



**KAPI'OLANI CHILD PROTECTION CENTER**

*A Kapi'olani Medical Center for Women and Children Program*

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**PSYCHOLOGICAL EVALUATION - SUMMARY REPORT**

Name: Kema Family  
Kema, Peter Sr.  
Kema, Jaylin

Dates Seen: 06-08-98 & 06-09-98



**SUMMARY OF PSYCHOLOGICAL FINDINGS:** The final written reports on the Kema family will be forthcoming, however, this summary report is being presented to identify the following immediate concerns:

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06-08-98-001

1. During the normal course of the psychological evaluation of [redacted] she revealed information regarding Peter Kema, Jr. This information was not directly illicited from her nor was there any direct questioning of her regarding Peter Kema, Jr's current situation. Her psychological evaluation also did not reveal any significant psychological disturbances that would immediately discount the validity of her statements. She also does not have any disorder that would indicate that she would engage in usual fantasy ideations and her parents also acknowledge that [redacted] does not have the tendency to "make up stories." A forensic interview was not conducted as this was not the purpose of the psychological evaluation. The following is a description of [redacted] report:

- a. [redacted] reported that [redacted] Peter Boy got "dirty lickings" from their father Mr. Peter Kema. She describes "dirty lickings" as punching, hitting, and slapping. She reported that [redacted] Peter Boy got most of the "lickings." She reported that she saw the "lickings."
- b. [redacted] also reported that her mother also got "dirty lickings" from her father when she "makes trouble."
- c. She reported that her father made Peter Boy eat "doo doo."
- d. She reported that her father tied Peter Boy in chains and rope.

- e. She reported that her father placed Peter Boy in the rubbish can, naked.
  - f. She reported that she saw Peter Boy "dead" in her father's car trunk, although she reports that she thinks Peter Boy is now alive in Honolulu.
  - g. She reports that she saw Peter Boy in a box "dead" in her parent's closet and they "took" the box to Honolulu.
2. Both [REDACTED] are very cautious about revealing anything negative about their mother or stepfather. There, however, are some inconsistencies in their description of their parent's behaviors. Specifically, [REDACTED] reports that they never have been even spanked by either parent, but [REDACTED] reported that they were spanked before but now they don't get spanking. [REDACTED] reports that both [REDACTED] got "dirty lickings." Furthermore parents' acknowledge that they did spank [REDACTED] before but use timeout now.
  3. Mr. Peter Kema's psychological test and clinical findings revealed significant impairment in his ability to control his anger and there were major personality deficits. Additionally, he had very poor parenting abilities and he denies any current or previous abuse of Peter Jr.
  4. Mrs. Jaylin Kema's psychological test and clinical findings revealed characteristics of victimization personality features with dependent characteristics. She, therefore, has poor protective abilities. Her parenting knowledge and abilities were considerably better than her husband but she minimizes any problems between herself and her husband. This minimization is even more than her husband's minimization.
  5. There are major psychological concerns about Mr. and Mrs. Kema's ability to provide a nonabusive, stable and nurturing environment for [REDACTED]



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## PSYCHOLOGICAL EVALUATION

NAME: **KEMA, Peter Sr.**  
BD: 08-17-70  
CA: 28-10 years

DATE: 06-09-98  
REFERRAL: DHS

**REASON FOR REFERRAL:** Mr. Kema was referred for a comprehensive clinical psychological evaluation in order to determine his current psychological functioning. There are concerns about Mr. Kema's ability to care for [REDACTED] who are now in foster care. This evaluation, therefore, assessed his psychological functioning in relationship to his ability to care for [REDACTED]. His [REDACTED] were also evaluated and one should refer to these evaluations for a complete analysis of [REDACTED] functioning level. His wife Jaylin Kema was also evaluated and one should refer to her evaluation for a complete assessment of Mr. Kema's family system. For more information regarding the Child Protective Services involvement with Mr. Kema and his family one should refer to the DHS case record. Mr. Kema signed an informed consent to release the psychological evaluation to DHS and the family court, and he acknowledged his understanding of the reason for the psychological evaluation and the rules of confidentiality. This evaluation cannot be released to any other individual without either a signed consent or by court order.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Clinical Interview with Mrs. Jaylin Kema, [REDACTED]; Mental Status Examination; Shipley Institute of Living Scale; Wide Range Achievement Test-III Reading; Minnesota Multiphasic Personality Inventory; Multiphasic Depression Inventory; Thematic Apperception Test; Draw-A-Person; House-Tree-Person Test; Marital Satisfaction Inventory; Adult-Adolescent Parenting Inventory (AAPI); Child Abuse Potential Inventory (CAP); Parenting Stress Index (PSI).

**CLINICAL ASSESSMENT AND MENTAL STATUS EXAMINATION:** Mr. Kema was present on time for the psychological evaluation and he was generally cooperative during both the interview and testing situation. The reason for the evaluation was explained to him and he understood the ramification of the results of the evaluation. He was quite verbal and he was willing to discuss most aspects of his life. He reported that he is unable to talk about the specifics of Peter Jr.'s situation at the advice of his attorney. He, otherwise, responded to all of the questions and the results of the Clinical Assessment, Mental Status Examination, and psychological tests were determined to be a valid assessment of his functioning status and personality characteristic.

The Mental Status Examination was found to be unremarkable in terms of any major mental illness. He was found to be very alert and there were no indications of disorientation. He was oriented to

place, person, and time and his general associations were tight. There were no clinical indications that he was suffering from any delusional disorders and there were no indications of any hallucinations during the clinical evaluation. He also denies any symptoms of hallucinations or delusions in his past. There was no clouding of consciousness or any lapses in his memory which would indicate the presence of gross organic brain impairment. The results of the Shipley Institute of Living Scale also did not indicate the presence of any significant organic brain dysfunction. He denies any serious head trauma and denies any other medical condition which would result in any dementia or delirium. He, therefore, does not have current symptoms of any psychotic or organic brain dysfunction which would affect his overall psychological functioning. He also did not describe any experiences in his past that would indicate the presence of any serious mental illness.

**PERCEPTION OF CPS INVOLVEMENT:** An investigation of Mr. Kema's understanding of the reason for CPS involvement in his family indicates adequate understanding. He recognizes that the State is concerned about the welfare of [REDACTED] because he cannot locate Peter Kema Jr. While he understands the State's concern, he denies any wrong doing and did not believe that [REDACTED] should have been removed from his care. Although he is able to describe his previous involvement with CPS, he denied any previous abuse of any of [REDACTED], including Peter Jr. when they were first removed from his care. At the same time, he acknowledged that the services provided to his family during the initial CPS involvement were very helpful. He reported that he acquired better parenting skills and learned to appreciate [REDACTED]. He learned better child management skills and he also had a positive perception toward his anger management counseling services. While he did not acknowledge any significant anger management or parenting problems, he reported that he did learn how to reduce his stress level and cope with various stressors. He also reported that he did benefit from counseling with his psychologist which was geared toward assisting his family in resolving the conflicts between his wife [REDACTED].

In terms of Mr. Kema's description of the current concerns regarding Peter Jr., he maintains that he utilized the "hanai system" to give Peter Jr. to a family friend. He reported that he was having difficulty caring for Peter and providing him with the necessary clothing, shelter and food. He felt that his family friend would be able to provide for Peter Jr. and left him with her. Retrospectively, he acknowledged that his decision may have been a poor judgement and he should have instead considered returning to Hilo and to his wife. He continues to maintain that he has not harmed Peter Jr. and while there are some questions regarding his judgement, his current description of the situation involving Peter Jr. did not have any bizarre characteristics. In conclusion, Mr. Kema's perception of CPS's involvement in his life, on the surface, is adequate, however, he has not acknowledged any serious problems involving [REDACTED] or his parenting skills and thus may have difficulty benefitting from services that would be geared toward overcoming any significant psychosocial deficits.

**COGNITIVE AND LEARNING ASSESSMENT:** The assessment of Mr. Kema's current cognitive abilities did not reveal any significant impairment which would affect his ability to learn and apply new information and concepts. The results of the Shipley indicated average cognitive abilities with sufficient reasoning skills. He, therefore, has the ability to acquire basic knowledge including child management and parenting skills. Any difficulty in applying the child management

and parenting skills would, therefore, largely be related to more emotional and personality factors than due to any cognitive problems. He has the abilities to understand the ramifications of his behaviors and certainly has the ability to understand the concerns the police and CPS have regarding the absence of his son Peter Jr. He should have no problems understanding any court order or service plan and any problems in adequately completing a service plan or applying what he has gained from therapy would be again related to personality and emotional factors rather than due to any cognitive impairment.

He also did not have any significant learning problems as a child and he reportedly graduated from high school. His performance on the WRAT-3 reviewed basically adequate academic foundation and he should also be able to acquire information through reading. He, therefore, should be able to learn adequately through lectures and through reading. He also should not have any problems interpreting written information such as the court report and the written Safe Home Guidelines. In short, Mr. Kema's cognitive and learning skills are adequate and should not interfere with treatment or his ability to understand the ramifications of his actions.

**EMOTIONAL AND PERSONALITY ASSESSMENT:** The assessment of Mr. Kema's current emotional status did not reveal any severe emotional disturbances. While he reported that he was on some type of tropic medication for anxiety in 1997, according to him, this was largely due to a medical hypertension problem rather than due to any emotional problems. He denied using any medication for depression. While he has had some difficulties sleeping and has a small appetite, this again is due to the current stresses in his life because of CPS, Police and media pressures. He reported some symptoms of depression during the height of his marital problems but he denied any other depressive ideations. He denies any past suicide attempts and denies any serious suicide ideations. His responses on the Multiphasic Depression Inventory also did not reveal any significant depression. His profile, however, is also reflective of his general minimization of problems as his scores far below the norms is generally reflective of individuals who consciously denies problems. The only elevation occurred in the Guilt Factor, which suggest that he is feeling more responsible for his current situation. Although there have been concerns about a possible Depressive Disorder, the results of the Clinical Assessment and the psychological test did not reveal the presence of any dysthymia or any other major Depressive Disorders. His general affect was somewhat questionable regarding the events of his son's disappearance, however his emotional responses to other aspects of his life were appropriate.

Mr. Kema's personality development, on the other hand, revealed significant deficits and impairments which may effect both his social functioning as well as his ability to care for [REDACTED]. His past childhood is remarkable in terms of the early death of his father at age five and the death of his mother at the age of 11. He reportedly had much more social difficulties after the death of his mother. He was living with his half sister at that time and had problems dealing with his mother's death. He reportedly did not care about what happened to him at that time and began being involved with law violations. He acknowledged being truant from school and had several runaways. He was also convicted of robbery using a gun as a teenager but was placed on probation. In spite of these social problems, he denied any problems with drug or alcohol abuse. During his early childhood he reported a positive relationship with his father and mother but did report being

given "lickings" when he misbehaved. He did not perceive this as abuse as he reported that he was hit no more than 3 to 4 times with a stick and the lickings never resulted in any cuts or welts. He also reported that he knew the reasons for his "lickings." In conclusion, the early disruption in his family system and his acting up behaviors as a teenager contributed to his current personality functioning.

