January 2012

Child Custody Evaluations: Ethical, Scientific, and Practice Considerations

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Abstract

Child custody evaluations are among the most difficult of forensic evaluations. The current paper examines differences between custody evaluations and other types of psychological and forensic evaluations. We also discuss important ethical issues regarding these evaluations and review the typical components of a custody evaluation, with particular attention on psychological testing as a component of custody evaluations. We then discuss the role of research in informing the interpretation of the evaluation data and provide a complete sample custody evaluation report to illustrate several points from the manuscript.

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Journal of Psychological Practice, (2012). Vol. 17, 1-70.

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Some have argued that child custody evaluations are the most difficult of forensic psychological evaluations to complete (Otto, 2000; Otto, Edens, & Barcus, 2000), in part because of the multifaceted nature of what the evaluations entail and the high pressured nature surrounding contested custody disputes. Indeed, unlike most forensic psychological evaluations that involve the assessment of one individual for a particular circumscribed legal issue (e.g., competency to stand trial, criminal responsibility), child custody evaluations are very time consuming and involve interviews with numerous parties (e.g., parents, children, potential stepparents, grandparents) regarding a variety of issues above and beyond psychological functioning, such as parenting ability, geographical consideration of the parents' homes and schools, and parental legal and health status. Moreover, the parties in these cases are often highly emotional and invested in obtaining their particular desired outcome, which can impact their interactions with the forensic evaluator and create potentially heated situations.

The practice of child custody evaluations is a complex, difficult, and challenging process that has been subject to substantial controversy and criticism, in part due to a perception that forensic evaluators base their opinions regarding custody issues on less than sound scientific assessment techniques (Emery, 2005; Emery, Otto, & Donohue, 2005; Erikson, Lilienfeld, Vitacco, 2007; Otto, Edens et al., 2000). The purpose of the current paper is to provide a broad context to understand custody evaluations in terms of how these evaluations differ from other types of psychological and forensic evaluations, important ethical issues regarding these evaluations, typical components

of a custody evaluation, psychological testing as a component of custody evaluations, and finally, the role of research in informing the interpretation of the evaluation data. We also provide a complete sample custody evaluation report that is presented in the Appendix, completed by the second author, as an example to illustrate several points about custody evaluations.

Types of Evaluations

There are numerous types of psychological evaluations and the distinctions between these are often blurred and confusing. Greenberg and Shuman (1997) have noted the basic distinctions between evaluations conducted for clinical purposes and forensic evaluations. Clinical psychological evaluations typically include interviews and psychological testing performed for psychological diagnosis and treatment planning. The patient is the client and the intended user is typically the patient and/or their treatment provider (e.g., psychiatrist, psychologist, primary care physician, counselor). The goals of psychological evaluations are often to provide more accurate assessment of psychiatric diagnoses and psychological/cognitive functioning and to aid in treatment planning. Oftentimes, third-party information is only utilized in a limited manner and the release of the evaluation report is carefully restricted by laws and regulations (e.g., HIPAA). Moreover, the client's participation is typically voluntary and results generally have no negative effects on the patient. The evaluation costs are typically covered, in part or in whole, by the patient's health insurance or other third party payer.

In contrast, forensic psychological evaluations, of which child custody evaluations are a subcategory, are typically requested by the court to provide information on

the psychological functioning of an examinee as it pertains to a standard or issue of law. The consumer or client in this instance is the court or an attorney, the examinee may or may not benefit from the results of the evaluation, and their participation may be involuntary. Consequently, the forensic examinee needs to understand that the results of the evaluation, typically in the form of a psychological report and occasionally in the form of courtroom testimony, is not covered under the typical therapist/patient privilege afforded in most clinical situations. Forensic psychological evaluations typically involve much more extensive record reviews than standard psychological evaluations as well as collateral interviews and consent procedures. In addition, the costs for a forensic evaluation are not typically covered by third party payer sources because they are not "medically necessary" and the purpose of the evaluation is not directly related to treatment of a mental illness.

Child custody evaluations often involve consideration of the parents' capacity to serve as an effective and responsible caregiver for one or more children. These evaluations involve parental interviews, collateral interviews, extensive record reviews, observations of parent-child interactions, home visits, and psychological testing to provide assistance to the court in making decisions regarding custody and visitation under the criteria provided in state statute. In contrast to standard psychological evaluations, which typically focus on diagnostic issues, in child custody evaluations, psychiatric diagnoses are only important to the extent that they impact the parent's ability to provide an environment that is in the best interests of the child. For example, a diagnosis of depression would not, in and of itself, preclude a parent from gaining or maintaining custody of his or her child. However, if the

parent's depression substantially impacted his or her ability to provide a stable and supportive environment or resulted in neglect, then it might substantially affect the evaluator's opinion regarding custody arrangements.

