


To Mrs.
Thi Tuyet Nga Tran



Innsbruck, on 29.06.2025

Method-critical statement on the family psychology report by Dr. Tamara [REDACTED] (file number 2 Ps 49/17z)

In the opinion of the undersigned, the present expert opinion by Dr. Tamara [REDACTED], dated 15 March 2025¹, has fundamental methodological, conceptual and ethical deficiencies that call into question its scientific validity and usability in court. The most serious deficits are

1. **Diagnosis without examination (remote diagnosis):** The expert witness gives the child's mother serious mental diagnoses, such as a "delusional disorder" or a "paranoid personality structure"¹, without ever having conducted a direct examination, exploration or testing. This approach violates fundamental ethical and scientific principles of psychological diagnosis and is unacceptable in terms of professional ethics⁽²⁾.
2. **Use of an unscientific concept:** The expert opinion bases its argumentation largely on the so-called "PAS syndrome according to Gardner".¹This concept is not recognized in the international classification systems (DSM, ICD) and is classified as unscientific or pseudoscientific by leading professional associations.⁵Its use reveals an outdated level of knowledge and an ideologically biased approach.
3. **Systematic bias and lack of neutrality:** In the opinion of the undersigned, the report uncritically and almost verbatim adopts the account of the child's father as the basis of the facts ("frame story").¹Exculpatory or contradictory information is ignored or not integrated into the analysis. This

manifests a consistent confirmation bias, which contradicts the requirement of impartiality.²

4. **Internal contradictions and ignored findings:** In the opinion of the undersigned, the experts' conclusions are in direct contradiction to their own data. In particular, the positive kindergarten report for the MJ Akua and the high scores of the daughter Aurora in the area of cooperation skills in the psychological test are not acknowledged or resolved in the final risk analysis.¹

In summary, in the opinion of the undersigned, the expert report is not a neutral, scientifically sound decision-making aid for the court, but a biased document characterized by serious flaws in methodology and conception. Its recommendations are therefore unreliable and potentially harmful to the child's welfare.

Part I: Analysis of fundamental and formal shortcomings

1.1 Procedural and formal irregularities The problem of dating and diligence

A first formal warning signal is the discrepancy between the date of the expert's report (March 15, 2025) and the date of electronic submission to the court (March 19, 2025).¹ Although this could be a simple typing error, such a mistake in a forensic document, where the utmost care is expected, raises initial doubts about the conscientiousness of the experts. Compliance with formal criteria is a fundamental aspect of expert opinion quality⁽⁹⁾.

Insufficient operationalization of the court's mandate

The court order is to examine the mother's ability to raise the child and to clarify whether a transfer of custody to the father is in the best interests of the child.¹ The expert translates this order into a series of psychological questions.¹ However, in the opinion of the undersigned, this operationalization is already inadequate and biased in its structure.

The first psychological question is: "Does the mother exhibit psychological or emotional stress that could impair her parenting skills?"¹ This formulation directs the investigation towards pathologizing the mother from the outset. A neutral, hypothesis-driven approach would require a symmetrical questionnaire that focuses equally on the resources and deficits *of both* parents. In the opinion of the undersigned, the questionnaires focus almost exclusively on possible deficiencies of the mother ("Does the mother

mother ("Does the mother have...", "Is the mother capable of..."), while the father is only marginally considered

as a potential alternative, but not as a subject of the procedure to be examined in the same way.

This asymmetrical framing violates the principle of impartiality and objectivity, which is the top priority for court-appointed experts.² Instead of creating an open and balanced diagnostic process, an investigative framework is created that pushes the mother into the role of the "problem source" to be examined from the outset. This lays the foundation for a confirmation bias that runs through the entire report.

1.2 Deficiencies in the factual basis (file situation)

Uncritical adoption of the father's account

In the opinion of the undersigned, the chapter "Framework events" ¹is not a neutral summary of the contents of the file, but a largely unfiltered reproduction of the father's application for the transfer of sole custody. Although the expert claims to have summarized the "relevant parts of the file", this selection appears to be extremely one-sided. The father's allegations are reproduced in detail over more than 15 pages.

Mixing of allegation and fact

In the opinion of the undersigned, the expert fails to clearly identify the father's allegations as such. Serious allegations - such as the mother's alleged, untreated schizophrenia diagnosis, the showing of slaughterhouse videos or the systematic manipulation of the children - are presented as part of the "frame story" without contextualizing them as partisan *allegations* or referring to attempts at independent verification.¹ In the opinion of the undersigned, this constitutes a serious methodological error. An expert witness must not treat disputed party submissions as objective fact, but must understand them as hypotheses to be tested.⁹ This approach elevates the father's perspective to the factual truth of the case before the actual expert investigation has even begun.

