



Gilmour Psychological Services®

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Administration

Ms. Clarita Robinson Ext. 0
Ms. Susan McCallum Ext. 0

Re: Ms. Deirdre Moore

My Professional Opinion as Ms. Moore's Consulting Psychologist

I have written two previous reports on my work with and my perspective on Ms. Moore, her strengths, her weaknesses and my diagnostic opinion. I am attaching one of my reports, dated August 7, 2018, and the first report is in the small "Overview" binder at tab 5.

My comments below are not meant to be the expression of an Expert Witness in the sense of an Independent Psychological Evaluator. There is a difference between a Treating or Consulting Psychologist and one who is conducting an Independent Psychological Evaluation. This difference will be discussed below.

Also, it must be noted that I have only seen Ms. Moore and read most of her documented material and many emails. I have not seen Ms. Moore's estranged husband, Mr. Kiska, nor have I seen her children, Cate and Sean. Therefore, I have no comments to make about the divorce conflicts or any custody and access issues, other than what I can say about my opinion about Ms. Moore's decisions about her children and what she has told me about her work and support of them as their mother.

The following will explain my Professional Competence (briefly) and also the difference between a Treating/Consulting Psychologist and an Independent Psychological Evaluator ("Expert Witness"). I also will discuss some of the issues that I see in the ongoing misdiagnosis of Ms. Moore, how that misdiagnosis came about likely due to Cognitive Dispositions to Respond that may lead to misdiagnosis and some of the consequences to Ms. Moore that she has reported. I will then go on to address the questions in Ms. Moore's letter to me dated November 20, 2018.

Brief Statement of Professional Competence

I have special interest and proficiency in the diagnosis and treatment of substance use disorders and have earned the American Psychological Association's Proficiency Certificate in the Treatment of Alcohol and Other

Psychoactive Substance Use Disorders (1996 to 2018) and the National (USA) Certification Commission for Addiction Professionals' National Certified Masters' Degree level credential in Substance Use Disorders Counselling, 2018 - ongoing. I have many years of training and experience in the diagnosis and treatment of adult children of dysfunctional families and adult survivors of childhood trauma and adult trauma survivors. I also treat adults with co-dependency, depression, anger disorders, anxiety, adjustment and life transitions issues, self-esteem issues, stress, intimacy and attachment issues, identity disturbances, adult family conflict and major mental illnesses. I also see clients seeking personal growth.

I have years of experience applying my ethical and jurisprudence knowledge to the assessment of fitness to practice and standards of care. I also have had many years providing Independent Psychological Evaluations in the context of civil suits involving psychological trauma, certain retrospective criminal assessments and standards of care tribunals. I have testified as an Expert Witness in civil suits and before tribunals. Many of the cases for which I have provided evaluation reports have settled out of court. I am a member of the Canadian Society of Medical Evaluators and of the Canadian Academy of Psychologists in Disability Assessment. I remain as committed and enthusiastic as ever in providing the highest level of service in evidence-based counselling, psychotherapy, psychodiagnostics and Independent Psychological Evaluations.

Difference Between a Treating Psychologist and an Independent Psychological Evaluator

The Treating Psychologist begins with a process of assessing the client that includes rapport building and developing trust and the therapeutic alliance. The therapeutic alliance facilitates the client's sustained efforts to improve and develop. The Treating Psychologist empathizes with the client in an attempt to better understand the client's experiences, perceptions, beliefs and psychic reality so that the psychologist can be helpful to the client. The Treating Psychologist does not attempt to discover the "truth" or accuracy of what the client is saying, while at the same time, the psychologist does not believe every word the client says as a matter of course. The Treating Psychologist does not pursue discovering the accuracy of the external experiences of the client, but **does** stand for consensual reality and often challenges the client's cognitive or perceptual distortions. The Treating Psychologist's goals with the client are to understand and to help the client.

The relationship of a client to a Psychologist conducting an Independent Psychological Evaluation (IPE) is different than the relationship with a Treating Psychologist. The roles and purposes are markedly different. The Psychologist who is conducting an IPE has a methodology that typically obtains multiple samples of behaviour and observations of the client, and uses many sources of information. The process includes interviewing the client, using psychometric tests with the client, reading documents related

to the case, and obtaining collateral information from people who know the client, especially other professionals. It usually also involves reading medical records and other documentation. The Independent Psychological Evaluator swears to be **objective and impartial**, and the focus is on assessing the client, not doing psychotherapy or counselling with the client.

Misdiagnosis: Causes and Consequences

My understanding is that, in the context of severe stress (that would be stressful to anyone), and as the marriage fell apart, Ms. Moore had a series of short psychotic breaks and was episodically admitted to hospital. About two-and-a-half years after her first break, Ms. Moore obtained her medical records and learned that she had been misdiagnosed as having Bipolar Disorder based on misinformation from her husband, which Ms. Moore could disprove. It struck me that Dr. Mercer was able to look objectively at Ms. Moore and carefully and prudently diagnosed her as having Psychotic disorder (NOS) as discussed below.

However, the other physicians who were involved in her treatment continued on the assumption that Ms. Moore had Bipolar I Disorder. As a result, Ms. Moore's treatment was misdirected, she initially was mis-medicated and she was made worse for a while because she was not being listened to or believed and was dismissed and invalidated not only by the physicians but by other health professionals and family and friends who were told that she had Bipolar illness.

As has been documented in the psychology and psychiatry research literature, once someone has a diagnosis it follows the person through the medical system and throughout their life even if it stigmatizes the person and even though it is the wrong diagnosis¹. How does this happen? It is my opinion that, aside from having biased collateral information, the physicians made some cognitive errors based on their dispositions to respond in certain ways. This process is sometimes referred to as Clinical Bias. I have selected six cognitive dispositions to respond (CDRs) that I believe apply to Ms. Moore's case. A full discussion of the issue can be found in the work of Dr. Pat Croskerry, who has long been a Professor of Medicine at Dalhousie University².

From what I have read in the documentation and from what Ms. Moore has discussed with me, it is my opinion that she was misdiagnosed because of the following errors:

¹ For an early example: Witztum, Eliezer, Margolin, Jacob, Bar-On, Rueven & Levy, Amihay (1992) Labeling and Stigma in Psychiatric Misdiagnosis. *Israel Journal of Psychiatry and Related sciences* vol 29(2), 77-88

² Croskerry, Pat (2003) The Importance of Cognitive Errors in Diagnosis and Strategies to Minimize Them. *Academy of Medicine*, vol 78 (8), pp 785-780.