The results of the MMPI revealed significant impairment and deficits in his personality development. The results of the MMPI are consistent with individuals who have very low frustration tolerance and usually have had a history of conflicts with authority figures. This profile, therefore, is consistent with Mr. Kema's law violations and his periods of distrust of the CPS system. His profile is also reflective of individuals who have trouble developing trusting relationships and there is a tendency for him to be very suspicious of others. In terms of his interpersonal style, while he may create a good first impression when relating to others, because of his distrust of other individuals, his relationships are likely to be superficial and he has difficulty with the emotional aspects of a relationship. His profile also indicates that he can be quite impulsive and has difficulty delaying immediate gratification. It's likely that he will show poor judgement and may often act without considering the consequences of his actions. Although he is able to cognitively acquire new information, his personality profile would indicate that he often will fail to learn from past experience. His profile also indicates that he is not very willing to accept responsibility for his own behaviors and there is a tendency to blame others for his difficulties. Given the current concerns regarding his care of Peter Jr. and the past CPS involvement in his family, the clinical profile of the MMPI is very alarming. His profile is most typical of cases where severe abuse has occurred. Given his age and the chronicity of his problems, it is likely that these characteristics are relatively stable and will be more difficult to change. While individuals like Mr. Kema may make superficial changes, long term behavioral changes would be unlikely unless he changes his overall psychological perceptions and improve his overall impulse control.

The results of the projective tests were also consistent with the clinical findings and the results of the MMPI. His human figure drawing was very simplistic, with a clear lack of detail which is consistent with his superficial relationships and the distrust of others. His House-Tree-Person Test also reflects a disjointed family systems and a lack of general family support both from his family of origin as well as his current family system. His psychological perceptions as measured through the Thematic Apperception Test also revealed his difficulties with interpersonal relationships and his poor problem resolution. While there are some depressive characteristics to his stories and responses on the MMPI, based on all of the other objective and clinical tests, his depression is more situationally based and related to current stresses rather than chronic and perceptual in nature. His social dysfunction, therefore, is largely due to his personality characteristics which are the most resistive to change.

**ASSESSMENT OF MARITAL RELATIONSHIP:** An assessment of Mr. Kema's marital relationship indicates some significant discord with his wife, however his responses to the Marital Satisfaction Inventory indicate a minimization of these problems. His profile is similar with his wife's profile, which indicate that they are less willing to acknowledge problems before they become overwhelming for them. Mr. Kema was able to describe situations where there was some mutual spousal physical abuse although he does minimize the seriousness of these problems. He did

acknowledge that they were separated and have considered divorce primarily due to his wife's problem [REDACTED]. He, however, reports that his marital relationships have improved since Peter Jr.'s disappearance as they have worked together to try and find Peter. At the same time, he acknowledges that there are still some things that they need to work on and they have not made any firm decisions regarding a possibility of a separation and divorce. Mr. Kema's marriage, therefore, is certainly a source of stress especially during the last two years. This stress resulted in a separation and the previous problems increase the risk factors for abuse.

**ASSESSMENT OF PARENTING ABILITY:** An assessment of Mr. Kema's parenting abilities reveals significant concerns, especially since he reportedly completed parenting classes and other services geared toward improving his ability to care for [REDACTED] during the first CPS involvement with his family. He is able to accurately identify the characteristics of [REDACTED], Peter Jr., and [REDACTED]. In spite of this, his responses to the psychological tests reveal problems with his ability to empathize with [REDACTED] needs and he does not have a clear understanding of his role as a parent. This is reflective in the very low scores on the Expectation, Empathy, and Family Roles Scales of the Adolescent-Adult Parenting Inventory. He, however, is able to recognize that physical punishment is not the best way to discipline children. This knowledge in itself, however, does not automatically reduce the risk of abuse. Parental abusive behaviors are often the results of individuals with overall poor frustration tolerance, poor interpersonal relationships, difficulty in empathizing with the needs of their children, not having a good understanding of the expectations of their children's abilities, and individuals who have poorly defined understanding of parental roles. Mr. Kema scored far below the norm in these areas indicating that there is a relatively high risk for child abuse.

The Child Abuse Inventory was also administered, however, due to his defensiveness, the test results were invalid. The factor scores, however, reveal stressors revolving around his current social situation and there was an elevation in the Inconsistency Scale. This would indicate that he does not have a firm understanding of parenting issues, and the knowledge and strengths necessary to apply good parenting skills are lacking.

**FORMULATION:** Mr. Kema was referred for a comprehensive clinical psychological evaluation in order to determine his overall psychological functioning in relationship to his ability to parent [REDACTED]. The results of the psychological evaluation were very alarming in that his psychological personality profile was consistent with significant abusive characteristics. He has had some criminal violations and has had problems maintaining a stable job and living situation. His profile is indicative of individuals who typically have difficulty controlling their anger and he has a tendency to be impulsive. His judgement is generally poor and he has a tendency to make decisions and respond to situations with very little forethought. There is little thought on his part regarding the consequences of his actions and how it will affect others. While he did acknowledge that he benefitted from the services provided to him by CPS when [REDACTED] were first removed from his care, he continues to deny any significant abuse of [REDACTED] including Peter Jr. He has been through anger management and parenting classes and his clinical test profiles still reveal that he is an individual with very poor overall parenting abilities as well as poor anger management and a low tolerance for frustration. He does not have well-defined roles in responsibilities as a parent and does

not have good empathy toward [REDACTED]. While this evaluation alone cannot confirm or rule-out, Mr. Kema's abuse of [REDACTED] the psychological profile is consistent with strong abusive tendencies. The risk for abuse based on Mr. Kema's current psychological functioning, therefore, is significant and needs to be considered when making decisions about the placement of [REDACTED]. There is relatively long history of social dysfunction and he meets the criteria for a Mixed Personality disorder. While he is experiencing some acute distress, there are no indications of any long term emotional problems. His difficulties are much more ingrained at this time and, therefore, are much more resistant to improvement. While he may be able to make some superficial changes and he is cognitively aware of some better parenting skills, his applications of these skills are likely to be poor given his personality characteristics and his inadequate perception toward children and parenting. First and foremost, therefore, is his need for in depth psychotherapy to modify his perceptions and to develop better understanding of the causes of his social dysfunction. He will in turn need to modify these perceptions in order to maintain long term adequate functioning. This process is likely to take a considerable amount of time and the prognosis for significant improvement in the immediate future is guarded at best.

**DIAGNOSTIC IMPRESSIONS:**

- Axis I: Adjustment Disorder with Disturbances of Emotions
- Axis II: Personality Disorder, NOS with Antisocial, Paranoid, and Narcissistic Characteristics
- Axis III: History of Hypertension
- Axis IV: Significant social stressors and family problems

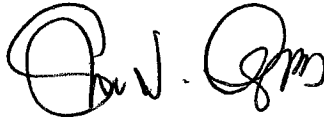
**RECOMMENDATIONS:**

1. Provide Mr. Kema with in-depth psychotherapy focused on:
  - a. recognizing his personality dynamics and its effect on his decisions and life style.
  - b. modifying these perceptions in order to improve his overall psychosocial functioning.
  - c. developing better coping skills.
  - d. increasing his frustration tolerance.
2. Provide parenting counseling focused on:
  - a. developing better understanding of [REDACTED] individual needs and expectations.
  - b. developing better empathy toward their needs.
  - c. defining his responsibilities as a parent.

Given his personality profile, involvement in parenting classes alone would not be able to address these issues. He will need more individual parenting counseling geared toward these specific issues rather than generic parenting skills.



3. Mr. and Mrs. Kema will need to participate in marital counseling focused on:
  - a. resolving their past marital problems
  - b. making a firm decision regarding the continuation or termination of this marital relationship.
  
4. Given Mr. Kema's psychological profile, unsupervised visits are not advisable especially since he is under considerable stress given the legal and media pressures.

A handwritten signature in black ink, appearing to read "S.J. Choy". The signature is fluid and cursive, with the first name "S.J." and the last name "Choy" clearly distinguishable.

Steven J. Choy, Ph.D.  
Clinical Psychologist  
Hawaii Licensed

SJC:db



## PSYCHOLOGICAL EVALUATION

NAME: **KEMA, Jaylin**  
BD: 04-10-70  
CA: 28-2 years

DATE: 06-09-98  
REFERRAL: DHS

**REASON FOR REFERRAL:** Mrs. Kema was referred for a psychological evaluation in order to determine her psychological functioning in relationship to her ability to care for [REDACTED]. [REDACTED] are presently in foster care due to CPS concern about their ability to provide adequate care to her [REDACTED]. The Child Protective Services has been involved with Mrs. Kema's family due to past serious abuse of her son Peter Jr. in current concerns regarding the inability of Mr. and Mrs. Kema to locate their son Peter Jr. Her children, [REDACTED] were also evaluated and one should refer to these evaluations for a complete analysis of [REDACTED] functioning level. Her husband, Peter Kema, Sr. was also evaluated and one should refer to [REDACTED] evaluation for a complete assessment of Mrs. Kema's family system. For more information regarding the Child Protective Services involvement with Mrs. Kema and her family one should refer to the DHS case record. Mrs. Kema signed an informed consent to release the psychological evaluation to DHS and the family court, and she acknowledged her understanding of the reason for the psychological evaluation and the rules of confidentiality. This evaluation cannot be released to any other individual without either a signed consent or by court order.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Clinical Interview with Mr. Peter Kema, [REDACTED]; [REDACTED] Mental Status Examination; Shipley Institute of Living Scale; Wide Range Achievement Test-III, Reading; Minnesota Multiphasic Personality Inventory; Multiphasic Depression Inventory; Thematic Apperception Test; Draw-A-Person; House-Tree-Person Test; Marital Satisfaction Inventory; Adult-Adolescent Parenting Inventory (AAPI); Child Abuse Potential Inventory (CAP); Parenting Stress Index (PSI).

**CLINICAL ASSESSMENT AND MENTAL STATUS EXAMINATION:** Mrs. Kema was on time for her psychological evaluation and she readily participated in both the interview and testing portions of the evaluation process. She was aware of the reason for the psychological evaluation and she was willing to answer all of the questions presented to her. She reported that she cannot discuss details of Peter Jr.'s disappearance at the advice of her attorney, however, she was able to discuss her perceptions toward [REDACTED] and her family of origin. Although Mrs. Kema tends to minimize problem situations, she was open enough and most of the tests were found to be valid enough to obtain a reasonable assessment of her actual psychological functioning.

The results of the Mental Status Examination were unremarkable in terms of any severe mental disturbances or mental illness. She was very alert and she was oriented to place, person and time. Her associations were tight and she had no difficulty communicating her ideas. She did not have any clinical symptoms of hallucinations or delusions during the clinical evaluation and she denied any history of symptoms that could be interpreted as delusions or hallucinations. She, therefore, did not have characteristics associated with either Schizophrenia or any Manic Depressive Disorders. Although she reported that she was run over by a truck at 10 years of age, there was no significant head injuries. There were no lapses in her memory or any clouding of consciousness which would be suspicious of any organic brain dysfunction. She denied any psychiatric history and denied taking any psychotropic medication. She, therefore, did not have any psychotic or organic brain dysfunction which would greatly affect her daily functioning or her psychological judgement.

