

EDWARD A. LATIMER, M.D.
24 PORTLAND PLACE
MONTCLAIR, NJ 07042
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February 12, 2008

W. Timothy Howes, Esq.
26 Anderson Street
Raritan, NJ 08869

RE: Lee Kenworthy

Dear Mr. Howes,

Mr. Lee Kenworthy is a 29-year-old married white male who came to my office with his wife on December 17, 2007 seeking an extended consultation and clarification of several significant issues. Mr. Kenworthy is challenging his diagnosis of Bipolar Disorder and is seeking to return to the household where his wife, Shayling, and their young daughter reside. They explained to me that there were a series of tragic and unfortunate events that will be elucidated in further detail momentarily that ultimately led to Mr. Kenworthy being viewed as a significant risk/danger to the welfare of his daughter.

The Kenworthys came to me because I happen to be the psychiatrist who treated Lee Kenworthy back in 1996 when he suffered a psychotic disorder that resulted from a combination of marijuana and hallucinogen abuse. I remember him well. His condition was very distressing, as the content of his psychosis at the time was very graphic, bizarre and unsettling. Back in November 1996, he was hospitalized for a week, treated with anti-psychotic medication, improved moderately and was discharged to a partial hospital program. He was readmitted several more times over the following months, including the use of certification. I recall well my concern and difficulty releasing him. At the time, I was under the impression that he was suffering from either a bipolar disorder or a brief reactive psychosis or some form of delirium/drug-induced psychosis.

The Kenworthys tell me a very sad story that goes back to 2005 when their prematurely born son died as a consequence of medical error. As one can imagine, this was very distressing to them and, in some time, they decided to have another child. During his wife's second pregnancy, Mr. Kenworthy was involved in a series of business negotiations. This opportunity involved cell phone technology with a potential market pool of substantial reach. At that time, he also started using cocaine intranasally. His insight and judgment became impaired, he was taken advantage of financially by one of

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his business associates, meanwhile, he became more paranoid, restless and agitated. This culminated in a series of confrontations with his wife. One such confrontation resulted in Mrs. Kenworthy parents, who reside upstairs, calling the police. In the hospital, staff witnessed agitation, and a referral to social services was made.

At that time, Lee was apparently very psychotic. Again, he had very poor insight and judgment. He was agitated and aggressive and the content of his delusional material was bizarre primary process material elucidated without restraint. This material was quite frightening to staff, family and I imagine, social services.

In the month prior to delivery, Mr. Kenworthy's mother-in-law called police as a result of his erratic and bizarre behavior. Meanwhile, Mrs. Kenworthy was contacting mental health hotline and both the mental health screening group, and police arrived to render assistance. Mr. Kenworthy was taken to Bergen Regional Medical Center, was found to have tested positive for cocaine and was given Haldol. They described a difficult reaction to Haldol. In my recollection of Lee back in 1996, he also had difficulty tolerating Haldol.

Subsequent interviews at the office of the Division of Youth and Family Services are described to me as recognizing Lee's very poor insight and judgment, paranoia, and a graphic reference to suggesting that there may be electronic devices of some kind located in the abdomen of his daughter. As can be imagined, the safety of their daughter became paramount and Mr. Kenworthy's access to her has been restricted ever since.

Lee last year he was again admitted voluntarily to Bergen Regional Medical Center, after discharge was not allowed to live in the home of his in-laws, was later arrested and jailed briefly for unpaid parking tickets, and over the next month or so became calmer and more appropriate.

I have seen the Kenworthys now for a series of consultations beginning December 17, 2007, with follow-up on January 9, 2008 and January 30, 2008. Information was gathered with regard to formulating an opinion and the creation of this report.

I learned that Lee's father committed suicide at the age of 28, using a shotgun to the head, while Lee was the age of 3. That in the period between 1996 and the onset of cocaine use last year, that there was no drug use, no psychosis and no mental illness. Mrs. Kenworthy was shocked and dumbfounded by the change of her husband's behavior and understands now that it is drug-related.

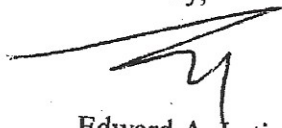
Mental status examination reflects a tall, friendly, verbal young man who easily engages in conversation, and at this time, shows no defect in his ability to appreciate insight or judgment, no abnormality is identified in thought form or thought process, there are no delusions or perceptual disorders identified, he is clear, coherent, with good memory and cognition, and there are no signs of impulsivity, aggressiveness or bizarre behavior. Mr. Kenworthy does exhibit symptoms of depression. I identified this when talking about his deceased child, in addition to the traumas accumulated over the last year, and he is aware

2/5/2008

that much of these traumas are the result of his own limitations in judgment and secondary to drug use. Both he and his wife have unresolved grieving issues and could benefit from continued psychotherapy.

