

Fourteen years ago, tomorrow, July 25, 1995, my world was turned upside down by a call from Khalie Kelly, warning me about Gordon's devious behavior & alluding to the fact that he may be homosexual. It was followed by a four hour conversation with Gordon in which he confronted every issue, convinced me that Khalie was a crazy, jealous woman & that he was a victim of her cruelty. For further reassurance, I took Gordon to my parents home where, for another four hours we talked & cried & prayed together & my father interviewed Gordon directly & found him completely worthy to marry me. That was followed by blessings for each of us at the hands of my dear father & plans for the wedding proceeded, a wedding that would include many of the general authorities, Richard Scott, Pres. Faust, who married us, Elder Ballard who spoke at our a ring ceremony, & a visit from Pres. Hinckley & his wife later that evening. Truman Mackay, Mitt Romney, Richard Eyre & many of Gordon's co-horts from New York, men of stature & high standing in the business world attended. It was a night of pure magic — but in truth, a complete sham, a show, and the beginning of a nightmare that has not ended in these 14 years.

Gordon had targeted me, for 20 years prior to our marriage. And once Steve had died & my sons were old enough to be interesting to him, he moved in relentlessly, charmingly, until I agreed to marry him. He then spent those fourteen years living a devious homosexual lifestyle while trying to convince the world it was otherwise. He blamed me for every problem, every failure in his life, convinced me that I was flawed, unworthy of someone as great as he was & that I needed to do everything I could to make up for the misery I had brought upon Gordon (e.g. causing him to lose his job at Y&R) which I tried endlessly to do, but there was never enough I could do to make Gordon happy. There is no way to describe the psychological torment that someone like Gordon can inflict day after day. Life for these fourteen years has been a nightmare that I can't wake up from. I thought a divorce would solve the problem. It has only made the nightmare worse. After almost 7 years of trying to divorce Gordon, I have only suffered more at his hands as has my family.

My decision to divorce Gordon came Sept. 2002 & was firmed up at a family reunion in which my sister told me the story about Gordon having been found tied to a bed & missing.

an important meeting as well as other things she knew about Gordon's NYC life.

My decision now to go forward w/ the civil suit, including the children has been spurred by Gordon's recent forcing them to sleep naked in the same bed with him.

I realize that I am subjecting myself & my family to possible, very negative repercussions, but my hope is that the truth can finally come out & that we can be freed from the perpetual torture of Gordon upon our family.

I feel this can only be accomplished if we continue to pursue the investigation of Thomas P. Smith & others of his kind with whom Gordon has done unsavory business dealings. I believe we will find criminal behavior that will finally bring Gordon to justice. I also believe there needs to be a way to protect Lily, Caleb from further abuse from Gordon. I don't know how, but if we can show the abuse to Colin, Eric, Lily, Caleb & others, perhaps some entity, perhaps public outrage, will help us protect them from him.

I realize that if all this fails, I need to finally concede. This is difficult. Part of me feels that if I fail, I will have to do what Thom Harrison suggested — flee to some country where I cannot be prosecuted (or hopefully) found by Gordon.) But this is the "pull the plug" idea that I have to accept. But I am asking now for a full-out effort. I request the subpoenas etc. that are needed to flesh out who Gordon is & an all-out effort to do everything possible to protect & free us from this man who has tortured us for too long.

Alma Keyce

you talk! (head)
to act
to my voice

To: Lynn Packer

From: Bas Timothy Bower

Re: page 2: addictive disorders
cause loss of function in the prefrontal lobe
..... ↳ "loss of conscience."

I am interested in the research that shows
this kind of change to the brain as a
result of addiction ... esp. sexual addiction
because it appears that Gordon has a serious
sexual addiction spanning many years that
may well have decreased his ability to
function well in many capacities including
parenting. Will this be of any interest to
Lynne?



Wasatch Pediatrics Inc

...HELPING YOUR KIDS FEEL BETTER!

Cottonwood Pediatrics
5770 S. 250 E. #210
Murray, Utah 84107
801-314-4400

Mark B. Barrett, M.D.
Barbara Boan, M.D.
Julia C. Brogli, M.D.
William E. Cosgrove, M.D.
Joseph Cramer, M.D.
David C. Hurley, M.D.
Terry Omura, M.D.
Charles W. Ralston, M.D.
Johnny Wall, M.D.
Paul E. Wirkus, M.D.

April 21, 2008

Grow Up Great! Pediatrics
620 E. Medical Dr. #100
Bountiful, Utah 84010
801-295-2888

RE: BOWEN, CALEB
DOB: 4/15/03

Kara Fadel Burnett, M.D.
Claudia Fruin, M.D.
Jacqueline Giannini, M.D.
Allison Groebbs, M.D.
Pamela Hildebrand, M.D.
Earl Judd, M.D.
Kathleen Liou, M.D.

Caleb Bowen was in for his well-child visit. He was brought in by his mother and seemed to be doing very well physically. The mother does report some significant problems she is having with custody issues with his father. She reports that this is causing some stress for him. Caleb did draw a picture of a truck that he stated had a picture of him and his sister sitting on the top. This was unprovoked, but may have related to some issues that had been going on in the family.

Southpoint Pediatrics
9071 S.1300 W. #301
West Jordan, Utah 84088
801-565-1162

Darin Bosworth, M.D.
Brian Buchanan, M.D.
Leslie Goodwin, M.D.
Kevin Lash, M.D.

At this point I can categorically state that Caleb's mother has been taking very good care of him and his sister, Lilly. I have known them for many years now and feel quite comfortable making this statement. I would be happy to answer any questions.

Summit Pediatrics in Park City
1790 W. Sun Peak Dr. #A101
Park City, Utah 84098
435-655-0926

Kathy Ostler, M.D.
Lena Terry, M.D.
Leslie Webster, M.D.

Charles W. Ralston, MD

Wasatch Pediatrics in Heber Valley
380 E. 1500 S. #201
Heber City, Utah 84032
435-657-0101

Michelle Chamberlain, M.D.
Maggie Hull, M.D.
David Larsen, M.D.
Monica Schaffer, M.D.