**PERCEPTION OF CPS INVOLVEMENT:** Although Mrs. Kema cognitively understood the reasons for CPS's involvement in her family, she believes [REDACTED] have been the main instigators for creating problems that eventually required CPS involvement with her family. She understands that the State is concerned about the welfare of [REDACTED], but she did not believe that either her or her husband would be any threat to any of [REDACTED]. Although she acknowledged the first injury to Peter Jr. and the [REDACTED], she denied being responsible for such abuse (she reports that she thinks [REDACTED] may have jumped on Peter Jr. leg). She appeared to be genuinely concerned about being unable to locate Peter Jr. and she was disturbed about her husband's judgement and decision to give her son to a friend. At the same time, she does not question or dispute her husband's description of the events and did acknowledge the actual separation between her and her husband when "he took Peter Jr. to Honolulu." While she acknowledges that the family benefit from some of the services provided to her thru CPS, she does not believe that she needs any assistance and does not feel that she needs help to care for [REDACTED]. She is most concerned about the problems she has [REDACTED] and believes that CPS is involved with her life because of the intrusion of [REDACTED] in her life. She reports that she is willing to participate in any services necessary in order to have [REDACTED] returned to her care, however, she reported that CPS told her that they are removing [REDACTED] so then they will not be exposed to the negative effects of the media involvement in their lives. She did not believe that CPS removed [REDACTED] due to concerns about her ability to care for them. Her understanding and insight into CPS involvement, therefore, appear to be incomplete and she will need to clarify the reason for CPS involvement in order for her to benefit from services.

**COGNITIVE AND LEARNING ASSESSMENT:** An assessment of Mrs. Kema's current cognitive skills did not reveal any major deficits. While she mistakenly did not complete the Shipley Test, she scored adequately on the parts that she completed. The Mental Status Examination also did not indicate any comprehension or processing problems and her overall cognitive ability appears to be within the Low Average to Average range. Although she did not graduate from high school, she acquired her basic academic skills. Her basic reading decoding skills fell at least within the Low Average to Average range. She, therefore, should not have any difficulty cognitively understanding the ramifications of her actions and decisions. She should also be able to readily read and understand the Safe Home Guidelines and any service plan. There are also no cognitive deficits which would prevent her from adequately understanding the current situation and she should be able

to readily understand both the concerns of DHS as well as the concerns of the Family Court. She should also be able to acquire information through reading and lectures and does not have the tendency to need direct experience in order to absorb information. In conclusion, Mrs. Kema did not have any cognitive or learning impairment which would affect her ability to learn or apply new information. Any problems in following through with services or any decision or judgement problems are, therefore, more likely due to emotional and personality factors than due to any cognitive or learning factors.

**EMOTIONAL AND PERSONALITY ASSESSMENT:** The assessment of Mrs. Kema's current emotional status reveals significant anxiety and depression revolving around the current situation as well as her negative relationship with her family. She believes that [REDACTED] have been overly intrusive and have been trying to control her life. This has created a tremendous amount of stress for herself and her family unit. She feels helpless in terms of preventing this intrusion as she says that "she is unable to say no [REDACTED]" She has had disagreements with [REDACTED] on parenting issues involving [REDACTED] and she acknowledges that there have been rather intensive verbal arguments between herself and [REDACTED]. She, however, denies any physical altercations with them. She also believes that [REDACTED] do not like her husband and is much more supportive of [REDACTED] father, [REDACTED]. In addition to the family stressors, Mrs. Kema also reported being sexually abused by an uncle when she was in the 3rd grade. She did not receive any counseling service at that time and she continues to be troubled by that event. Although she reported that [REDACTED] never blamed her for the sexual abuse, she internally believes that it was partially her fault. This resulted in a low grade depression and anxiety for many years. She was most distressed during her adolescent years when she became pregnant with her first son. She started to have more problems with [REDACTED] and left home when she was 17 years of age. Although these problems are relatively long term in nature, she denies any long term symptoms of clinical depression. She also denies ever using psychotropic medication for either depression or anxiety. There are no long term sleep or eating disturbances and she does not have long term depressive ideations. Her responses to the Multiphasic Depressive Inventory also did not reveal any long term depressive factors and her profile is more consistent with acute distress rather than any Affective Disorder. She is most disturbed about the current CPS involvement with her family and the removal of [REDACTED]. This is the major source of her stress at this time and is affecting her general functioning.

Assessment of Jaylin's personality characteristics reveals some significant findings which create some questions regarding her protective skills. Her continued discord with her family has restricted her ability to seek support from her immediate family members, including her siblings. While she reported a relatively close relationship with [REDACTED] prior to her teenage years, she had continuous problems with [REDACTED] since she became pregnant with [REDACTED]. She believes that [REDACTED] have accused her of hurting [REDACTED] and she believes that [REDACTED] think that she is unable to care for [REDACTED]. She also reports that her family disapproves of her husband and this has also contributed to the long-standing family discord. While she denies any physical abuse by [REDACTED], this long term discord has resulted in her feelings of helplessness and has prevented her from making independent decisions.

The results of MMPI were consistent with the clinical findings. She was quite defensive while completing this test and was very cautious about identifying problem areas. At the same time, her profile was consistent with individuals who feel victimized by others, which creates an overall distrust of other individuals. Her profile reflects passive-aggressive hostility toward others and a very ineffective ability to make appropriate changes. Her profile indicates that she can be very demanding in relationships and has a tendency to complain frequently. Because of her lack of trust of others, the prognosis for psychotherapy is guarded at best. She can also be very self-indulgent and tend to blame others for her problems. All of these characteristics are consistent with individuals who may have difficulty making appropriate decisions for themselves and others which contribute to the lack of good protective skills for [REDACTED]. Her profile does not indicate that she has a tendency to display overt hostility, but her passive-aggressive style creates a situation where she can induce hostility in others. Because of her feelings of victimization, she is very much focused on her own needs and may not adequately address the needs of others including [REDACTED]. Although her profile is not indicative of strong abusive characteristics, it is consistent with neglect and possible lack of protectiveness.

Mrs. Kema's responses on the projective tests also reflect her self-indulgence as her Draw-A-Person Test was extremely large and self-centered. The House-Tree-Person test indicates the overwhelming control of parental figures and the helplessness and victimization of herself in this situation. The results of this test are also consistent with the other findings. Her responses to the Thematic Apperception Test also revealed her disturbances regarding relationships and the lack of trust of others. There were appearances of helplessness in many of her themes, which support her dependent characteristics. In short, all of the tests indicate that she is someone who has a tendency to complain and blame others for her problems yet she feels helpless in making changes and is very dependent on these types of pathological relationships. Because of this, there is considerable concern about her ability to protect [REDACTED] and adequately address her and [REDACTED] needs.

**ASSESSMENT OF MARITAL RELATIONSHIP:** An assessment of Mrs. Kema's perception of her relationship with her husband was fairly consistent with her husband's report, she recognizes that there have been marital problems largely due to her own problems [REDACTED]. She acknowledges that she becomes very frustrated as she believes that her husband may not be supportive of her during these times and she complains quite frequently to him. At the same time she appears to be very dependent on this relationship with him. The passive-dependent relationship turns into an aggressive-hostile relationship because she becomes disappointment in the relationship. This vicious circle tends to fuel the pathology in this marriage. She, however, reports that the marriage has become more unified since "they have been working together to find Peter Jr." Although she is upset at her husband for these problems, she does not believe that he has harmed any of [REDACTED] and she denies any spousal abuse. This is inconsistent in terms of her husband's report who acknowledges some mild spousal abuse. Her daughter [REDACTED] also reports that her mother received "dirty lickings" by her father. There are, therefore, concerns about her minimization of marital problems.

Her responses on the Marital Satisfaction Inventory also indicate that there is a significant minimization of any marital problems. Individuals who have similar profiles seldom address

concerns in their marriage before the problems become too severe to handle. They were a significant defensiveness and protection of both the marriage and her husband and she denies any significant problems which would interfere in their ability to care for [REDACTED]

**ASSESSMENT OF PARENTING ABILITIES:** Assessment of Mrs. Kema's parenting knowledge and the perceptions of [REDACTED] were considerably better than her husband's perceptions. She had no difficulty describing [REDACTED] personality characteristics and their needs, and she appears to have a realistic understanding of their capability and needs. While she has a tendency to expect more from [REDACTED], she is able to empathize with their needs and make adequate adjustments based on her priorities and [REDACTED] priorities. She understands her responsibility as a parent and she does not believe in corporal punishment. She is able to recognize and utilize alternative means of discipline for [REDACTED]. While she has all of the skills and has the psychological strengths to care for [REDACTED] under distress and because of her own personal problems, she may not be able to cope with [REDACTED] needs while she is experiencing the stresses relating both to her marriage and her relationship [REDACTED]. She does not have any unusual perceptions of [REDACTED] and basically has a positive and realistic understanding of their needs. If she is able to minimize the social problems in her life and develop more appropriate assertive skills, she can be more protective and supportive of [REDACTED]. She has some difficulty dealing with her [REDACTED] father, [REDACTED] and still has some resentment toward him. This again is consistent with her personality characteristics and this resentment can affect [REDACTED] relationship with their father. While she states that she does not want to restrict [REDACTED] from being with their father, she apparently has not advocated for their visits with him, and she has not assisted in facilitating this relationship. She believes that Mr. Kema had been a better father to her [REDACTED] than [REDACTED]. She believes that [REDACTED] is irresponsible and does not have either the desire or the maturity to parent [REDACTED].

**FORMULATION:** Mrs. Kema was referred for psychological evaluation due to concerns about her ability to care for [REDACTED]. [REDACTED] are presently in foster care and one of her sons, Peter Jr. is currently missing. The results of the psychological evaluation revealed some significant concerns about Mrs. Kema's ability to protect [REDACTED] and continuously address their needs. While cognitively Mrs. Kema understands the needs of [REDACTED], her current emotional distress and her victimization personality characteristics can restrict her from addressing [REDACTED] needs. She has passive-aggressive tendencies with feelings of helplessness and dependency, which makes it difficult for her to make any changes in her life or resolve problems when they occur. Because of these characteristics, she generally does not have good protective skills and she may neglect [REDACTED] needs. She continues to support Mr. Kema's decisions and behaviors and has minimized problems between them and problems with [REDACTED]. Although she has accepted the previous Child Protective Services involvement in her life, she denies any abuse of [REDACTED] and has not taken any responsibility for the current situation. It is, therefore, doubtful that any treatment geared toward reducing the risk of abuse or neglect will be effective unless Mrs. Kema takes more responsibility for her current situation. Because her personality characteristic has resulted in relatively long term stable family problems and contributed to her social dysfunction, she has met the criteria for a Mixed Personality Disorder with Dependent and Passive-Aggressive characteristics. She also is under distress at this time and is experiencing an Adjustment Disorder

with Depressed Mood due to her past marital problems and current separation from [REDACTED]. She will need continued assistance to resolve her past traumas including her past sex abuse and the relationship problems with [REDACTED]. Unless she is able to do this, she will continue to maintain her victimization perceptions and not take responsibility for her actions. If she continues to do this, she will not readily be able to address [REDACTED] needs and may not be able to adequately protect them from any abuse or neglect.