Ethical Guidelines & Standards

There are several sets of codes or guidelines for a clinical psychologist conducting child custody evaluations. In 1991, a specific set of guidelines, referred to as the Specialty Guidelines for Forensic Psychologists, were developed by a task force composed of Division 41 of the American Psychological Association (APA), which is the American Psychology-Law Society, and the American Board of Forensic Psychology. These guidelines were developed in order to balance the self-interest of the individual professional in relation to those receiving services from a forensic clinician, such as those involved in a child custody evaluation. These standards were developed to ensure the appropriate use of skills, techniques, and judgment by individuals performing forensic evaluations. They are currently in the process of being revised.

The American Psychological Association released guidelines specifically pertaining to Child Custody Evaluations in 1994, which were most recently revised in 2009 (APA, 2009), as well as guidelines pertaining evaluation in child protection matters (APA, 1998). The revised versions of these guidelines are closely aligned with concepts discussed in APA's Ethical Principles of Psychologists and Code of Conduct ("Ethics Code," APA, 2002), which distinguishes them from earlier versions of the guidelines. Although compliance with these guidelines is not mandatory in most states, competent psychologists working in this area are advised to pay close attention to the guidelines in conducting their evaluations. Although practice

standards and legal standards are typically separate issues, several states have incorporated custody guidelines into their practice standards to form the basis of enforceable standards. Indeed, some licensure boards have included violations of various aspects of the standards as actionable offenses. These variations in the status of child custody guidelines from state to state underscore the importance of psychologists understanding child custody statutes within the state(s) in which they conduct evaluations. These custody evaluation guidelines are presented in summary form in Table 1. They provide objectives in approaching child custody evaluations (e.g., striving to maintain the child's welfare as paramount, striving for impartiality) and discuss applications of the APA Ethics Code as they apply to these evaluations (e.g., avoiding conflicts of interest and multiple relationships). Moreover, the guidelines indicate that psychologists should employ multiple methods of data collection (e.g., clinical interviews, psychological testing, and observations). However, they do not provide guidance in regards to selecting specific evaluation methods, test instruments, or interview questions.

Practice parameters were also published by the American Academy of Child and Adolescent Psychiatry (AACAP, 1997) and provide additional guidance with regard to particular areas that need to be assessed in child custody evaluations (e.g., quality of attachment between child and parent, special needs of the child, parental finance).

The standards of practice often address problem areas, particularly for psychologists without forensic training who lack a familiarity with the basic "best interests of the child" standard. The "best interests of the child" standard was explicated in Michigan's 1970 Child Custody Act (amended in 1993) and has been adopted by

Table 1

APA Guidelines for Child Custody Evaluations in Family Law Proceedings (2009)

Orienting Guidelines: Purpose of the Child Custody Evaluation
1. The purpose of the evaluation is to assist in determining the psychological best interests of the child.
2. The child's welfare is paramount.
3. The evaluation focuses upon parenting attributes, the child's psychological needs, and the resulting fit.
General Guidelines: Preparing for the Custody Evaluation
4. Psychologists strive to gain and maintain specialized competence.
5. Psychologists strive to function as impartial evaluators.
6. Psychologists strive to engage in culturally informed, nondiscriminatory evaluation practices.
7. Psychologists strive to avoid conflicts of interest and multiple relationships in conducting evaluations.
Procedural Guidelines: Conducting the Child Custody Evaluation
8. Psychologists strive to establish the scope of the evaluations in a timely fashion, consistent with the nature of the referral question.
9. Psychologists strive to obtain appropriately informed consent.
10. Psychologists strive to employ multiple methods of data gathering.
11. Psychologists strive to interpret assessment data in a manner consistent with the context of the evaluation.
12. Psychologists strive to complement the evaluation with the appropriate combination of examinations.
13. Psychologists strive to base their recommendations, if any, upon the psychological best interests of the child.
14. Psychologists create and maintain professional records in accordance with ethical and legal obligations.

most states and domestic relations courts as the guiding principle and legal standard utilized for determining custody arrangements (Otto, Buffington-Vollum, & Edens, 2003). Uninformed evaluators may mistakenly believe that child custody is about the best interests of the parents, or the presence or absence of psychiatric diagnoses per se. While these latter evaluators are clearly operating beyond the realm of expertise, it is unfortunately accurate to state that in our experience a substantial number of custody evaluations are undertaken by individuals without adequate training in this area of practice.

While the aspiration is that all custody evaluations will be objective and impartial, the most well intended psychologist will sooner or later encounter a case in which maintaining an objective and impartial stance is quite difficult. Some psychologists, however, misunderstand their role as that of advocating for one parent against another, or more typically serving as the child advocate. These biases often dramatically affect the outcome of their evaluations, and serve to provide inaccurate or misleading information to the courts (APA, 2009).