EVM:33/6508575

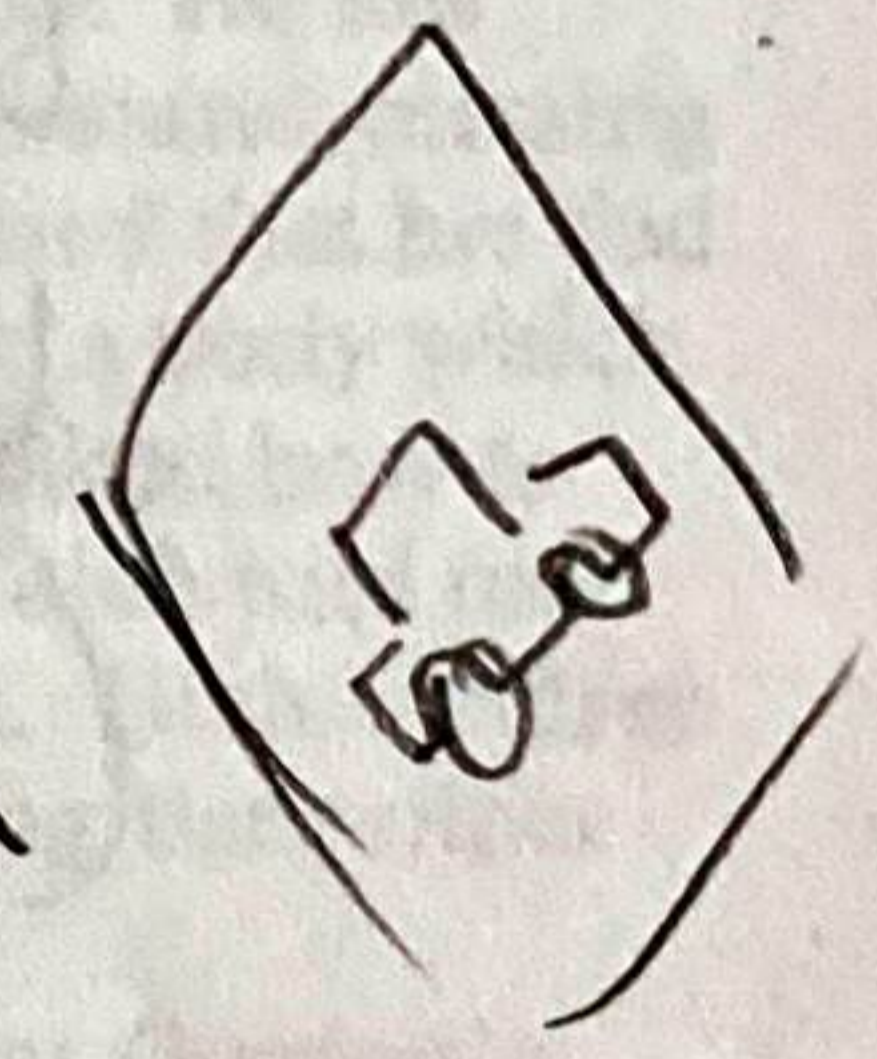
D: 2008-04-24 21:51:00

T: 2008-04-25 05:47:00

Wasatch Pediatrics at St. Mark's
1140 E. 3900 S. #360
Salt Lake City, Utah 84124
801-264-8686

Ken Broadbent, M.D.
Edward G. Jenkins, M.D.
Lou Melini, PA-C
Tom Metcalf, M.D.
Sally Orrisby, M.D.
Cynthia Owens, M.D.
Jennifer Sandvig, M.D.

Handwritten notes: "Mama", "4/21/08", "EVM"



Willowcreek Pediatrics
7138 S. 2000 E. # 106
Salt Lake City, Utah 84121
801-942-1800

R. Dennis Ashton, M.D.
Joe Jopling, M.D.
Steven M. Lynch, M.D.
Jim Memmell, M.D.
Kathy O'Mara, M.D.
Sheila Ring, M.D.

Willowcreek Pediatrics in Draper
114 E. 12450 S. #100
Draper, Utah 84020
801-523-3001

Dan Clayton, M.D.
Karla Felndt, M.D.
Kimberly Hansen, M.D.
Galina Hortnylk, M.D.
Dan Stampf, M.D.
Rachel Woods, M.D.

Wasatch Pediatrics Administration & Billing Office
7138 S. 2000 E. #102
Salt Lake City, Utah 84121
(801) 947-0830

www.wasatchpeds.net

Sep 03 2009 4:53PM

HP LASERJET FAX

C. Haydee Mas, Ph.D., PC

Clinical Psychologist

4505 S. Wasatch Blvd., Suite 320 • Salt Lake City, Utah 84124 • (801) 277-1200 • Fax (801) 277-8800

October 13, 2008

Kathleen McConkie
150 N. Main St.
Suite 202
Bountiful, UT 84010

Dear Ms. McCondie

I am writing as per your request to update you on Caleb and Lily Bowen's psychotherapy. Gordon has not been able to be involved in their therapy since July 3rd. He has stated that work demands have made it difficult for him to be in Salt Lake City during the week. He left me a message in July saying he would be calling to try to coordinate our schedules, but I have not heard from him since then. Barbara has been bringing the children in every two to three weeks.

Lily has been more compliant with her mother when coming to my office the last several months. She has been less hostile when talking about her father but continues to voice complaints about not wanting to visit or vacation with him. Her more recent complaints have included that her dad "spans her hard everytime I am with him" and that she is scared in her bedroom at his house and recently went to sleep with him because of her fear. She consistently seems to be more strongly attached and feel secure with her mother.

Caleb also has been more compliant with his mother when coming to therapy. He has made gradual progress regarding toilet training. However his mood has been consistently sad and depressed the last several months until our last session. He has complained to me consistently about not wanting to go with his father and stated missing his mother a lot after the long visit in the middle of July. He also complained that his dad spans him too hard. He discussed sucking on different parts of his father's body which seem to have included Gordon's toes, fingers, arm and nipples. Gordon asked how to best discipline Caleb regarding this behavior and about one month later Caleb told me that his father told him to stop when he sucked his nipples and that he did. Both children appeared happier the last session and their mood appeared related to having their older brother living with them.

I had mentioned to Barbara in regards to her current concerns about Gordon's subtle inappropriate behaviors, the children's complaints about visiting with him, Lily's initial allegations of inappropriate touching by her father, and past negative experiences with her older boys, as well as Dr. Mejia's evaluation(2007) of Gordon's relationship with Barbara's four children and Mr. Harrison's evaluation(2007) of sexually inappropriate behaviors in the Bowen family that a current psychosexual evaluation of Gordon would likely clarify concerns regarding him creating a situation that puts Caleb and Lily at future risk.

