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## **PSYCHOLOGICAL EVALUATION**

### **IDENTIFYING INFORMATION:**

**Name:** Leonard Griffin  
**Age:** 29 (DOB: 09/25/78)  
**Race:** Caucasian  
**Sex:** Male  
**Marital Status:** Married  
**Education:** 10<sup>th</sup> Grade  
**Date of Report:** 12/31/07

### **REASON FOR REFERRAL:**

The current psychological evaluation has been conducted at the request of the prior Special Advocate, Mark Hoffman, Ed.D., and by the order of the presiding Judge of the Court, the Honorable Steven T. Pelican, in reference to custody and visitation issues regarding James Glenn Griffin in Gale vs Griffin (98DR504, Div. 6). A psychological evaluation of Mr. Griffin was requested to assess his mental health status and, on this basis, determine if any identified impairment or mental condition was likely to place his son at jeopardy, particularly in regard to the child's emotional and behavioral functioning, should visitation between them be resumed. In order to determine the psychological condition of this minor child and, therefore, his potential vulnerability, the examiner requested access to James Griffin's school and psychiatric evaluation/treatment records.

### **PROCEDURES:**

In the course of conducting the current evaluation, the examiner has engaged Mr. Griffin in extended individual interviews, spanning a total of 8.5 hours. These interviews occurred on 2/9/06, 3/2/06, 8/15/06, and 11/16/07. A conjoint interview was conducted with his mother and stepfather, Mr. and Mrs. James Cappadona, over a period of 1.5 hours on 3/21/06.

In addition, the examiner has reviewed legal documents related to the custody issues and the Final Report and Recommendations of the Special Advocate, Mark A. Hoffman, Ed.D. The complete clinical charts of two psychiatric admissions of James Griffin to Cedar Springs Hospital (6/24/04 through 7/01/04 and 7/31/07 through 8/06/07) as well as outpatient psychiatric records (partial) of George R. Athey, M.D., and the very limited treatment record of Maritta

Goodman, L.M.F.T., who reportedly provided to James “80 to 90” treatment sessions over approximately four years, were also reviewed. In addition, the examiner reviewed the Alcohol and Drug Evaluation of Mr. Griffin, conducted by Elaine Hubler, L.P.C., CAC-III, on 9/16/04, and an Anger Assessment, conducted on 9/14/07 by Donald L. Shive, M.A., L.P.C. A letter, authored by Mira Merker, M.D., of the University of Colorado Hospital, regarding James Griffin’s treatment and recommendations for parental participation, written in June 2004, was also reviewed as was a Progress Report regarding conjoint treatment with Frances Gale and Leonard Griffin, dated 7/29/03, and authored by Eric Schewe, M.A., L.P.C.

**BACKGROUND:**

Leonard Griffin and Frances Gale began living together at the ages of 17 and 15, respectively, reportedly soon after it was determined that Ms. Gale was pregnant. Due to conflicts between them, they discontinued their relationship in March 1998, after approximately one and a half years of being together. At the time of their separation, James was 14 months old. His parents were never married.

Temporary orders regarding the custody of James Griffin were accomplished on 8/31/98, with both parents stipulating to joint custody. This Order specified that Ms. Gale would retain physical custody of James, pending final orders, and that Mr. Griffin was to have “reasonable and liberal parenting time with the child.” Child support was assigned to Mr. Griffin and his Motion for Release of Medical Records and a physical examination of his son were denied. The Court ordered that a custody evaluation be prepared and that medical records were to be released only to the evaluator.

A Final Orders Hearing occurred on April 20, 1999, in which neither Mr. Griffin or his legal representative was present. Ms. Gale was awarded sole custody of James Griffin as well as being named the primary residential custodian. Mr. Griffin was granted “reasonable and liberal parenting time with the child,” consisting of one night per week until 9:30 p.m. and one overnight per week on the weekend.

Since that time, there have been numerous Motions prepared by each party and a series of hearings have occurred. Perhaps one of the more significant among these was the father’s filing of a Motion with the Court on 6/14/04 to “modify parenting time” in a manner that significantly increased the time available for his visitation with James. James’ first psychiatric hospitalization occurred approximately ten days later, followed by the incident of Mr. Griffin reacting with inappropriate behavior at Cedar Springs shortly thereafter. Ms. Gale then filed a Motion to Modify Parenting Time and to Restrict Further Parenting Time on 7/2/04. Based upon allegations of inappropriate parenting, interference with mental health treatment of their son, and other issues; Ms. Gale requested an Emergency Interim Order restricting Mr. Griffin to supervised parenting time at CASA. At a hearing on 7/29/04, both parties stipulated to the

appointment of Dr. Mark Hoffman, a Special Advocate, and a restriction of Mr. Griffin's parenting time to Fridays and Saturdays at CASA or through other arrangements, as approved by the Special Advocate.

On September 29, 2004, Dr. Hoffman issued a letter confirming that both parents were amenable to weekend visits on an every other weekend basis, to start 10/1/04. The schedule of these visits was to begin on Friday at 4:30 p.m. until Sunday at 4:00 p.m., at which time James would be picked up at his father's house. In his letter, which was widely distributed to the professionals involved, Dr. Hoffman noted that he did not perceive potential endangerment concerning James and his father. In closing, the Special Advocate stated his intention to normalize James' life and for him to spend equal time with both parents. He expressed some concern as to whether this goal could be accomplished, "given the disgraceful contentions by both parents that have seriously and detrimentally affected James during his whole life of seven years."