- Confirmation Bias: This is the tendency to look for confirming evidence to support a diagnosis rather than to look for disconfirming evidence to refute it, despite the later being more definitive.
- Diagnosis Momentum: Once diagnostic labels get attached to patients they tend to “become stickier and stickier” (as Dr. Croskerry puts it). What started as a possible diagnosis gains momentum through discussion by various health care providers until it becomes definite and all other diagnoses are excluded.
- Premature Closure: This is the tendency to apply premature closure to the decision-making process, accepting a diagnosis before it has been fully verified. Once made, there is a tendency for no one to continue to apply their minds to alternative diagnoses.
- Sutton’s slip: Dr. Crosberry recounts the story of a bank robber, Willie Sutton, who, when asked why he rob banks, is alleged to have replied, “that is where the money is”. This CDR refers to the diagnostic strategy of relying on the obvious and not adequately considering diagnoses that are not so obvious.
- Unpacking Principle: This refers to the failure to elicit all relevant information (unpacking) when establishing a differential diagnosis, thus missing significant possible diagnoses. The more specific the description of an illness, whether extra details that are given by a collateral informant, or whether the patient is limiting his or her description of the symptoms (usually out of fear), or whether physicians limit their data gathering, other diagnostic possibilities get discounted or ignored.
- Vertical Line Failure: Routine, repetitive tasks, plus the lack of communication among health team care team members with few overlapping proficiencies, can lead to thinking in silos and no cross-fertilization of perspectives. The pressure of work load and a pace that pushes for efficacy, economy and utility can result in inflexibility. It leaves no room for creative, lateral thinking that is required for diagnosing the unexpected, rare or esoteric. An effective lateral thinking strategy is to ask the question, “what else can this be”. This did not seem to be asked in Ms. Moore’s case.

As mentioned above, Ms. Moore was made worse until she was heard better by a psychiatrist who prescribed the appropriate medications and encouraged her to vary the dose depending on how she was feeling. Ms. Moore has largely been doing that with her medications, also adding the “as-needed” medications appropriately. Overall, she has been able to keep herself stable, with the exception of times of very high stress. Most of the time over the past years, Ms. Moore has not required hospitalization, but she does lean on some of the people who can support her, and sometimes, in my opinion, misconstrues coincidence with cause and effect.

After Ms. Moore's past experiences in the hospital and with Mr. Kiska, she has become afraid for her safety and has sent many emails to a select small group of people so that they know what has been going on and she hopes that the transparency will keep her safe.

Answers to Ms. Moore's Questions Itemized in her November 20, 2018 letter

1. Yes I have read the documents A-Z that comprise the "Overview" provided by Deirdre Moore.
2. I have read the 20 questions that she is posing to some of the psychiatrists who have cared for her in the past.
3. I cannot comment on the specific causes of Ms. Moore's mental illness. I have written about my professional opinion about her diagnosis and prognosis and this is seen in Tab S, my report dated March 27, 2017. In that document, I report that it is my opinion that her most accurate diagnosis is Brief Psychotic Disorder, which is compatible with the diagnosis generated by Dr. Deanna Mercer, that of Psychotic Disorder NOS (Not Otherwise Specified). I also opined that the medications prescribed by Dr. Mercer were a very good combination. It has been my observation and understanding that Ms. Moore titrates the dosage of her medications appropriately according to her level of stress and adds the "as-needed" (prn) medications appropriately.
4. Questions 4, 5, 6 are all questions that I cannot answer as they seem to be questions about Mr. Kiska's behaviour and motivations and I have never met him or had any opportunity to assess him.

7. As I have observed, based on episodic sessions with Ms. Moore, I have noted her strengths and weaknesses and I have also noted how much she has worked to offer her children the resources and experiences to enhance their capabilities and potential. Examples are her efforts to have Cate in ongoing and consistent tutoring to bring Cate up to grade level in school subjects where she was lagging, and her efforts to encourage Sean to get into activities and sports that would enhance his fitness, enjoyment of the games and increase his network of friends. Also, with the advice of myself and other mental health and child expert advisors, Ms. Moore has tried to ensure that the children are kept out of the high-conflict divorce situation. She also wants them to be seen by a child psychologist for help with the transition inherent in the divorce situation. However, it is my understanding from Ms. Moore that Mr. Kiska has not been in communication with the psychologist who seeks his consent as well as Ms. Moore's in order to help the children.

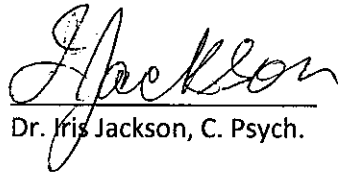
8. I am not in the position to comment on the opinion of the Office of the Children's Lawyer's investigation or their conclusions and recommendations. In reading the report, I do think that the situation seemed to be very thoroughly and conscientiously investigated and the

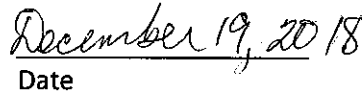
recommendations flow from the data reported. I do think that Ms. Moore is very protective of her children, wants what is best for them and applies her mind constructively to what they need and would benefit from.

9. I have nothing to state about the custody and access aspects of this case.

10. Again, this is outside of my scope of practice with Ms. Moore. That is, I do not have suggestions for Ms. Moore about how she can protect her children from their father.

It is my opinion that this whole divorce situation would be improved if all parties could show the others more respect and fairness, and remember that considering the best interest of the children is both an intellectual endeavour and also an ethical one. The ethics come into play by focusing on what is best for all, in particular the children, rather than which adult is going to win and dominate and which adult is going to lose and be rendered submissive. From my perspective, this divorce has not only been high-conflict but also incredibly unfair and needs a resolution soon so that all parties can focus on getting on with their lives in healthy ways.


Dr. Iris Jackson, C. Psych.


Date



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- Dr. Elisabeth Melsom Ext. 157

Administration

- Ms. Clarita Robinson Ext. 0
- Ms. Susan McCallum Ext. 0

Exhibit H referred to in the
 name of Deirdre Moore
 sworn to before me at the City of Ottawa, this
 24 day of Ottawa, O.N.
J. Stosich
 A Notary Public for Ontario, Canada

August 7, 2018

To Whom It May Concern

Re: Ms. Deirdre Moore

I am Ms. Moore's Consulting Psychologist. Ms. Moore consults with me periodically as part of her regimen to maintain her emotional and mental equilibrium. I have seen Ms. Moore episodically over the past two years.

My clinical impressions of Ms. Moore have been that she is a highly intelligent, verbally fluent, articulate and motivated woman. Recently she has applied her intelligence and motivation in several productive ways. She has learned a great deal about her mental illness, which has stress-induced brief psychotic episodes. She is conscientious about taking her medications as prescribed and her doctors trust her to titrate her medications appropriately when she is either particularly stressed, or alternatively, going through a calm, secure period. She also applies her caring and resources to taking care of her children, and she seems conscientiously to seek to provide what is in their best interest, such as tutoring for Cate or encouraging sports for Sean. Furthermore, she has sought to keep fit and physically health and she knows a great deal about physical fitness and nutrition.

To my knowledge, Ms. Moore also has an exemplary work history, has had education and work experience in financial and business consulting, and started the business that Mr. Kiska now co-owns. The high-conflict divorce which is going on now has interfered with her finding contracts, and from what she has told me, she has been shut out of the benefits of the company, whether in terms of assets or contracts. I can see no reason why she cannot work in her profession when the opportunities present themselves, as she has the intellect, skills and motivation to do well. She has shared texts with me in which someone has suggested that she work in menial and unskilled jobs just to make some money at minimum wage. While she seems to me to be willing to do that, it is my opinion that she deserves to have meaningful work in her professional field.