Sincerely,

Sep 03 2009 4:53PM HP LASERJET FAX

Smith, GAI to Patrick 14 Nov 08
No. Package

C. Haydee Mas, Ph.D.

C. Haydee Mas, Ph.D.
Clinical Psychologist

The process will be used as you was in response to your request in this matter to that request you said Mr. David Byrne is wanted and please records. Your GRAMA request states that you were seeking "financial records" and that these records "should include any messages and/or telephone calls connected with any travel associated with the case." Pursuant to that request the financial records for the cell phones covering the period of time the GAI's records were provided to you.

You now indicate (in your memo below) that you want detail cell phone records for the GAI's from June 15 to the present. We do not have detail records for our cell phones. If you want the billing records for the cell phones for the entire time from June 15 to the present please advise and we will provide them. In your memo you stated your belief that David Byrne is the AGC's GRAMA officer. However, your previous understanding, Brent Johnson is the AGC's GRAMA officer, not Mr. Byrne. Johnson the Office of Guardian ad Litem is housed in the AGC, we do not have a separate GRAMA officer. Mr. Byrne will have been responding to your GRAMA requests under Mr. Johnson's supervision as a consequence of that the process is expedited. Any questions you may have should be directed to the relevant.

Here are the responses to your numbered GRAMA requests set forth in your memo below.

1. Re: detail cell phone records, see the information provided above. Detail phone records for the GAI's will not be provided.
2. The requested documents are part of the GAI case file and are not subject to release under GRAMA, pursuant to UCA 78A-6-227.
3. Provided in the attached PDF document.
4. The relevant portion of the travel policy of the Utah State Courts Accounting Policy and Procedure Manual provides:
"4.01. Request for Out of State Travel Authorization" must be completed and approved by one of the following:
a. the State Court Administrator,
b. the State Court Administrator's designee, or if the travel is to be funded by the National Education Network,
c. the Education Director, prior to a travel involving expenses of more than relative to out-of-state travel and at least (15) working days before the necessary date of departure."
5. UCA 78A-6-227 and 228.
6. GAI's do not conduct psychological examinations of child abuse suspects or former victims of alleged sexual abuse victims.

Rick Smith
Director
Office of Guardian ad Litem and CASA
(801) 272-3098

056
256-3-03-08
Accepted
all well
Thank you
for your help
272-3098
272-3098

Smith GAL to Packer 14 Nov 08
Mr. Packer:

578-1033
order gen
578-1032
you can get them
Litem
326-1600

modified

The phone bill faxed to you was in response to your GRAMA request of October 20. My understanding is that further to that request you told Mr. Derek Byrne you wanted cell phone records. Your GRAMA request states that you were seeking "financial records . . ." and that those records "should include . . . long distance and/or telephone calls connected with any travel associated with the case." Pursuant to that request the financial records for the cell phones covering the period of time the GAL's traveled were provided to you.

You now indicate (in your memo below) that you want detail cell phone records for the 2 GAL's from June 15 to the present. We do not have detail records for our cell phones. If you want the billing records for the cell phones for the entire time from June 15 to the present please advise and we will provide them. In your memo you stated your belief that Derek Byrne is the AOC's GRAMA officer. To correct your apparent misunderstanding, Brent Johnson is the AOC's GRAMA officer, not Mr. Byrne. Because the Office of Guardian ad Litem is housed in the AOC, we do not have a separate GRAMA officer. Mr. Byrne and I have been responding to your GRAMA requests under Mr. Johnson's supervision as a convenience so that the process is expedited. Any questions you may have should be directed to Mr. Johnson.

Here are the responses to your numbered GRAMA requests set forth in your memo below:

1. Regarding cell phone records, see the information provided above. Detail phone records for land lines will not be provided.

2. The requested documents are part of the GAL case file and are not subject to release under GRAMA, pursuant to UCA 78A-6-902.

3. Provided in the attached PDF document.

4. The relevant section of the Travel policy of the Utah State Courts Accounting Policy and Procedures Manual provides:

"4.1A "Request for Out of State Travel Authorization" must be completed and approved by one of the following:

- a. the State Court Administrator,
- b. the State Court Administrator's designee, or, if the travel is to be funded by the Judicial Education Department,
- c. the Education Director, prior to a traveler making any type of reservations relative to out-of-state travel and at least fifteen (15) working days before the necessary date of departure."

5. UCA 78A-6-227 and 901.

6. GAL's do not conduct psychosexual examinations of child abuse suspects or forensic evaluations of alleged sex abuse victims.

Rick Smith
Director
Office of Guardian ad Litem and CASA
(801) 578-3848

Derek Byrne

get from

2008

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636-2-301 305

copy of the

2/17/08

Monte
Act High -
578-3862

all need
financial
w/ lot number-?

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578-3886

MONICA D. CHRISTY, Ph.D., P.C.

5383 South 900 East, Suite 290

Murray, Utah 84117

Voice: (801) 263-3335

Facsimile: (801) 263-2845

January 3, 2009

Sent via facsimile & US Mail

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Bountiful, Utah 84010
Fax: 801-295-6600

RE: Bowen v. Bowen

Dear Counselors:

Although I hope that we can arrange a Custody Evaluation Settlement Conference within the next **couple of months**, I would like to make a few recommendations now which I would offer then, regardless of the custody and parent-time recommendations I make then. They are as follows:

1. The communication between Barbara and Gordon, as it now exists, is frustrating to both of them and is a source of much conflict. I agree that communication about issues such as requested changes in the fixed parent-time schedule, the summer schedule, and complaints about a variety of matters need to flow through their attorneys. However, there are other matters of an informational and more immediate nature that could be communicated more directly.

For example, travel plans and itineraries could be delivered directly. Whether or not the parties have formally agreed to advise each other of out-of-state travel, I believe that it is in the spirit of the Advisory Guidelines and a matter of common courtesy for the parents

Juan A. Mejia, Ph.D.

Clinical Psychologist

529 North Cortez Street
Salt Lake City, Utah 84103
(801) 328-4500

January 30, 2009

Monica Christy, Ph.D.
5383 South 900 East Suite 290
Murray, Utah 84117

Dear Dr. Christy:

This letter is regarding Mrs. Barbara Timothy Bowen. I have provided psychological services to Mrs. Bowen since May 22, 2007. As part of these services, I had Mrs. Bowen complete an MMPI-2 on June 7, 2007. I am attaching a copy of her MMPI-2 to this letter.