By early 2005, the situation appears to have deteriorated, with Dr. Hoffman expressing concern regarding Mr. Griffin's attitude toward the psychiatric treatment and medication of his son, conflict with treating professionals, and failure to act to resolve these issues. In a letter, dated 1/28/05, Dr. Hoffman stated that all visitation and contact between James and Mr. Griffin was to be stopped for a minimum of one month. Apparently this was subject to reconsideration pending the increased psychological stability of James and with the approval of Dr. Athey, James' treating psychiatrist.

Apparently the situation did not improve as Dr. Hoffman, in a letter to Judge Pelican, dated 3/14/05, recommended that Mr. Griffin not see James until 30 days after the child had started his new special education programming at Monroe Elementary School. At the conclusion of the letter, Dr. Hoffman placed the greater responsibility for James' psychological condition on Mr. Griffin, whom he perceived to have waged "an incessant emotional, psychological, and legal assault on his child, indirectly through the child's mother." Dr. Hoffman further stated that this had gone on since the child was born and "clearly and significantly contributed to the child's desire to kill himself and others."

On August 18, 2005, the Special Advocate submitted his Final Summary Report and Recommendations to the Court. Dr. Hoffman concluded from his experience and observation over the course of his evaluation of the situation that further contact between James and his father "would currently not be in the best interest of James, but would be psychologically and psychiatrically harmful, would clearly impair his mental and emotional development, and severely thwart the academic, behavioral, and psychiatric progress that James has made." Dr. Hoffman stated that Mr. Griffin must obtain psychiatric and psychological examinations to determine what treatment he needed in order to be re-involved with his son. No contact between Mr. Griffin and James was to occur until this was accomplished. The Court adopted Dr. Hoffman's recommendations and strongly suggested to Mr. Griffin that he obtain a psychological evaluation.

**SOCIAL HISTORY:**

Leonard Griffin was born in Las Vegas, Nevada, after his mother became pregnant with him at the age of 16. During his first several years, he was raised by his mother and her parents until his mother married when Lenny was between 2 and 3 years old. The man she married adopted Lenny and the couple had three more children. When he was 7 or 8 years old, they separated due to his stepfather's infidelity. After the separation, his maternal grandfather moved in with the family for an extended period of time and became who Mr. Griffin characterizes as his best friend.

Mr. Griffin described himself as being "the man of the family" after his mother's divorce until the age of 11, when Mr. Cappadona married his mother. At that point, his role in the family changed drastically and with this change, increased conflict and acting out began. He rejected Mr. Cappadona's authority over him and, due to previously having generally had his own way, Lenny became increasingly rebellious. This behavior was met with a disciplinary response that he recalls as frequently physical and, at times, verbally abusive. In looking back upon these years, Mr. Griffin expressed a perception that Mr. Cappadona was actually trying to help him and that, in fact, he is the only "real father" he has ever had. He realizes that he was quite difficult during the years that he lived with the Cappadonas and feels some regret for his contribution to the problems within the household.

Mr. Griffin moved away from home at the age of 15, primarily because he could no longer tolerate the conflict between he and his parents. He quit school shortly thereafter, in the 11<sup>th</sup> grade, and went to work. He noted that he had always been rather stubborn in school and had experienced difficulty staying on task and focusing on his work. He denied being rebellious toward school authority or exhibiting any significant behavioral problems in that setting. Essentially he left school because he was bored and felt that working and earning money was more useful. He lived with his grandmother and worked for approximately a year and a half, rebuilding motors to make a living. During much of this time he refused communication with his mother, blaming her for taking his stepfather into the family.

When Frances Gale became pregnant they moved in with his parents, but reportedly moved out after a conflict between Frances and his parents. At that point, they obtained their own apartment. Mr. Griffin noted that he had loved Frances very much but, over the course of time, they had experienced increasing conflict over what he perceived as her lack of willingness to take care of the home while he was away at work. Eventually they disagreed about her friends and lifestyle and conflict became increasingly frequent. However, in general, looking back at the difficulties in their relationship, Mr. Griffin feels that he had been "too controlling" and that this had provoked many of their conflicts. Frances broke off the relationship and he recalls feeling hurt and experiencing disbelief that their relationship could have reached that point. In looking back at the first year of separation, Mr. Griffin feels that he expressed his anger through causing trouble for Frances, provoking her retaliatory anger.

After returning to live with his parents, Mr. Griffin worked at the funeral home for awhile, but left after disagreements with them regarding his behavior during the course of the separation from Frances. At that time he returned to work at DocuMart and then left to take employment at Best Buy. He was promoted to tech manager and then district manager of Best Buy. He quit between the ages of 22 and 23 due to the demands of travel, which he felt was keeping him from seeing his son, as well as a difference of opinion with management in regard to promoting service plans to customers, which he did not perceive as useful.

Mr. Griffin went back to working for his stepfather and then established himself as an independent contractor, providing maintenance to the Cappadona Funeral Home and also running a home remodeling and repair business. More recently, he appears to be taking a larger, more responsible position in the family business.

In May 2001, Mr. Griffin met Jolene, the mother of two children, ages 7 and 1½ years old. They lived together for four years and were married on 5/5/05. He reports that, since the beginning of their relationship, he has treated her two children as his own, one of whom he has raised since early childhood. Currently the children, Samantha and Jordyn, are 14 and 8 years old, respectively. There have been twins born of this marriage, Miah and Megan, who are now 5 years old. It was Mr. Griffin's opinion that James has always been considered a member of the family, prior to the No Contact Order, and that he, Jolene, and the children miss him.