**DIAGNOSTIC IMPRESSIONS:**

Axis I: Adjustment Disorder with Disturbed Mood

Axis II: Personality Disorder, NOS with Dependent and Passive-Aggressive Characteristics

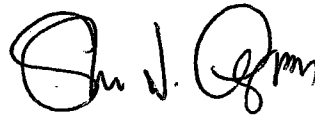
Axis III: No known significant medical problems contributing to her current psychological state

Axis IV: Significant social stressors and family problems

**RECOMMENDATIONS:**

1. First and utmost is Mrs. Kema's need to engage in marital therapy with her husband Mr. Kema to focus on the following:
  - a. develop better understanding of the dynamics of their relationship.
  - b. develop better independence and internal strengths.
  - c. examine the relationship dynamics in order to assist Mrs. Kema in making an appropriate decision to either continue or terminate the marriage.
2. Mrs. Kema will need to continue individual psychotherapy to:
  - a. resolve her past emotional trauma related to the past sex abuse.
  - b. resolve her family of origin relationship problems.
  - c. develop more appropriate coping mechanisms.
  - d. overcome her feelings of victimization.
  - e. address her passive aggressive style of relating to others and coping with stress.
3. While Mrs. Kema does not need additional participation in parenting classes, she will benefit from parenting counseling geared toward assisting her in specifically addressing [REDACTED] needs. It is not necessary for her to receive any generic parenting information as she has the cognitive awareness of the needs of children as well as various management techniques. Instead she will need assistance in prioritizing [REDACTED] needs as compared to her own needs and be able to cope with her individual problems so that they would not interfere with her ability to address [REDACTED] needs.

4. Until the situation of Peter Jr. is resolved, it is recommended that Mrs. Kema's visits with her [REDACTED] are supervised because of concerns of Mrs. Kema's lack of good protective skills. Because her husband has some significant abusive characteristics and their past marital problems, is concern about her ability to provide a safe and nurturing home for [REDACTED] as long as she continues the relationship with her husband.



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SJC:db





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## PSYCHOLOGICAL EVALUATION

NAME: [REDACTED]  
BD: [REDACTED]  
CA: [REDACTED]

DATE: 06-08-98  
REFERRAL: DHS [REDACTED]

**REASON FOR REFERRAL:** [REDACTED] was referred for a psychological evaluation in order to determine her current developmental and psychological status in relationship to the current social situation. She is presently in a foster home due to concerns about the safety of her parent's home. [REDACTED] parents, Mr. & Mrs. Kema and [REDACTED] were also evaluated and one should refer to these evaluations for a complete analysis of [REDACTED] family system. For more information regarding the Child Protective Services involvement with [REDACTED] and her family one should refer to the DHS case record.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Clinical Interview with [REDACTED] Parents and Siblings; Mental Status Examination; Wechsler Preschool and Primary Scale of Intelligence-Revised; Incomplete Sentences; Draw-A-Person; Family Drawing; Roberts Apperception Test For Children.

**CLINICAL OBSERVATIONS AND MENTAL STATUS EXAMINATION:** [REDACTED] adjusted very well to the interview and testing situation. She had no problem separating from her foster father, and she willingly participated in all of the tasks presented to her. She was verbally responsive and she had no difficulty elaborating on her ideas. She was very open and was willing to discuss most aspects of her daily life. She had no problems discussing her past family and social experiences, and she was found to be a very articulate 5-year-old child. Her speech was intelligible and her general language skills were appropriate for her age. Her general comprehensive skills were also good. She had no difficulty processing verbal information and her conceptual and comprehension skills were consistent with her chronological age. The results of the clinical interview and the psychological tests, therefore, were an accurate assessment of her current functioning.

The results of the Mental Status Examination did not reveal any serious mental disturbances. She was found to be very alert and was appropriately oriented to her environment. There were no indications of hallucinations or delusions and there were no distinct lapses in her memory or consciousness. Her reality testing was also intact, and her thoughts did not consist of any unusual fantasies or any bizarre ideations. Her parents reported that [REDACTED] does not engage in any unusual fantasies outside of having an occasional "imaginary" friend. This is normal for her chronological age. [REDACTED], therefore, did not have any serious emotional disturbance which would result in any psychotic thoughts or any preoccupation with fantasy. In conclusion, the Clinical Assessment and the results of the Mental Status Examination revealed an intact five year

old child whose verbal descriptions of her experiences are felt to be accurate and based on her interpretation at the 5 year old level.

**COGNITIVE AND DEVELOPMENTAL STATUS:** An assessment of [redacted] current cognitive development revealed low average to average skills. She obtained a Full Scale IQ of 87 which fell at the upper end of the low average range of cognitive development. Her Performance IQ of 98 fell well within the average range and her Verbal IQ of 81 fell in the low average range of cognitive development. There was no significant difference between her Verbal and Performance IQs and there was no indication of any significant learning impairment. The following are her subtest scores:

WPPSI-R	IQ	CLASSIFICATION		
Performance	98	Average		
Verbal	81	Low Average		
Full Scale	87	Low Average		
PERFORMANCE TESTS		SS	VERBAL TESTS	SS
Object Assembly	11		Information	7
Geometric Design	8		Comprehension	5
Block Design	10		Arithmetic	6
Mazes	9		Vocabulary	8
Picture Completion	11		Similarities	8
(Animal Pegs)	NA		(Sentences)	(7)

Further evaluation of [redacted] auditory-verbal skills indicates some delays in her social knowledge, and her numerical reasoning skills, however, this is largely due to her lack of experience rather than due to any cognitive impairment. She had the ability to accurately receive and integrate verbal information and her retention skills were sufficient for learning. Her verbal reasoning skills were adequate for her daily functioning and she did not have any significant deficits in her associative skills. She, therefore, should be able to understand basic consequences of her actions at her chronological age.

[redacted] performance in the visual-perception and visual motor tasks also revealed adequate learning thru the visual modality. She is able to accurately receive and integrate visual information and she is visually organized. There was no indication of any visual integration or space orientational problems. She, therefore, should be able to accurately interpret visual information at her chronological age. She had somewhat more difficulty with her motor skills however there was no significant impairment in her motor development.

Her human figure drawing also indicated adequate social awareness and adequate visual integrations skills.

In conclusion, based on her cognitive functioning, [REDACTED] did not have any significant developmental delays and her learning and reasoning skills are consistent with her chronological age. Given this, she should have no problems accurately describing events in her life however given her chronological age, she will have difficulty accurately perceiving time and there are limitations for her recall of information. This again is the norm for her age. She should be able to understand simple consequences to her actions and she is able to follow verbal information. Given this, [REDACTED] general statements about her situation should be considered valid and cannot be automatically ruled out as invalid due to any mental or cognitive impairment. While there are some normal limitations in the reports of a 5-year-old, she is the least defended of her family members and less likely to be overly guarded and cautious.

**BEHAVIORAL ASSESSMENT:** An assessment of [REDACTED] current behavioral patterns did not reveal any specific behavioral disorders which would significantly interfere with her ability to function at her age level. She was cooperative throughout the evaluation session and her parents have not reported any significant disruptive behavioral patterns. She did not exhibit any strong pervasive oppositional behavioral patterns and she was able to function adequately in a structured environment. Although she was somewhat restless, she did not exhibit symptoms of hyperactivity. She was not overly impulsive and she was generally organized in her problem solving strategies. Her attentiveness and concentration skills were developing slightly lower than average and she was more distractable than other children her chronological age. At the same time, she was able to refocus her attention to the tasks at hand and much of her distractability may be due to the lack of structure in her previously social environment. She did not appear to have any attention deficits at this time. Her attention span was rather short but she could maintain her attention to tasks provided she is given structure and guidance. Her frustration tolerance was adequate and she did not appear to be overly disturbed when she encountered a difficult problem.

Further examination of [REDACTED] social behavioral patterns is reflective of children who may have come from unstructured environments. She admits that she is her parents' "favorite." Her siblings describe her as being "spoiled," and she appears to "get her own way." At the same time, she responded well to structure and has not been oppositional at her current foster home. Her parents and her foster parents did not report any extreme lying or stealing behavioral patterns and there are no indications of any severe aggressive behaviors. She did not exhibit any bizarre or unusual behaviors and did not engage in any fantasy playing. In conclusion, [REDACTED] had some behavioral characteristics of a child who may not have been provided with as much structure and discipline as necessary for her age, however, this has not resulted in any significant behavioral disorders. She also did not have any behavioral problems which would make her more difficult to care for nor does she have any behavioral characteristics that would immediately question the validity of her verbal statements.

**EMOTIONAL ASSESSMENT AND PERSONALITY DEVELOPMENT:** An assessment of [REDACTED] current emotional status reveals some mild anxiety relating to the disruption in her family system. Although she appears to have adjusted adequately to her foster care environment, there is some anxiety relating to the past family problems and the separation from her parents. At the same time, this anxiety has not evolved to any phobias and she is generally emotionally intact.

She did not have any symptoms of depression and there was no indication any strong hostility toward any of her family members or toward her current foster home. There was no emotion of jealousy nor were there any emotions that would indicate that she has the tendency to use aggression or revenge to handle problem situations. Her responses to the Robert's Apperception Test for Children, however, revealed that she is very concerned about death as there are many abusive and death themes. This usually indicates some internal fear and anxieties in children her age. While these issues need to be resolved, these concerns have not yet manifested themselves in either serious behavioral or emotional problems. In conclusion, given her current emotional status she needs to be in a nurturing and supportive environment but she does not need any special care at this time.

personality development is also progressing at an adequate rate. There are no indications of an Attachment disorder, and she has been able to develop appropriate trusting relationships. She had developed adequate independence for her age and her thoughts and behaviors can be separate from the influences of others. She has adequate self-confidence and her characteristics make her less likely to be influenced by others than children who may have a lower self-esteem. In conclusion, current personality development is progressing at an adequate rate and there are no signs of any deficits which would result in major social dysfunctions.

**ASSESSMENT OF FAMILY PERCEPTIONS:** An assessment of perception of her family revealed very disturbing information. While this evaluation was not part of any forensic investigation, was very open in describing the events in her life which involved her parents and siblings. The interview was conducted in a very open ended manner and did not utilize any leading questions.

In general, she has a realistic perception of her parents. She was able to describe both positive and negative aspects and characteristics of her parents. She was very clear through her family drawing that she is most attached to her father. At the same time, she described many disturbing characteristics of her father. She was able to describe a great deal of hostility and anger coming from her father. She reported that her father gives "dirty lickings." She describes "dirty lickings" as being punched, hit, and slapped all over. She denied getting lickings herself from her father, and she recognized that she is his favorite. She also reported that her mother gets "dirty lickings" from her father when she makes trouble to him. There were no indications that her reports would result in any secondary gain for her as she is close to her father and is attached to her mother. She did not describe any abusive characteristics of her mother. She did not indicate that her mother would give anyone lickings, and she appears to be adequately nurtured by her. Given characteristics, lack of defensiveness, and her attachment to her father, there are merits to the validity of statements.

She was also able to identify both positive and negative aspects of her siblings. Her description of her as generally unremarkable. She did appear to be very concerned that got dirty lickings from her father. She appeared to have a normal sibling relationship with them and did not appear to be pathologically attached to them. She is not easily influenced by them and reported that is rather spoiled. Her siblings also reported that does not listen to them and generally does her own things.

The most significant and disturbing findings occurred when she begins to describe her relationship with her brother Peter Jr. Without any prompting, [REDACTED] reported that her father made Peter Boy eat "doo doo" and that he placed Peter Boy in the rubbish can without any clothes. She stated that Peter Boy was naked in the rubbish can and she reported that she was never placed in a rubbish can. She also described an incident where her father made Peter Boy take mother's medication but did not describe or elaborate on this incident. She reported that her father would tie-up Peter Boy with chains and ropes and indicated that Peter Boy "made trouble." She then reported that she saw Peter Boy "dead" in the trunk of her father's car, but then reported that "he is not dead now because he is in Honolulu." Her understanding of death is very consistent with her age. She does not understand the non-reversibility of death and so it is understandable that she believes a person can become alive again after that person died. She also described seeing Peter Boy "dead" in a box in her parent's closet and indicated that they took a box to Honolulu. Due to the limitations of this Psychological Evaluation, a forensic interview was not conducted. No further information was obtained regarding these incidents, however, given her current perception and her psychological status, it is conceivable that her reports have some validity.