As you know, Mrs. Bowen and her husband, Mr. Gordon Bowen, were evaluated by Heather Walker, Ph.D. for the purpose of a parent time evaluation. In May 2007, I was asked by Mr. Steven Christensen, Mrs. Bowen's attorney at the time, to review the evaluation report presented by Dr. Walker in preparation for expert witness testimony in this case. I sent Mr. Christensen a letter with information regarding the testimony that I would be presenting if I were asked to testify. I would be happy to provide you a copy of that letter upon your request.

Mrs. Bowen's current attorney, Ms. Kathleen McConkie, recently requested that I present in writing to you some concerns that arose from my review of Dr. Walker's parent time evaluation with Mr. and Mrs. Bowen, specifically regarding the psychological testing completed by them, which included the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Millon Multiaxial Clinical Inventory-III (MCMI-III), and the Symptom Checklist-90-R (SCL-90-R). I understand that Mr. and Mrs. Bowen have been directed by the Court to undergo a child custody evaluation in regard to the best interests of their children, Lily (age eight) and Caleb (age five).

Most likely, the issues to follow are issues that you have considered in your evaluation of Mr. and Mrs. Bowen. I am including these issues in this letter to you at Ms. McConkie's request, reportedly upon discussion between Mrs. Bowen and you. My quotes of Dr. Walker's writing are verbatim, including grammatical and spelling errors.

(1) I reviewed Mr. Gordon Bowen's MMPI-2 Adult Clinical Interpretive Report (The Minnesota Report: Adult Clinical System - Revised by James N. Butcher, Ph.D.). The Profile Validity section includes this paragraph: **This is a valid MMPI-2 clinical profile. However, the client approached the items in a defensive and overly cautious manner. He may be evasive and unwilling to admit to many personal faults. Individuals with similar profiles are often uninterested and unwilling to enter in to the discussion of problems.**

Dr. Walker, on page 3 of her report, includes the following statement: **8. Gordon's MMPI-2 results were valid indicating he approached the test in an honest manner. The findings**

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 2

indicated that he is independent, resourceful, and positive. There was no clinical psychopathology present in the findings and the profile was not flat which has been associated with psychopathy. Instead, Gordon appeared to be a high functioning individual with moderate stress in his life.

Dr. Walker's comment about Mr. Bowen approaching the test "in an honest manner" is not consistent with the Interpretive Report's description that characterized Mr. Bowen as approaching the test "in a defensive and overly cautious manner." Also, Mr. Bowen's Gough Dissimulation Scale score (F-K) of -20 would also be more in line with "a defensive and overly cautious" stance in taking the MMPI-2 than approaching it in "an honest manner."

Further, I reviewed the entire Interpretive Report and could not find any depiction of Mr. Gordon as "independent, resourceful, and positive" nor that he is "a high functioning individual with moderate stress in his life." Especially given that Mr. Bowen produced an MMPI-2 profile which indicated that he approached the test in a "defensive and overly cautious manner," I would be interested in finding out what would be the basis in his MMPI-2 results which would provide a foundation for Dr. Walker's descriptions of Mr. Bowen as being "independent, resourceful, and positive" and as "a high functioning individual with moderate stress in his life."

(2) On page 4 of the Interpretive Report, there is a Note that reads as follows: **The MMPI-2 interpretation can serve as a useful source of hypothesis of clients. This report is based on objectively derived scale indices and scale interpretations that have been developed in diverse groups of patients. The personality descriptions, inferences, and recommendations contained herein need to be verified by other sources of clinical information because individual clients may not fully match the prototype.**

Mr. and Mrs. Bowen completed the MMPI-2 with Dr. Walker as part of a contentious legal process regarding Mr. Bowen's visitation rights of their two young children, Lily and Caleb. As far as I know, it was the first time that both Mr. and Mrs. Bowen were administered standardized psychological testing. Under this specific set of circumstances, where they both wanted to present well and prevail in their parent time related requests, it is not unexpected that both Mr. and Mrs. Bowen approached the MMPI-2 in an overly cautious manner consistent with a concomitant attempt to present an overly positive image. According to a leading MMPI-2 expert (Graham, 1988), it is anticipated that parents in this type of situation, such as in custody evaluations, will approach the MMPI-2 in this manner.

Indeed, Mrs. Bowen's validity profile from her Interpretive Report reads as follows: **This clinical profile has marginal validity because the client attempted to place herself in an overly positive light by minimizing faults and denying psychological problems. This defensive stance is characteristic of individuals who are trying to maintain the appearance of adequacy and self-control. This client tends to deny problems and is not very introspective or insightful about her own behavior. The clinical profile may be an underestimate of the individual's psychological problems. The individual is likely to have**

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 3

little awareness of her difficulties. She is likely to be rigid and inflexible in her approach to problems and may not be open to psychological self-evaluation. She is likely to project an excessively positive self-image and to be somewhat arrogant and intolerant of others' failings. She is unlikely to seek psychological treatment or to cooperate fully with treatment if it is implemented. An appropriate assessment of which of these above MMPI-2 computerized characterizations fit Mrs. Bowen and which do not has to take into appropriate consideration the circumstances in which she took the test and what is independently known about Mrs. Bowen, which could be different from these possible characterizations. For example, the characterization of being "unlikely to seek psychological treatment" is certainly not applicable to Mrs. Bowen, who has an established history of seeking psychotherapeutic treatment at times of emotional distress.

On page 2 of her report, Dr. Walker characterized Mrs. Bowen's MMPI-2 results as "invalid," which is inconsistent with the information contained in the Interpretive Report which explicitly characterized her MMPI-2 results as having "marginal validity."

Dr. Walker characterized Mrs. Bowen's obtained MMPI-2 profile as fitting "someone who was trying harder than normal to present in a positive light, more so than the average person. Her scores were considered rare and pathological." These comments by Dr. Walker ignore the context in which the test was administered (as part of child visitation related litigation) and are grossly misleading. As asserted previously, it is not unusual for a mother being evaluated in the context of a dispute regarding the best interests of her children to present herself "trying harder than normal to present in a positive light." There is no need to pathologize her expected attitude in test taking under these circumstances.