Mr. Griffin noted that the marriage between he and Jolene is good, despite the fact that her physical health problems have been hard on both of them. He reported that, at this point in the marriage, arguments between them are relatively rare and typically caused by differences in opinion regarding raising the children. These differences have become less pronounced over time, reducing this source of difficulty, as well as the children's ability to split and manipulate them in terms of their parenting.

**Legal History:**

Mr. Griffin reported one arrest as a juvenile. This occurred after he received a ticket for speeding in a school zone. He apparently failed to show up for the hearing on the designated date and time, expecting to be able to change it. He was arrested when he later came to Court. Mr. Griffin states that he has no other arrests as an adult.

**Substance Abuse History:**

Mr. Griffin stated that his use of controlled substances has been limited to alcohol and marijuana. He stated that he had his first alcoholic drink at the age of 17 and during his later teenager years drank Boone's Farm wine and Coors Light. When he turned 21 he began to consume Jack Daniels and Coca Cola for a period of time, until it was clear to him that it made him ill. He denied drinking to the point of intoxication, with the exception of an occasion after he and

Frances had split up. He denied previous experiences of drinking until he passed out or having had experienced "blackouts." He stated that he quit drinking on other than a very occasional basis in social settings after he met Jolene. Once in this relationship he found that he did not care about alcohol any longer and was more focused on being a good father to the children. He stated that he currently drinks a few times a year, but in limited quantity.

Mr. Griffin stated that he first tried marijuana at the age of 21 and, early in the process, he used it at a frequency of up to twice a week, for what he estimates he was a two-month period. Since that time he has had a couple of "hits" on occasion. He stated that he has never smoked marijuana in the presence of the children because he does not want them to see him do something illegal or immoral. He considers his use of marijuana to have been experimental, rather than reflecting a habit, and noted that it seemed to allow him to focus and listen better to others.

Mr. Griffin was the subject of an alcohol and drug evaluation, conducted by Elaine M. Hubler, L.P.C., CAC-III, on 9/16/04. The evaluation was apparently initiated at the request of Dr. Mark Hoffman, the Special Advocate. The evaluator presented information that reflects a history similar to that presented by Mr. Griffin in the current evaluation. The only exception was that, as of 2004, he admitted to the use of marijuana over the previous three years at a rate of approximately three times a week. Ms. Hubler's evaluation concluded that there was no evidence, at that time, to indicate the presence of substance abuse. In the evaluation, she provided a diagnostic impression of Marijuana Use, in Remission; with a "rule-out" diagnosis of Marijuana Abuse, to be assessed with random urinalyses. Apparently Mr. Griffin passed his urine tests.

**Mental Health History:**

Mr. Griffin has not previously been the subject of a psychological or psychiatric evaluation. He was referred for psychological therapy by his mother when he was 9 or 10 years old as a result of behavioral problems at home and due to her concerns that these problems might reflect issues he was having in regard to his birth father. It is Mr. Griffin's recollection that he attended therapy three times a week for approximately a year, but just sat there and would not talk to the therapist.

Mr. Griffin's only other mental health contact occurred in the context of conjoint counseling with Frances Gale, in order to improve their co-parenting of James. Counseling was undertaken with Eric Schewe, M.A., L.P.C., in mid-2003 and by Mr. Griffin's report, it appeared to initially progress in a positive fashion. However, according to Mr. Griffin, ultimately the conflict between he and Ms. Gale resumed and counseling with Mr. Schewe was discontinued. Mr. Griffin indicated that he liked Mr. Schewe and expressed his feeling that he had helped him "open up." Mr. Griffin did not pursue individual therapy following the conclusion of conjoint sessions with Mr. Schewe because he felt that he was not experiencing problems that would warrant such action. More recently, he has been considering resuming counseling with this individual, particularly should he begin to have visitation with James.

Mr. Griffin has not previously been the recipient of prescribed psychoactive medication until approximately a couple of months prior to the writing of the current evaluation. At that time, he voluntarily began to take Lexapro in order to assist him in the management of anxiety and stress and reduce his reactivity in this context. He reported that he currently finds the medication to be useful in that it reduces his reaction time and allows him to give greater consideration to his response as compared to reacting impulsively.

### **RESULTS OF EXAMINATION:**

#### **Interviews:**

Mr. Griffin was interviewed on four occasions over a period of a year and nine months, over the course of this very protracted examination. During the initial contact, on 2/9/06, he was somewhat guarded and anxious, admitting to some hesitation in regard to participating in the examination. In response to inquiry, he acknowledged that his concerns were related to the importance of the examination, in terms of being able to see his son. Additionally, he noted that, thus far, he had not had the best experience with mental health professionals due to his concerns about his son's psychiatric treatment and what he described as an adversarial style in which he has attempted to "hold them responsible" for their actions in regard to the treatment of his son. He noted that he had threatened to sue a number of these individuals, but had not followed through with these threats. In general, he appeared to be quite frustrated by what he perceived as being excluded from understanding and having input into his son's care, including the use of medication that he considered to be potentially harmful.

Upon further inquiry, Mr. Griffin stated that he would willingly participate in the examination process, to the best of his ability, and be truthful in terms of the information he provided. He also stated that he would respect the results obtained and reported in the evaluation, as he perceived the examiner to be a neutral participant in the legal process involving his son. After this discussion, he seemed to relax considerably and his responsiveness improved markedly.