Psychologists and other mental health professionals are often tempted into serving in dual or conflicting roles in custody evaluations. Mental health professionals who have seen the parents in marital therapy or the children in treatment may be invited by the court or by an attorney to accept the role of an expert evaluator in a custody case. If the evaluator accepts this invitation, the resulting conflicting set of responsibilities eliminates the possibility of that psychologist serving as either an effective therapist or as a neutral and impartial custody expert, a point stressed in most standards of practice in child custody evaluations (e.g., AACAP, 1997; APA, 2009).

Psychologists lacking in specific training in the area of child custody evaluations unfortunately may also confuse forensic evaluation and clinical evaluation. Therefore, relevant medical and legal records are not reviewed, collateral interviews are not conducted, and family observations are omitted. In the worst cases, custody evaluations are sometimes conducted without evaluating both parents and the children. Custody evaluation reports are unfortunately encountered with recommendations that may be offered about custody/visitation without the evaluator's contact with one of the parents, or with no contact with one or more of the children.

The issue of appropriate interpretation of test data and clinical findings is quite complex, particularly in forensic settings (see Archer, 2006), but at the core is the psychologist's knowledge of the limitations of test instruments as well as the scientific limitations inherent in the combination of data to predict behavior. Almost all tests are valid for some purpose, but no psychological test is valid for all purposes. For example, some psychologists attempt to interpret the findings from the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher et al., 2001), a widely administered measure of psychopathology, or the Millon Clinical Multiaxial Inventory-III (MCMI -III; Millon, 1994, 1997), a test that was developed as a measure of psychopathology in clinical psychiatric settings, as providing meaningful evidence concerning parent's adaptive functioning. The MCMI-III does not have a normative sample for parents (or any adults for that matter) expected to be free of major forms of psychopathology and its use with parents without histories of psychiatric treatment is subject to some controversy (e.g., Otto & Butcher, 1995). While the MMPI-2 is useful in detecting several forms of psychopathology that may in-

terfere with effective parenting, the test is not useful in identifying individuals more likely to be model parents because it generally does not measure positive adaptive functioning (Otto & Collins, 1995). Bow, Flens, Gould, and Greenhut (2006) have recently surveyed experienced psychologists concerning their uses and concerns regarding the MMPI-2 and MCMI-III in child custody evaluations. Findings revealed concerns included over-reliance on computer interpretive reports, failure to consider context specific data available for the MMPI-2 in custody populations and lack of knowledge about appropriate base rate cut-offs for the MCMI-III.

Typical Components of a Child Custody Evaluation

Child custody evaluations traditionally involve evaluations of all of the parties directly concerned with the care of the children under consideration (Ackerman & Ackerman, 1997; Otto et al., 2003). The evaluation process typically includes interviews, behavioral observations, and tests of intellectual and personality functioning. In addition, extensive collateral information is obtained through interviews with relevant or knowledgeable people (e.g., teachers, health care providers), medical records, court records, school records, and psychological treatment records.

Previous research has examined the most common components of custody evaluations. Ackerman and Ackerman (1997) surveyed 201 doctoral-level psychologists, the results of which are shown in Table 2. They found that clinical interviews with the parents, clinical interviews with each of the children, and observations of parent–child interactions are the most common components of these evaluations. The reason that collateral contacts and home visits are placed at the end of this list probably have to do

Table 2

Most common components of child custody evaluations and frequency of inclusion (Ackerman & Ackerman, 1997)

#1 Clinical interview with parents
#2 Clinical interviews with children
#3 Parent-child observation sessions
#4 Psychological testing of parents
#5 History of child provided by parents
#6 Psychological testing of child
#7 Document evaluation/review
#8 Collateral contacts
#9 Home visits

with the expense and time required to complete these components, rather than the absolute value placed on these important activities by forensic psychologists. Ackerman and Ackerman results regarding evaluative components are generally consistent with the findings of Bow and Quinnell (2002) based on the latter's review of 52 child custody evaluations.

Parent-child interactions in the office or home are typically a standard part of custody evaluations. These evaluations may range from informal (at one end of the spectrum) to very standardized and reliable observations such as those done by Robert Marvin and his colleagues at the Ainsworth Child-Parent Attachment Clinic at the University of Virginia, who have developed formal rating systems to evaluate the strength and attachment between child and parent (e .g., Marvin & Britner, 1999). Home

visits are a useful and important component of child custody evaluations and typically assess numerous variables, such as the degree to which the family home contains adequate accommodations for the children. Another variable includes the home's availability of age appropriate educational materials, books, and toys or recreational materials in the home. Moreover, it is important to assess the general cleanliness and safety of the residence. With regard to more specific issues, home visits can also provide evidence to the extent that each parent displays pictures of the other parent involved in the custody litigation in order to support attachment with that parent. Even when home visits occur on a scheduled basis, evaluators can sometimes encounter parents who have failed to adequately prepare for the visit and/or display attitudes and behaviors that clearly pose significant problems regarding parenting effectiveness.