Further, Mrs. Bowen's test taking attitude did not appear to be that dissimilar to her husband's attitude. The fact that Mr. Bowen approached the test "in a defensive and overly cautious manner" is also likely due to the particular circumstances of this specific test administration. That is, it would be to Mr. and Mrs. Bowen's advantage to be overly cautious in responding to the test items to best position themselves in their dispute about their children (hopefully both considering the best interests of their children) and avoiding presenting themselves in a negative light.

Mrs. Bowen's scores are most certainly not "rare and pathological." Her scores might be considered "rare" only if they are compared to the scores of "the average person," who is not involved in contentious visitation legal proceedings regarding his or her beloved children. On the contrary, it is most certainly not "rare" if compared to test takers in similar circumstances as Mr. and Mrs. Bowen.

Most misleading, however, is to characterize Mrs. Bowen's scores as "pathological." If her scores reflected pathology, which is the psychological diagnosis that corresponds to the pathology? Dr. Walker gave no psychological diagnosis to Mrs. Bowen.

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 4

Perhaps Dr. Waker characterizes as **"pathological"** the descriptions of Mrs. Bowen contained in page 2 of her report. In characterizing Mrs. Bowen's MMPI-2 responses, Dr. Walker asserts that Mrs. Bowen's responses are similar to the responses of people who are **"self righteous, overly scrupulous, and uncompromising. Their concern with morality dominates their life and they are not willing to admit even minor flaws in their character. This characteristic was observed in the interview as well as noted by others who related that Barbara would often refer to the church or "Heavenly Father" when she did not think Gordon should have visitation with the children. People with this profile are unwilling to report problems and are extremely defensive. When the validity scores are invalid, one cannot interpret the clinical scales of this test. Overall it appeared that Barbara suffers from repression and has no psychological insight. She has a very high degree of over-controlled hostility and this was present in the interview. Barbara could not stay focused upon herself when presenting information, instead, she put the responsibility for marriage problems totally on Gordon."**

The characterizations of **"self righteous, overly scrupulous, and uncompromising"** simply do not match my clinical impressions of Mrs. Bowen based on our frequent interactions over a period of about two years. More relevantly, I read Dr. Walker's entire report and could not find any foundation for these characterizations. These characterizations are also not contained in Mrs. Bowen's Interpretative Report.

Dr. Walker further provides inadequate foundation for her characterization of Mrs. Bowen as being like people who are concerned with morality which **"dominates their life and they are not willing to admit even minor flaws in their character. This characteristic was observed in the interview as well as noted by others who related that Barbara would often refer to the church or "Heavenly Father" when she did not think Gordon should have visitation with the children."** I have reviewed Dr. Walker's clinical notes and I could not find any mention about **"the church"** or **"Heavenly Father"** as the foundation for her concern about Mr. Bowen's visitation of their children in the notes for Mrs. Bowen.

Further, these characterizations by Dr. Walker simply do not fit my clinical impression of and extensive experiences with Mrs. Bowen. Nothing in her clinical and personal presentation would suggest that **"morality"** dominates her life. She belongs to the Church of Jesus Christ of Latter-day Saints ("LDS"). The comments that she makes about **"the church"** or **"Heavenly Father"** on occasion are not dissimilar to usual comments that I hear virtually daily from other members of the LDS faith.

I certainly have never heard Mrs. Bowen present **"the church"** or **"Heavenly Father"** as a foundation or justification for her concerns for the best interests of her children, including Mr. Bowen's visitation rights. On the other hand, I have heard her present a number of concerns related to Mr. Bowen's visitation of their children overtly based on her desire to protect the best interests of her children. Her concerns are clearly based on her own knowledge and perceptions of Mr. Bowen as well as the knowledge and perceptions of others about Mr. Bowen (refer to the numerous affidavits she has collected regarding this case). She is particularly concerned about

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 5

the potential for sexual abuse of Lily and Caleb by Mr. Bowen. This concern is based on Mr. Bowen's reported sexually predatory behavior (including reports and affidavits by her son Collin, when he was 17, and two other males, Mr. Kenitzer and Mr. Pulfer) over the years and does not appear to have anything to do with Mrs. Bowen's religious beliefs.

Mrs. Bowen has provided me a large number of documents related to this case, which I have reviewed. I cannot recall a single document that would indicate that the basis of her concerns about Mr. Bowen's visitation with their children as being based on **"the church"** or **"Heavenly Father."** Further, Dr. Walker failed to identify in her report who the **"others"** are who reportedly have witnessed Mrs. Bowen asserting that her concerns about Mr. Bowen's visitation of their children are based on **"the church"** or **"Heavenly Father."**

Dr. Walker's characterizations of Mrs. Bowen as **"not willing to admit even minor flaws in [her] character"** and being **"unwilling to report problems and [being] extremely defensive"** are simply not consistent with her history and clinical presentation, including her clinical presentation with Dr. Walker herself. Mrs. Bowen has consistently involved herself in psychotherapy at times of emotional difficulty, including at the present time. She has been characteristically open about her thoughts and feelings in her clinical interactions with me. Further, on page 2 of her report, Dr. Walker asserts that Mrs. Bowen **"admitted that she has been depressed and anxious throughout her life."** Mrs. Bowen's appropriate and consistent psychotherapeutic involvement, her openness in our interactions, and her direct admission of clinical features to Dr. Walker are simply not consistent with the characterizations of her by Dr. Walker as **"not willing to admit even minor flaws in [her] character"** and being **"unwilling to report problems and [being] extremely defensive."**

Dr. Walker asserted that Mrs. Bowen **"suffers from repression and has no psychological insight."** Dr. Walker's characterization of Mrs. Bowen as not having any **"psychological insight"** is simply without basis on known information. Mrs. Bowen's self assessment that she has suffered from depression and anxiety features, admitted to Dr. Walker, provided face value evidence that she has adequate psychological insight. The various traumatic events in Mrs. Bowen's life, particularly the extreme trauma to which she has been exposed in recent years in her unhappy marriage to Mr. Bowen, are likely to have indeed brought about depression and anxiety features in her, reflecting good psychological insight on her part.

I reviewed Dr. Walker's entire report and could not find any elaboration of the nature of Mrs. Bowen's **"repression,"** such as an assessment of its clinically relevant magnitude (if any). I further could not find any foundation of how repression, a common defense mechanism, would be of significant concern in this case.