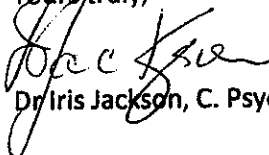
Also, she has been researching and conceptualizing establishing a not-for-profit organization to help reduce physical, psychological and verbal abuse

and violence against women. This is a very meaningful project to Ms. Moore who could apply many of her skills and training to the development and operation of such a venture.

It is very important to highlight that a diagnosis of a mental illness does not tell us anything about the person's functionality. In Ms. Moore's case, she remains highly functional most of the time, and when she feels herself slipping into a brief psychotic episode, she exercises her safety plan to ensure the children have care, and she seeks additional psychiatric and psychological help. In my experience she typically restabalizes within a day or two. Working professionally and caring for her children without disruptions would not only be good for Ms. Moore's mental health and self-esteem, but be both reassuring and helpful to her children.

If you have further questions, please let me know.

Yours truly,


Dr Iris Jackson, C. Psych.



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- Dr. Angelina Chupatlovska Ext. 152
- Dr. Douglas Scoular Ext. 48

Reception

- Ms. Agnes Kidd Ext. 0
- Ms. Carole Johnson Ext. 0

Note highlighted text on pages 4 & 5.

March 27, 2017

To Whom It May Concern:

Re: Ms. Deirdre Moore, DOB: 28/09/1965

I have been seeing Ms. Moore since January 13, 2016 for consultations on an episodic basis as she goes through several life transitions. The following will clarify my professional opinion about Ms. Moore and some matters that seem to have developed over the past few years.

It must be noted that I have only seen Ms. Moore and read a binder of material that she shared with me. I have not seen her estranged husband, Jonathan Kiska, nor have I seen her children. Therefore, I have no comments to make about the divorce issues and any custody and access issues. I am only focused on my understanding about Ms. Moore, gleaned through my meetings with her and some of her writings. Furthermore, this report should not be interpreted as being an Independent Psychological Evaluation.

The following will begin with a brief description of my professional competence and then explain my understanding of Ms. Moore and what she has experienced. I will then discuss Ms. Moore's results on two Psychological Tests that I administered: the Minnesota Multiphasic Personality Inventory - 2RF (MMPI-2RF) and the Inventory of Altered Self-Capacities (IASC). These tests are described in Appendix A. My formulation will include her diagnosis, an explanation of what it means, and what her personal strengths and weaknesses are.

This report was prepared at Ms. Moore's request and in relation to her recent life experiences, and is most appropriately interpreted and used in this context. Also, my professional opinion expressed in the Formulation and Conclusions section is based on the information and data available to me at this time and could change if other information were to come to light.

Brief Statement of Professional Competence

I am a clinical psychologist, licensed since 1981. I am the founding psychologist of Gilmour Psychological Services® in Ottawa, established in 1983. I have the competency to assess, diagnose, treat and consult about most adult mental

5

health disorders, as described in the DSM-5 or the ICD-10. I have special interest and proficiency in the diagnosis and treatment of substance use disorders, recognized by my having earned the American Psychological Association's Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders. I have many years of training and experience in the diagnosis and treatment of adult children of dysfunctional families, adult survivors of childhood trauma and adult trauma survivors. I also assess and treat people with codependency, depression, anger disorders, anxiety, adjustment and life transition issues, self-esteem issues, stress, intimacy and major mental illnesses. I have years of experience applying my ethical and jurisprudence knowledge to the assessment of fitness to practice and standards of care. I also have many years of experience in providing Independent Psychological Evaluations in the context of civil suits for psychological trauma, certain retrospective criminal assessments and standards of care tribunals. I have testified as an Expert Witness in a number of civil suits and tribunals. Many of the cases for which I provided evaluation reports have settled out of court. I remain as committed and as enthusiastic as ever in providing the highest level of service in evidence-based counselling, psychotherapy, psychodiagnostics and Independent Psychological Evaluations.

Ms. Moore's Experiences over the Past Four Years

The following discussion of Ms. Moore's recent history is expressed in my words and not Ms. Moore's except where I use quotation marks. Also, the following is not meant to be a verbatim account of the incidents and events of her recent life, but rather a precis of the points that I believe to be salient. The following is based on Ms. Moore's self-reports and the documents that I have read.

In her first interviews with me, Ms. Moore reported that she was going through a divorce precipitated in part because she had learned that her husband had lied to the physicians and psychiatrists about her personal history and her recent past behavior, exaggerating, in her view, her behavior and the length of time that she had been acting strangely. She said the psychiatrists at the emergency department of the hospital asked her husband for information about her (as a collateral source of information) in spite of her having told them that he was verbally and psychologically abusive to her. She said that he listed many of the symptoms of Bipolar Disorder, which led the psychiatrists to diagnose her as having that disorder, and that diagnosis followed her through her various efforts to get help through the medical system and the police.

She said that she only realized what was happening when she obtained copies of her medical files and saw all the misrepresentations that her husband had told the physicians. She also said that her husband alienated her family members from her because of his misrepresentations of what she was going through.

Ms. Moore said that she stumbled on an article about "gaslighting" and realized that her husband was manipulating her so that she would become self-doubtful

and malleable. Gaslighting colloquially refers to a form of emotional abuse that causes the victim to question her experience of reality, resulting in increased control by the gaslighter. The term is a reference to a 1944 movie called *Gaslight*, in which a husband with a secret gradually tries to drive his wife insane. In current parlance, the gaslighter minimizes his victim's concerns and feelings insisting that the victim is too sensitive; "forgets" his promises and suggests that she was making things up; tells the victim that he had told her something or done something that she was sure he had not done; questions the victim's memory; changes the subject to divert her train of thought, and challenges and negated her emotional reactions. Lying about the wife's symptoms to psychiatrists would fall in the domain of gaslighting.

As a result of her feelings that her husband was psychologically abusing her, Ms. Moore left her family and stayed with a friend, seeing her children at the family home before and after school. She said that she realized when her stress got very high, she would have a brief psychotic episode. When she was in hospital, she would be treated with medication for Bipolar Disorder because she had been misdiagnosed based on what her husband had told the physicians. She reported that the side effects of the medications made her ill and she did not feel that the physicians heard her because they were misled by what her husband had told them.

I did not see Ms. Moore between the end of March and December 8, 2016. She told me that due to finances, she attempted to reconcile with her husband for a period between April, 2016 and the fall of 2016. She said that in the fall, she recognized her husband's machinations, and began to feel unsafe with him. She left for an apartment and began a cycle of access with her children.

Ms. Moore said that she had also learned the early warning signs of being stressed to the point of being at risk of a brief psychotic episode. As a result, she takes her medication as prescribed and uses a tablet of clonazepam whenever she feels very anxious. She also tries to control aversive situations so that her stress level remains manageable. She successfully followed legal procedures and had a tenant removed from her house and now is in the process of moving into it.