Selective presentation of information

Information that could call the father's narrative into question is mentioned but not pursued further in the analysis. A striking example is the incident in which the father blocked the mother's car with his own vehicle, which was observed by an employee of the youth welfare office.¹ This aggressive and, in a conflict situation, highly escalating behavior of the father is not analyzed in the report with regard to his own parenting skills, impulse control or conflict behavior. It remains an isolated note in the file instead of being included in the psychological assessment of the father. This

indicates, in the opinion of the undersigned, a selective perception aimed at maintaining the negative image of the mother and the positive image of the father.

The expert opinion therefore does not act as an independent analytical tool for the court, but rather as an amplifier of the father's accusations. In the opinion of the undersigned, the expert fails in her fundamental task of acting as a neutral authority and providing the court with an objectified and critically examined factual basis.

The expert's statement that he had conducted an interview with the class teacher of MJ Aurora without recording or summarizing the content of this interview in the expert opinion constitutes a serious methodological deficiency. This approach violates central quality requirements that must be met by an expert report, above all the principles of comprehensibility, transparency and the guarantee of the right to be heard.

An expert report must disclose its sources of knowledge and clearly separate the information obtained from them (the findings) from the inferential assessments (the actual expert report). By only mentioning the interview but withholding its content, the expert creates a non-transparent void. It is impossible for the court and the parties to the proceedings to understand what information the teacher provided and what weight this information had in the expert's judgment. Furthermore, this inevitably **creates the impression of a selective choice of content to the detriment of objectivity**. Since the expert has sole control over which information from the interview she considers relevant and which not, there is a reasonable suspicion that only those aspects that support her hypotheses may have been included in her assessment, while contradictory or exculpatory information was not mentioned.

This approach also violates the parties' right to be heard. The parties are entitled to comment on all facts relevant to the decision. As the content of the conversation is unknown, they are deprived of the opportunity to contextualize, dispute or correct the teacher's statements. Such a procedure contradicts the experts' duty of care to document their findings completely and transparently and undermines the fairness of the procedure as well as the reliability and objectivity of the expert opinion.

Part II: Critical assessment of methodological shortcomings

2.1 The unscientific nature of the assessment without direct examination (remote diagnosis)

In the opinion of the undersigned, the most serious methodological flaw of the expert opinion is the submission of serious psychodiagnostic judgments about the child's mother without ever having personally explored, observed or tested her.

Violation of fundamental professional ethics

The expert concludes that there is a "well-founded suspicion of serious mental abnormalities or personality disorders in the child's mother" and brings a "delusional disorder or a strongly pronounced paranoid personality structure" into play as a differential diagnosis.¹Such a "remote diagnosis" is incompatible with the ethical guidelines of the psychological professions. Both the German and Austrian professional codes of conduct require the personal and direct exercise of the profession and prohibit diagnoses about persons who have not been examined.³The Austrian Psychologists Act explicitly stipulates in

§ (2) Making a diagnosis without direct contact is scientifically unfounded and constitutes gross misconduct in terms of professional ethics.

Misinterpretation of non-cooperation

The expert interprets the mother's refusal to participate in the assessment as confirmation of her pathological condition.¹In the opinion of the undersigned, this is inadmissible. Participation in an assessment is voluntary and a refusal must not be interpreted as an admission of guilt or evidence of a disorder.⁹A correct approach would have been to document the efforts to make contact and to present the non-participation as a significant limitation of the data basis. Any conclusions regarding the mother should have been labeled as highly speculative and to be interpreted with extreme caution. Instead, the non-cooperation is used as further evidence against the mother, which in the opinion of the undersigned underscores the bias of the expert.

Invalid diagnostic process

In Austria, making a clinical-psychological diagnosis requires a clearly defined process, which usually includes a medical or psychotherapeutic referral with a suspected diagnosis, a medical history, behavioral observation and the use of standardized testing procedures.¹⁴The expert bypasses this entire process and arrives at a serious psychiatric suspected diagnosis solely on the basis of files and third-party reports (which in turn are largely based on the father's allegations). This diagnostic short-circuit is scientifically untenable and, in the opinion of the undersigned, constitutes an abuse of the expert's authority. The "diagnosis" here serves

not for clinical clarification, but as a rhetorical device to legitimize the recommendation to withdraw custody.

2.2 Improper use and interpretation of psychometric testing (JTCI 7-11)

The application of the "Junior Temperament and Character Inventory" (JTCI 7-11) to the eight-year-old daughter Aurora is, in the opinion of the undersigned, a further example of the methodological weaknesses of the report⁽¹⁾.