Dr. Walker's characterization of Mrs. Bowen as having a **"very high degree of over-controlled hostility"** which prevented her from staying **"focused upon herself when presenting information"** and led her to instead **"put the responsibility for marriage problems totally on Gordon"** has inadequate foundation. Mrs. Bowen is certainly open about her significant concerns about Mr. Bowen and his potential dangerousness to their young children, Lily and

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 6

Caleb, but such concerns do not constitute "over-controlled hostility." My experience with Mrs. Bowen is dissimilar to Dr. Walker's description of her. In our interactions, Mrs. Bowen was certainly able to focus on herself and admit to her own contribution to the problems in their marriage (in direct contradiction to Dr. Walker's reported attribution of total responsibility on Mr. Bowen). For example, Mrs. Bowen acknowledged that she erred in not being more affirmative in her efforts to have their children call Mr. Bowen "dad" rather than "Gordon." She asserted that, after becoming aware of this error, she has made it a point to have their children call Mr. Bowen "dad" as they should.

It should be further noted that, from the information contained in Dr. Walker's report and from her clinical notes, Mr. Bowen similarly blames Mrs. Bowen for their marital problems. For example, according to Mr. Bowen, "I worked so hard. Constant assault of complaints. I would ask herr if we could have a nice time. I would deal with clients, complaints all day. I was not happy because she was not." Further, Mr. Bowen makes repeated comments about Mrs. Bowen being suicidal, with various attempts, (which Mrs. Bowen denies) likely in an effort to denigrate her and position himself as the mentally healthy member of the couple. It is not unusual for couples in contentious situations to place the blame for their marital problems, in varying degrees, on each other.

(3) Mr. and Mrs. Bowen's MCMI-III results were interpreted by using the Millon Clinical Multiaxial Inventory-III Profile Report by Theodore Millon, Ph.D. The MCMI-III Profile Report's Interpretive Considerations for both Mr. and Mrs. Bowen (page 2 of the Profile Report) showed an identical interpretation, literally word by word, for both of their profiles: "A distinct tendency toward avoiding self-disclosure is evident in this patient's response style. This nondisclosure may signify a characterological evasiveness or an unwillingness to divulge matters of a personal nature, problematic or not. Also possible are broad deficits in introspectiveness and psychological-mindedness, owing to emotional impoverishment or thought vagueness. Adjustments made to compensate for these response tendencies are likely to be successful in producing a valid profile; however, some scores may have slipped beneath the effective discriminatory range. The BR scores reported for this individual have been modified to account for the low self-revealing inclinations indicated by the low raw score on Scale X (Disclosure) and the defensiveness suggested by the prominence of Personality Patterns Scale 4 (Histrionic)."

In spite of producing identical Interpretive Considerations in their Profile Reports, Dr. Walker included in her report different interpretations for Mr. and Mrs. Bowen's MCMI-III profiles. Worse yet, there is no hint of even handedness in her interpretations of Mr. and Mrs. Bowen's profiles. Her interpretation of Mr. Bowen's profile clearly has a positive spin; her interpretation of Mrs. Bowen's profile is patently negative.

In Mr. Bowen case, Dr. Walker states: "The MCMI-III findings are similar to Barbara's in that he too did not self disclose. The results suggest that he may not want to divulge problems of a psychological nature. However, Gordon did admit to his behaviors in the

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 7

interview." The fact that Mr. Bowen admitted "to his behaviors in the interview" with Dr. Walker does not change the fact that he did not disclose adequately in his MCMI-III testing.

In spite of the fact that Mrs. Bowen's MCMI-III profile was interpreted identically to Mr. Bowen's profile in the MCMI-III Profile Reports, Dr. Walker provided a completely different interpretation of Mrs. Bowen's MCMI-III profile on page 2 of her report: "The MCMI-III results were valid but showed a distinct tendency toward avoiding self-disclosure. The findings were also indicative of broad deficits in introspectiveness and psychological mindedness. In spite of the defensiveness, Barbara's scores are consistent with individuals who have needs for attention and praise. They can engage in self-dramatizing, gregarious and socially engaging behaviors to maintain their security on others. These individuals can be emotionally labile, are easily excited, and have frequent emotional outbursts. People with these scores tend to have shallow and strained relationships because of their emotional outbursts and their self-centeredness. Denial and repression are their main defenses. These results are consistent with the history presented by both Gordon and Barbara. Gordon said that Barbara would become angry with him and yell in front of the children. He also said that she engaged in dramatic behavior such as hiding from him in closets and once became suicidal." This last statement is inconsistent with Dr. Walker's clinical notes in which Mr. Bowen repeatedly reiterates to Dr. Walker that Mrs. Bowen was suicidal on various occasions: "She has threatened to kill herself more than once. You probably know that."

Dr. Walker does not provide the source of or foundation for these above negative characterizations about Mrs. Bowen. These negative attributions certainly do not come from the Profile Report; if they did, these statements would also apply to Mr. Bowen as their MCMI-III profiles were interpreted identically in the MCMI-III Profile Report.

Regarding the last comments that "these results are consistent with the history presented by both Gordon and Barbara," Mrs. Bowen has explicitly disputed Mr. Bowen's characterizations of her in this regard. For example, Mrs. Bowen has explicitly denied any actual suicidal ideation or attempt.

Further, Mrs. Bowen has made her own characterizations of Mr. Bowen as being histrionic to Dr. Walker. Dr. Walker does not address these reports by Mrs. Bowen in her discussion of Mr. Bowen's MCMI-III profile. For example, Mrs. Bowen reported that, four days before her first marriage (to Mr. Steve Timothy), "Gordon came and said, I was on the mountain fasting and praying, and god has said you are to marry me." Mr. Bowen reportedly stayed in touch with Mrs. Bowen throughout her first marriage: "He would leave a journal in his apt open for people to read, 'to jesus and barbara, my only true loves.' He always couched everything with god." These quotes come from Dr. Walker's clinical notes so she must have been aware of these and other histrionic-like statements and behaviors by Mr. Bowen. I further wonder why Dr. Walker does not pathologize these statements and behaviors by Mr. Bowen as inappropriately "moralistic" in the same vein as she pathologized similar statements and behaviors by Mrs. Bowen.