Psychological Test Results

To clarify Ms. Moore's diagnosis, on February 2, 2017, I administered the MMPI-2RF and the IASC. The MMPI-2RF has validity scales which determine the test-taking attitude of the examinee. Ms. Moore's validity scales indicated that she was open and forthright in answering the questions, which concurs with my clinical impressions. As a result, I am confident that the results discussed below are an accurate reflection of Ms. Moore's current psychological functioning.

On the MMPI-2, most of the scales were in the normal range. There were small elevations on the Ideas of Persecution scale and the Antisocial scale. These were raised because Ms. Moore is very mistrustful of certain people including

her husband and she has felt persecuted and misunderstood by many (but not all) in the health system. The elevated antisocial scale was raised because she truthfully answered that she has had dealings with the police.

All of the Somatic, Cognitive and Internalizing scales were in the normal range. Also all of the Externalizing, Interpersonal and Interest scales were in the normal range, with the exception of the Juvenile Conduct Problems. This scale was raised because of misbehavior as an adolescent and an angry suicide gesture as a teen (not an attempt). All of the Psy 5 (personality) scales were in the normal range, with the exception that she displayed a mild tendency to be introverted rather than extroverted.

Ms. Moore's results on the IASC were all in the normal range except for an elevation of the Interpersonal Conflict scale, raised, in my opinion, because of the conflict with her husband. There was also an elevation on the Susceptibility to Influence scale, which suggests that she can be easily led and was easily influenced by those close to her, such as her husband. Finally, the Affect Skills Deficit scale was elevated, indicating that Ms. Moore feels that she requires help in learning skills to soothe strong emotion.

What is striking about her results is that the vast majority of the scales are in the normal range. This suggests that her basic personality, character structure and usual mental status are normal and sound.

Formulation and Conclusion

In my opinion, Ms. Moore has many psychological strengths. She is a very intelligent, verbally fluent and articulate woman with a prosocial value system and good family values. She has a good work ethic and has very good social skills. She has persevered in the face of adversity and has good insight into her mental illness, which is a relatively small part of her psychological makeup.

It is true, however, that Ms. Moore has a mental illness. She reported that the brief psychotic episodes first appeared in 2013, precipitated by the high conflict with her husband. In my opinion, her diagnosis is Brief Psychotic Disorder, with marked stressors during which she has delusions and disorganized speech and cognitions. Brief Psychotic Disorder is diagnosed when the duration of an episode is at least one day but less than a month. Also, her symptoms occur in response to events that would be markedly stressful to almost everyone in similar circumstances.

Ms. Moore's first two hospitalizations were longer than one month, but, in my opinion, this was due to the repeated and ongoing stress she experienced when the professional staff would not listen to her or consider that her husband was not an accurate informant about her history or symptoms. Ms. Moore was repeatedly told that she was so sick that she was amnesic for her over-spending and other aberrant behavior. Having no one believe her or listen to her stressed

her so much that her psychosis could not remit until she was released and found a place to live where she felt safe.

However, although I believe that the most accurate diagnosis is Brief Psychotic Disorder, the diagnosis that she was discharged with, that of Psychotic Disorder NOS (Not Otherwise Specified), is not in conflict with my overall discussion of Ms. Moore. Furthermore, due to the clinical acumen of Dr. Deanna Mercer, psychiatrist, Ms. Moore is very stable on Lamotrigine 200 mg, Clonazepam as needed and Immothane when she needs a sleep aid. Due to Ms. Moore's insight, she is able to add the "as needed" medications appropriately to prevent a recurrence. Also, she tries to avoid highly stressful situations, but can handle everyday stressors well.

I hope that this report is clear and useful. If you have any questions, please let me know.

Yours truly,

Dr. Iris Jackson, C. Psych.

CURRICULUM VITAE

DR. IRIS JACKSON, C.PSYCH.

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BRIEF STATEMENT OF COMPETENCE

I am a clinical psychologist, licensed since 1981. I am the founding psychologist of Gilmour Psychological Services in Ottawa, established in 1983. I have the competency to assess, diagnose, treat and consult about most adult mental disorders, as described in the DSM-5 or the ICD-10. I have special interest and proficiency in the diagnosis and treatment of substance dependencies. I have many years of training and experience in the diagnosis and treatment of adult children of dysfunctional families, adult survivors of childhood trauma and adult trauma survivors. I also assess and treat people with co-dependency, depression, anger disorders, anxiety, adjustment and life transition issues, self-esteem issues, stress, intimacy and attachment issues, identity disturbances, adult family conflict and major mental illnesses. I have years of experience applying my ethical and jurisprudence knowledge to the assessment of fitness to practice and standards of care. I also have had many years of experience of providing Independent Psychological Evaluations in the context of civil suits for psychological trauma, certain retrospective criminal assessments and standards of care tribunals. I have testified as an Expert Witness in several civil suits, tribunals and criminal cases. Many of the cases for which I have provided evaluation reports have settled out of court. I remain as committed and enthusiastic as ever in providing the highest level of service in evidence-based counselling, psychotherapy, psychodiagnostics and Independent Psychological Evaluations.

ACADEMIC RECORD

1971 – 1980	University of Waterloo, Waterloo, Ontario	Degrees: M.A., Ph.D. (Psych.)
1966 – 1970	University of Alberta, Edmonton, Alberta Magna Cum Laude May	Degree: Hon. B.A. (Psych.)
May, 1981	Registration with OBEP, now the College of Psychologists of Ontario : # 1459	
May 2000	Association of States and Provincial Psychology Boards: Certificate of Professional Qualification of Psychology #584	
May 2010	Association of State and Provincial Psychology Boards: Interjurisdictional Practice Certificate	
Sept 1995-June, 2018	American Psychological Association, Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders: # AD 002777	
June, 2018	The National (USA) Certification commission for Addiction Professionals Masters' Degree Level Credential in Substance Use Disorders Counselling #511908	

August, 2018

Mar 1986-2015 Registration with the Canadian Register of Health Service Providers in Psychology:
#949

THESES

Doctorate *"Stimulus Structure and Schizophrenics"*
(Dr. G.E. MacKinnon, advisor)

Master's *"The Fragmentation of After-Images in Schizophrenics and Normals"*
(Dr. G.E. MacKinnon, advisor)

Undergraduate *"Cue Utilization and the Process of Judging Creativity"*
(Dr. D.L. Schaeffer, advisor)

AWARDS

2007 **Lifetime Achievement Award** – for making a significant and sustained contribution to the life of professional psychology in Ontario, presented by the Ontario Psychological Association.

1999 **The Barbara Wand Award** - in recognition for making a significant contribution to excellence in professional ethics and standards in psychology, presented by the Ontario Psychological Association.

1991 **The Ontario Psychological Association Award of Merit** - for work on the Regulated Health Professions Review Committee.