Mr. Kenworthy suffers from addiction, most recently cocaine, and in the past struggled with marijuana and hallucinogen addiction. He has gone long periods, greater than ten years, without psychiatric symptoms and without abusing substances. If Mr. Kenworthy were bipolar, the ability to remain asymptomatic for that period of time untreated would be close to impossible. It is my medical opinion that his condition is drug-related and will not likely return if he stays drug free. Nevertheless, recognizing the seriousness of this situation and the bizarre and severity of psychosis, I recommend that Mr. Kenworthy remain in therapy for at least one more year to maintain surveillance of his mood and thought process, and referral for further treatment if deemed necessary. In addition, I recommend that for the period of one year, that Mr. Kenworthy allow avail himself to random drug testing and that he continue to attend Narcotics Anonymous on a regular basis. I also believe that in the course of his therapy, discussing and further pursuing grief issues with regard to the loss of a child should be pursued in earnest. Although my role is not to evaluate Mrs. Kenworthy, it is obvious that the two of them continue to episodically suffer from that loss. With regard to Mr. Kenworthy's dangerousness and/or safety toward his daughter, it is my opinion that he should be allowed full access to his daughter, that the psychotic event has resolved, is drug-related and not a primary functional psychiatric illness (not Bipolar Disorder).

Sincerely,



Edward A. Latimer, M.D.

EAL/fc

Dec. 15. 30.

EDWARD A. LATIMER, M.D.
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May 15, 2013

Patricia Powers-Simonelli, Esq.
79 Main Street
Hackensack NJ 07601

Re: Lee Kenworthy
DOB: 10/02/1978

Dear Mrs. Simonelli,

Lee Kenworthy is a thirty four year old married male currently separated from his two children by court order. He requests this psychiatric evaluation in order to clarify his mental stability with regard to unsupervised visits with his children and the hope for future reunification of his family. Many documents were available for this evaluation and they included; several rulings and findings from the Superior Court of New Jersey Chancery Division, detailed narrative notes from the Division of Youth and Family Services going back to September 2011, and two thorough evaluations by Donna LoBiondo, MDiv, PhD conducted on 11/16/10 and 01/28/13, correspondence from Phil Linfante PhD, LPC, and a family evaluation conducted by Dr. LoBiondo on 01/24/12 and 02/05/12. Also available are progress notes and discharge notes in my possession going back to the late 1990's as well a report I submitted on 02/12/08.

Lee Kenworthy is currently employed and living in his own apartment. He hopes eventually to reunify with his family and considers this dwelling as a possible first step to their reunification. His wife, Shayling was available for conversation with regard to this evaluation. She sees an improvement. Mr. Kenworthy also signed releases for me to obtain information from other family members as well as his therapist Dr. Linfante.

Lee Kenworthy has a substantial past Psychiatric history. In the late 1990's I hospitalized him several times on the inpatient psychiatric unit at Mountainside Hospital; now the Hackensack Hospital at Mountainside. He was treated for profound psychotic issues precipitated by the use of hallucinogens and heavy amounts of marijuana. Substance abuse was a persistent issue at that time and remains my primary medical explanation for his psychotic history. He eventually dropped out of treatment. He was later hospitalized in 2008, at Bergen Regional Medical Center after an argument with his wife where his in-laws contacted the police for assistance.

Lee Kenworthy has not been involved in any serious ongoing and steady psychotherapy for a very long time until his current treatment with Dr. Linfante over the last year, although he has been a patient of Dr. Linfante for several years. He reports that Lee has been keeping his appointments on a regular basis and is, overall, doing much better than he had in his sporadic semi-treated past. Dr. Linfante reflects that Mr. Kenworthy can be verbally challenged in regard to his insight and tendency toward denial of personal responsibility. He has not, however, fully

embraced the notion that he has history consistent with a probable drug abuse diagnosis. Lee does not go to Alcoholics Anonymous nor Narcotics Anonymous, explaining his work schedule and absence of a vehicle as the reason. His primary form of transportation is by bus.

Documents provided, reflect severe concerns following a recent drug arrest where he was in custody of his daughter; alarming because he was violating a court order to be with her unsupervised. Lee insists that he was not buying drugs but the record reflects otherwise. Lee has had other involvement with the police in the past as well.

His family history is significant for suicide of his father when Lee was the age of three. His mother has been a stable influence in his life. Lee also lost an infant tragically which is believed to have been done as the result of a medical error.