**FORMULATION:** [REDACTED] was referred for a comprehensive evaluation in order to assess her current psychological status and to determine her current needs. The results of the psychological evaluation did not reveal any significant deficits in her overall development. Her cognitive development is progressing at an adequate rate and she has no problems understanding and expressing herself at her age level. Her social development is also progressing adequately, however, she is slightly more disorganized and narcissistic partly due to her past disruptive social environment and her position in the family. She, however, did not have any cognitive, behavioral, emotional, or personality characteristics that would immediately question the validity of her perceptions and her self-report.

The most disturbing findings of the psychological evaluation are her descriptions of her father and her brother, Peter Jr. She described abusive behavior by her father in general and severe abusive behaviors by her father toward Peter Jr. Her brother is missing and she reported that she saw him "dead." Her reports are particularly significant because she is attached to her father and does not have any characteristics that would indicate that she would "make up" stories that would be detrimental to her parents. Furthermore, [REDACTED] is not easily influenced by others and she has had a minimal contact with [REDACTED] and other individuals. She does not engage in any fantasy play or thoughts nor does she have any bizarre ideations. One, therefore, cannot immediately dismiss her statements as there may certainly be some validity to her reports. What may seem inconsistent in her description of death is not usual for her age as children her age do not understand the non-reversibility of dead. Given her chronological age she will have difficulty with time sequencing but this again is usual for her chronological age. Further forensic interviews may need to be conducted if this matter will be pursued by the police and the courts.

In terms of [REDACTED] needs, it is obvious that she will need to be protected from her parents given her current statements. Although she was not the target of abuse, her descriptions of her father's behaviors are very disturbing, and she could be a victim if [REDACTED] are removed from the family. While her mother is much more nurturing, she will have difficulty protecting [REDACTED] as mother may be a victim of abuse herself as described by [REDACTED]. Given [REDACTED] current

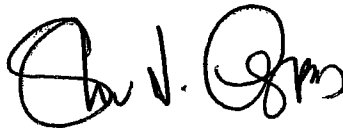
statement and her anxieties and fears of death, she is experiencing some adjustment problems and will need some counseling services to allow her to sort out her social and psychological experiences. She, otherwise, did not have any serious psychological disorders that would require special care.

**DIAGNOSTIC IMPRESSIONS:**

- Axis I: Adjustment Disorder with Disturbances of Anxiety
- Axis II: No Personality Disorder or Mental Retardation
- Axis III: No Known Contributing Medical Problems
- Axis IV: Social and Family Environmental Problems - Severe

**RECOMMENDATIONS:**

1. [REDACTED] should be provided with counseling services to allow her to sort out her past and current social and psychological experiences and perceptions. She should also receive counseling assistance in order to reduce her anxieties and to continue the support and nurturing that she needs.
2. Continue her placement in a foster care situation until all of the investigations are completed. She obviously will be at risk if her description of her father and the events revolving around her brother Peter Jr. is true.
3. Given [REDACTED] current disclosures, visitations with her parents have to be supervised or terminated if she is experiencing any significant psychological discord and disturbances from these visits.
4. Enroll her in a regular kindergarten program.



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**PSYCHOLOGICAL EVALUATION**

NAME: [REDACTED]  
BD: [REDACTED]  
CA: [REDACTED]

DATE: 06-08-98  
REFERRAL: DHS

**REASON FOR REFERRAL:** [REDACTED] was referred for a psychological evaluation in order to determine his current psychological status. He is presently in a foster home due to concerns about his parent's ability to provide a safe home for him. He was previously placed in a foster home several years ago due to abuse [REDACTED] parents, Mr. & Mrs. Kema and [REDACTED], were also evaluated and one should refer to these evaluations for a complete analysis of [REDACTED] family system. For more information regarding his involvement CPS, one should refer to the DHS case record.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Clinical Interview with [REDACTED] Parents and Siblings; Mental Status Examination; Wechsler Intelligence Scale for Children-III; Incomplete Sentences; Incomplete Sentences; Draw-A-Person; Family Drawing; Piers-Harris Children's Self-Concept Scale; Roberts Apperception Test For Children.

**CLINICAL OBSERVATIONS AND MENTAL STATUS EXAMINATION:** [REDACTED] adjusted well to the interview testing situation. He was verbally responsive and he had no difficulty elaborating on his ideas. He was, however, very cautious about statements regarding his family and was more defensive than most children his age. He frequently answered questions with "I don't know" even though some of the questions were just factual information about himself. As the session progressed he was asked to make the distinction between "I don't know" and "I don't want to say." While he was able to make some of those distinctions when requested to do so, he very quickly begin to be concerned about the differences in the statements and became cautious again. He definitely minimizes problems and the description of his family is very skewed on the positive end. His minimization of problems are even more significant than his parents. It is, therefore, obvious that [REDACTED] is experiencing some anxiety regarding discussing family issues and is very protective of himself and his family at this time. Because of this, [REDACTED] self report of his perceptions and the events in his life is suspicious and his statements and descriptions may not be a valid assessment of his actual feelings and experiences.

His Mental Status Examination was, otherwise, unremarkable. He was very alert and he was oriented to place person and time. His associations were tight and his thoughts were adequately organized. There were no bizarre thought patterns noted. His speech was appropriate and he did not have any pressured, rapid, or disorganized vocalizations. He understood all of the questions

presented to him and did not appear having any problems processing verbal information. In fact, he had a very good vocabulary and appeared to be quite bright. His responses of "I don't know" is, therefore, much more reflective of his apprehension rather than due to any cognitive limitations. He denied any serious head injuries and there was no lapses in his memory or cloudy of consciousness. He did not exhibit any symptoms of hallucinations and did not have any delusional thought patterns. He also did not describe any experiences in his past that would indicate the presence of any psychotic disorder. The Mental Status Examination, therefore, did not reveal any severe mental disturbance which would affect his general functioning or require any special care. His overall demeanor, however, was one of defensiveness and minimization of problems. This needs to be taken into account when evaluating [REDACTED] overall psychological status.

**COGNITIVE AND LEARNING ASSESSMENT:** Assessment of [REDACTED] cognitive development revealed good cognitive abilities as he obtained a Full Scale I.Q. of 118. This would place him in the upper end of the High Average range of cognitive development. His Verbal I.Q. of 112 also fell in the High Average range and his Performance I.Q. of 121 fell in Superior range of cognitive development. This would indicate that [REDACTED] is a very bright child and he should have no difficulty understanding the ramifications of his actions. He should also have adequate decision making skills for his age and should have no problems understanding various aspects of his current situation. His overall defensiveness, therefore, is alarming and it does appear that he is minimizing and covering up information.

Further examination of [REDACTED] auditory and verbal skills indicates that he has been able to establish a good language foundation. His overall reasoning skills were excellent and he had no problems understanding verbal information. He has very good overall comprehension and associative skills and his memory skills were adequate. He, therefore, be able to adequately express his needs and his ideas.

[REDACTED] performance on the visual motor tasks also did not reveal any significant impairment. His visual awareness skills are excellent and he, therefore, is a very observant child. He also demonstrated good social sequencing skills which would support his ability to readily understand the consequences and the ramifications of his actions and the actions of others. He had no visual perception problems and his overall visual memory skills were intact.

Given [REDACTED] current cognitive abilities he should be able to learn well in a regular educational program. Based on the school reports, [REDACTED] is learning well and any social problems have not caused any severe deterioration of his cognitive and academic functioning. In general, children with good cognitive abilities tend to be more resilient than most of the children his age. He, therefore, would be able to tolerate much more stress than other children and his current cognitive coping strategies have prevented any significant deterioration in his learning.

**BEHAVIORAL ASSESSMENT:** An assessment of [REDACTED] behavioral patterns did not reveal the presence of any significant behavioral disorders. He was very cooperative and there were no indications of any overt oppositional behaviors. He is passive resistive at times, however, this is largely due to his defensiveness and anxieties regarding discussing family issues rather than due to any pervasive behavioral pattern. His activity level was well within normal limits and he did not



have any symptoms of Hyperactivity. There was no indications of impulse control problems and he was well organized. His attentional skills were developing adequate for his age and his attention span was good. His frustration tolerance was also adequate as he did not appear to be overly disturbed when he encountered a difficult problem. Once again, his good cognitive skills have prevented any extreme deterioration in his behavioral functioning.

An assessment of [REDACTED] social behaviors also did not reveal any significant problem areas. He is not engaged in serious disruptive behaviors and there is no indications of any criminal behavioral patterns. While he acknowledged that use to lie, he currently does not have problems telling the truth. He also has not been involved in many fights or other assaultive behaviors. He is able to socialize with his peer and enjoys going to school. He reports that he is able to play with his friends in the neighborhood and he does not appear to be socially restricted. In conclusion, [REDACTED] behavioral patterns and social behavioral development appears to be adequate at this time and any problems in his family and social environment has not manifested itself in any serious behavioral acting out.

**EMOTIONAL ASSESSMENT AND PERSONALITY DEVELOPMENT:** An assessment of [REDACTED] current emotional status reveals some mild anxiety related to the current situation involving his brother Peter Jr. He acknowledges that he is disturbed about his peers teasing him at school and there are some concerns about his peer relationships due to these issues. On the Piers-Harris Children Concept Scale, he scored considerably lower than average in the area that reflects his confidence in his relationship with his peers. He, therefore, is feeling that he is being teased and he is concerned about these problems. This anxiety is definitely related to his family system. He seems very cautious about describing any negative aspect and this burden of secrecy can create more anxiety. At the same time he uses intellectualization and avoidance in order to cope with problems that become too intense for him. Because of this, he is not experiencing significant distress and is still able to function adequately on a daily basis. He certainly does not need further pressures regarding the disappearance of his brother Peter Jr. and it is important for him to be shielded from further media and public exposure.

In spite of potential problems in terms of his development due to several disruptions in his placement with his family, [REDACTED] is progressing adequately in terms of his personality development. He apparently had received positive nurturing from his [REDACTED] while he was in foster care and he at least reports positive nurturing from his mother and step-father. While he does not want to be separated from his family, he understands the concerns regarding the disappearance of his brother and he has been able to accept his current predicament. He has the capability of developing positive social relationships and there is no indication of an Attachment Disorder. He is not overly dependent on others and can formulate his own independent thoughts. Because he understands the ramifications of his actions, he is more cautious and this is reasonable given the current situation. His moral development was basically adequate for his age and he is at an age appropriate social level.

His overall responses to the Piers-Harris Self Concept Scale indicates an adequate self perception and his human figure drawing reflects an adequate self image. The Incomplete Sentences also reflect an adequate self image and there was no pervasive disturbances in his self perception. His problems are much more centered around his family relationships and his past social experiences. In

conclusion, [REDACTED] personality development is still adequate in spite of the past disruptions in his life. He will continue to need nurturing and structuring in order to facilitate healthy psychological development.