1971 **University of Waterloo Entrance Scholarship** - University of Waterloo

1966 **Queen Elizabeth Scholarship** - University of Alberta

PROFESSIONAL ASSOCIATIONS

Academy of Psychology, Ottawa

Ontario Psychological Association

Canadian Psychological Association

American Psychological Association

Canadian Society of Medical Evaluators

Canadian Academy of Psychologists in Disability Assessment

PROFESSIONAL EXPERIENCE

1981 – present In private practice: **Founding Psychologist, Gilmour Psychological Services, Ottawa, Ontario:** psychotherapy, counselling and psychological assessment of adults; couples counseling; psychological testing of adults; fitness to practice assessments of health professionals consultant on professional issues, psycho-legal assessments, expert witness for various issue

1997 – present **Jackson Weinberger Melsom** (formerly Jackson Weinberger Ages, and Jackson Weinberger), **Ottawa, Ontario:** offering computer assisted psychological assessments and training workshops. JWA has had contracts to screen high tech applicants and RCMP applicants: to test vocational rehabilitation clients and to test for

a careers counseling firm; and has provided workshops on such topics as Customer Relations Skills Training and Stress Management.

1995 – 2005 **Consultant to Ministry of Health: Medical Services Branch, non-insured Health Services, Ontario Region.** Review of mental health service provider credentials and treatment plans requests for funds for **First Nations and Inuit** clients. Help in policy development and streamlining of administrative procedures.

1983 **Founded Gilmour Psychological Services:** www.ottawa-psychologists.com

1980 – 1983 **Hogan Borovay and Stevens, Ottawa, Ontario:** psychotherapy with adolescents and adults in a private practice context; also, psychometrics with all age groups.

1979 – 1981 **Royal Ottawa Hospital, Ottawa, Ontario:** Consultation to Adult Inpatient Services, research collaboration, psychological psychodiagnostics and psychotherapy with psychiatric patients.

1976 – 1977 **Clarke Institute of Psychiatry, Toronto, Ontario:** supervisor: Dr. Harvey Brooker; Predoctoral Internship year; psychological and neuropsychological assessments, outpatient psychotherapy, consultation to two inpatient services (Psychogeriatrics and Psychiatric Emergencies); psychoanalytic and crisis intervention therapeutic approaches.

1976 **Outpatient Psychiatry Dept., Kitchener-Waterloo Hospital, Kitchener, Ontario:**
supervisor: Dr. R. Robinson; part-time psychotherapist with adults and adolescents; cognitive behavioural, behavioural and systems therapeutic approaches.

1975 **Psychology Dept., Midwestern Regional Centre, Palmerston, Ontario:** supervisor: Mr. Eric Wright; psychological testing of severely retarded children.

1975 **Child and Family Centre, Kitchener-Waterloo Hospital, Kitchener, Ontario:** supervisor: Dr. Jeanette Amdur; psychological assessment and psychotherapy of children, families and couples; systems, behavioural and ego analytic psychotherapeutic approaches in a structural developmental context.

1974 **Psychology Clinic, University of Waterloo, Waterloo, Ontario:** supervisor: Dr. Barry Francis; several psychological testing cases and one long-term psychotherapy case; cognitive behavioural and ego analytic psychotherapeutic approaches.

1973 **Oxford Mental Health Centre, Woodstock, Ontario:** supervisor: Dr. H. Greenberg; inpatient and outpatient psychological testing and psychotherapy; some group psychotherapy; crisis intervention; Transactional Analysis and Gestalt therapeutic approaches.

1972 – 1973 **Student Counselling Services, University of Waterloo, Waterloo, Ontario:** supervisors: Dr. John Wine and Dr. Pat Bowers; vocational counseling and psychotherapy with university students; Client Centered and Cognitive Behavioural psychotherapeutic approaches.

1972 **Grandview School for Girls (Ministry of Corrections), Cambridge, Ontario:** supervisors: Dr. R. Ross and Dr. D. Meichenbaum; psychological assessment and psychotherapy (individual and group) for girls in a correctional school; Cognitive Behavioural, Behavioural and Reality Therapeutic approaches.

1970 – 1971 **Department of Institutional Planning, University of Alberta, Edmonton, Alberta:** supervisor: Dr. David Otto; research assistant for the President's Committee on Teaching Effectiveness; designed, ran, analyzed and reported on research into the university milieu and the variables that determine effective instruction.

CONSULTATION EXPERIENCE

- March, 2018 Appointed by the College of Psychologists of Ontario to consult in a peer mentorship context to a psychologist who had an Undertaking regarding his issues with records keeping and administration of his private practice,
- August, 2017 Invited to provide a generic expert opinion about the risks to young children when a parent has a "sexual addiction" and has a history of lack of care to ensure that the young child is not exposed to the paraphernalia of sexual activity.
- August, 2017 Advisor to the union (PIPSC) in support of my client during a Federal Government Grievance Mediation.
- March, 2017 **Expert Witness** in a Law Society of Upper Canada hearing about the causes of a lawyer's mental illness.
- October, 2016 Invited to provide a generic expert opinion about the risks and possible impacts of a parent's use of drugs such as cocaine on the children and the ways of testing for drug use.
- April, 2016 **Witness** as the Treating Psychologist in a Federal Government Grievance Hearing.
- June 2014 Invited to provide a generic expert opinion about the risks and resiliencies of patients with Bipolar I Disorder when the patient is not adherent to the medication regime, and when parenting is involved.
- Sept 2010 **Expert Witness** in civil case regarding the defense of an adult survivor of childhood sexual assault who was being sued as an adult by the alleged perpetrator.
- Apr 2010 **Expert Witness** in a civil case regarding the psychological damages incurred by a woman as a result of repeated sexual assault by her employer.
- Aug 2009 - present *The Ethical Development of Private Practices*, presented to the Ottawa based Psychology Pre-doctoral Interns and Residents, Ottawa, Ontario.
- June 6, 2009 *The Ethical Development of Private Psychological Practices*, presented for the Early Career Psychologists section of the Ontario Psychological Association, Toronto, Ontario.
- 2005 - 2008 President of the Ottawa Academy of Psychology.
- Dec 2002 - 2003 Consultant to a psychologist to review psychological reports as an adjunct to quality control.
- Jan - July 2001 Representative of the Allied Sector on the Champlain District Implementation Committee for Addictions, tasked with beginning the implementation of recommendations to restructure Addictions Services in the Ottawa-Carleton and five counties area.
- Jan 2000 – present Leadership of Mentorship Group for Licensing Year psychologists and newly registered psychologists.