Ignoring contradictory results

The most conspicuous omission is the selective interpretation of the test results. Aurora achieved a T-score of 66 on the "cooperativeness" (KO) scale, which corresponds to the 95th percentile.¹This indicates a child who is described as exceptionally "tolerant, fair, considerate and kind".¹In the opinion of the undersigned, this result is diametrically opposed to the experts' narrative that Aurora is a severely alienated child who is instrumentalized as a tool for the mother's hate campaign. Such a cooperative and social personality profile is hardly compatible with the image of a hate-filled, manipulated child. A scientifically honest expert should have addressed and resolved this contradiction. Completely ignoring this central finding devalues the entire test diagnosis and raises the suspicion of cherry-picking to support a preconceived opinion.

Lack of alternative hypotheses

MJ Aurora achieves a very low score in the area of "curiosity behavior" (NV) (T-score 31, 3rd percentile). The expert interprets this as "difficult to activate, deliberate, cumbersome, modest and orderly".¹In the opinion of the undersigned, she fails to examine alternative hypotheses that are obvious in the context of the case. Such a low level of curiosity can also be an expression of fear, emotional suppression or an extremely cautious attitude due to the massive conflict of loyalties. In the opinion of the undersigned, testing is therefore not used as an explorative tool for hypothesis formation, but merely as a decorative element whose results are interpreted in such a way that they do not disrupt the existing narrative.

2.3 Biased interpretation of children's statements and observations Devaluation of the child's will

Both eight-year-old Aurora and five-year-old Akua express the wish not to see their father.¹The expert attributes this directly and exclusively to manipulation by the mother, without any detailed examination. According to German and Austrian case law and specialist literature, however, the will of the child is a central criterion of the child's welfare and must be determined and assessed in an age-appropriate manner.^{17A}

professional analysis should have examined the stability, intensity, goal orientation and autonomy of the expressed will.²⁰In the opinion of the undersigned, there is no serious consideration of alternative reasons for the rejection, such as a genuine conflict of loyalty in which the children are trying to protect the main caring mother, or actual negative experiences with the father. The child's will is not dismissed as an expression of the child's subjectivity, but from the outset as a pathological symptom of maternal influence.

Pathologization of children's fantasies

The children's esoteric stories (seeing angels, coming from another dimension, soul travel)¹are assessed by the expert as a "unrealistic world view" and a "significant risk factor".

"considerable risk factor", which could even indicate a suicidal risk ("extended suicide").¹This interpretation is extreme and alarmist. In the opinion of the undersigned, the expert fails to consider these statements in the context of developmental psychology, in which the boundaries between fantasy and reality can still be blurred. It is not explored whether these are games, stories, fairy tales or firmly anchored beliefs that cause suffering. The leap from childhood fantasy to potentially life-threatening danger is speculative, not supported by validated risk instruments and represents an irresponsible dramatization.

Ignoring positive reports from others

The kindergarten report on Akua paints a picture of a socially well-integrated, cheerful and competent child.¹He is described as an "open-minded, talkative, sociable boy" who has friends and shows no deficits. This positive finding from a neutral, everyday observation situation stands in stark contrast to the conclusion of the experts that the children are exposed to an acute and massive risk to their welfare. Instead of resolving this contradiction, the kindergarten report is reproduced, but effectively ignored in the final assessment.

Part III: Analysis of conceptual and interpretative errors

3.1 The uncritical and unscientific use of "Parental Alienation Syndrome" (PAS)

A central conceptual flaw that undermines the scientific basis of the entire of the entire report is the explicit reference to the "PAS syndrome according to Gardner"⁽¹⁾.

Use of a discredited concept

Parental Alienation Syndrome is not a recognized mental disorder. It is neither in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) nor in the ICD-11 (International Classification of Diseases).

Classification of Diseases).⁵Leading professional organizations such as the American Psychological Association (APA) and the American Medical Association (AMA) have refused to recognize it due to a lack of empirical evidence.⁵In the professional community, PAS is widely regarded as "junk science" or a pseudoscientific construct whose use in legal proceedings is highly controversial.⁶The use of this term by an expert witness is, in the opinion of the undersigned, a clear indication of a lack of scientific currency and rigor.

Outdated knowledge and ideological bias

The reference to Gardner (1998) shows, in the opinion of the undersigned, that the expert draws on outdated and ideologically charged literature rather than current, evidence-based models of parent-child contact problems.²³The PAS concept is historically closely linked to certain fathers' rights movements and often serves to discredit legitimate concerns or protection needs of the caring parent and the child by devaluing them across the board as manipulative "programming".²⁵By choosing this concept, the expert leaves the ground of a neutral, systemic analysis and adopts a simplistic perpetrator-victim scheme that fails to recognize the complexity of family dynamics, in the opinion of the undersigned.

