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Q. And could you briefly explain as a

licensed clinical psychologist what it is that you do?

A. My primary role is actually that

of a forensic psychologist. A forensic psychologist is a psychologist that applies scientific, technical and specialized knowledge of psychology and applies it to the law in the goal of assisting the court that has some question before the court that consist of some psychological issue.

Q. So is it fair to say that in that capacity, you have testified a number of times?

A. Many times.

Q. Many times. Okay. And could you

give an example to the jury of what an -- an example of what forensic psychology would include in the context of a court proceeding?

A. Sure. So I testify in a variety

of different courts. One example would be testifying in Family Court where there is a question before the court about which parent, there is a dispute between parents about where the children should live, which parent should be

Dr. Romkowski

1,910 -
1,810 -
1,899

COPY

89 pgs

Rudy + Erin -
Thank you both
so much for
everything! Please
stay safe, healthy
& sane.
May God Bless
you both!
peace, blessings
& love
Amy

1 making important major decisions about the
2 children, the parents can't agree, it gets
3 driven into court for a judge to decide and then
4 I might be asked to evaluate the parties,
5 evaluate the children, and make a recommendation
6 to the judge about what seems to be in the
7 children's best interest.

8 Q. Okay. Now, did you receive any
9 education to do that?

10 A. I sure did.

11 Q. Would you mind explaining that to
12 the jury, please?

13 A. Well, how far back would you like
14 me to go.

15 Q. Just the high points, if you
16 could?

17 A. So I received my undergraduate
18 training at Temple University leading to a
19 bachelor of arts degree. I continued at Temple
20 University for a masters in psychology and then
21 I continued on to Columbia University in New
22 York where I received another masters and my
23 doctorate Ph.D. in psychology, and then did
24 postdoctoral work specializing and working with

1 children and postdoctoral training in what's
2 called neuropsychology at the Department of
3 psychiatry at the University of Pennsylvania
4 where they are specialized training essentially
5 on how the brain works.

6 Q. And are you just briefly, could
7 you explain, are there any -- before you can
8 practice as a forensic psychologist in Delaware,
9 do you have to be admitted to any particular
10 organizations?

11 A. We have to be licensed to practice
12 as a psychologist in any state.

13 Q. And are you, in fact, licensed?

14 A. I'm licensed in the State of
15 Delaware and in the commonwealth of
16 Pennsylvania.

17 Q. And how long have you been
18 licensed in Delaware?

19 A. Since 1992.

20 Q. Now, in connection with I believe
21 you spoke -- you were speaking about performing
22 evaluations in the context of Family Court?

23 A. Yes.

24 Q. I think you said in the context of

1 what a forensic psychologist typically does;
2 right?

3 A. Yes.

4 Q. So you do those types of custody
5 evaluations?

6 A. I do.

7 Q. How many custody evaluations have
8 you rendered an opinion before the Family Court?

9 A. Many hundreds.

10 Q. Do you also, just for the jury's
11 reference, you -- do you also act as a
12 therapist?

13 A. Not at the same time and not with
14 the same family. So as a psychologist, I can be
15 a treating psychologist, but the ethics of my
16 profession say that a psychologist can only have
17 one role at a time. So if I'm treating or have
18 ever treated a member of a family, then I cannot
19 serve as a custody evaluator.

20 But as part of my overall practice
21 to answer your question, I do treat patients
22 ranging from children through seniors, and
23 separate and apart from that, the larger part of
24 my practice is the forensic part of my practice

The defense lawyers were trying to show that Dr. Romirawsky was compromised because he & Christine had a more personable relationship

1 where I'm not rendering treatment to anybody,
2 I'm trying to answer a question that's before
3 the court and assist the court as a forensic
4 psychologist, gathering facts, and then reaching
5 some conclusion about what seems true about the
6 person that I'm evaluating and sharing that
7 information with the court.

8 Q. Okay. So I would like to turn
9 your attention to the 2006-2007 time frame.

10 A. Okay.

11 Q. And you're familiar with one of
12 the defendants in this case, David Matusiewicz;
13 is that correct?

14 A. I am.

15 Q. And let me ask you this, how did
16 you become familiar with David Matusiewicz?

17 A. I became familiar with David
18 Matusiewicz as he hired me in 2006 to perform a
19 child custody evaluation, along with evaluating
20 him, his former wife, Christine Belford, and the
21 party's three children who at the time were I
22 believe three, two and one, or four, two and
23 one, very young children.

24 Q. So what was that in connection

1 with -- what court case was that in connection
2 with?

3 A. That was in connection with Family
4 Court of the State of Delaware in New Castle
5 County.

6 Q. And those were custody
7 proceedings; right?

8 A. Exactly.

9 Q. Custody proceedings between Dave
10 Matusiewicz and Christine Belford?

11 A. Yes.

12 Q. Concerning the three girls you
13 just spoke about?

14 A. Yes.

15 Q. Now, again, so what role -- he
16 asked you to perform the role of a -- let me ask
17 you this. What's the ultimate conclusion that
18 you were asked to render an opinion for in the
19 Family Court proceedings that you were just
20 talking about?

21 A. The question that was before Judge
22 Buckworth in the Family Court in 2006 was a
23 question about whether or not David Matusiewicz
24 only or whether David Matusiewicz and Christine

1 Belford should have what's called legal custody,
2 meaning which parent, one or both, should be
3 entitled to make major decisions pertaining to
4 the children, that was the question.

5 Q. Got it. But during those
6 proceedings, what did Dave Matusiewicz want in
7 terms of the end result from the court?

8 A. David Matusiewicz wanted sole
9 legal custody. In plain English that means that
10 he wanted to exclusively be the one, he alone,
11 be the one that could make any and all decisions
12 pertaining to the children. And he also wanted
13 sole physical custody, meaning that the children
14 should live with him and not reside with
15 Christine Belford.

16 Q. And what did -- if you know, what
17 did Christine want out of that custody
18 relationship?

19 A. At that time my understanding from
20 Christine Belford was that she wanted to be a
21 joint decision maker, she wanted to be a partner
22 in making decisions, a coparent so that she
23 could participate equally and fully in making
24 decisions that pertained to the three children.