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- Jan 2000 – 2002 Supervision of a psychologist who was under direction of the College of Psychologists to undergo review of certain cases. Thus, I acted as an agent of the College to help the psychologist complete the assigned tasks.
- Jan 2000 – 2004 Supervision of two psychologists on the Temporary Register of the College of Psychologists of Ontario.
- Oct 1998 - 2005 *Ethical Business Practice in Psychology* – Presented to Drs. Berman and Brooker's course, "Legal, Ethical and Professional Issues in Psychology", York University, Toronto, Ontario.
- Sept 1998 – Dec 1999 Supervision of a Psychologist on the Temporary Register of the College of Psychologists of Ontario.
- Jan – May 1999 Supervision of a Psy.D. Candidate from Massachusetts, Professional Development Course.
- June 1998 Oral Examiner for the College of Psychologists of Ontario, examining candidates for registration as Psychologists of Psychological Associates in Ontario.
- Jan – Apr 1998 Supervision of an M.Sc. Student on Internship to Sandy Hill Community Health Centre, Social Services and Addiction Assessment and Referral programs.
- Dec 1997 **Expert Witness** in a civil case regarding standards of practice and negligence in a sexual exploitation by a psychologist civil court case.
- Feb – Mar 1997 Workshops on Customer Relations Training for United parking Inc.
- Nov 1996 Workshop, "the Joys of Private Practice" presented at the Fall Institute of the Ontario Psychological Association, Toronto, Ontario.
- Feb 1995 – Dec 1996 Supervision of postdoctoral Psychologists on Temporary Register.
- Nov 1995 **Expert Witness** for a discipline tribunal of The College of Psychology, regarding standards of professional practice.
- 1995 – 2006 Consultant to the Mental Health Program of the First Nations and Inuit Health Branch of the Ministry of Health.
- 1994 - 2006 Lecturer on the Ethics and Jurisprudence of Private Practice to the Ontario psychological Association's Ethics and Jurisprudence 4 day course, organized by Dr. Ruth Berman and Dr. Harvey Brooker, York University, Toronto, Ontario.
- Mar 1992 – 1994 Member, The Transitional Council of Psychologists.
- Feb 1993 – 1994 Past President, Ontario Psychological Association.
- Nov 1993 Consultant to Amethyst Women's Addiction Centre: focus on dual diagnosis clients, research and treatment.
- Feb 1992 – 1993 President of the Ontario Psychological Association.
- Sept 1991 – Dec 1992 Supervision of a Psychologist on Temporary Register.
- Feb 1991 – 1992 President Elect of the Ontario Psychological Association.

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- Sept 1989 - Sept 1990 Chair of the Mental Health Committee of the Health Network, a project developing the delivery of health care services for Kanata, Goulbourn and West Carleton Regional Municipalities (reporting via the District Health Council to the Ministry of Health).
- Feb 1990 - 1991 Regional Director, Ottawa-Carleton Region, Ontario Psychological Association.
- Sept 1987 - 1992 Member and Chair, Ethics and Policy Committee, Ontario Psychological Association.
- May 1989 Seminar presentation on "*Countertransference*" to the Employees Assistance Program Counsellors Association of Ottawa-Carleton.
- Sept 1987 - Jan 1988 Supervision of a Psychologist on Temporary Register.
- February 1987 Workshop on "*Communication in the Family When a Family Member has PMS*" for the PMS Self-help Group Conference.
- July 1982 - July 1987 Supervised Ph.D. graduate student who assisted in my practice.
- 1986 - 1991 Consultant to and occasional guest speaker for the Infertility Self-help Support Group: "*The Emotional Concomitants of Infertility*".
- May 1986 Oral Examiner for the Ontario Board of Examiners in Psychology, examining candidates for registration as psychologists in Ontario.
- June 1986 "*Psychodiagnostics and Psychotherapies*", a workshop presented to the Addiction Research Foundation's Assessment and Referral Service, Perth, Ontario.
- Sept - Dec 1984 "*Theories of Marital Therapy*", taught to M.A. level Pastoral Counselling students, St. Paul's University, Ottawa, Ontario.
- 1985 **Expert Witness** in the criminal trial of a man who left many obscene voice mail messages on an answering machine tape. The trial was significant because the law had never before considered this technology as a means of conveying obscene messages.
- May - Aug 1984 University of Waterloo psychology co-op student on work-term placement within my practice.
- 1981 - 1989 "*Communication in Marriage*", taught to St. Andrew's Church marriage preparation and enrichment course.
- 1981 - 1989 "*A Review of Psychological Testing*", taught for the "Review Course of Psychiatry: A Pre-Examination Review", University of Ottawa, Ottawa, Ontario.
- 1979 - 1989 Offered seminars on Stress, Depression, Assertiveness, Anger, Living Alone, Communication Skills, and Creative Problem Solving to the Follow-Up groups at Amethyst Women's Addiction Centre, Ottawa, Ontario.
- 1979 - 1981 Consultation to the Program and Evaluation Committee, Amethyst Women's Addiction Centre, Ottawa, Ontario.
- 1978 Offered seminars on Stress, Depression, Anger and Assertiveness Training to the Follow-Up groups of Rideauwood Institute, Ottawa, Ontario.

- 1977 Offered psychological consultation to the Psychogeriatric unit of the Clarke Institute of Psychiatry, Toronto, Ontario.
- 1975 Teaching Fellowship, University of Waterloo, Waterloo, Ontario: co-taught a course on family and child assessment and psychotherapy based on an integration of Systems Theory, Ego-Analytic psychology and Piagetian thought.
- 1974 Supervised students in an Intelligence Assessment Practicum.
- 1974 Teaching Fellowship, University of Waterloo, Waterloo, Ontario: co-taught a course on Play Assessment and Family Assessment.
- 1974 Teaching Fellowship, University of Waterloo, Waterloo, Ontario: taught a course on "The Psychology of Women Today".
- 1973 Consulted at the Western Ontario Therapeutic Community Hostel, London, Ontario; demonstrated group psychotherapy, advised paraprofessionals, evaluated a milieu treatment center.
- 1972 – 1973 A number of teaching assistantships in courses ranging from Introductory Psychology through Personality Research courses.

PUBLICATIONS

- Jackson, I. (2017). *The Joys of Private Practice (4th edition)*. Available from Dr. Jackson or from Caversham Booksellers, Toronto.
- Jackson, I., Hogan, T., & Basevitz, P. (2007). Mentoring Early Career Psychologists. *Psynopsis*, 29(4), 14.
- Jackson, I. (Fall 2005). Book Review: Resolution of Inner Conflict: An Introduction to Psychoanalytic Psychotherapy (2nd edition) by Auld, F., Hyman, M. and Rudzinski, D. *Psychology Ontario*, 37(1), pp. 16-17.
- Jackson, I. (2004). 1992: The Culmination of Past Work and a New Beginning. In R.G. Barry & H. I. Day (Eds.), *The Ontario Psychological Association: The First Fifty Years, 1947 – 1997. Celebrating 50 Years of Excellence and Leadership*. Toronto: East Island Press.
- Jackson, I. (2003). Summary of the Y2K Income Survey. *Psychology Ontario*, 34(4), pp. 16-18.
- Jackson, I. (Ed). (1999). *Building Personal Resilience: A Guide to Positive Living*, published on the web site: www.ottawa-psychologists.com.
- Jackson, I. (1997 to 1999). Psychologists and Psychological Associates Wellbeing. Column written for *Psychology Ontario*, Journal of the Ontario Psychological Association.
- Jackson, I. (1996). *The Psychologists Support Program of the Ontario Psychological Association*. Paper presented at the Annual Meeting of the American Psychological Association (104th, Toronto, Ontario, Canada). (ERIC Document reproduction Service No. ED 407 6200).
- Jackson-Whaley, I. & Moore, E. (1990). A Review of Healing Voices: Feminist Approaches to Therapy with Women. *Newsletter of the CPA Section of Women and Psychology*.
- Jackson-Whaley, I. & Cebulski, L. (Summer 1990). The Ontario Psychological Association's Policy on the

Promotion of Psychological Services. *The Ontario Psychologist*.