During the course of the interviews, Mr. Griffin was typically friendly and cooperative. He provided all information asked of him, even when it did not reflect upon his actions in the best light. In this regard, he appeared to accept at least partial responsibility for the conflict with Frances Gale and issues that had arisen between himself and the professionals involved in the case as well as for his behavior in the incident at Cedar Springs Hospital. In this regard, he demonstrated an ability to reflect upon his actions with adequate insight.

During the interview with Mr. Griffin, the examiner observed him to be generally calm, with the expression of affect appropriate to the topics under discussion. He demonstrated the full range of affect from happiness to sadness and anger. In no case did he present excessively intense emotional reactions. His intelligence was estimated to fall within the average range. No signs of

depression, bipolar disorder, or a thought disorder were noted. He generally presented his thoughts in a logical, coherent, and goal-directed fashion. His ability to maintain attention and focus for prolonged periods of time was variable, with a presentation similar to what has been observed in adult individuals with attention-deficit disorder. This factor, as well as a somewhat obsessional focus upon personal concerns regarding his son, contributed to occasional tangential responses and replies to the examiner's questions that were not considered to be responsive. He was observed to be somewhat obsessive in regard to his son's psychiatric treatment and having been restrained from being a father to him. However, under the circumstances, he accepted redirection from the examiner without offense. His obsessiveness was not considered to reflect the presence of an obsessive-compulsive disorder, but rather an expression of the degree of distress these issues have caused him over an extended period of time.

In response to the examiner's inquiry as to whether he experienced symptoms of an attention-deficit disorder, Mr. Griffin stated that he had wondered about this, especially since his stepson, Jordyn, had been diagnosed with ADD and prescribed Concerta. He recalls similar symptomatic behavior during his own childhood, as well as currently as an adult, including impulsivity and difficulty in attending to auditory stimuli. At the point of our final interview, on 11/16/07, he appeared to have become more convinced of the possibility that he suffers from ADD as well as its possible contribution to difficulties he has experienced coping with stress, which may have resulted in angry and impulsive responses. At that point in time, he was taking Lexapro and finding it of assistance in terms of his focusing and ability to inhibit impulsive responses to stress, providing an opportunity to consider his actions and producing a better outcome.

Mr. Griffin stated that he is not typically an angry individual and does not become physically violent. In general, he feels that he gets "pissed off" primarily at the "stupid things" he does as well as what he perceives as the stupidity and thoughtlessness of others. However, he tries "to go with the flow" and remember that "the world isn't there to serve me." He believes that it is useful for him to find something to do that will occupy his mind rather than brood upon whatever has irritated him. It is noted that the Anger Assessment, conducted in 2004, indicated that Mr. Griffin did not present an anger problem sufficient for referral to an anger management class.

Leonard Griffin acknowledged being something of an "old-fashioned parent" who expects children to behave and do what they are told. He noted that, at times, he becomes frustrated with his children's behavior and will "holler at them" when he is unable to get their attention and listen to what he is telling them. He stated that he regards raising his voice in this manner as "unhealthy" for the children and, at times, will apologize for having done so. He rejects corporal punishment and tries to use the parenting techniques he has learned through Love and Logic as well as Kid Power to influence and direct their behavior. Based upon a recent 15-minute auditory observation of Mr. Griffin driving in the car with the children present, while talking to the examiner on a cell phone, he appears to have made considerable progress in terms of not raising his voice or hollering at them when they are behaving in such a manner that would drive most parents crazy.

When asked about the incident at Cedar Springs Hospital, Mr. Griffin characterized it as the biggest mistake he had ever made and one that demonstrated how “hot-headed” he could become. According to Mr. Griffin, he was informed of his son’s hospitalization the day after it occurred, a fact which upset him as he was already concerned regarding the medication James was receiving on an outpatient basis. He reacted to the fact that the hospitalization had occurred only a few days after he had submitted a motion to amend parenting time in his favor and believed that it was a manipulative attempt to influence this decision. In looking back at the Cedar Springs incident, he stated that he felt it was unreasonable to challenge the hospital in the manner in which he had done, but that he needed rather to be more patient and follow appropriate procedures. In his opinion, his greatest failing in this process was that he allowed James’ hospitalization and his own desire to see and protect his son become a personal issue rather than an issue about James. He characterized it as having changed into a position that he was going to prove to the hospital that they could not do this to him.

Mr. Griffin provided another example of his speaking without thinking that has since caused him difficulty. This involved his statement that he would not give James his medication, one that was made in anger. While he is concerned about the possible negative effects of James’ medication, he stated that he would never intentionally omit providing the medication as scheduled because he realizes that such an action could damage the child. More recently, he acknowledges that it has been a long time since he has seen his son and certainly does not have direct knowledge of his problems or the impact of medication upon his behavior. However, he reported that he has received feedback from someone he trusts that the medication appears to be currently helping James and, as a result, he does not intend to interfere with it, should he have the opportunity to resume visitation.