Outdated specialist literature and lack of references

The use of predominantly outdated specialist literature and outdated concepts in a psychological expert report represents a considerable lack of quality and violates the fundamental requirements of due diligence and scientific foundation as laid down in the guidelines for experts applicable in Austria. Such an approach undermines the validity and reliability of the expert conclusions. An even more serious deficiency, which calls into question the scientific nature of the entire report, is the complete lack of a bibliography.

According to the guidelines for the preparation of clinical-psychological and health-psychological findings and expert opinions of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), an expert opinion must be conclusive and comprehensible. The lack of a bibliography fundamentally violates this principle of comprehensibility (transparency). Without the disclosure of the sources used, it is impossible for the court, the parties to the proceedings or other experts to verify the scientific basis of the expert's theses, interpretations and conclusions. The expert opinion becomes an unverifiable "black box" that requires pure trust in the authority of the expert instead of being based on transparent, scientific reasoning.

An expert opinion without a list of sources evades any scientific review. The obligation to be scientific requires that the claims made are substantiated by recognized theories, empirical studies or standardized test procedures. If this evidence is not provided, the expert opinion is degraded to a mere string of private opinions and personal convictions of the experts. It is no longer clear whether the expert opinion is based on the current state of research or on decades-old, possibly refuted concepts. It becomes impossible to distinguish between well-founded analysis and subjective assessment.

A psychological expert report without a bibliography does not meet the most basic standards of scientific work. In its entirety, it must be assessed as not scientifically sound and not comprehensible. In the opinion of the undersigned, such a document cannot be a reliable basis for a court or authority to make a decision.

3.2 One-sided assessment of attachment dynamics (attachment tolerance & attachment care)

The expert uses the concepts of attachment tolerance and attachment care, but applies them in a one-sided and unbalanced manner.

Unbalanced application of "attachment tolerance"

The expert opinion attests that the mother has a "massive attachment intolerance".¹ Attachment tolerance refers to the ability of a parent to value and promote the child's relationship with the other parent.²⁸ While the mother's behaviour (refusal of contact) should be critically examined from this perspective, the expert completely fails to analyze the father's attachment tolerance. His own conflict-aggravating behavior, such as blocking the mother's car or repeatedly confronting her in court, is not examined in terms of whether it respects and protects the children's attachment to the mother.

Ignoring the concept of "attachment care" on the father's side

The expert correctly states that "attachment care" goes beyond mere toleration and means the active promotion of the other parent-child relationship.¹ However, she only examines this aspect as a deficiency on the mother's part. There is no discussion of whether the father, for his part, acts in an attachment-caring manner, i.e. actively supports the mother in her role as the children's main caregiver, or whether his actions (e.g. passing on audio recordings of the children) further fuel the parental conflict and burden the children.

The analysis of the attachment dynamics is therefore incomplete and only serves to underpin the mother's deficits instead of developing a systemic view of the mutual contributions of both parents to the conflict.

The psychological report uses the scientifically outdated approach of Parental Alienation Syndrome (PAS), which has been criticized by experts. In doing so, the expert failed to take into account the current state of scientific knowledge and to examine the mother's behavior under the aspect of protective gatekeeping. This concept describes behavior that restricts a person's access to the child in order to protect it from harm.⁴⁶

The reports of endangerment submitted by the child's mother, according to which the child's father is said to have transported the underage children in the car under the influence of alcohol, were not adequately investigated. However, such a review would have been necessary, as a parent's refusal to cooperate for reasons related to the child's welfare, such as problematic care behavior or violence, should not be interpreted as a deficit. Objective diagnostic methods, such as a visual urine test (to determine the EtG/EtA markers) or a blood test (CDT test), could have been used to clarify potential chronic alcohol abuse. However, the expert failed to carry out these necessary clarifications.

3.3 Pathologization of the mother's lifestyle and beliefs

In the opinion of the undersigned, the expert makes the mistake of drawing a direct conclusion from the mother's unconventional lifestyle and beliefs that the child's welfare is at risk without proving the necessary causal link.

The leap from "unconventional" to "dangerous"

The mother's esoteric beliefs and vegan diet are presented as key risk factors.¹ However, the decisive step of proving actual, observable harm to the children is missing. The allegation of Akua's "failure to thrive" refers to an incident in 2021.¹ This contrasts with the current kindergarten report from 2025, which attests to the boy's excellent development without any abnormalities.¹ The expert fails to integrate and evaluate this contradictory information. Instead, a past problem is used as evidence of an acute, present danger.

Unfounded alarmism

Probably the most serious interpretative error is the hypothesis of a potential "extended suicide". "extended suicide".¹ This assumption is merely derived from children's stories about a "different world". "other world". Such a serious warning requires a well-founded

basis, for example through a validated risk assessment for suicidality, which is completely lacking here. Such a speculative and decontextualized dramatization is scientifically dubious, highly suggestive and far exceeds the limits of responsible expert work.

Yours sincerely



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