It is my understanding that Mr. Kenworthy is currently undergoing random drug tests, which have been negative.

Mental Status Examination:

Mr. Kenworthy appeared for his scheduled appointment on time. He was casually dressed and in no acute distress. He was easily engaged in conversation and this evaluation. He was calm, pleasant and cooperative. He is alert and fully oriented. He is very optimistic and confident of his ability to stay focused on his current treatment plan with Dr. Linfante. He had a tendency towards being verbose at times, usually when trying to explain or rationalize the gravity of poor judgment that he has exhibited in the recent past. There was no evidence presently of psychosis, thought disorder or delusions/grandiosity. With regard to his bad judgment, when pressed, he does acknowledge making mistakes but without pressure he uses copious amounts of rationalization. He tends to be defensive and resents authority. His insight and judgment specifically with regard to his history of substance abuse is emerging slowly.

Diagnostic Impression:

Lee Kenworthy is not currently psychotic or delusional. I remain of the medical opinion that his prior deteriorated behavior was primarily substance abuse related. A functional psychotic disorder does not come and go. Improved functional outcome is directly related to abstinence, identified by negative drug screens. Unfortunately, Lee cannot have it both ways; that is, if it is not a functional psychotic disorder, than he needs to better address the substance aspect of his condition. He needs to attend a 12 step program. Demands for drug testing are helpful and should continue. Treatment with Dr. Linfante is helpful and should also continue. In time, Lee will eventually appreciate outside evaluations that he currently finds humiliating and unfair. Nevertheless, he is cooperating with treatment. This is a very favorable prognostic indicator. Lee is functioning at a much higher level presently. Fairness should allow for more contact with his children. He deserves an understanding of a potential endpoint of the current status quo.

Respectfully,



Edward A. Latimer, M.D.
EAL/pm

Ambrose O. Mgbako, M.D.

100 Valley Road,
Montclair, NJ 07042

ABPN Certified - Psychiatry, Addictions Psychiatry
ASAM Certified - Addictions Medicine

Tel.: 973-783-8070
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Psychiatric Diagnostic Evaluation

Patient Name: Lee Kenworthy

Date: 10/30/2014

DOB: 10/02/1978

Age: 36 years

Sex: Male

Status: Married

Race: Caucasian

Occupation: Carpenter by profession.

Referral Source: Division of Youth and Family Services, referred by Mr. Akindebe.

Reason for Referral: To determine need for medication.

Source of Information:

1. Special approval request.
2. Psychological evaluation by Dr. Mark Singer.
3. Discharge summary from Bergen Regional Medical Center in Paramus, New Jersey dated 10/06/2007.
4. Evaluation report by Dr. Edward Latimer dated 05/15/2013.
5. Patient interview.

Confidentiality of Statement: The patient was advised of limited confidentiality in this evaluation and was also told that information will be submitted to the referral source.

Chief Complaint: The patient reports seeking evaluation as requested by Division of Youth and Family Services.

History of Present Illness: This patient informs me that he has no psychiatric symptoms. The patient did not endorse any symptoms of major mental illness, symptoms of which were reviewed with the patient. The patient advised me that the only reason he is seeing me is to meet the request by the case manager of the Division of Youth and Family Services at Bloomfield office, who referred the patient for evaluation. The patient gives me a history of psychiatric admissions related to psychotic episodes, which occurred in the context of illicit substance use over seven years ago. He informed me that he received psychiatric medications at the time, but has not had any medication since 2007. He tells me that he is fine.

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Substance Abuse History: He admits to significant abuse issues in the past, which included the use of multiple illicit substances including LSD and cannabis. He advised me that he is no longer abusing drugs and has not done so since 2007. He told me that he acted wild because he was using drugs.

Continued...

Psychiatric Diagnostic Evaluation

Patient Name: Lee Kenworthy

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However, he admitted to testing positive for cannabis recently and is currently enrolled in a substance abuse program at Family Connections, referred by the Division of Youth and Family Services. He denies using cannabis at this time. He has no explanation as to why his urine test was positive. He claims that he participates in a research study, which requires he abstains from illicit drug use and brought documentation with him to support that he has consistently tested negative recently. He admits substance use is no longer a problem, was a problem in the past and admits no craving or need to use drugs at this time.

Medical History: He denies any significant medical issues and states that he is not on any medications for any medical condition.