Upon inquiry, Mr. Griffin denied significant problems with depression relative to frequency, intensity, or duration. He acknowledged experiencing brief depression on a situational basis and reported that he is typically able to identify the source of these feelings. He denied experiencing symptoms meeting the criteria of Major Depression, such as sleep disturbance, loss of appetite, loss of interest, social withdrawal, anhedonia, and irritability without sufficient cause. He also failed to endorse symptoms typically associated with bipolar disorder, such as grandiosity, excess energy and heightened activity level, the inability to sleep, or making plans that are clearly unrealistic. He stated that he does experience racing thoughts at times, but this occurs on only an occasional basis and is typically associated with stressful conditions. He denied all signs and symptoms associated with a thought disorder.

**Psychological Testing:**

Psychological testing was conducted on 3/2/06, approximately a year and a half prior to the current report. The initial instrument in the testing battery was the Rorschach, the projective ink blot test. Mr. Griffin responded to this test by generating 22 scorable responses, productivity that was within expected limits. Analysis of the data indicated that he is likely to be somewhat

unconventional in his interpretation of the information available to him within his environment, sufficiently so as to produce misinterpretation of his experiences. Therefore, there is an increased potential for conflict with others who perceive the same events differently. He would appear to be impulsive in his perceptual-cognitive operations and, as a result, may jump to conclusions prior to fully processing the information available to him. Once a conclusion is formed, he is likely to exhibit rigidity in his thinking about the matter, particularly if he is highly invested in the issue at hand. There may be sufficient self-focus that his conclusions and opinions can be altered only with great difficulty and in the face of considerable evidence to the contrary. This has the potential to lead to instances of poor judgement and faulty decision-making processes that can impair his problem-solving operations.

The Rorschach data also indicated that, at the time of testing, Mr. Griffin was experiencing levels of stress that were likely to challenge his ability to adapt successfully to the demands of his environment. The data also suggested that this may be associated with a chronic condition in which Mr. Griffin is likely to experience deficits relative to his social and interpersonal effectiveness, resulting in coping difficulties within a social context, often characterized as social immaturity, as well as reduced stress tolerance within the context of interpersonal interactions. Despite the stress Mr. Griffin would appear to have been experiencing at the time of testing, the data indicated that he possessed good control of his emotional reactions, reducing the likelihood of aggressive acting out under conditions of stress. The Rorschach data also did not indicate that significant depression or the presence of a major psychiatric disorder was of concern.

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) was administered to obtain data based upon actuarial methods that would provide information in regard to Mr. Griffin's personality and psychological functioning. A review of the validity scale profile indicated that he was relatively straightforward in responding to this test. He acknowledged personal and psychological issues that fell within the upper end of the normal range. As expected in child custody evaluations, his score on the Social Desirability scale (L scale) was mildly elevated, at the upper end of the normal range; indicating a desire to make a positive presentation of himself, but not to the point of fabrication and distortion. His psychological defensiveness was well within the average range.

A review of the clinical or personality profile indicated that, with the exception of one scale, all scales were within normal limits. The single scale elevation occurred at scale 6 and reached a T score of 74. Individuals who produce a "spike 6" profile elevated at this level are often described as likely to exhibit a paranoid disposition; in that they are overly sensitive to the reactions of others and tend to exhibit suspicious and guarded behavior. They are frequently perceived to be hostile, resentful, and argumentative while tending to rationalize and blame others for their difficulties. Typically, such individuals do not like to talk about emotional problems and experience difficulty establishing rapport with a therapist, resulting in a generally poor prognosis for the outcome of therapy.

The final instrument utilized in the testing battery was the Thematic Apperception Test. This is an unstructured instrument that presents visual stimuli of people engaged in various activities and interactions and requests that the examinee respond by making up a story that fits the stimuli. Theoretically, an individual's social and interpersonal perceptions, needs, and problem-solving tendencies, as well as expectations of social interactions are reflected in the resulting stories. Mr. Griffin's stories were of average length, although often richer in content than typically obtained. His analysis of the visual stimuli was detailed and wide-ranging, a finding in contrast to what might have been expected from the Rorschach data. The story or thematic content suggested strong needs for acceptance, nurturance, and love; coupled with apparent difficulty in determining how to get these needs met. Strong feelings would appear to cause him confusion, especially when related to these needs. In general, he would not appear to be optimistic in regard to obtaining what he needs in a relationship, an orientation that is likely to have its basis in childhood experiences of perceived abandonment. Despite his expectations for himself, he appears to continue to idealize the family and loving relationships, concepts that form the basis of his perception of health and happiness.

**JAMES GRIFFIN (REVIEW OF DOCUMENTATION):**

It was this examiner's opinion that drawing a conclusion in regard to the potential impact of Mr. Griffin's contact with his son was not possible without some knowledge of the child's psychological status and history. As this represented an important aspect of the referral question relative to the examination, as understood by this examiner, a review of the school and mental health records of this child was attempted, with documents obtained through the Order of the Court. This Order met with variable success. School District #11 records were provided, covering a period from 2003 through 2006, but were not available for the current academic year. Dr. Wescott failed to respond to the examiner's cover letter and copy of the Order while Dr. Athey, who previously provided documentation of contacts from 1/6/05 through 10/5/06, failed to provide more recent documentation when requested to do so. The Cedar Springs clinical records, although apparently released earlier, could not be located. The hospital did, however, afford the examiner the opportunity to go onsite and review the records for both the 2004 and 2007 admissions. Most disappointing was the limited relevance of documentation from Ms. Goodman who failed to produce any treatment notes associated with the many years of therapy she provided to this child. Review of these documents could have provided invaluable information regarding the cause of James' psychiatric disturbance, especially in regard to episodes of exacerbation and decompensation and the experiences associated with his observed regressions, as well as help to resolve questions regarding this child's trauma related to his alleged exposure to corpses and the reported veiled threat that his father is said to have made against his family.