1 Q. Okay. So prior to this context,
2 had you ever met Christine Belford before?

3 A. No.

4 Q. Had you ever met David Matusiewicz
5 before?

6 A. No.

7 Q. But at the time during those
8 proceedings, who was paying you for your, for
9 your evaluation and later your testimony?

10 A. David Matusiewicz.

11 Q. Now, you mentioned that in the
12 context of a custody evaluation, you eventually
13 rendered an opinion to the Court on what you
14 believe the appropriate custody situation should
15 be?

16 A. Yes.

17 Q. Is that right? Okay. But so what
18 do you do to gather information before you
19 render that opinion?

20 A. So there is a specific methodology
21 that's set forth by the American Psychological
22 Association that has a recommended method of
23 gathering information so that one can reach
24 proper conclusions about the family. So the

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methodology that's recommended -- and in fact, the one that I used starts off first of all with what's called a parallel methodology. In plain English, whatever I do with one party, I do the same thing with the other party. Along with that I have the opportunity with each to have many interviews where I'm getting information from each person about their childhood and their family, their educational history, their work history, their medical history, their psychiatric history, their military history, if there is one, their criminal history, if there is one, their marital history, what led up to their separation and divorce. All that's background. And then discuss candidly with each what their perspective is or what each parent thinks is best for the children and why they are proposing to the court what it is that they are proposing. So that's one aspect. Interviews with each parent. Secondly --

Q. Can I break you there just for one second. Now, in the interviews with each parent I know you mentioned that you also act as a psychologist where you treat patients. That's

1 not this circumstance, correct?

2 A. That is specifically not this
3 circumstance. I would be prohibited from having
4 more than one role as I indicated earlier, so my
5 role as hired by David Matusiewicz was to
6 perform a child custody evaluation. I was not
7 treating any member of that family.

8 Q. Okay. So let me ask you this.
9 When you're acting as a custody evaluator and
10 you're speaking with you said both parties,
11 right, the parallel -- I'm sorry, what was the
12 language you used?

13 A. Parallel methodology.

14 Q. Parallel methodology, Thank you.
15 Do you tell them, hey, look, I'm going to be
16 asking the other person these same questions and
17 just so you know, I'm going to be telling that
18 person what you're saying to me?

19 A. Absolutely. One of the major
20 distinctions between a treating psychologist and
21 a forensic psychologist has to do with the issue
22 of confidentiality. When a psychologist, a
23 doctor/patient relationship exists and I'm
24 treating that person, I am not permitted to

1 share information with anybody about what I've
2 discussed with this patient. I'm not even
3 allowed to tell a soul that I've ever met this
4 patient. The opposite is true when I'm serving
5 as a forensic psychologist. I'm hired in order
6 to do an evaluation with the expectation that
7 I'm going to share information with the judge,
8 otherwise why am I doing the evaluation? The
9 idea is to share information. But I go further.
10 I explain to each party not only is there no
11 confidentiality, that doesn't mean I'm going to
12 blab around Wilmington whatever I found out,
13 what it means is professionally I'm going to
14 share with attorneys and with the Court, with
15 the judge that which I've found to be true in my
16 evaluation. And I also tell them that in
17 addition to sharing with the attorneys and the
18 judge what I found, I never want anyone to get
19 blind-sided when they come into a courtroom, so
20 my pledge to each person is that I will share
21 with you what I've learned from your
22 counterpart. I don't want you to have to sit
23 there in my office and wonder, hey, I wonder
24 what she's telling this guy, I wonder what he's

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1 telling this guy. So I tell them you're not
2 going to have to wonder, I'm going to tell you
3 what the other person is saying about you so
4 that way you get a chance to respond to it and I
5 have found over the 36 years that I'm in
6 practice that in the back and forth of sharing
7 information between the parties, I get a pretty
8 accurate understanding of what's probably
9 happening in this family.

10 Q. Okay. So you mentioned
11 interviews. Do you also have diagnostic testing
12 conducted?

13 A. I do.

14 Q. And could you explain that process
15 to the members of the jury?

16 A. One of the -- let me explain it
17 this way. One of the factors of law in Delaware
18 is a statute called Statute 722, which is called
19 the best interest of the child statute. It's a
20 law. That identifies eight different factors
21 that by law the judge has to consider in order
22 to make a decision, otherwise the case can be
23 appealed. One of the factors of Statute 722
24 says the judge has to understand and give weight

1 to whether or not either party seeking custody
2 has any kind of medical issue or psychiatric
3 issue that would interfere with their ability to
4 be a proper parent. So one of the ways of
5 getting enough information to be able to help
6 the judge comply with what the law says that he
7 or she has to do is to administer psychological
8 tests. Psychological tests are a battery of
9 tests known in our industry to be able to reach
10 a reliable conclusion about what seems
11 clinically true about the person taking the
12 tests. It's not a lie detector test. It
13 generates a theory about the personal and then I
14 take that information and I see how it stands up
15 against whatever else I get to learn about the
16 people in real life and see if real life if it
17 is with what the theory of the tests suggest to
18 be true about the people taking the tests.

19 Q. Okay. And some of the tests you
20 mentioned, just to be clear, in connection with
21 the custody proceedings, there were that battery
22 of tests administered to both Mr. Matusiewicz as
23 well as Ms. Belford; is that right?

24 A. The same, again, it's a parallel

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A1823

1 methodology, the same battery that was
2 administered to David Matusiewicz was
3 administered to Christine Belford.

4 Q. So but I do want to focus on Ms.
5 Belford for now. And do those tests include the
6 Personality Assessment Inventory or PAI?

7 A. Yes.

8 Q. Briefly could you explain to the
9 jury what that is?

10 A. As the name suggests, the
11 Personality Assessment Inventory is a 344
12 item self report instrument which describes the
13 person's personality and has built into it
14 different scales that help the person
15 interpreting the test understand whether this
16 person suffers from any kind of mental illness
17 and whether or not there are any -- whether the
18 person is candid, whether the person is being
19 straightforward about sharing information. But
20 essentially its goal is to share information
21 about the person's personality.