**ASSESSMENT OF FAMILY RELATIONSHIPS:** An accurate assessment of [REDACTED] perception towards his family was difficult due to his minimization and defensiveness. He was very cautious when describing his parents' characteristics and initially was only willing to give positive characteristics. In fact he initially denied any problems with his parents even the common discipline problems that occur between most parents and children. After a considerable amount of support and encouragement he was able to at least acknowledge some previous problems with his stepfather spanking and yelling at him, but he adamantly denied any current physical discipline. He reports a positive relationship with his mother and describes her as the "best mother," and the one that "loves me." He was eventually able to report that there are some problems with his mother as she gets "stressed out" occasionally. He reported a good relationship with his stepfather as he stated that his stepfather is very good. He reports fishing with his stepfather and initially did not describe any problem with him. He eventually was able to describe situations where he did not like to be scolded from him and did acknowledge the past "lickings." He was very guarded and discussing his father's relationship with his other siblings, especially with Peter Boy.

[REDACTED] was able to describe a cordial relationship with his biological father but he remembers some of negative characteristics due to the fact that his mother described things about his father that were disturbing to her. He reported that his father didn't visit him for many years and he felt that his father left them without any support. He also reported an incident where his father spent two hundred dollars to buy a Foos Ball Game rather than buying diapers for [REDACTED]. If course [REDACTED] does not directly remember this, and these events are told to him by his mother. He, otherwise, remembers playing video games with his father and reports enjoying visiting him. He also describes him as a "great" dad.

[REDACTED] was able to report some normal sibling relationship difficulties with [REDACTED]. He believes [REDACTED] "gets away" with things and thinks [REDACTED] is "bossy" at times. He was, however, extremely guarded when discussing his other brother Peter Boy. He essentially stated that he did not know anything about Peter and could not be encouraged to even describe his feelings towards him.

Although [REDACTED] definitely is minimizing problems and is very guarded in his verbal statements, his responses to the Robert Apperception Test for Children indicate that he is very concerned about family relationship problems. Most of the themes of his stories involve severe family problems. There were stories reflecting abuse of children by parent figures and most of the adult figures lost their temper very easily. Most of his stories had a very negative endings as there were very few stories that had resolutions to the problem situation. The Roberts Apperception Test for Children is a test that will allow children to express their fears and their concerns in a less direct manner. These fears are seen as being semiconscious and were definitely identified on this test. The Incomplete Sentences also reflect that more family relationship problems and some concerns about his brother Peter. This test revealed that he is concerned that something might have happened to Peter and there were some indications that he fears that he might be dead. Given the findings of the

Projective Test, [REDACTED] does appear to, in fact, to be consciously avoiding dealing with his past and current family problems. While this has not yet created a highly conflictual situation for him he definitely needs supportive counseling in order to allow him to safely express his fears and resolve his problems.

**FORMULATION** [REDACTED] was referred for psychological evaluation in order to assess his current psychological status. Overall, [REDACTED] child without any serious cognitive, behavioral, or mental disorders. He is a bright child who is using intellectualization and avoidance in order to cope with his past and current family and social problems. Because of this, he is not experiencing extreme distress at this time. He, however, does have some anxiety and there is more deterioration in his peer relationship due to the current problems of the disappearance of his brother, Peter, Jr. The psychological tests also revealed that [REDACTED] is concerned about the family past problems but he is so guarded and defensive at this time, that he is unable to directly resolve these internal problems. It is, therefore, important for him to be in a supportive and safe environment so that he would be able to express his fears and anxieties and resolve these psychological issues for him. While he is psychologically intact at this time, his continued guardedness, defensiveness, and minimization of previous problems will eventually result in a deterioration psychological functioning and a possible disruption in the personality development. [REDACTED] is most disturbed about the public and media pressures about his missing brother and he would like to avoid this issue. Psychologically, is important for him at this time to maintain his defensive and guarded coping mechanism to prevent any major psychological deterioration. Any type of forensic interview, therefore, needs to take into account his current psychological needs. Usually, the psychological defenses are broken down in a psychotherapeutic environment rather than a more abrupt forensic interview. It is, therefore, important that [REDACTED] receives counseling services during this period in his life and before he begins any type of forensic interview.

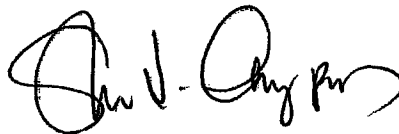
### **DIAGNOSTIC IMPRESSIONS:**

- Axis I: Adjustment Disorder with Anxious Mood
- Axis II: No Personality Disorder or Mental Retardation
- Axis III: No Known Contributing Medical Problems
- Axis IV: Social and Family Environmental Problems - Severe

### **RECOMMENDATIONS:**

1. Provide [REDACTED] with counseling services to allow him to discuss all aspects of his life without any fears of any negative ramifications. Therapy sessions should be nonjudgmental and should be highly supportive. He will need assistance to break down his current defensive coping mechanisms to allow him to address his fears and anxieties.

2. Work with [REDACTED] therapist to coordinate his therapeutic needs with the need for a forensic interview and further investigation.
3. Given [REDACTED] guardedness and the information collected from his other family members, the visitations with his parents should be supervised to avoid any undue pressure. He should also continue in foster care at least until the completion of the CPS and Law Enforcement investigation.
4. Continue placement in a regular educational program that will continue to facilitate his good learning skills.
5. Provide [REDACTED] with the opportunity to engage in organized social activities in order to facilitate his social development and improve his peer relationships.



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## PSYCHOLOGICAL EVALUATION

NAME: [REDACTED]  
BD: [REDACTED]  
CA: [REDACTED]

DATE: 06-08-98  
REFERRAL: DHS

**REASON FOR REFERRAL:** [REDACTED] was referred for a psychological evaluation in order to determine her current emotional and overall psychosocial status. She is presently in a foster home to due concerns about her parents' ability to provide a safe and nurturing environment for her. She was previously placed in a foster home several years ago due to apparent abuse to [REDACTED] [REDACTED] parents, Mr. & Mrs. Kema and [REDACTED] were also evaluated and one should refer to these evaluations for a complete analysis of [REDACTED] family system. For more information regarding her involvement CPS, one should refer to the DHS case record.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Clinical Interview with [REDACTED] Parents and Siblings; Mental Status Examination; Wechsler Intelligence Scale for Children-III; Incomplete Sentences; Incomplete Sentences; Draw-A-Person; Family Drawing; Piers-Harris Children's Self-Concept Scale; Roberts Apperception Test For Children.

**CLINICAL OBSERVATIONS AND MENTAL STATUS EXAMINATION** [REDACTED] adjusted adequately to the interview and testing situation. She was verbally responsive and had no difficulty elaborating on her ideas. She, however, was very guarded when discussing her family. She tends to minimize any serious problems and her statements are very skewed to the positive direction. She also was guarded in revealing her true emotions as she frequently tried to give the appearance of indifference to problems within her family. The validity of [REDACTED] description of her family and her past and current situations, therefore, is questionable. Her description, therefore, may not be an accurate assessment of her true feelings and perceptions.

The Mental Status Examination, on the other hand, was unremarkable. There were no indications of any severe emotional disturbance which would cause her to be socially dysfunctional. She was alert and was oriented to place, person and time. She did not exhibit any symptoms of hallucinations and there are no delusional thoughts present. Her reality testing was intact and she did not describe any past experiences that would be indicative of any psychotic disorder. She also did not have any history of any serious head injuries and there was no indication of any organic brain dysfunction. There were no lapses in her memory or any cloudy of consciousness. She frequently stated that she did know an answer to various social questions, however, this was much more reflective of her defensiveness rather than due to any memory problems. The Mental Status Examination, therefore, did not reveal any serious mental disturbances which would interfere with her daily functioning.

**COGNITIVE AND LEARNING ASSESSMENT:** An assessment of [REDACTED] cognitive development reveals adequate learning skills as she obtained a Full Scale IQ of 100. This places her in the Average range of cognitive development. Her Verbal IQ of 104 and Performance IQ of 99 also both fell in the Average range. There is no significant difference between her Verbal and Performance IQs and there is minimal scatter among her sub-test scores. She, therefore, should have no difficulty learning at her age level.

Further analysis of [REDACTED] auditory and verbal skills revealed adequate comprehension abilities and good conceptual skills. She has been able to establish a large language foundation and she has obviously learned well in school. Her associative skills were developing very well and she, therefore, should be able to readily understand the consequences of her actions and the actions of others. She is able to make appropriate decisions at her age level and should have no problems with her general reasoning skills. She had more difficulty in the arithmetic area however this appears to be more due to academic weakness rather than due to any major deficits in her reasoning skills.

[REDACTED] performance in the visual-perception and visual motor tasks also did not reveal any major impairment which would interfere with her learning. While she had some difficulty with her visual awareness skills, she still fell within the Low Average range. She may miss some important details which are reflective of her distractibility. She, otherwise, did not have any space orientation or visual integration problems. Her sequencing skills were also good, which further supports her ability to understand the consequences of various social situations.

An examination of [REDACTED] academic skills indicates that she has been able to progress well in school. There were no indications of any significant impairment in her reading, spelling, and arithmetic skills. She, therefore, is able to learn and reason at her chronological age.

**BEHAVIORAL ASSESSMENT:** While an assessment of [REDACTED] behavioral patterns did not reveal any serious behavioral disorders, she was rather restless and distractible during the evaluation session. This largely manifested itself when discussing issues revolving around her family and her past social experiences. She did appear to be anxious and was very guarded when discussing these issues. At the same time she was not overly impulsive and she was adequately organized. She did not have symptoms which would suggest the presence of a major Attention Deficit Disorder and her attention span was adequate. Her frustration tolerance, however, was only fair. She appeared to be upset when she was unable to successfully complete tasks, however she utilizes a denial and avoidance coping mechanism by appearing to be indifferent to her failures.

Further examination of [REDACTED] social behavioral patterns also did not reveal any major social problems. Both her parents and foster parents did not report any serious disruptive behaviors and she did not have any significant conduct problems. There are no reports of excessive lying or stealing behaviors and she is able to engage in appropriate social behaviors. She was socially responsive and she demonstrated the ability to appropriately attach to others. Her psychosocial development is adequate as there are no major conflicts at this time.

**EMOTIONAL ASSESSMENT AND PERSONALITY DEVELOPMENT:** An assessment of [REDACTED] current emotional status reveals inner anxiety which is being suppressed by her use of

denial and avoidance. She appears to be consciously repressing problems within her family and this is causing most of her anxiety. This suppressed anxiety is obvious when comparing her description of her family to her responses on the psychological projection test. Projective tests usually measure a child's semiconscious or unconscious feelings in comparison to a child's overt description. Her responses on the Robert's Apperception Test indicate that she is very disturbed about a considerable amount of family discord. Most of the themes of her stories revolve around highly abusive events between parents and their children. There is very minimal resolution of these problems which indicates that she needs to accept these feelings without any way to solve them. While her use of avoidance and denial has prevented major deterioration in her ego functioning, the continued use of such coping mechanisms will eventually result in more disturbing emotional problems. Aside from this anxiety, she did not have any symptoms of clinical depression as there were no eating or sleeping disturbances. There were no dramatic changes in her mood and there were no indications of pervasive depressive ideations.

Assessment of her personality development also did not reveal any major problems. In spite of her guardedness, she has basically adequate self-esteem and her self-image is good. She is currently having some peer relationship problems relating to the media and public attention due to her missing brother. She, otherwise, has adequate social skills. Her moral development is also intact and she is able to empathize with the needs of others. While she has a strong need for attention, she is not overly narcissistic. She is able to describe appropriate interactions with her peers and she is able to reciprocate social interaction. Her psychosocial development is at an appropriate level for her age as she is in the achievement stage and has made appropriate academic achievement. Her problems, therefore, revolve around her family, and if these problems are not resolved, it is likely that [REDACTED] will experience more deterioration in her functioning, which may ultimately interfere with her overall psychological development.