Based upon the documentation available and with full recognition of the potential pitfalls of determining psychological status and diagnoses from such data, the examiner has reached some

tentative conclusions. It should be noted that confirmation of these conclusions can best be obtained by a complete evaluation, performed by a clinical psychologist, a service that, to the best of this examiner's knowledge, James has never received. However, if such an evaluation was to be conducted, accurate assessment may be somewhat limited by the impact of his current medications.

Based upon review of school records, psychiatric outpatient records, and the Cedar Springs clinical records, the examiner concludes, not surprisingly, that James Griffin suffers from a significant emotional/behavioral disturbance. The behaviors reported and occasionally observed by mental health professionals would appear to reflect a disturbance of mood and psychotic symptoms that have often been associated with the label of bipolar disorder in children. It should be noted that this is a controversial diagnosis in the field of psychology and psychiatry, as is the "off label" use of medication approved by the FDA for use with adults, but not children. The current examiner has no personal or professional opinion regarding such matters.

In reviewing James Griffin's records, it would appear that he has exhibited an extensive array of disruptive, aggressive, and self-destructive behavior within the school setting, dating back to at least grade 2. Cedar Springs' records indicate that over the last several years problematic behavior is reported to have included, threats against others, physical assaults, running away, destruction of property, lying, cruelty to animals, and stealing, in addition to problematic classroom behaviors that have included distraction and resistance to direction, as well as aggressive and acting out behavior. It is clear from the clinical record that the presence of a Bipolar Disorder was not formerly diagnosed in the Cedar Springs record until his second admission in 2007. The diagnosis utilized for the 2004 admission was initially that of Intermittent Explosive Disorder with a "rule-out" diagnosis of Bipolar Disorder. The final diagnosis, upon discharge in 2004, included Posttraumatic Stress Disorder as the Axis I diagnosis. During this admission, he was treated with mood stabilizing and antipsychotic medications. In the interim, between his first and second psychiatric admissions, outpatient psychiatric care appears to have established that James was exhibiting a Bipolar Disorder.

During the first admission to Cedar Springs Hospital and after having stated that he wished to die, James was asked if he knew what dead meant and he replied, "Dead is when you don't breathe anymore and you lay naked on a table." He is reported to have then said that dad fixes up dead people, explaining that "fixing up is when they take the blood out of you." The Inpatient Psychosocial Assessment, in which this information was first reported, went on to state that James reported that his father pays him to help fix up dead people, adding that, "My dad makes me touch them."

During the same Psychosocial Assessment, James was asked what weapons were present in his home, due to concerns for his safety. James replied, "There was a blow gun, bazooka, and hand gun." His mother verified that there were no such weapons in the home. Within two days, the treating psychiatric's note (6/28/04) stated that "James has very poor boundaries between reality

and fantasy, and TV or 'real life'." It went on to state that he has been exposed to corpses through paternal grandparents' undertaking business. It is unclear why James was perceived to be an accurate and reliable reporter of one set of information, but not another within the same time span.

James is perceived to be "traumatized by dad's threats and rages" and "based upon the disruption of last evening," Dr. Cresswell stated he agreed with mother's request for no contact between Mr. Griffin and James. The treatment plan, as stated in the psychiatric contact note of 6/28/04, was "protect James, mother is pursuing a Restraining Order." It is not clear how the alleged exposure to corpses or the claim that Mr. Griffin had previously made threatening statements about the family contributed to this conclusion and the resulting treatment plan. Based upon the content of this psychiatric contact note, it would appear that Mr. Griffin's anger and grossly inappropriate behavior at Cedar Springs is likely to have been a significant factor in this decision. A review of the clinical record provides no indication that James personally witnessed or was told about this unfortunate incident and, therefore, was unlikely to have been traumatized by it.

The Motion to Restrict Future Parenting Time, filed by Ms. Gale on 7/2/04, the day after James Griffin's discharge from his first hospitalization, states, among other reasons for restraining Mr. Griffin from seeing his son, that he "may be responsible for James' problems with Bipolar Disorder and/or Posttraumatic Stress Disorder." In this regard, it notes James' contact with corpses as well as father's purported statement, apparently obtained from James, that "When kids are really bad that's when fathers kill the whole family." Both these issues have apparently continued to serve as reasons for the discontinuation of Mr. Griffin's contact with his son; appearing once again in the clinical documentation of James' second hospitalization at Cedar Springs Hospital almost three years later, as significant clinical and historical information.

This second admission occurred approximately six months after his mother and stepfather, of five years, had separated. The admission occurred following the filing of an M-1 at Penrose Emergency Room where James indicated the presence of suicidal ideation while holding a knife to his chest. Upon admission, many of the mood and behavioral issues long demonstrated by James were reported to have been observed. Dr. Cresswell, James' treating inpatient psychiatrist, noted that PTSD was prominent in James' Mood and Anxiety Disorder. At the staffing, typically a meeting in which a patient's problems are identified and a treatment plan to address these difficulties is developed, it was noted in the record that James' mother "reviewed the trauma of James assisting the biological father in his mortician business," despite the fact that it was indicated in the Psychosocial Assessment that there was no evidence that this had occurred. Apparently, the fact of his separation from his longtime stepfather was not noted as particularly significant relative to his psychological status and observed deterioration in functioning.