22 Q. And the next would be the Child
23 Abuse Potential Inventory or is it CAPI?

24 A. Yes.

1 Q. Could you explain that to the
2 members of the jury please?

3 A. So the Child Abuse Potential
4 Inventory is a test that we use that is
5 specifically designed based on six factors that
6 are addressed in this particular test instrument
7 to reach a conclusion about the likelihood that
8 the person taking the test poses some physical
9 threat to a child.

10 Q. And again, that test was
11 administered in this case?

12 A. Yes.

13 Q. There's a number of other tests
14 that were performed here. I'm just going to
15 list them. There's the Wisconsin Card Sorting
16 test?

17 A. Yes.

18 Q. Rorschach Psychodiagnostic
19 Technique?

20 A. Yes.

21 Q. Incomplete Sentence Test?

22 A. Yes.

23 Q. Word Association Test?

24 A. Yes.

1 Q. Apperception Test.

2 A. Yes.

3 Q. Thank you. And those are all --
4 Ms. Belford was tested on all these tests?

5 A. She was.

6 Q. Did you review the results of
7 those evaluations?

8 A. Of those test results?

9 Q. Of those test results that you --

10 A. Yes.

11 Q. All right. And I'm going to talk
12 to you about those results in a second here, but
13 last you mentioned that, let me step back, so
14 you interview both parents, you look at the
15 results of diagnostic testing. What else in the
16 process do you do when you're gathering
17 information for the custody evaluation opinion?

18 A. So there are essentially five
19 categories of information gathering, so one is
20 the interviews -- as many interviews, by the
21 way, as either party wants to have. I don't
22 limit how many interviews there will be, because
23 people of different styles of sharing
24 information; some people go on and on and on and

1 on, which I respect, that's fine, other people
2 are much more organized, much more concise, so I
3 don't really care whether we have the same exact
4 number of interviews. What I do care about is
5 that each person at the end of the day felt that
6 they had shared everything that they wanted to
7 share with me about the family and about why
8 they were seeking what they were seeking before
9 the court. So there are the interviews, there's
10 the psychological testing. I conduct home
11 visits. I go to each parents' residence at a
12 time that the children are with them, so I can
13 observe them interact with the children. I can
14 also observe the home environment to see that
15 it's a safe place to raise, in this case, little
16 children. I also rely on interviews with the
17 children if they are old enough. In this case
18 the children were too young to be interviewed,
19 they -- the oldest was I think three or four
20 years old at the time. And then the last
21 category of information are what are called
22 collateral sources. What are collateral
23 sources? Collateral source of information is
24 any source of information that comes from

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1 somewhere else besides the people in the
2 litigation, so a collateral source could be a
3 teacher, a baby-sitter, a neighbor, medical
4 records, psychiatric records, school records,
5 therapy records, any other source of information
6 that would help me get to the best understanding
7 and I learn who to contact from talking to the
8 individuals in the evaluation. Each party is
9 invited to give me a list of any people that
10 they think would be helpful for me to contact
11 and I contact them.

12 Q. Okay. So, now you've explained
13 the process that you go through for the jury,
14 and you went through that process in this case,
15 in the custody proceedings, in '06 and '07,
16 correct?

17 A. Yes.

18 Q. And as part of the information
19 gathering process, did you speak with David
20 Matusiewicz about what his allegations were in
21 connection with the custody evaluation?

22 A. Sure.

23 Q. And it's fair to say that was
24 through meeting with him personally?

1 A. Yes.

2 Q. And he also sent you materials; is
3 that right?

4 A. Yes.

5 Q. Letters?

6 A. Yes.

7 Q. All right. And that's normal in
8 the process that you just described, right?

9 A. Yes, I invite that information. I
10 want them to share with me any and all
11 information that they think is going to be
12 helpful so that I can help the judge get it
13 right.

14 Q. Right. So it's not just limited
15 to the interview, it's like all right, give me
16 what you got. If you think of something later
17 on, send me a letter, send me some kind of
18 correspondence; is that fair to say?

19 A. Not only correspondence to me, but
20 it's not uncommon for people to share email
21 exchanges between the ex spouses or emails to
22 other people, emails between a parent and a
23 teacher, et cetera. So it's any information
24 that they think would be helpful to them.

1 Q. And in that context, what were the
2 allegations that Dave Matusiewicz made against
3 Christine Belford with regard to her mental
4 condition?

5 A. That was really the issue in this
6 case. The thrust of David Matusiewicz's
7 position with regard to custody was his
8 assertion, his belief that Christine Belford
9 suffered from severe mental illness and as a
10 consequence of her being severely mentally ill
11 was an unfit parent.

12 Q. Okay. And some of the those you
13 said, I think severe mental illness, did he have
14 some specific allegations in that regard?

15 A. He did. He indicated his
16 belief -- and some of this is actually
17 incorporated into Mr. Matusiewicz's petition to
18 the family court that the evaluation be ordered
19 and take place in the first place. He included
20 language indicating that she had severe mental
21 illness, specifically indicating that he
22 believed both to me and to the Court that he
23 believed that Christine Belford suffered from
24 bipolar disorder, that she suffered from

multiple personality disorder, and that she was depressed, that she had post partum depression. She had a whole list of diagnoses. I don't know where he got those conclusions or the names of those illnesses, but those were specific technical names of mental illnesses that he wanted me to explore so that I could reach a conclusion about whether she did or didn't have those illnesses.

Q. Okay. And we'll talk about your conclusions with regard to those allegations in a second, but if we could bookend this for the jury during the custody proceedings, you're engaged when, about March 2006?

A. I began the evaluation in March of 2006.

Q. And you testified in February 6th, 2007?

A. Yes.

Q. So during that time period, did David Matusiewicz ever make any allegations to you that Christine Belford was in any way sexual abusing her children?

A. Never.

David didn't make any allegations of sexual abuse at that time because mom + I were trying to figure out what was going on with Laura

He didn't
diagnose Chris
with a
diagnosis of
post partum
depression
which she
was already
diagnosed
with a
medicated
for.