Re: Barbara Bowen

Confidential Letter to Dr. Christy

Page 8

Dr. Walker presents a paragraph as history that Mrs. Bowen presented to make an argument that Mrs. Bowen is self centered, unable to move forward, lacks psychological insight, and is unable to admit mistakes: "Barbara herself reported that her parents were not "warm fuzzy people" who listened to her. Her brother whom she was very close to committed suicide because of depression some years back. What is very unfortunate for Barbara is that she has not figured out how she contributes to her own unhappiness by picking men who replicated her family system. Both of her husbands were not available emotionally, Gordon was struggling with homosexual issues, and her first husband she described as being "a voyeur." Unfortunately, individuals with voyeuristic tendencies have a great deal of trouble with intimacy. In addition, she complained both of her husbands were never home for her. Barbara's letters to Gordon during their marriage were essentially begging for attention. Despite her unhappiness while being married, she went to great lengths to have children with him. This situation is a poignant example of her self-centeredness and inability to move forward. It takes a great deal of psychological insight to admit mistakes and move on." My own opinion in this regard is that, in spite of these descriptors of Mrs. Bowen not being able to "move forward" or to "move on," it was Mrs. Bowen and not Mr. Bowen who initiated their divorce.

Further, I find it troubling that while Dr. Walker herself describes Mr. Bowen as "not available emotionally" and as "struggling with homosexual issues," which are clearly issues of potential clinical concern, she only focuses on Mrs. Bowen's personality shortcomings and sidesteps Mr. Bowen's potential characterological flaws in her discussion of the MCMI-III results. Dr. Walker did the same in her analyses of Mr. and Mrs. Bowen's MMPI-2 testing results, making uniformly positive descriptions of Mr. Bowen and consistently negative descriptions of Mrs. Bowen, not supported by the results of the tests.

I have other concerns about Dr. Walker's use and interpretation of the MCMI-III in this case. Dr. Walker did not provide any foundation for her decision to use the MCMI-III in her parent time evaluation of Mr. and Mrs. Bowen in spite of significant concerns explicitly stated in the MCMI-III Manual - Third Edition regarding the appropriate use and interpretation of the MCMI-III, specifically in its use with normal individuals and in child custody cases.

Dr. Walker did not diagnose either Mr. or Mrs. Bowen as having a psychopathological condition, leading to the inference that Dr. Walker considers them to be "normal." My own clinical impression of Mrs. Bowen, consistent with the results of the MMPI-2 clinical profile that she produced when I administered the MMPI-2 to her, is that she has no psychopathology and, as such, can be considered "normal."

According to the MCMI-III manual (page 6), the Millon Index of Personality Styles Revised, rather than the MCMI-III, should be used with normal individuals. When the MCMI-III is used with normal individuals, the concern is that MCMI-III normal test takers who are experiencing ordinary life difficulties will tend to be construed as more troubled than what they are (page 8 of the manual).

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 9

Further, the use of the MCMI-III in child custody evaluations is considered controversial as the MCMI-III was developed and normed using a group that was far different from child custody litigants in terms of the circumstances surrounding the assessment (page 146 of the manual). Along the same lines, the MCMI-III was not developed or normed with litigants regarding parent time and, as such, similar concerns apply in this case.

In summary, regarding the MCMI-III administrations, Dr. Walker not only does not address why she makes a list of negative attributes for Mrs. Bowen using her MCMI-III profile (which is essentially identical to Mr. Bowen's profile according to the Interpretive Considerations of the Profile Report) and not for Mr. Bowen; Dr. Walker does not identify the source or foundation for the list of Mrs. Bowen's negative attributes; and Dr. Walker does not state why she decided to use the MCMI-III with normal individuals as part of parent time litigation, with the considerable concern that one or both test takers could appear to be more troubled than what they actually are.

Not surprisingly, their MCMI-III profiles described Mr. and Mrs. Bowen as non-disclosing. This result is not unexpected given the particular circumstances in which they took the MCMI-III that apparently led them to do so in an overly cautious manner, just as they did with the MMPI-2.

(4) In her SCL-90-R, Mrs. Bowen **"did not show any distress."** In his SCL-90-R, Mr. Bowen reported being distressed by **"some depressive symptoms."** The SCL-90-R is a self report measure of psychological distress. As with the MMPI-2 and the MCMI-III results, Mr. and Mrs. Bowen produced similar response patterns.

(5) A major overall concern that I have about Dr. Walker's evaluation is her choice of evaluation methodology and the psychological instruments that she chose to use. On page 1 of her report, Dr. Walker indicated that the purpose of her involvement in this case was to conduct a "parent time evaluation." She elaborated that, at the time of the evaluation, Mr. Bowen had supervised visitation with his children because **"Mrs. Bowen was worried that her ex-husband would be sexually abusive of the children."**

There was some foundation for Mrs. Bowen's concerns about the possibility of Mr. Bowen potentially being sexually dangerous to Lily and Caleb that are explicitly stated in Dr. Walker's report. On page 2 of her report, Dr. Walker affirms that Mr. Bowen is **"struggling with homosexual issues."** This assertion is likely based on Mr. Bowen's direct admission, contained in Dr. Walker's clinical notes: **"I have homosexula issues but not with men seriously."** On page 3, Dr. Walker asserts that Mr. Bowen **"was full of self-loathing for his homosexual interests. He was ashamed and he said 'disgusted' with himself. He talked how he had hurt Barbara and felt that she did not need to go through more in her life than what she had been through already. Gordon admitted that he had homosexual issues but had never had sex with a man."**

On page 4, Dr. Walker stated: **"One of things that was striking about Gordon was that he was split about who he wanted to be and who he really was. For example, he had converted to the LDS church when he was in college. He seemed to try hard to be a good**

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 10

Mormon but his interest in men runs counter to the doctrines associated with this religion. Thus, throughout the interview, it became apparent that Gordon was full of self-loathing for being split. He appeared to be unable to resolve his sexual identity issues. Because of that fracture, it was recommended that he go to counseling to become more integrated. The journals and dreams, that were written by Gordon, and provided by Barbara were rife with his sexual identity crisis. The entries suggested that he had been struggling with these issues since he was child and this may account for his joining the church. Gordon began seeing Katie Coco, Ph.D. to help with these issues. Dr. Coco reported that Gordon has come a long way in self-acceptance. She said that he has worked hard and has begun to value himself as a person."

Also on page 4, Dr. Walker described the results of her interviews with Eric and Collin Timothy, Mrs. Bowen's adult children from her first marriage. Dr. Walker elaborated that these interviews were conducted to assess if Mr. Bowen had ever been sexually predatory with them. As part of these interviews, Dr. Walker indicated that Collin said that "he was the first person to discover Gordon's homosexual interests." Also, according to Dr. Walker, Collin stated that "he was never approached by Gordon himself." However, when I interviewed Collin in mid-2007, he explicitly reported that Mr. Bowen had fondled him. He elaborated that he had not come forth with this information due to the extreme fear that he has of Mr. Bowen. He told me that he is convinced that Mr. Bowen could have him or anyone in his immediate family killed. It is not unusual for sexually traumatized individuals not to bring up details of their victimization until years later, in a perceived safe environment.