During his second admission to Cedar Springs, James is reported to have denied "suffering from acute trauma" as well as denying symptoms related to Posttraumatic Stress Disorder. James stated to his treating psychiatrist that he would like to see his father. Such assertions are far from

conclusive relative to making a diagnosis of Posttraumatic Stress Disorder in a child who has been noted to have problems with lying and had been assessed by his psychiatrist as having very poor boundaries between reality and fantasy. However, as far as this examiner can determine, it was originally based upon the statements of this child that the diagnosis of Posttraumatic Stress Disorder had been established. The reliable identification of trauma is required for this diagnosis and, based upon the information that has been available to this examiner, the existence of such a trauma has not been definitively established.

Given the potentially destructive impact of James resuming contact with the alleged perpetrator of trauma sufficient to cause a Posttraumatic Stress Disorder, every attempt was made to explore the validity of the prior accusations in this regard. Utilizing the limited records provided by Ms. Goodman, the examiner attempted to understand the initial impact and subsequent role of the traumas that have been frequently cited as a causative or contributing factor to James' psychological disturbance. In the absence of treatment notes that identified the time frame in which these issues became manifest, such a task proved difficult. A review of Ms. Goodman's written communications in this regard created further uncertainty. In a "to whom it may concern letter," dated 3/27/03, apparently included as a supporting document for the 7/2/04 motion hearing to suspend Mr. Griffin's parenting time, it was stated that James "has been exposed to the operation of the funeral home and preparation of dead bodies" as well as that he "described how blood is being drained from dead people in preparation for the funeral." It is noted that this letter was dated approximately three months after James' referral to Ms. Goodman for treatment and suggests that the actual traumatic events occurred prior to that time and were known to her throughout her work with James.

In further reviewing Ms. Goodman's communications to professionals involved in the custody issue as well as to Medicaid, the examiner was unable to locate any document in which Ms. Goodman identified that this trauma had been a factor in James' psychological functioning or treatment, either before or after that date, until a few weeks after his initial hospitalization. In a report written to Medicaid, dated 7/24/04, she states that "trauma issues were discovered" and the "diagnosis has been changed due to issues that were recently discovered." Since Ms. Goodman's diagnosis of Major Depressive Disorder, Single Episode, Severe, Without Psychotic Features (296.23) remained unchanged in that report as compared to earlier reports, she must have been referring to her new diagnosis of Posttraumatic Stress Disorder (309.81). The 16-month period between Ms. Goodman's initial identification of the experiences underlying James' trauma, as presented in her 2003 letter, and the 2004 report to Medicaid, further confuses the issue as to when these events happened and their immediate as well as subsequent impact upon this child's functioning.

The issue of whether James suffers from Posttraumatic Stress Disorder, either due to exposure to corpses or veiled threats against his family, is really only of significance as it reflects on Mr. Griffin's behavior and judgement, particularly as this relates to the possible future impact upon James, were visitation to be resumed. To date, there seems to be no way in which to

determine if the experience of trauma and the resulting Posttraumatic Stress Disorder actually exists and further resolution in this matter seems unlikely. The behavioral and emotion symptoms exhibited by James Griffin can be satisfactorily accounted for by a Bipolar Disorder, without the PTSD diagnosis. Issues of diagnoses aside, it is clear that James suffers from a severe mood and behavioral disorder and, therefore, should be considered to be psychologically fragile and potentially at risk for decompensation when confronted with stress and emotional arousal beyond his apparently limited capacity to adaptively cope. Such an event can occur, despite the assistance that medication has been able to provide under less stressful and emotionally-provoking circumstances. The question of relevance remains as to Mr. Griffin's mental state and behavior and whether this state, as currently identified, is likely to negatively impact the psychological health of his son, should contact between them be resumed.

### **CONCLUSIONS:**

The examiner perceives Leonard Griffin as having alienated many of the professional involved in the assessment of custody and visitation issues as well as those providing treatment to James, by engaging in angry accusations, impulsive behavior, and threats to sue those individuals. The extent to which such behavior has actually interfered with his son's treatment is unclear, but no doubt, it has contributed to the limitation of Mr. Griffin's contact with the treating professionals, perhaps at the cost of greater involvement in James' life and mental health treatment.

Mr. Griffin denied intentionally withholding prescribed medication from James, but acknowledged that he was clearly reluctant to have such medication prescribed to him. Such reluctance is not surprising, given the reporting of the use and effects of psychoactive medication on children that has been in the media since 2004. However, currently he is adamant that he would not withhold medication since he realizes that to do so could cause his son physical and psychological harm. He also acknowledged that he is in no position to judge the current state of his son's mental health due to not having had contact with him in approximately three and a half years. What he described as the positive effects of Attention-Deficit Disorder medication for his son, Jordyn, as well as his personal experience with Lexapro, which he believes has resulted in improved functioning in response to stress, would appear to have served to soften a previously rigidly held and decidedly negative opinion of the use of psychiatric medication in general.

The influence of allegations of Mr. Griffin exposing James to corpses and as having made veiled threats to kill the family, in conjunction with his interaction with mental health professionals and behavior during the first Cedar Springs admission, have formed a powerful background for the suspension of his visitation with his son. Likewise, the conclusions of the Special Advocate, in his final summary report that "there is a highly significant correlation between Mr. Griffin's contact with James and James' psychiatric behavior; as well as the associated statement that "it has been observed that when there is no contact, there is a significantly high level of improvement in James," also provided a solid rationale for the suspension of visitation.