1 Q. Now, with regard to the mental
2 allegations that David Matusiewicz made, based
3 on the information you reviewed, which you
4 explained to the members of the jury, did you
5 diagnose her with any of those mental disorders?

6 A. I did not.

7 Q. Okay. So, let me ask you this.
8 First of all, what is bipolar disorder?

9 A. Bipolar disorder is a brain
10 disorder that causes severe shifts in mood,
11 energy and activity level. Many people have
12 heard a different term used historically for
13 bipolar called manic depressive disorder where
14 people have mood swings ranging from euphoria,
15 high energy, going days and days and days
16 without sleeping, taking on projects that are
17 way beyond their capacity. A person saying I'm
18 going to go out today and I'm going to build an
19 office building. They're not thinking clearly.
20 They're irritable. But -- and they fluctuate in
21 this mood ranging from these very, very highs,
22 and then swinging to lows where they're sad,
23 depressed, inconsolable, often immobile, unable
24 to function based on the extremity of how

depressed they have become.

So there are two poles, the high end where they're manicy and high energy, and almost unstoppable in terms of their energy level, and then the other pole, hence the name bipolar, two poles, is the depressive end where they're unable to function because they're so depressed.

Q. Did you diagnose Ms. Belford with having bipolar disorder?

A. Ms. Belford did not have bipolar disorder.

Q. Why do you say that?

A. There was nothing to support that diagnostic conclusion. There were no records that supported that, and she had, in fact, treated with her family physician, so she was known medically, and a physician would have screened for that kind of disorder.

The testing, the data itself, which has nothing to do with Romirowsky, it's what the data shows to be present or not present, there was nothing in the test data to suggest that she suffered from bipolar disorder,

DR Romirowsky later testifies that, "I don't believe I had obtained any medical records."

Christine was diagnosed with post partum depression

1 and there were no other collateral sources, no
2 other people, no other neighbors, no other
3 people to whom I was referred by David
4 Matusiewicz to suggest that she had bipolar
5 disorder. So in the context of the evaluation,
6 he was the only one that concluded that she had
7 bipolar disorder.

Q. Would you explain to the members of the jury what multiple personality disorder is, please?

THE COURT: If a may, Doctor, you don't need to go into as much detail unless you found it applied to Ms. Belford. In bipolar you gave us a good description, but you can short-circuit it a little bit.

THE WITNESS: Thank you, Your Honor.

Q. With that in mind, a brief description of what multiple personality disorder is?

A. I'll try to give you the Readers Digest version. First let me say that Ms. Belford didn't have a multiple personality disorder, also called dissociative identity

This is where David went wrong because he should have referred Dr. Romirasky to speak with our family, coworkers, etc. to verify christine's erratic behavior + our suspicions. Neighbor, Beth Stone, said christine was frantic with the children.

And that was our whole point that she was not diagnosed properly. we saw the changes in her because we lived it.

1 disorder. You may have heard or read books like
2 Sible or other things that the public has come
3 to know about where someone behaves as if there
4 is more than one person living inside their
5 brain.

6 So and -- and they could have
7 different names, they could be different
8 genders, they can even be animals. But it's a
9 very, very severe mental illness where
10 essentially rather than having just one person,
11 to the best of my knowledge, I'm only Sam
12 Romirowsky, and there is no one else living
13 inside my head, and someone who has the multiple
14 personalities, I might shift from being Sam
15 Romirowsky to George or Jim or Joe, and have a
16 completely different personality that would
17 emerge.

18 Q. But just to truncate it a bit,
19 Ms. Belford didn't have multiple personality
20 disorder?

21 A. Correct.

22 Q. And let me ask you this, your
23 ultimate opinion in connection with the custody
24 evaluation was what?

She told us that she wanted David to have sole custody & gave guardianship of Katy to Jennifer & Alex Pugliese so Chris could find out what was really wrong with her.

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A. My ultimate opinion was that each parent had the requisite skill set, if you will, to be able to participate in making important decisions regarding their children. I say that at the time of the beginning of the evaluation, the status of the case was that voluntarily, for whatever reason motivated her, Christine Belford had granted David Matusiewicz the authority to make decisions solely. And then at a later date, she changed her mind and she wanted to reclaim the right to make decisions and co-parent with David Matusiewicz.

David Matusiewicz was challenging that and was asserting that she should not be granted the right to make any decisions on behalf of the children or even participate in the making of decisions on behalf of their children. And I recommended that she be allowed to participate and be granted what's called joint legal custody, meaning both biological parents would have the right to participate in making decisions about the children.

Q. So in that case, both biological parents being Christine and David Matusiewicz

1 both get to have a say in what happens with the
2 kids?

3 A. Correct.

4 Q. Now, those proceedings end;
5 correct?

6 A. Yes.

7 Q. If you need to grab some water, go
8 ahead there.

9 A. I apologize.

10 Q. No problem.

11 Those proceedings end and there
12 comes a later point in 2010 that you are again
13 asked to render an opinion in connection between
14 Christine Belford and David Matusiewicz? Did
15 you understand what I said? That was kind of
16 awkward.

17 A. Yes.

18 Q. And that was in connection with
19 the termination of parental rights proceeding;
20 correct?

21 A. That's correct.

22 Q. And what were you asked to do --
23 let me step back.

24 You rendered an opinion in that

1 case as well; correct?

2 A. I did.

3 Q. And ultimately your opinion went
4 to that ultimate issue, i.e., whether or not
5 David Matusiewicz's parental rights should be
6 terminated; is that right?

7 A. That's right.

8 Q. I don't want to discuss the
9 details of your opinion in that case, but at
10 that point how did you get involved in the case?
11 And this is 2010 we're talking about now.

12 A. I understand.

13 I got appointed in the case
14 because the presiding judge, Judge Barbara
15 Croll, had received a petition from Christine
16 Belford seeking to have David Matusiewicz's
17 parental rights terminated.

18 And along with granting the order
19 that that petition be considered, the judge in
20 her order permitted Christine Belford to select
21 an evaluator of her choosing and she chose me
22 because I had already done the custody
23 evaluation, and this was essentially an
24 extension of the original custody evaluation, so

1 she chose me to do the custody -- to do the
2 termination of parental rights evaluation.