Dr. Walker's clinical notes included statements by Mrs. Bowen that could be reflecting bizarre sexually related behavior by Mr. Bowen. According to Mrs. Bowen, Mr. Bowen lost a job after "he apparently missed an impt appt. He was found tied to a bed. With feces smeared on him." Mr. Bowen reportedly told others that he would get "into the showere naked with son." Mrs. Bowen further alluded to Mr. Bowen's use of "male prostitutes."

According to Dr. Walker, "both Collin and Eric talked about trips with Gordon where he would get one bed." I was surprised that Dr. Walker did not go into more detail about Mr. Bowen's reportedly characteristic pattern of consistently getting only one bed at hotels, where he would sleep with his teenage stepsons, Collin and Eric, in the same bed. Also, Mr. Bowen arranged to have only one bed at hotels when he stayed with other males as supported by various affidavits provided by Mrs. Bowen, including the statements by Mr. Kenitzer and Mr. Pulfer, who explicitly declare that Mr. Bowen acted in a sexually inappropriate manner toward them.

In his MCMI-III information forms, Mr. Bowen listed: "Sexual Problems" as a major problem that was troubling him the most. On his SCL-90-R, Mr. Bowen indicated that he was "moderately" distressed by: "Feeling shy or uneasy with the opposite sex."

Dr. Walker inexplicably did not address the issue of gender identity disorder or sexual disorder in Mr. Bowen. It is my strong opinion that, with the extensive troubling information available in this case, the issue of Mr. Bowen's possible gender identity disorder and sexual

Re: Barbara Bowen

Page 11

Confidential Letter to Dr. Christy

disorder should have been formally assessed to make any valid assessment of potential risk to Lily and Caleb in unsupervised visits. A formal psychosexual evaluation should have been administered as part of Mr. Bowen's assessment to protect the best interests of Lily and Caleb.

I certainly do not believe that Dr. Walker adequately addressed the issue of Mr. Bowen's potential sexual dangerousness toward Lily and Caleb with clinical interviews and with questionable results produced on the MMPI-2 and on the MCMI-III. It is my strong opinion that only a formal psychosexual evaluation can adequately address the issues relevant to Lily and Caleb's safety.

(6) Besides this major overriding concern about Dr. Walker's methodology and interpretation of results, I have a number of other lesser, but still relevant, concerns. For instance, in the package of testing materials that I was given for Mrs. Bowen in this case, besides the MMPI-2, the MCMI-III, and the SCL-90-R, there is also a Sentence Completion Series filled out by her at the same time that she completed the other testing (mid-October, 2005). When I received the testing package for Mr. Bowen, there was no Sentence Completion Series filled out by him, without any explanation by Dr. Walker as to why this test was not included in the battery of tests administered to him.

It is unusual not to have both litigants complete the same battery of tests unless there is an explicit important reason for it. Dr. Walker does not provide any type of justification as to why she did not have Mr. Bowen complete the Sentence Completion Series or, if he did so, why she did not include his Sentence Completion Series responses in his testing results package.

Further, there were minor discrepancies in the standardized tests without any explanation. For instance, Mr. Bowen did not fill in a date of testing nor his level of education in his MMPI-2 self information forms. His MMPI-2 Interpretive Report incorrectly described him as having 21 years of education; according to Mrs. Bowen, he is a high school graduate with about four years of college education, but without ever graduating. His MMPI-2 Interpretive Report indicated that his date of testing was October 1, 2005.

Along the same lines, Mr. Bowen did not fill in a testing date in his MCMI-III forms. He correctly filled in that his marriage to Mrs. Bowen was his first marriage. He incorrectly listed his years of education as "9." Mr. Bowen's MCMI-III Profile Report incorrectly described him as remarried and as having 19 years of education. His Profile Report indicated that he was tested on July 13, 2006.

The fact that there was a nine month gap between his completion of the MMPI-2 (taken on October 1, 2005) and his listed date for completion of the MCMI-III (July 13, 2006) is not addressed by Dr. Walker. This pattern of testing is unusual. In almost 40 years of clinical practice, I have never had an opportunity where there was such a long gap between two tests of the same battery for one person. If such an unusual circumstance would ever happen to one of my patients, I would certainly explain why it occurred.

Confidential Letter to Dr. Christy

Re: Barbara Bowen

Page 12

I have used the following references in my discussion of issues regarding Dr. Walker's parent time evaluation of Mr. and Mrs. Bowen:

Butcher, J.N., Graham, J.R., Ben-Porath, Y.S., Tellegen, A., Dahlstrom, W.G., & Kaemmer, B. (2001) *MMPI-2 (Minnesota Multiphasic Personality Inventory-2) manual for administration, scoring, and interpretation*. (Revised edition). Minneapolis: University of Minnesota Press.

Graham, J. R. (1988, May 20-22) *Assessing Psychological Factors Relating to Domestic Relations*. Presentation at the Mental Health Professional as an Expert Witness: A Conference for Psychologists and Psychiatrists, Orlando, Florida.

Millon, T., Millon, C., Davis, R, & Grossman, S. (2006) *Manual for the Millon Clinical Multiaxial Inventory-III (MCMI-III)* (Third edition). Minneapolis, Minnesota: NCS Pearson, Inc.

Dr. Walker's parent time evaluation is of utmost importance as it involves the safety and emotional stability of two young children. I am aware that you are conducting a child custody evaluation with this family. I would hope that, given the nature of the known concerns about Mr. Bowen's potential sexual dangerousness, there is a formal psychosexual evaluation component to your evaluation. In my interactions with Lily, she reported instances of what I considered to be likely instances of sexual abuse. As per my ethical obligation, I informed the Utah State Division of Family and Children Services about Lily's reports for their investigation. My information is that no further action was taken after Lily refused to be interviewed by a detective about the reports that she had made to me.

Please let me know if I can provide any further information regarding this family's case. I may be reached at (801) 328-4500 or at juanmejiaphd@hotmail.com.

Sincerely,



Juan A. Mejia, Ph.D.
Clinical psychologist