during those times. It is clear that there are significant stressors currently in her life - e.g., the pending separation/divorce & custody issues. Yet the MMPI-2 is reported to show only the mildest of depression, and the evaluator sees no evidence of clinical depression or anxiety, or anger, and Ms. Smith is on no medication that would mitigate or remove felt anxiety or depression. (And what is the data that supports 'religion' as being currently important to Ms. Smith?) The MMPI-2 also reportedly indicates Ms. Smith to be somewhat optimistic and to minimize problems and work them out rather than confront them directly. I'm not sure how one efficiently works out a problem but does not confront it directly; but the gist seems to be to minimize the negative and focus on the positive. While not in itself pathological, and apparently it is within normal variations/limits on the MMPI-2, put all of this data together, and I would have a question.

Where is the stress then? Ms. Smith's clinical history seems to be one of sizeable felt distress in the face of emotional/relational stressors. This itself makes sense and is not a negative. But where is that sizeable personal distress now? Why doesn't the current presentation match the past clinical history under similar situations? I have three legs of the evaluation - clinical interview, testing, and clinical history. The third, clinical history, doesn't fit the current presentation of the interview and the testing. Thus one of my three does not fit tightly with my other two of the three. This can indicate there is something we don't understand fully yet. It could be something wonderful, like Ms. Smith has undergone significant personal growth, and thus is able to handle issues with much less personal distress now, than in the past. It could, however, be that the personal distress is in fact still there, but usually effectively masked/avoided, and comes out abruptly in more personal, intimate, situations momentarily. We just don't know.

II.) The core custody-parenting questions seem to me to remain unaddressed.

While I would have wished the evaluator would have pursued defining the presenting problem to attempt to elicit the relevance of all this to custody, the client herself, Ms. Smith, did not present specific alleged parenting deficits as the problem to address/rule out. That makes it most difficult then for an evaluator to focus on; an issue that hasn't been explicitly spoken.

I suggest the relevance of alleged mental illness in custody/parenting is only to the manner in which

the alleged mental illness impacts the specifics of parenting abilities. From my clinical interview with Mr. Wesley Smith, the following concerns of his were elucidated:

a.) Is Cherie Smith often too lenient with her special needs son, and then flip flops and becomes too harsh, too focused on insisting in a particular instance, that Liam must behave in a certain manner. If so, this can result in confusion and high stress to Liam, particularly since as a Down Syndrome child, he would be less flexible in interpersonal situations, and more prone to intransigence in the face of abrupt forceful change of patterns.

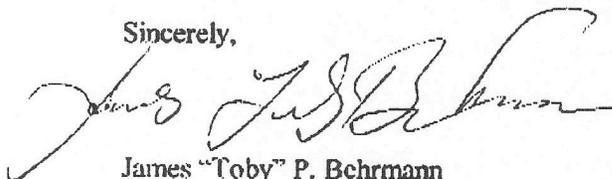
b.) Does Cherie Smith want to push Liam too far too fast? Does she set either goals or timetables or both that are way too much for Liam, and thus a setup for failure, with the negative psychological issues or repeated failure; of repeatedly pushing for something where there is unablness, not unwillingness? Mr. Smith has specific examples, from the type of sport team to the academic IEP school goals that Liam is to participate in.

These then are parenting focused questions, quite relevant to custody considerations, that have not been yet answered.

Conclusion:

I think a full psychological custody evaluation needs to be done to get at these questions. A more complete battery of tests, full hearing by the psychological examiner of concerns from both parties, etc. The concerns/allegations are substantial enough in their possible impact on the child, on Liam, that they are important to the matter of custody. These concerns have not been addressed by the psychological evaluations done to date.

Sincerely,



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