3 And I believe granted David
4 Matusiewicz the right, also, to select an
5 evaluator which he did, and he chose another, a
6 different psychologist named Marsha Orloff.

7 Q. Based on your experience, is it
8 fair to say that some Family Court proceedings
9 there are two custody -- two psychologists who
10 are asked to render an opinion as to custody; is
11 that right?

12 A. Yes.

13 Q. And in some cases there is only
14 one?

15 A. Yes.

16 Q. In the Family Court proceedings in
17 '06 and '07, you were the only person asked to
18 opine from a psychological perspective as to the
19 custody evaluation issue?

20 A. That's correct.

21 Q. But in the termination of parental
22 rights hearing, there is two?

23 A. Yes.

24 Q. Now, throughout this process, and

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when I say this process, I'm referring to the termination of parental rights hearing, did Cristine Belford speak to you at all about her fear of David Matusiewicz?

A. She did.

Q. And from the best of your recollection, what did she say to you?

A. Christine Belford was very fearful that David Matusiewicz would harm her and would harm the children. She had cited both verbally and through e-mails I believe that I had received her fear that based on her knowledge of David, her perception of David Matusiewicz, based on the fact the children had already been kidnapped, based on her understanding that David Matusiewicz had already told the children at a very young age that their mother had committed suicide, that she was very, very disturbed by his behavior and that she was afraid that this was a man capable of doing such things to the children.

She had cited her belief and

alleged that Mr. Matusiewicz had said to her that the children would be better off dead than

23
24

I sent an email to David asking him to once & for all to clarify this issue regarding David supposedly telling the children that their mother committed suicide, which I have never believed. His response is attached.

13
14

And the issue regarding David supposedly telling Christine back in 2005 or 2006 that "the children would be better off dead than with divorced parents," the officer, officer Stamper, taking her report for the PFA testified that he didn't believe her & thought this was a way for her to get a divorce. "say what you want to get what you want", etc.

TRULINCS 49619379 - GONZALEZ, AMY - Unit: CRW-B-A

FROM: MATUSIEWICZ, DAVID
TO: 49619379
SUBJECT: laura
DATE: 01/16/2020 06:21:02 AM

We were walking back up the hill from the town center (in Catarina) and Laura actually said "I think Mommy is dead". There was no prompting and I don't remember what we were talking about at the time. I was surprised and do not remember what I said in response. As to the "Leigh or Karen being locked in the trampoline and forced to stay there until she remembered her false identity name" that's b.s. The trampoline had a velcro enclosure to make sure no one fell off while jumping. None of the girls were ever unsupervised on it and certainly none were locked in there. That's clearly something their mother made up upon their return and I'm sure is a part of their "memories" now. Just wish I could speak with them and tell them the truth!

Love ya

being divorced. So in general, to answer your question, she was afraid that David Matusiewicz was going to harm her and/or the children.

Q. And the termination of parental rights --

MR. BOSTIC: May I see the Court at side-bar momentarily?

THE COURT: You may.

(Side-bar discussion:)

MR. BOSTIC: Your Honor, a couple of things. Along with the testimony from this doctor who I believed was solely testifying about his relationship with Christine and more factual, there is no indication that he was going to get into any testimony about statements allegedly made by David during the kidnapping such as telling the kids that the mother had committed suicide.

Had I known he would go there along with that David said to her that the kids were better off dead, which is something I have never seen in any report, but I don't know this if I knew they were going there, I would have asked for a proffer. This testimony is very

1 different from what I understood this doctor was
2 going to testify about.

3 THE COURT: Mr. Weede?

4 MR. WEEDE: First, you knew
5 Dr. Romirowsky was going to be testifying about
6 the fear. That's straight out of the report in
7 this case and provided to all the defendants.

8 Second, Mr. Bostic as well
9 certainly has all of Dr. Romirowsky's records
10 pertaining to the evaluation he did on
11 Christine, all the things that Mr. Matusiewicz
12 said both in the custody proceedings as well as
13 in the TPR proceeding.

14 And, in fact, one of the e-mails
15 that his own expert in this case is going to
16 opine upon talks about how she has fear of David
17 coming and kidnapping the kids. I didn't think
18 this is certainly not a -- I didn't -- to be
19 candid, I didn't know he was going to go there
20 at that point in time, but that wasn't something
21 I thought was off the table.

22 MR. BOSTIC: The E-mail talked
23 about David coming and kidnapping the kids, we
24 heard that before, but there is no mention

1 anyplace about David -- Christine telling anyone
2 that David said the kids were better off dead.

3 MR. McCALL: I mean --

4 MR. BOSTIC: And there is nothing
5 to do about the relationship between this doctor
6 and Christine that I'm aware of, Your Honor, I
7 thought and believed that this witness was going
8 to testify for a very limited purpose. We have
9 gone into issues that happened during the TPR,
10 during the child custody, and even before in
11 terms of this type of testimony. And this Court
12 made rulings about limiting the scope of those
13 types of inquiries.

14 MR. McCALL: I would just say that
15 I, as it relates to the statement that the
16 children would be better off dead rather than
17 divorces, I think that is in discovery in
18 several places, either in the PFA hearing, the
19 custody hearing, or in the records of either
20 Romirowsky or Dr. Richnan.

21 MR. BOSTIC: Your Honor, if it's
22 in the either the PFA hearing or the custody
23 hear or the TPR hearing the court gave limiting
24 instructions on the types of details that we

1 would get into with respect to that.

2 THE COURT: In terms of the
3 hearings I did, because I did not want to be
4 putting this on the record, judicial finites and
5 thing of that nature without limiting them to
6 proper context. In terms of the fear of the
7 decedent, I think it's to the case, I think
8 those are two different things, but the
9 disclosure issue is a different matter.

10 Now, I do have a concern about,
11 however, timing, and again going back to the
12 scope of the indictment. I do believe that if
13 there were fear that predated stalking conduct,
14 that needs to be distinguished in some way from
15 the course of criminal conduct which is what's
16 being charged.

17 Using the indictment as your
18 touchstone can somebody orient me to what the
19 witness just said and where that fits within the
20 timeline?