However, in this examiner's opinion, such conclusions are logically and scientifically problematic.

The problematic nature of these conclusions, the basis of the recommendation that "Mr. Griffin have no contact with James" is that the "highly significant correlation" cited between Mr. Griffin's contact with James and the child's decompensation cannot be utilized to conclude the presence of a cause and effect relationships, only their association in time. If in fact, such deterioration in James' functioning did reliably occur in association with its contact, this observation fails to take into consideration the operation of a number of other factors and experiences in James' life beyond that of the presence of his father. Similarly, the "observation" of improvement in the absence of contact with Mr. Griffin is not actually an observation, but rather an opinion, and fails to take into account other impacts on the child's behavior. It is unlikely that any mental health professional was present immediately following James' contact with his father to reach these conclusions through actual observation.

Most of what has been presented as information regarding James' functioning, immediately following or as a delayed reaction associated with visiting his father, has been provided by the other party in a contentious custody action and, therefore, could reasonably be considered as potentially suspect. In point of fact, Cedar Springs documentation from his second hospitalization suggests that interactions between Ms. Gale and James can also be problematic and provoke reactions from him. In this regard, the Psychosocial Assessment, conducted during the second hospitalization, notes that "both mom and patient are adept at pushing each other's buttons." It was also observed, during an argument between James and his mother, that, "mother appeared to have poor insight into how her interventions with the patient escalated symptoms." The above information is provided to illustrate that there are many possible impacts upon James' emotional state and behavior beyond that of Mr. Griffin.

Mr. Griffin has had, in actuality, very limited contact with James since the separation between he and Ms. Gale. Over the last three and a half years he has had no contact, yet James was admitted to Cedar Springs in July in 2007 with symptoms and behaviors similar to those that existed prior to the suspension of Mr. Griffin's visitation with his son. This makes it rather difficult to ascribe the causation or even the correlation of James' difficulties to the behavior of Mr. Griffin. The most significant "correlation" or association between contact with a family member and exacerbation of James' Bipolar Disorder would be, as it was prior to the suspension of Mr. Griffin's visitation, James' daily contact with his mother, an association this examiner does not imply to be the cause of the child's difficulties, but uses illustratively to raise questions in regard to the validity of the reasoning upon which conclusions were reached pertaining to the desirability of contact between James and his father.

Since the cessation of contact with his father, James does appear to have made considerable improvement, at least as far as can be judged from the available documentation. It would appear that the frequency and severity of incidents at school have decreased and the examiner assumes

this is likely to also be the case at home. This period of time also corresponds with the engagement of James in an extensive series of therapeutic sessions, the adjustment of his medication in terms of dosage and type of medication used, as well as his enrollment in a school that is prepared to address the needs of emotionally and behaviorally disturbed students. These interventions seem most likely to be associated with his improved functioning.

In point of fact, reported observations of his behavior during the most recent hospitalization suggest, to this examiner, that many of his dysfunctional behaviors are likely to be intentional and goal-directed; for example, with a goal of obtaining attention as well as attempting to exercise control over others, rather than exclusively indicative of psychosis. As such, they are potentially responsive to behavioral interventions; a fact demonstrated in the treatment record of the second hospitalization. It should be noted that the provision of effective psychiatric medication is likely to have played a significant role in creating the conditions under which James' behaviors are now amenable to behavioral treatment and intervention.

The present psychological evaluation of Mr. Griffin failed to identify the presence of any major psychiatric disorder. He has exhibited, and psychological testing has identified, behavioral traits and difficulties with adaptively coping with stress that can be problematic for him. Intense stress reactions and potentially maladaptive responses may be apparent in situations in which his own unresolved issues associated with abandonment by his father are stimulated, when confronted by events that he cannot control, and from his perspective, negatively impact the health and safety of his son. He would appear to identify strongly with what he perceives as his own abandonment of his son under such circumstances. However, the examiner cannot identify any disorder or personality traits that suggest that he should not have contact with his son or that this contact would necessarily be damaging to the child. In this regard, the examiner is in accord with the conclusions of the Anger Assessment, conducted by Donald L. Shive, M.A., L.P.C., on September 14, 2004; within approximately two months after the Cedar Springs incident. In his report, Mr. Shive stated, "I believe Mr. Griffin is not a physical nor emotional threat to his son, and in no way would endanger the welfare of his child by his physical presence.

**RECOMMENDATIONS:**

1. It is recommended that Leonard Griffin be permitted to resume contact with his son, James Griffin.
2. It is recommended that the pace, duration, and details of these contacts initially occur within the context of the C.F.I.'s investigation process. Initially, supervised visits could ideally be increased in length and frequency, subject to James' ability to emotionally tolerate such contact and consistent with the recommendations of the C.F.I.

3. It is recommended that, as contact occurs between James and his father, both parents prepare for episodes of increased excitability in this child as well as a possible and, hopefully, temporary increase in acting out and manipulative behavior occasioned by these changes in his life circumstances. Both parents may benefit from some guidance provided by professionals who engage in family reintegration services.
4. It is recommended that Mr. Griffin participate in a series of counseling sessions, particularly early in his contact with James, in order to work through any feelings or stress that may be generated, discuss adaptive responses appropriate to the situations at hand, and, hopefully, address his own historical issues related to abandonment during his life and its potential impact upon his behavior when responding to issues regarding his son.

Respectfully submitted,



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