**ASSESSMENT OF FAMILY RELATIONSHIP:** An accurate assessment of [REDACTED] perception of her family was very difficult due to her defensiveness and guardedness. She refused to discuss any possible negative characteristics of her parents and even denied any some of the typical parent-child problems. She denied ever being spanked even though [REDACTED] [REDACTED] has been spanked and even got "lickings." [REDACTED] did not acknowledge any type of discord between her mother and her stepfather even though her parents as well as [REDACTED] the marital problems. Psychologically, it apparently is very important for [REDACTED] to maintain these perceptions so that they would not be any overall deterioration in her emotional psychological functioning. She is currently utilizing her denial and avoidance coping mechanism to protect her ego from any further deterioration. Because of this, obtaining possible negative information regarding her family should be done in a therapeutic environment. If there is going to be a forensic interview to gather facts regarding her family system, one should be aware of her anxieties and should consult with her therapist in order to avoid any undue stress.

In addition to her mother and stepfather, she also was able to describe some characteristics of her biological father. She does not remember anything negative about him and in fact identifies him as the most important person in her life. This very surprising given the fact that she has had minimal contact with him. Her family drawing depicts her stepfather as the most important person and she is drawn closest to him. Given the limited contact between her biological father and herself, her

attachment to him may also reflect some of the anxieties that she may have in regards to her relationship with her mother and her stepfather. This, however, needs to be further explored in therapy. In conclusion, an accurate assessment [REDACTED] perception of her family was difficult due to her current psychological state and her need to protect herself from dealing with any traumatic problems in her family. Given this, however, the projective tests indicate that she may have some significant unconscious or semiconscious concerns regarding her family members.

**FORMULATION:** [REDACTED] was referred for psychological evaluation in order to determine her current psychological functioning. The results of the clinical evaluation and the psychological test indicate that [REDACTED] is currently experiencing some psychological complex when dealing with family issues. Although all of the evaluations of her family members indicate some severe family problems, [REDACTED] needs to avoid recognizing these problems in order to protect herself from experiencing extreme emotional distress. At the same time, this is causing some anxiety and it would be difficult for her to continuously maintain her denial and avoidance especially if the family continues to have serious problems. Because of her coping mechanism, there has not been any serious deterioration in her emotional or behavioral functioning. There are no indications of any behavioral problems and her anxiety is not so severe as it is causing major problems with her daily functioning. Her family issues, therefore, need to be investigated through a therapeutic method. She will need to be in a very support and nurturing and therapeutic environment in order to begin to investigate her past and current problems. She needs to develop the psychological strengths to deal with these problems so that she will not have to utilize her avoidance and denial defense mechanisms. She is bright enough to benefit from psychotherapy dealing with these issues and she should be provided with these services as soon as possible. Meanwhile, she should remain in a foster care environment and should continue with her academic and social activities.

### **DIAGNOSTIC IMPRESSIONS:**

- Axis I: Adjustment Disorder with Anxious Mood
- Axis II: No Personality Disorder or Mental Retardation
- Axis III: No Known Contributing Medical Problems
- Axis IV: Social and Family Environmental Problems - Severe

### **RECOMMENDATIONS:**

1. [REDACTED] should receive counseling services to assist her in dealing with the past and current family issues. The therapist should work on decreasing on her denial and avoidance defense mechanisms and provide her the support necessary for her to confront her fears about her family.
2. If there is going to be a forensic interview to gather factual information regarding the disappearance of her younger brother [REDACTED] should receive counseling services prior to this interview and the interviewer should consult with her therapist to identify the parameters of the interview.



3. It would not be psychologically healthy to force her to discuss her family issues outside of a therapeutic setting.
4. Continue placement in a supportive foster care environment.
5. Visitations with her parents, if they occur, should be supervised until all of the investigations are completed.
6. Continue her academic and social activities to provide as much normalcy as possible during this period in her life.



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## PSYCHOLOGICAL EVALUATION

NAME: [REDACTED]

DATE: 06-16-98

BD: [REDACTED]

REFERRAL: DHS-Hilo

CA: [REDACTED]

**REASON FOR REFERRAL:** [REDACTED] was referred for a psychological evaluation in order to determine his current psychological functioning in relationship to his ability to parent [REDACTED]. [REDACTED] are presently in foster care due to concerns about their Mother's and Step-father's care of them. DHS and the Family Court requested the evaluation in order to assist in determining [REDACTED]'s potential to be the primary caretaker of [REDACTED]. [REDACTED] signed an informed consent for the release of this psychological information to DHS and the Family Court. This report can only be released to these agencies and cannot be released to any other individual or agency without written consents from [REDACTED]. Additional information regarding DHS's involvement with [REDACTED] can be obtained from the DHS case record.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Mental Status Examination; Shipley Institute of Living Scale; Bender-Gestalt; Wide Range Achievement Test-Revised (Reading); Minnesota Multiphasic Personality Inventory; Beck Depression Scale; Thematic Apperception Test; Draw-A-Person; House-Tree-Person Test; Adult-Adolescent Parenting Inventory (AAPI); Child Abuse Potential Inventory (CAP).

**CLINICAL ASSESSMENT AND MENTAL STATUS EXAMINATION:** [REDACTED] presented himself as a cooperative and open individual. He was very straightforward, and he was not overly defensive. He also did not make any attempts to disguise his feelings or perceptions. He was verbally responsive and was willing to answer and address all issues presented to him. His verbal description of his past experiences, his behaviors, and his perceptions, therefore, is a valid indication of his true perceptions and thoughts.

The Mental Status Examination was found to be unremarkable as there were no significant mental disturbances present. He was found very alert and he was oriented to place, person, and time. His associations were tight and there were no significant distortions in his thought patterns. There were no symptoms of hallucinations and his thought patterns did not reveal any delusional disorders. There were also no lapses in his memory or clouding of consciousness. He, therefore, did not have any psychotic or organic brain dysfunction which would interfere with his overall social functioning.

**COGNITIVE AND LEARNING ASSESSMENT:** An assessment of [REDACTED] current cognitive abilities indicates that he has the skills necessary to allow sufficient reasoning and judgement. On the Shipley Institute of Living Scale, he obtains an estimated cognitive functioning at the average level with no significant cognitive impairment. He has been able to acquire a

sufficient knowledge foundation and his abstract reasoning skills were found to be adequate. There were no deficits in his conceptual abilities and no suggestion of any gross organic impairment which would affect his judgement and learning. He reports that he graduated from high school and based on his performance on the academic screening tests, he has the necessary academic foundation to learn through reading. The assessment of his cognitive and learning abilities, therefore, indicates that he has the capacity to learn appropriate skills by attending classes and reading parenting information. Any interference in his ability to apply the information would be related to emotional and personality factors rather than to any cognitive deficits.

**EMOTIONAL AND PERSONALITY ASSESSMENT:** An assessment of [REDACTED] current emotional assessment did not reveal any acute emotional disturbances. While he is concerned that [REDACTED] might have been victims of abuse and subjected to a situation which resulted in the disappearance of their half brother, he generally was not overly disturbed by these circumstances. He does not have the tendencies to overly react to stressors and generally has a "laid back" attitude toward life. He generally "brushes off" problems and does not get either overly involved or disturbed when problems evolve around him. He has a tendency to minimize problem situations, and his general nature allows him to be less reactive or disturbed even when problems become very intense. At the same time, he seldom resolves problems and simply ignores them or does not let them affect him on any emotional bases. Because of this, he seldom has any intensive emotional responses, which would create some disturbances or social dysfunction. He denies any history of extreme depression although he does acknowledge having problems with the termination of his relationships. When he divorced his wife, he was mildly depressed but he denied any serious suicide ideations or attempts.

[REDACTED] personality development is consistent with his emotional demeanor and his overall outward appearances. He acknowledges that he is a passive individual who "does not like to make trouble." He reports that he is much more willing to give into other people's requests and needs rather than involve himself in potentially conflicting situations. This is very consistent with his handling of the custody and visitation arrangement with [REDACTED] as he has not actively proceeded with visiting with [REDACTED] when their mother "stopped" the visitations. He seldom makes decisions and seldom takes control over situations. This is consistent with his past history as he comes from a generally supportive family environment and seldom had to deal with conflicts. His parents generally took care of him and he still lives with his mother. He denies coming from an abusive background and did not describe any of his parent's behaviors which would suggest physical or psychological abuse. His childhood was, otherwise, generally unremarkable. Because of his demeanor, however, he was often not goal directed and simply was focused on satisfying his own needs and making decisions as the situations occurred. He seldom planned ahead and acknowledged that he did not have the maturity to take care of [REDACTED] when he first became a father. He acknowledged that he did not appropriately use money that was given to him to buy diapers and did buy a foosball table instead of buying diapers for [REDACTED]. He did not deny the fact that he had difficulty financially caring for [REDACTED] when he was a teenager but he is proud to acknowledge that he has paid child support and can financially care for [REDACTED] at this time.

The results of the psychological tests are very consistent with [REDACTED] personality style and overt appearance. The responses on the MMPI basically reflect a passive individual who avoids dealing with problem situations. He generally avoids confrontations and often does not develop any plan of actions in order to resolve problems. He lacks adequate assertive skills and has a generally passive demeanor in dealing with his life experiences. The psychological test and clinical findings revealed the presence of passive and dependent characteristics. He has the tendency to be dominated by females and can be very sensitive to the demands of females. His personality style definitely accounts for his lack of assertive when involving the welfare of [REDACTED] and may well interfere with his ability to protect [REDACTED] from a potentially abusive situation. Because of his tendency to minimize problems, it is unlikely that he would be able to identify possible threatening situations in order to intervene. He, therefore, will need much external directions in order to address [REDACTED] needs. At the same time, his personality profile did not indicate any major problems with his impulse control nor were there any strong tendencies toward violent behaviors.

**ASSESSMENT OF PARENTING SKILLS:** Assessment of [REDACTED] ability to address [REDACTED] needs and to be a responsible parent indicates considerable limitation in this area. While he recognizes the adverse effects of corporal punishment, he does not have adequate alternative child management skills. He was unable to describe how he would be able to handle a situation where [REDACTED] may not behave appropriately. His minimization and avoidances are apparent in his responses to these issues as he naively believes that [REDACTED] will not misbehave and will change their behavior simply by instructing them to do so. While his potential for abusive behaviors is no greater than the general population, he will have problems adequately addressing [REDACTED] needs without some assistance. He does not have adequate child development knowledge as his responses to the Adult-Adolescent Parenting Inventory indicate that he has inappropriate expectations for [REDACTED]. He also is unable to adequately empathize with [REDACTED] needs and has a major problem with family roles. He obtains a standard score of only 1 which is the lowest he can obtain in the Family Roles scale. This would indicate that there are significant role reversals as he perceives [REDACTED] as being more of a parental role than himself. In fact he verbally states that he sees his relationship with [REDACTED] more as a friend-friend relationship rather than a parent-child relationship. The deficits in his parenting skills could ultimately result in very frustrating parenting situations, which have resulted in either neglect or abuse in other family situations.

He, however, has very limited child development knowledge, child behavioral management skills and limited overall general parenting skills. He still perceives his relationship with [REDACTED] more as a "friend-friend" than a "parent-child" relationship.