21 MR. WEEDE: If I may, Your Honor,
22 what I believe the witness said is that in the
23 context of the TPR proceeding, Christine was
24 talking about any type of fear that she had for

1 the defendant, and during that proceeding,
2 Christine would have talked about all the
3 different reasons why she's --

4 THE COURT: I meant as to dates
5 because I don't have any chronology.

6 MR. WEEDE: The TPR is 2010.

7 THE COURT: So it's within the
8 time frame?

9 MR. WEEDE: Correct. He wasn't --
10 he's asking about what her fear was during the
11 scope of the indictment and she's placing it in
12 context, and we'll hear all the reasons why.

13 THE COURT: That dissuades a lot
14 of what my concern is from an evidentiary
15 standpoint separate and apart from the notice
16 issue. When we have counsel debating the notice
17 issue, unless I have paperwork I'm not in a
18 position to stay anything about who had notice,
19 but I'm somewhat sure, Mr. Bostic, because of
20 the timing of this it was within the scope of
21 the indictment, but I don't want to cut you off.
22 I see Ms. Chavar.

23 MS. CHAVAR: I think, though, and
24 I'm not sure, but I think the statement about

1 the children being better off dead was on PFA
2 then, and that's out, that was testified to at
3 ~~*~~ the TPR, that was not testified at the custody,
4 my recollection it was during the PFA and that's
5 out. We can double-check that, that's out.

6 THE COURT: Here is what I suggest
7 we do, counsel. Let's just finish the witness.
8 We'll go back later and to the extent that the
9 timing is as you're suggesting, Ms. Chavar, I
10 will do -- what I will do, well, we're not get
11 into what I'll do now, we'll deal with that
12 then. What else am I going to deal with with
13 this witness?

14 MR. WEEDE: Your Honor, that is
15 basically it.

16 MR. BOSTIC: Your Honor, under
17 these circumstances, if I cross-examine this
18 witness, I would like --

19 THE COURT: You would like me to
20 rule.

21 MR. BOSTIC: No, I would like some
22 additional time, because as I said, based upon
23 what was presented, we have held off on other
24 witnesses for other reasons, I'm asking the

Court for some indulgence here.

1 THE COURT: Here is what I'm going
2 to do. I'm going to say to the jury that there
3 was a rocky relationship between the defendant
4 and his wife that predates the indictment in
5 this case and that in terms of the rulings that
6 I have made, we are focusing within the conduct
7 that's within the scope of the indictment and
8 the indictment begins in 2007.

9 Because of the length of time we
10 are going to take a brief recess just to pin
11 down the timeline and then we'll resume.

12 MS. CHAVAR: Just, Your Honor, the
13 indictment is 2009.

14 THE COURT: Nine. I'm sorry, I
15 need to look at my charts.

16 MS. CHAVAR: There is a lot of
17 dates.

18 THE COURT: Right. I worked for
19 my -- let this record reflect I'm at side-bar
20 gridless.

21 (End of side-bar.)

22 THE JURY: Can we take a little
23 break.
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THE COURT: One of the jurors has asked for a quick break. Let's indulge that with a brief commercial from the Court. When you have an indictment that spans a number of years and a relationship that spans a number of years, sometimes we need to stop and look at the time. That's why we were at side-bar. If we have a request for a break, we'll take it now.

All rise in honor of our jury.

And counsel, because we had the request from the jury for the break, if you could use the time now to focus or do you need a longer break?

MR. BOSTIC: Your Honor, I need a longer break. What I was asking and I should have been more clear, I was asking that we excuse the witness to give me an opportunity to deal with issues that I raised at side-bar that was unexpected from my perspective. I am willing to show the Court --

THE COURT: All be seated, counsel.

MR. BOSTIC: I'm willing to go back to letters -- Your Honor, the witness is in

the room.

1 THE COURT: Right. I don't think
2 we're going to say too much because I need to
3 ask the witness a question.

4 Doctor, if you were to complete
5 Mr. Weede's direct exam and impose upon you to
6 come back later in the week, would you be able
7 to do that for us?

8 THE WITNESS: It would be a
9 hardship, but I would certainly do my best to
10 accommodate the Court.

11 THE COURT: Recognizing how
12 complex and lengthy this trial is and
13 recognizing the importance of the trial, if we
14 could ask you to make that accommodation despite
15 the hardship it would be greatly appreciated.

16 So Government, would you be
17 content with doing again a split direct and
18 cross?
19

20 MR. WEEDE: Your Honor, obviously
21 the Court's pleasure on this. I would say that
22 it makes sense to some degree if Mr. Bostic
23 wants to cross-examine Dr. Romirowsky on the
24 points that aren't at issue that were discussed

1 at side-bar, that would make some sense so we
2 can get some stuff done today.

3 THE COURT: My preference is that
4 we do it all in one fell swoop. Other defense
5 counsel, would that be acceptable to you?

6 MR. IBRAHIM: Absolutely. I have
7 some brief cross-examination.

8 THE COURT: I rather do it in one
9 fell swoop. Mr. Edelin, is it acceptable?

10 MR. EDELIN: It is acceptable,
11 Judge.

12 THE COURT: Recognizing it's a
13 bump in the road for everyone but also
14 recognizing the importance of the issues, I
15 think the caution is advised, so Doctor, again,
16 I hate to impose on you, but I think what we
17 will do is we will conclude your direct and then
18 we will impose on you to come back and we'll do
19 our best to accommodate your schedule on the
20 return visit.

21 THE WITNESS: Are we talking about
22 this week?

23 THE COURT: Can you do it this
24 way.

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THE WITNESS: I can only do it
this week.

THE COURT: You can only do it
this week. We will make it happen. Counsel is
that acceptable.

MR. WEEDE: Yes, Your Honor.

MR. BOSTIC: Yes.

MR. IBRAHIM: Yes.

THE COURT: Thank you everyone,
but most importantly you Doctor, with the
cooperation. That's the price of justice. So
we'll stand adjourned.

(A brief recess was taken.)