Previous Psychiatric Illnesses: He was hospitalized at Mountainside Hospital psychiatric inpatient unit several times in the 1990s, treated there by Dr. Edward Latimer who diagnosed him with drug-induced psychotic episodes. He was also hospitalized in March 2007 at Bergen Regional for similar drug-induced psychotic episode. He is currently not in treatment other than Family Connections substance abuse program where he was referred to by the Division of Youth and Family Services.

Family History: Noncontributory.

Personal and Social History: This is a 36-year-old married Caucasian carpenter, high school graduate, who describes himself as a general contractor. He currently lives in Whiting. He is involved with the Division of Youth and Family Services on and off since 2007. I have reviewed information submitted by the Division as contained in the evaluation report by Dr. Mark Singer, which detailed this patient's psychosocial history. I have also noted that the patient developmental history is normal. The patient has no history of abuses physical, social or emotional and has no significant legal history. He is currently not on probation.

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Mental Status Exam: The patient was seen in my office at 100 Valley Road on time for his appointment, brought himself for the interview. He presented well developed, well groomed, appropriate appearance, appropriate behavior, normal speech, normal mood and normal affect. Thoughts were logical, coherent and goal directed. His memory functioning is intact. He presented alert, oriented to time, person, place and situation, concentrated adequately. He showed average intellectual functioning. He showed good insight, good judgment and good impulse control.

Clinical Summary: Lee Kenworthy is referred to me to assess his mental status and to determine need for psychiatric medication.

Continued...

Psychiatric Diagnostic Evaluation

Patient Name: Lee Kenworthy

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He does not endorse current psychiatric symptoms. He presents normal mental status functioning.

All available information support history of substance use disorder associated with psychotic episodes, which resulted in admissions in the past and in 2007. His extensive substance use disorder in the past is no longer apparent. He is functioning normally at this time and is no longer abusing drugs. He is required to attend Family Connections substance abuse program, which he has done. There are no current indications for any major psychiatric illness.

Diagnosis: Substance use disorder, in remission.

Recommendations: Psychiatric treatment is not indicated.

Ambrose Mgbako, M.D.

Vreeland Associates

145 VREELAND AVENUE
NUTLEY, NJ 07110

973-235-1212
FAX: 973-235-1527

September 22, 2008

To Whom It May Concern:

Mr. Lee Kenworthy started weekly counseling sessions with Vreeland Associates on June 2, 2008. He has attended his appointments, and he is open and honest when dealing with his present situation and plans to continue with regular therapy sessions.

We have spent a considerable amount of time discussing strategies to reconnect with his child. Mr. Kenworthy has also been drug tested periodically and each test has been negative for any substance.

Beginning early July, I have been working with Mr. Kenworthy and his wife every other week. These sessions have been concentrated on how to deal with life issues.

Mr. Kenworthy has shown insight into his situation and his judgment since he began counseling is sound. There is no abnormality in thought process and no signs of delusions; he has shown no signs of aggressive or bizarre behavior, or of bipolar disorder.

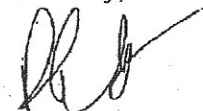
I am confident that Mr. Kenworthy is no danger to his wife or child and can return home.

The trauma of not being in his home with his wife and child has caused some signs of stress and depression. It is the best interest of all parties involved to allow Mr. Kenworthy to return to home and reconnect with his wife and child.

It is my recommendation that Mr. Kenworthy continue therapy weekly and that his wife also attend counseling sessions.

If you have any questions concerning this matter please do not hesitate to contact me at 973-235-1212.

Sincerely,



Phil Linfante PhD, LPC

Vreeland Associates

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October 22, 2012

Mrs. Yocasta Garcia, Caseworker
Department of Children and Families
240 Frisch Court, 2nd Floor
Paramus, NJ 07652

Dear Mrs. Garcia,

Please be advised that Mrs. Shayling Kenworthy has been under the care of Vreeland Associates, for Generalized Anxiety Disorder. As I stated in my previous letter, I consider Mrs. Kenworthy to be capable of providing responsible parenting for her two children. My client continues to make positive progress in therapy as evidenced by her weekly attendance, engagement in between session assignments and openness to self-exploration as a main way of reinforcing her ability to make proper decisions on behalf of her children. As I mentioned to you in our phone conversation on August 25, 2012, I strongly believe my client is ready to take full custody of her children. We have been working on crucial subjects focused to help my client to continue gaining responsible parental skills and proper judgment. Our work includes but is not limited to self-advocacy, assertive behavior, responsibility of choices, learning to set healthy boundaries to protect herself and her children's well-being, developing positive thinking patterns, rational thinking process, proper planning, and establishing priorities to assure her children's safety and emotional well-being.

Once again, I state that in my professional opinion, I do not find any reason to keep my client separated from her children any longer. I strongly support reunification of my client with her children.