Given [REDACTED] personality style, however, it is more likely that he would not be able to adequately provide [REDACTED] with the guidance and structure necessary for their healthy psychological development. His personality characteristics would be consistent with his current approach to the parenting and relationship with [REDACTED]. He has the tendency to passively accept the circumstances involving the custody and visitation of [REDACTED] and has chosen the "no make trouble" method of coping with [REDACTED] mother's and stepfather's behaviors. He is not a very assertive individual and has the tendency to allow others to make decisions for him. At the same time, he is genuinely concerned about [REDACTED] and wants to be a more active parent for them. He admits that he was very immature and inexperienced when he first became a father and he did

not know how to parent and care for [REDACTED]. He is still unsure of his parental responsibilities other than the normal need to provide food, clothing and shelter. That this time, it is highly likely that he would have a "loose" parenting style which often results in children who have poor morale development and poor self control. Children from this type of parenting style generally become narcissistic and have often engaged in antisocial behavioral patterns. If [REDACTED] is unable to manage [REDACTED] behaviors, he also has the tendency to simply give up and avoid dealing with the situation. He, therefore, may not be able to be a consistent parent without a considerable amount of assistance.

**FORMULATION:** [REDACTED] was referred for psychological evaluation in order to assess his current psychological status to assist in determining his ability to care for [REDACTED]. Although [REDACTED] did not have any serious mental disturbances or cognitive impairment, he did have some personality characteristics and deficits in his parenting abilities that would affect his ability to provide adequate care for [REDACTED] without a considerable amount of assistance. While he does not have strong abusive characteristics, his personality characteristics may result in his inability to address all of the needs of [REDACTED] which ultimately may result in neglectful parenting behaviors. He does not have any solid goals or commitments and therefore is very easily influenced by others. He tends to minimize problem situations and does not easily recognize problems when they occur. He is not able to readily formulate solutions to problems and has generally adopted a very laid back and avoidant means of coping with problems. At the same time, this style has not resulted in any severe social dysfunction. He has been able to generally function adequately as an individual where his own personal needs are relatively simple. His personality style, however, will make it more difficult for him to be an adequate parent for [REDACTED]. It is unlikely that he would be able to protect [REDACTED] or intervene if they are experiencing problems without a considerable amount of assistance.

There is no question that he will need counseling services to improve his parenting skills, and to modify his self perceptions and personality style, in order to address [REDACTED] needs. At the same time, he does not have any severe psychological disturbances which would automatically prevent him from caring for [REDACTED].

In conclusion, while [REDACTED] does not have sufficient parenting skills to adequately address [REDACTED] long term needs, he did not have significantly abusive characteristic. He is easily influenced by others and could be influenced by [REDACTED] mother and stepfather. He, therefore, will need to be provided with very clear expectations in regards to his relationship with [REDACTED] and the relationship between [REDACTED] and their mother. [REDACTED] is currently living with his [REDACTED] and he will be receiving assistance from them to care for [REDACTED]. There is no doubt that he will need to take a much more active role in parenting [REDACTED] and he will be facing tremendous responsibilities in addressing [REDACTED] needs, especially since he has had limited contact with them for the last three years. While he has the psychological ability to improve his parenting skills and improve his child development knowledge, the actual parental responsibilities can be quite demanding. He will need to become more assertive and actively parent [REDACTED] if he is to adequately address all of their needs. Because of [REDACTED] personality and his limited parenting skills, there are concerns about his ability to also parent [REDACTED]. He will be under enough demands to parent and care for [REDACTED] and it will probably be

even more demanding to care for [REDACTED] with whom he has no relationship. While separating siblings is not the best situation, given the age difference between [REDACTED] and [REDACTED] and [REDACTED] psychological status, she would probably be able to cope with the separation from [REDACTED].

**DIAGNOSTIC IMPRESSIONS:**

Axis I: No Clinical Disorder

Axis II: No Personality Disorder. Passive Dependent Personality Features.

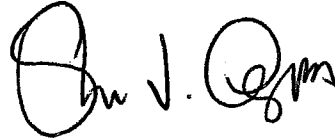
Axis III: Non-Contributory

Axis IV: Potential Stressors relating to increased parenting responsibilities

**RECOMMENDATIONS:**

1. [REDACTED] currently does not have any psychological deficits that would place either of [REDACTED] at risk of abuse if they visit him for a short term visit. If all of the social home findings are adequate, he should be able to immediately care for [REDACTED] for a short-term visit.
2. If [REDACTED] is to assume full custody of [REDACTED], he will need the following assistance:
  - a. He will need to be provided with parenting and child management skills. This can be accomplished through parenting classes or groups.
  - b. He will need to be part of the therapy provided to [REDACTED] so that he will be able to address their specific needs and provide them with the guidance and support necessary for their healthy development.
  - c. [REDACTED] will need to develop a viable child care plan as he is working full-time.
  - d. As long as he resides [REDACTED] demonstrates adequate parenting and child care skills, home based services are not necessary.
3. Given [REDACTED] passive dependent personality characteristics and his lack of assertiveness, it will be imperative for DHS and the Family Court to develop clear guidelines and expectations regarding [REDACTED] continued relationship and visitations with Mr. & Mrs. Kema. [REDACTED] should not be the person in charge of making the decisions regarding this relationship or visitations.

4. Given [REDACTED] limited parenting skills, it would not be advisable for him to assume the parenting responsibilities of [REDACTED]



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## PSYCHOLOGICAL EVALUATION-SUMMARY REPORT

NAME: [REDACTED]  
BD: [REDACTED]  
CA: [REDACTED]

DATE: 06-16-98  
REFERRAL: DHS-Hilo

**REASON FOR REFERRAL:** [REDACTED] was referred for a psychological evaluation in order to determine his current psychological functioning in relationship to his ability to parent [REDACTED]. [REDACTED] are presently in foster care due to concerns about their Mother's and Step-father's care of them. DHS and the Family Court requested the evaluation in order to assist in determining [REDACTED] potential to be the primary caretaker of [REDACTED]. [REDACTED] signed an informed consent for the release of this psychological information to DHS and the Family Court. This report can only be released to these agencies and cannot be released to any other individual or agency without written consents from [REDACTED]. This is a summary report of the results of the psychological evaluation and a full report will follow shortly. Additional information regarding DHS's involvement with [REDACTED] can be obtained from the DHS case record.

**SOURCE OF INFORMATION:** Review of DHS Referral Information; Clinical Interview and Observations; Mental Status Examination; Shipley Institute of Living Scale; Bender-Gestalt; Wide Range Achievement Test-Revised (Reading); Minnesota Multiphasic Personality Inventory; Beck Depression Scale; Thematic Apperception Test; Draw-A-Person; House-Tree-Person Test; Adult-Adolescent Parenting Inventory (AAPI); Child Abuse Potential Inventory (CAP).

**SUMMARY OF PSYCHOLOGICAL FINDINGS:** The results of the psychological evaluation did not reveal any major psychological disorders as his Mental Status Examination was adequate. He has adequate learning abilities and his conceptual skills are adequate enough to allow sufficient reasoning and judgment. He did not have any symptoms of a psychotic or organic brain disorder. He does not have any major social dysfunction and his does not have any acute emotional disturbances.

He, however, has very limited child development knowledge, child behavioral management skills and limited overall general parenting skills. While his potential for abusive behaviors is no greater than the general population, he will have problems adequate addressing [REDACTED] without some assistance. The psychological test and clinical findings revealed the presence of passive and dependent characteristics. He has the tendency to be dominated by females and can be very sensitive to the demands of females. His personality characteristics would be consistent with his current approach to the parenting and relationship with [REDACTED]. He has the tendency to passively accept the circumstances involving the custody and visitation of [REDACTED] and has chosen the "no make trouble" method of coping with [REDACTED] mother's and stepfather's behaviors. He is not a very



## PSYCHOLOGICAL EVALUATION - SUMMARY REPORT

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assertive individual and has the tendency to allow others to make decisions for him. At the same time, he is genuinely concerned about [REDACTED] and wants to be a more active parent for them. He admits that he was very immature and inexperienced when he first became a father and he did not know how to parent and care for [REDACTED]. He is still unsure of his parental responsibilities other than the normal need to provide food, clothing and shelter. He still perceives his relationship with [REDACTED] more as a "friend-friend" than a "parent-child" relationship.

His responses to the parenting psychological tests support this conclusion. While he definitely recognizes that corporal punishment is not the best method of discipline, his understanding of alternative methods of child management is very limited. Furthermore, he does not have a realistic understanding of children's developmental expectations or emotional needs. He, therefore, will most likely not be able to address [REDACTED] needs without additional professional assistance. He also does not have a good understand of his role as a parent. [REDACTED] however, has adequate insight into his limitations and lack of skills and is very amenable to any services that will improve his relationship with [REDACTED].

In conclusion, while [REDACTED] does not have sufficient parenting skills to adequately address [REDACTED] long term needs, he did not have significantly abusive characteristic. He is easily influenced by others and could be influenced by [REDACTED] mother and stepfather. He, therefore, will need to be provided with very clear expectations in regards to his relationship with [REDACTED] and the relationship between [REDACTED] and their mother. [REDACTED] is currently living [REDACTED] and he will be receiving assistance from them to care for [REDACTED]. There is no doubt that he will need to take a much more active role in parenting [REDACTED] and he will be facing tremendous responsibilities in addressing [REDACTED] needs, especially since he has had limited contact with them for the last three years. While he has the psychological ability to improve his parenting skills and improve his child development knowledge, the actual parental responsibilities can be quite demanding. He will need to become more assertive and actively parent [REDACTED] if he is to adequately address all of their needs. Because of [REDACTED] personality and his limited parenting skills, there are concerns about his ability to also parent [REDACTED]. He will be under enough demands to parent and care for [REDACTED] and it will probably be even more demanding to care for [REDACTED] with whom he has no relationship. While separating siblings is not the best situation, given the age difference between [REDACTED] and her [REDACTED] and [REDACTED] psychological status, she would probably be able to cope with the separation from [REDACTED].

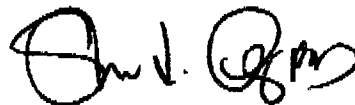
### RECOMMENDATIONS:

1. [REDACTED] currently does not have any psychological deficits that would place either of [REDACTED] at risk of abuse if they visit him for a short term visit. If all of the social home findings are adequate, he should be able to immediately care for [REDACTED] for a short-term visit.

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2. If [REDACTED] is to assume full custody of [REDACTED], he will need the following assistance:
  - a. He will need to be provided with parenting and child management skills. This can be accomplished through parenting classes or groups.
  - b. He will need to be part of the therapy provided to [REDACTED] so that he will be able to address their specific needs and provide them with the guidance and support necessary for their healthy development.
  - c. [REDACTED] will need to develop a viable child care plan as he is working full-time.
  - d. As long as he [REDACTED] demonstrates adequate parenting and child care skills, home based services are not necessary.
3. Given [REDACTED] passive dependent personality characteristics and his lack of assertiveness, it will be imperative for DHS and the Family Court to develop clear guidelines and expectations regarding [REDACTED] continued relationship and visitations with Mr. & Mrs. Kerna. [REDACTED] should not be the person in charge of making the decisions regarding this relationship or visitations.
4. Given [REDACTED] limited parenting skills, it would not be advisable for him to assume the parenting responsibilities of [REDACTED].
5. Any additional assessment or recommendations will be presented in the full psychological report. Upon the completion of the full report, this summary report should be replaced by the full report.



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