(Side-bar discussion:)

MR. BOSTIC: Your Honor, quickly,

there is an E-mail to Dr. Romirowsky in which
Christine relates back to 2005 regarding the
kids would be better off dead. I missed that,
but it was in the report that I was going to
redact for that purposes. Counsel showed it to
me. I have no basis at this point to put him
off. Dr. Romirowsky is here, I can go forward.
What I will ask the Court to do is give me wide
leeway with respect to Dr. Romirowsky because we



These are referring to things that were in Christine's PFA in 2000 that was denied.

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~~X~~ really are challenging his credibility.

THE COURT: I understand.

MR. WEEDE: Your Honor, I guess I'll see what leeway means in the context of it, but I have the E-mail, this was something that was actually cited in the report, that's clear, it mentions essentially everything that he was testified to.

THE COURT: Leeway lies largely in the eye of the beholder, which in this case is the Judge.

MR. WEEDE: Fair enough.

MR. BOSTIC: So it's clear, there are parts of that report that we intend to redact because it led back to the PFA, but under those circumstances --

THE COURT: I'm glad we solved the problem with a strategic break.

MR. McANDREW: Your Honor, if I may ask to leave the courtroom, to leave the courtroom during the examination. We're trying to get an exhibit ready.

THE COURT: Again, just so we are clear, any counsel can leave at any time for

1 whatever reason.

2 MR. EDELIN: I raised my hand.

3 That's not on the record.

4 THE COURT: All right. Anything

5 else?

6 MR. BOSTIC: No, Your Honor.

7 THE COURT: All right.

8 Everyone please be seated. It was
9 a very profitable break, members of the jury, we
10 worked out a number of things. And again as the
11 juror did here, if you need to take a break,
12 raise your hand and let me know. You are the
13 most important people in this courtroom.

14 All right. In terms of the
15 process, and so you'll let us know anyway we can
16 facilitate your doing the job you need to do.

17 All right. Mr. Weede.

18 MR. WEEDE: If I may, Your Honor.

19 BY MR. WEEDE:

20 Q. Dr. Romirowsky, I want to circle
21 back to a couple of points.

22 You indicated -- this is going
23 back to the custody evaluation in '06 and '07.

24 Okay?

1 A. Okay.

2 Q. During that time period, you said
3 that there was a -- the CAPI test was
4 administered; correct?

5 A. Yes.

6 Q. That's the?

7 A. Child Abuse Potential Inventory.

8 Q. And that was administered to
9 Ms. Belford?

10 A. Yes.

11 Q. Anything in the results of that
12 exam that indicated that she posed a threat to
13 her children?

14 A. No.

15 Q. With regard to your ultimate
16 determination, you said that in the end you
17 recommended that there be shared custody?

18 A. Yes.

19 Q. What are the reasons why you
20 recommended shared custody?

21 A. The context of the question was in
22 reaction to David Matusiewicz's assertion that
23 Cristine Belford suffered from severe mental
24 illness. I did not find that she suffered from

1 severe mental illness, so I recommended that the
2 parties be able to co-parent, that each be able
3 to participate in decision making, and that
4 Christine Belford's allotted time to parent the
5 children and the children be in -- her physical
6 care be enlarged from what it had been at the
7 time of the evaluation.

8 Q. Okay. Now, again, going back to
9 your evaluation of Ms. Belford, she did have
10 some issues with depression; is that right?

11 A. Yes.

12 Q. Could you describe those for the
13 jury, please?

14 A. Christine had reported to me that
15 she had historically had symptoms of depression
16 where she would be prone to feelings of sadness,
17 and that she had gone to her primary care
18 physician and was taking antidepressant
19 medication which was effective in her case
20 because she was saying that while taking the
21 medication, she was no longer feeling depressed.

22 Q. So did you in your analysis of the
23 data and speaking with her determine that to be
24 an issue in whether or not she could have shared

50 what happens to someone who abruptly stops taking her meds, like Dr. Marc Widman testified was a problem with Christine?

They sign False PFAs on their husband after trying to seduce his employees sending their lives into an uproar

1 custody of the children?

2 A. It was a factor because I
3 determined that although she had a history of
4 depression, way more mild than the kind of
5 depression that David Matusiewicz was alleging
6 that she had.

7 Q. Could you explain that for a
8 second, what do you mean by that?

9 A. There are lots of different kinds
of depressions. In the extreme, the most severe
depression are what are called major depressive
disorders that include the things I alluded to
earlier, the postpartum depression, the bipolar
depression.

10 Q. Which again, Christine Belford did
16 not have?

17 A. She had none of it. What she did
18 have was a mild form of depression that's
19 referred to as a disthymic disorder which means
20 that there is a low grade undercurrent of
21 feeling sad that is very treatable with
22 medication, and that was what she had and that's
23 what she was medicated for and that was
24 effective in the treatment of her depression.

Dr. Rom. Fowsky
is incorrect
because
Christine was
diagnosed
with post
partum
depression

Author: Sharma, Verinder

Source: Current Psychiatry Reviews, Volume 1, Number 3, 2005, pp. 325-329(5)

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Postpartum disorders include a spectrum of psychopathology including the postpartum blues, postpartum depression, and postpartum psychosis. Brief episodes of hypomania are quite common immediately after delivery but are rarely diagnosed. There is substantial evidence that postpartum psychosis is usually a variant of bipolar disorder in the form of a mixed or manic episode. Research studies however, have neglected the clinical reality that the postpartum period is also a high-risk time for the occurrence of episodes of bipolar depression. Diagnosing bipolar depression is not difficult in women with a history of a mixed or manic episode. However, misdiagnosis of bipolar II depression may be common after childbirth due to the likelihood that hypomania may be misconstrued as the normal joy related to the experience of motherhood. Early and accurate recognition of bipolar disorder is crucial as the use of antidepressants in patients with a bipolar diathesis can worsen the illness course due to induction of hypomanic, manic, and mixed episodes as well as acceleration of cycle frequency. This paper reviews the relationship between postpartum depression and bipolar disorder, and discusses the clinical and treatment implications of misdiagnosis of bipolar II depression as an episode of major depression.