Jackson-Whaley, I. (1987). A Clinical Psychologist's Perspective on the Mental and Emotional Demands of VDTs. In A. Michrowski (Ed.), *Studying Problems Associated with Video Display Systems – An Interdisciplinary Analysis*. Hull, Quebec: The Planetary Association for Clean Energy, Inc.

Jackson-Whaley, I. (April 1981). A review of Al-Issa's *The Psychopathology of Women*. *Canadian Psychology*.

Jackson-Whaley, I. (1980). Multidisciplinary Psychotherapeutic Intervention: A case study. *Ontario Psychological Association Journal*, 12, pp. 9-13

PAPERS PRESENTED

May, 2014 “*DSM-5: The Bigger Picture*” Presented to the Ottawa Academy of Psychology conference, “Getting Comfortable with the DSM-5”, Ottawa.

Dec, 2013 “*The Intelligent Clinician's Approach to the DSM-5*”, presented to the Canadian Society of Medical Evaluators' conference, DSM-5 Medicolegal Impact: Changes and Controversies, Toronto.

Oct, 2013 “*Key Figures and Key Challenges in Psychology*” panel member, presented to the Ottawa Academy of Psychology, Ottawa.

Nov 2010 “*Ethical Issues in Psychotherapy as a Process*” presented to the Gilmour Psychological Services Continuing Education Seminar. Ottawa, Ontario.

2009 & 2010 “*Joys and Issues in Private Practice*” presented to psychology interns and residents. Ottawa, Ontario.

2007 – 2010 “*Use of Psychological Expertise in the Legal Context*” presented to law students, University of Ottawa. Ottawa, Ontario.

Oct 2009 “*Recent changes in Jurisprudence and Regulations for Psychologists*” presented to the Gilmour Psychological Continuing Education Seminar. Ottawa, Ontario.

June 2008 “*The Current State of the Profession of Psychology in Ontario*” presented to the Ottawa Academy of Psychology, Annual General Meeting. Ottawa, Ontario.

June 2008 “*What are the Benefits of Mentoring Early Career Psychologists?*” with Dr. Paul Basevitz; presented to the Canadian Psychological Association's Annual Convention. Halifax, Nova Scotia.

2007 & 2008 “*The Use of Psychologists' Expertise in Legal Contexts*” presented to the Law Students of the University of Ottawa's Community Law Clinic. Ottawa, Ontario.

June 2007 “*Mentoring Early Career Psychologists*” with Dr. Tim Hogan and Dr. Paul Basevitz, a discussion hour presented to the Canadian Psychological Association's Annual Convention. Ottawa, Ontario.

Feb 2005 “*Reconciling the Clinical Attitude with the Entrepreneurial Attitude*” presented to the Early Career Psychologists' symposium. The Ontario psychological Association's 58th Annual Convention. Toronto, Ontario.

Sept 2005 & 2006 “*Psychological Practice as an Ethical Business*” presented to the Ethics and Jurisprudence course coordinated by Dr. Ruth Berman and Dr. Harvey Brooker. York University, Toronto, Ontario.

- Mar 2003 *"Treating Addictions in the Context of Domestic Abuse"* presented to the joint meeting of the Ottawa Academy of Psychology and the Ottawa Academy of Medicine's Psychiatric Division. Ottawa, Ontario.
- Feb 2002 *"The Y2K OPA Income Survey"* presented to the Fifty-fifth Annual Convention of the Ontario Psychological Association. Toronto, Ontario.
- June 1998 *"Respect and Responsiveness: The Feminist Collaboration in Psychotherapy"* presented at the Workshop: Bridging Feminist Theory and Practice, moderated by Maria Steinberg. Presented to the Canadian Psychological Association's Annual Convention. Edmonton, Alberta.
- Feb 1997 *"1995 – 2005 ~ Predictions for Psychology and the Ontario Psychological Association"* presented at the Retrospective luncheon celebrating the Ontario Psychological Association's 50th Anniversary. Toronto, Ontario.
- Aug 1996 *"The Psychologist Support Program of the Ontario Psychological Association"*, presented to the 104th Annual convention of the American Psychological Association. Toronto, Ontario.
- Feb 1995 Discussant for Dr. Brent Willock's paper on the International Accessibility of Psychoanalysis.
- 1991 – 1994 Numerous presentations on professional issues, jurisprudence and ethics of professional practice.
- Nov 1993 *"Bill 100; The Need for Professional Education about the Sexual Exploitation of Clients by Health Professionals"* presented to the Ontario Psychological Association's Fall Institute. Toronto, Ontario.
- Nov 1993 *"Developing a Group Private Practice"* presented to the Ontario Psychological Association's Fall Institute. Toronto, Ontario.
- Apr 1993 *"Feminist Therapy and Self-psychology: A Modest Contribution to the Dialogue"* presented to the Ottawa Self-Psychology Study Group. Ottawa, Ontario.
- Mar 1993 *The Public Hospital's Act and Psychologists: Continuity of Care for Clients at Risk* presented to the Liberal Caucus of eastern Ontario on behalf of the Ottawa Academy of psychology.
- Feb 1993 *"A Look Into the Crystal Ball: The Future of Psychology in Ontario"* Presidential Address, presented to The Ontario Psychological Association's Annual convention. Toronto, Ontario.
- Feb 1993 *"Going From Bad to Worse: The Impact of Hospital Cutbacks and Program Management on Access to Psychological Services"* presented to the Ontario Psychological Association's Annual Convention. Toronto, Ontario.
- Dec 1992 *"The Public Hospitals' Act, the Regulated Health Professions Act and Program Management: Impact on Psychologists in Hospitals"* presented to the Psychology Department, Children's Hospital of eastern Ontario. Ottawa, Ontario.
- Nov 1992 *"Promotion of Psychology Private Practices"* presented at The Fall Institute of The Ontario Psychological Association.
- Nov 1992 *"The Ethical Promotion of Psychological Private Practices"* presented at the Fall Institute of The Ontario Psychological Association.
- Nov 1992 *"Preparation for Registration as a Psychologist or Psychological Associate"* presented with co-presenters to the Fall Institute of The Ontario Psychological Association.
- June 1992 *"RHPA Update"* presented to the Psychology department, Ottawa Civic Hospital. Ottawa, Ontario.