Sincerely yours,



Ivonne De Pascual, MA, LPC, NCC.
Certified Grief Recovery Specialist.
(973) 477-0489
(973) 235-1212

Vreeland Associates

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May 29, 2013

To Yocasia Garcia:

Re: Lee Kenworthy

After reviewing the positive report from Dr. Latimer I felt it necessary to expand on my updated correspondence sent on May 17, 2013

In previous reports and conversations to Family Services, I emphasized that Mr. Kenworthy was attending weekly sessions and has been compliant with all treatment. I once again reiterate that I am confident that Mr. Kenworthy can have unsupervised and overnight visits.

If you have any questions concerning this matter please do not hesitate to contact me at 973-235-1212.

Sincerely,

Phil Linfante PhD, LPC

I HAVE BEEN ASKED BY DYFS TO UPDATE THIS LETTER
SUBMITTED ON MAY 29, 2013.
MR. KENWORTHY CONTINUES WEEKLY SESSIONS WITH STRONG
COMING WITH HIM EVERY OTHER WEEK. WE CONTINUE TO WORK
ON PARENTING AND DRUG AND ALCOHOL ISSUES AS HAS BEEN IN THE
PAST. I AM STILL CONFIDENT THAT MR. KENWORTHY CAN HAVE
UNSUPERVISED AND OVERNIGHT VISITS.

Phil Linfante
DR. PHIL LINFANTE

Vreeland Associates

145 VREELAND AVENUE
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FAX (973) 235-1527

Essex County Family Court

Please accept this letter on behalf of Lee and Shay Kenworthy. I have worked with the Kenworthys for over six years at different intervals. I have counseled Mr. Kenworthy individually and the two of them as a couple. I have written other letters of support to the Family Division of the Courts before in my support of the unification of the family and have worked close with representatives of the Division of Child Protection in the past to reunite the family.

Most recently I have counseled the Kenworthy's over the past year on parenting skills and issues.

I have also provided phone guidance after their relocation to Florida and have resumed couples therapy weekly since their return to New Jersey and they have been voluntarily compliant. They are committed to making their marriage and family work.

I have administered and witnessed a drug test in early May which resulted in both individuals testing negative to all substances.

Please note that although the Kenworthys have provided my contact information to the Division of Child Protection, they have yet to contact me for a verbal or written report.

The Kenworthys have agreed to continue therapy with me.

Please contact me at 973-235-1212 if I can be of any other service.

Sincerely,



Dr. Phil Linfante

Vreeland Associates

Vreeland Associates

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(973) 235-1212
FAX (973) 235-1527

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Sincerely,



Dr. Phil Linfante

Vreeland Associates

Vreeland Associates

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RE: Shayling Kenworthy

July 23, 2014

Please accept this letter on behalf of Shayling Kenworthy who has completed Level 1 substance awareness counseling as directed by the courts. Ms. Kenworthy was recommended for Level 1 counseling based on testing positive on May 7 for cocaine and marijuana. Please note that in addition to these sessions, I continue to see both Shay and Lee Kenworthy weekly for parenting and couples counseling.

Ms. Kenworthy denied using cocaine and marijuana and drug tests administered in this office on March 28 and May 8 and a subsequent test administered by the court on June 19 were negative to cocaine.

Ms. Kenworthy has attended 8 sessions twice a week on June 26, July 1, 3, 8, 10, 15, 16, 22. During these sessions, we discussed the effects of drug use, especially as it relates to her children and family. Ms. Kenworthy was presented and reviewed the physical, emotional, social and legal consequences of alcohol/substance abuse. Ms. Kenworthy developed life enhancing cognitive skills and strategies to deal with stressors including identifying triggers, better communication and better ways to deal with issues. Ms. Kenworthy was asked to discuss her beliefs and values and how substance abuse may hinder those. We conducted an inventory of current real life issues and stressors and developed short term and long range goals to deal with them. Ms. Kenworthy was also administered on July 15 a four drug standard test for the following illicit drugs (Marijuana, Cocaine, Opiates, and Methamphetamine) and results were negative for all.

I have also reviewed the substance evaluation conducted by the state office on June 19, 2014 and spoken to representatives from that office.

Ms. Kenworthy has completed her Level 1 and understands the consequences and effects of substance abuse and is not a danger to her children.

As far as parenting and couples counseling, the Kenworthys' have attended weekly sessions separate from Shay's sessions and continue to work at strategies to improve their relationship and the family unit. My professional opinion is that reunification with the children should occur.

Sincerely,



Phil Linfante, PhD, LPC