Keywords: bipolar II depression; bipolar disorder; hypomania; misdiagnosis; postpartum depression; postpartum disorders

Document Type: Review Article

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[Postpartum Depression With Bipolar Disorder](#)

MARLENE P. FREEMAN, M.D., PAUL E. KECK JR., M.D., and SUSAN L. McELROY, M.D., Tucson, Ariz.

Published Online: 1 Apr 2001 <https://doi.org/10.1176/appi.ajp.158.4.652>

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To the Editor: Women with bipolar disorder are at especially high risk for relapse during the postpartum period, when the risk for recurrent postpartum mood episodes has been reported to be 25%–40% (1). Because of this high risk of relapse, postpartum prophylactic treatment has been advocated for most patients (2). Our preliminary data emphasize the recurrent nature of postpartum episodes in women with bipolar disorder.

Twenty-eight consecutively selected female patients with bipolar disorder were asked to respond to a structured interview regarding the impact of reproductive events on the course of their illness. After written informed consent was obtained, diagnosis was determined by using the Structured Clinical Interview for DSM-IV. Patients were then systematically asked about mood symptoms and episodes after childbirth.

In our study group, 17 (61%) of the women had at least one child, and 12 (71%) of the 17 described at least one postpartum mood episode. The polarity of the group's postpartum episodes was exclusively depressive. Notably, the risk of having a postpartum depressive episode increased with successive pregnancies. Of the women who had more than one child and experienced at least one depressive postpartum episode but did not experience depressive episodes after every delivery (N=6), there was a significant relationship between number of births and depressive episodes. Women were more likely to have postpartum depressive episodes after the birth of a second child than after their first ($p=0.02$, McNemar's test). In fact, if a woman experienced postpartum depression after some but not all of her pregnancies, it was only after the first pregnancy that she was spared. In the 12 women with more than one child, of those women who experienced a postpartum episode after their first child, the postpartum recurrence rate was 100%.

Although having experienced a postpartum mood episode was predictive of future postpartum episodes, not having experienced a mood episode after the birth of a first child was not protective. Of the nine women who did not experience a depressive episode after the birth of their first child and who later had more children, six (67%) experienced subsequent postpartum depression. Our preliminary findings suggest a significant relationship between risk of development of a postpartum depressive episode and number of pregnancies in women with bipolar disorder. This higher risk may be attributed to hormonal or biochemical factors, older age or longer duration of illness, or greater psychosocial stressors after later pregnancies.

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1. Hunt N, Trevor S: Does puerperal illness distinguish a subgroup of bipolar patients? *J Affect Disord* 1995; 34:101–107 [Google Scholar](#)
2. Cohen LS, Sichel DA, Robertson LM, Heckscher E, Rosenbaum JF: Postpartum prophylaxis for women with bipolar disorder.

Q. All right.

1 MR. WEEDE: Your Honor, if I may
2 have a moment?

3 THE COURT: You may.

4 MR. WEEDE: Your Honor, I tender
5 the witness.

6 THE COURT: All right. Who is
7 going to lead off? I think Mr. Ibrahim is going
8 to start.

9 MR. IBRAHIM: Thank you, Your
10 Honor.

11
12 CROSS-EXAMINATION

13 BY MR. IBRAHIM:

14 Q. Good morning, Doctor. How are
15 you?

16 A. Good morning.

17 Q. I just have a few questions for
18 you and then I'll be on my way.

19 If you recall, back I guess April
20 of last year, you met with the prosecution team,
21 Agent Gordon and a couple of the assistant
22 United States attorneys, do you recall that?

23 A. Yes.

24 Q. And looking at the report they

1 provided, it's about nine pages long, you were
2 there for a pretty decent period of time;
3 correct?

4 A. I'm not sure what you mean by
5 pretty decent.

6 Q. A long time, not that long, a
7 couple of hours?

8 A. A couple of hours.

9 Q. Okay. Just one quick question.
10 In terms of that meeting with them, it's correct
11 to say that in response to their questioning of
12 you, you indicated that Belford never spoke of
13 the sister; do you recall that?

14 A. Spoke of?

15 Q. You made the statement Belford
16 never spoke of the sister, does that ring a bell
17 to you?

18 A. It doesn't.

19 Q. Doctor, in terms of the different
20 types of hearings that you have testified to,
21 have you ever testified to a third-party
22 visitation proceedings?

23 A. Yes.

24 Q. And you're familiar with those

proceedings; correct?

1 A. I am.

2 Q. And in the course of, I guess it's
3 got to be at least a quarter century of the type
4 of work that you have done, and I don't mean to
5 date you, it's just your experience, it would be
6 correct to say that what third-party visitation
7 proceedings discuss are persons eligible to
8 petition for third-party visitation; correct?
9

10 A. By definition, that's what it is.

11 Q. And that is -- includes family
12 members, like uncles, aunts, grandparents;
13 correct?

14 A. Correct.

15 Q. In fact, it even includes
16 individuals who may have an interest in helping
17 a child that may have no blood relationship to
18 that child; correct?

19 A. Correct.

20 Q. It's a vehicle in Delaware that
21 allows someone who does not have any rights
22 otherwise to the child to have an opportunity to
23 petition the court to have visitation with that
24 child?

Now why would Chris tell our family this & report it to others such as psychologists, etc, if she wasn't afraid that this incident would be disclosed to us through others?

Why self report something that could get you into trouble that didn't happen?

A. Correct.

Q. Now, lastly, the last area I want to ask about has to do with some information that you received from Ms. Belford in your contact with her. Is that okay?

A. Sure.

Q. Is it correct to say that one of

8 the times you spoke to her, that Ms. Belford
9 spoke of an incident occurring in the office of
10 her 2 3/4 year old daughter, Leigh's
11 pediatrician that led to a risk that she would
12 be charged with child abuse, to reduce such a
13 risk she gave custody of the children to David.
14 Is that something that she self reported to you
15 during one of your interviews?

A. No, it's something that she reported to an associate of mine, Dr. Irwin

18 Farbman who had administered the psychological
19 test about which we spoke earlier.

20 Q. That psychological test is
21 coauthored by you and Dr. Farbman?

22 A. There is a report that is
23 coauthored that summarizes the test data, and in
24 that case the interview that was conducted by