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- May 1992 *"The Crisis in Accessibility to Psychological Services"* presented to the MPP Breakfast Meeting, Queen's Park. Toronto, Ontario.
- Mar 1992 *"The Future of Psychology In Ontario"* presented to various regional psychological associations in my capacity as president of The Ontario Psychological Association.
- Mar 1992 *"Sexual Abuse of Patients by Psychotherapists: the Dynamics of the Patient and the Doctor, a Self-Psychology Perspective"* presented with Dr. Mel Segal to The Ottawa Self-Psychology Study Group.
- Feb 1992 *"OHIP Update: What OPA is Doing about Public accessibility to Psychological services"* presented to The Ontario Psychological Association's Annual Meeting. Toronto, Ontario.
- Feb 1992 *"Making the Transition from Student to Professional"* a paper presented to the Student Section Symposium at the Ontario Psychological Association Annual Meeting. Toronto, Ontario.
- Nov 1991 Chair, Invited Address: Dr. Richard Irons, *"Sexual Exploitation of Patients"*. He presented this invited address to The Ontario Psychological Association Annual Meeting. Toronto, Ontario.
- Nov 1991 *"Evaluating Requests for Client Information from Third Parties"* presented to the Fall Institute of The Ontario Psychological Association.
- Nov 1991 *"What Psychologists Want From OBEP"* presented to the Fall Institute of The Ontario Psychological Association.
- Feb 1990 Chaired symposium entitled *"Mandatory Continuing Competence: It's Coming!"* presented to The Ontario Psychological Association.
- Feb 1989 *"Patient Satisfaction as an Outcome Measure of "Cure" in Psychoanalytic psychotherapy"* presented to The Ontario Psychological Association.
- Feb 1989 *"Strategies and Ethics of the Promotion of a Psychological Practice"* presented to The Ontario Psychological Association's Annual Meeting. Toronto, Ontario.
- Feb 1989 *"Ethics and Policy of Promoting Psychological Services: The Underlying Principles"* presented to The Ontario Psychological Association's Annual Meeting. Toronto, Ontario.
- Feb 1987 *"The Psychological significance of the Fee for Service in Psychotherapy"* presented to The Ontario Psychological Association's Annual Meeting. Toronto, Ontario.
- Oct 1986 *"Sexual Identity, Social Roles and Addictions"* Keynote address for a one day workshop for addictions workers.
- Oct 1983 *"Socio-mental Aspects: A Clinical Psychologist's Perspective"* presented at the PACE Conference, Studying Problems Association with Video Display Terminals.
- Feb 1980 *"Assessing the Suicide Potential of Alcoholic Women"* A paper in the symposium Treating Women Alcoholics, chaired by the author, presented to The Ontario Psychological Association. Toronto, Ontario.
- June 1979 *"The Processing of Auditory Patterns by process Schizophrenics as a Function of Complexity"* presented to the Canadian Psychological Association's Annual Meeting. Quebec City, Quebec.
- Feb 1977 *"The Doctoral of Psychology Program: The Con Position"* presented to The Ontario Psychological Association's Annual Meeting. Toronto, Ontario.

August, 2018

May 1976 *"How Depression Has Been Seen Clinically"* presented to the University of Guelph, MacDonald Institute (Family and Consumer Studies) Alumni Association Conference. Guelph, Ontario.

June 1975 *"The Fragmentation of After-Images in Schizophrenics and Normals"* presented to the Canadian Psychological Association's Annual Meeting. Quebec City, Quebec.

July 1970 *"Cue Utilization and the Process of Judging Creativity"* presented to the Western Psychological Association. Boulder, Colorado. Co-authored with Dr. D.L. Schaeffer



Deirdre Moore <deirdre.faff@gmail.com>

Expert Report for Upcoming Trial

1 message

Deirdre Moore <deirdre.faff@gmail.com>
To: Iris Jackson <drj@ottawa-psychologists.com>
Bcc: Deirdre Moore <deirdre.faff@gmail.com>

20 November 2018 at 12:07

Dear Dr. Jackson

Currently, I am in the process of preparing for the upcoming trial where I intend to expose John Kiska for what he has done (and continues to do) to Sean and Cate and me for over six years.

In order to subpoena you to the trial, I must first retain a Expert Report from you and make it available to John's lawyer as well as the pre-trial judge. Attached, you will find a list of 20 questions that I will be asking the four psychiatrists from The Ottawa Hospital who were primarily responsible for my diagnosis and care from 2013-present. I have also attached part 1 of a 2-part list of documents that I refer to as "Overview". Kindly review both parts of the Overview as well as the 20 questions so that you are in a position to provide your Expert Report.

In addition to the following questions, please include your name, position, role and contact information in your Export Report. The questions that I would like to pose to you are:

1. Have you reviewed documents A-Z that comprise the "Overview" provided by Deirdre Moore?
2. Have you reviewed the list of 20 questions that Deirdre is posing to some of the psychiatrists who have cared for her in the past?
3. Do you feel that it is possible that Deirdre has developed a history of mental illness because she is the victim of a narcissist?
4. Can you offer any explanation for why John Kiska has consistently failed to mention the level of marital conflict that has existed in the marriage when he was speaking with Deirdre's physicians?
5. Can you offer any explanation for why John Kiska has consistently provided false information to Deirdre's treating psychiatrists?
6. Do you believe that John Kiska's behaviour towards Deirdre over the past six years reflects one of a loving, caring husband? Please explain.
7. Under the circumstances, how do you feel Deirdre has coped with the experiences that she has been forced to endure over the past six years?
8. Do you agree with the recommendation of the Office of the Children's Lawyer that sole custody should be awarded to Deirdre? Please explain.
9. Do you believe that John Kiska should be entitled to shared access to the children Sean and Cate given his lack of support for their overall care? Please explain.
10. Do you have any suggestions on how Deirdre can protect Sean and Cate from the impact of an emotionally abusive father?

Dr. Jackson, if there are other questions that you feel are important for me to ask while we are in Court, please do let me know and I will revise these questions accordingly.

Are you in a position to provide your Expert Report to me by December 17, 2018? Please do let me know at your earliest convenience.

Thank you for your help. (Overview - Part 2 of 2 will follow)

Deirdre Moore
(343) 550-6181

ps. I will drop off a printed version of these documents as soon as possible.

3 attachments

 **20 Questions for Psychiatrists.pdf**
288K

 **20181017 Engelking Endorsement.pdf**
794K

 **20181113 Overview part 1 of 2.pdf**
13352K



Deirdre Moore <deirdre.faff@gmail.com>

Overview - Part 2 of 2

1 message

Deirdre Moore <deirdre.faff@gmail.com>
To: Iris Jackson <drj@ottawa-psychologists.com>
Bcc: Deirdre Moore <deirdre.faff@gmail.com>

20 November 2018 at 12:09

As per previous e-mail, please find part 2 of overview attached.
Deirdre

 **20181113 Overview part 2 of 2.pdf**
12606K