Extensive record reviews are also a typical part of custody evaluations. These reviews typically involve acquiring academic records, particularly if the child is having performance or conduct issues in the educational setting. Police records and prior court records should also be reviewed, and psychiatric and medical treatment records for all of the major parties involved in the custody evaluation as permitted under state statutes related to custody evaluation. Among the materials that may be less useful are e-mails, often offered by one or both parents as demonstrations of the unreasonableness or communication difficulties manifested by the other parent. Since the e-mails may be altered prior to being presented to the evaluator, or the series of emails may be edited by one or both parents, unprotected electronic materials are not very reliable sources of data in most cases.

No matter how detailed or obsessive the evaluator,

however, there will always be potentially relevant and important individuals who are not interviewed in the custody evaluation, or collateral records that are not reviewed. Pragmatic issues related to the expense of the evaluation, as well as avoidance of data redundancy, ensure that not all sources can be considered in any custody evaluation. However, the crucial question is the extent to which the evaluator did a reasonable and balanced job of collecting data for their evaluation. Evaluator bias might be demonstrated in several ways, such as spending substantially more time with one parent than the other, or interpreting data using a different standard for each parent.

Psychological testing is an area of unique contribution by psychologists in child custody evaluations. The major categories likely to be found are Self-Report or Objective Inventories of personality and psychopathology (e.g., MMPI-2, Personality Assessment Inventory [PAI, Morey 1991/2007], and MCMI-III), standardized intelligence tests on occasions when the child's behavior or academic performance indicates a need to address this issue, and parent rating scales such as the Child Behavior Checklist (Achenbach, 1991) or Parenting Stress Index (Abidin, 1995). The psychological testing component of a custody evaluation may typically involve several hours for each participant (Ackerman & Ackerman, 1997).

Many clinicians will interview children as young as three years of age, but usually do not ask about parental preference with younger children (Ackerman, 2006). Each expert has a different method of conducting behavioral observations. Some favor observations of structured activities such as homework, whereas others prefer structured observation of play activities. Moreover, some clinicians favor surprise home visits, whereas others always utilize scheduled home visits.

Ackerman and Ackerman (1997) estimated that an average total of 26.4 hours are spent by psychologists in conducting custody evaluations. Outside of report writing, the largest components of time are spent conducting psychological testing and clinical interviews of the parents. Table 3 highlights Ackerman and Ackerman's findings regarding the average breakdown of time spent on the various aspects of custody evaluations. Many professionals who perform custody evaluations have suggested that

Table 3
Summary of Reported Custody Evaluation Procedures (Ackerman & Ackerman, 1997)

Activity	Mean Hours Spent in Activity
Observation	2.6
Reviewing material	2.6
Collateral contacts	1.6
Psychological testing	5.2
Report writing	5.3
Interviewing parents	4.7
Interviewing children	2.7
Interviewing Significant Others	1.6
Consulting w/ Attorneys	1.2
Testifying in court	2.2

Note. Reproduced from "Child custody evaluation practices: A survey of experienced professionals (revisited)" by M.J. Ackerman and M.C. Ackerman, 1997, *Psychological Psychology: Research and Practice, 28*, pp. 137-145. Reproduced with permission of the American Psychological Association.

these time estimates appear to be substantial underestimates. In our own experience, the psychological testing category of five hours for the entire family is certainly an

underestimate. It would not be unusual for testing to occupy a total of 10 to 12 hours for both parents and children. Many psychologists would probably concur with the experience of the authors that the total hours now required to do a comprehensive custody evaluation is somewhere in the upper twenties to as high as 40 hours per case.

Psychological Testing as a Component of Custody Evaluations

One of the most important aspects of psychological test results in custody evaluations is that these findings provide another perspective or viewpoint that can be compared with the perspectives derived about the examinee from other methodologies (e.g., clinical interviews) and is consistent with the 2009 APA guidelines for practicing in this area. In addition to assessing various psychiatric symptoms, behavioral proclivities, and personality characteristics, psychological testing can be used to formulate hypotheses about those involved in custody cases, which can be explored further and corroborated with clinical interview and records. In most cases, psychological tests incorporate normative samples and thus provide the clinician with a nomothetic orientation from which normative comparisons can be derived. For example, tests like the MMPI-2/MMPI-2-RF/MMPI-A or PAI can provide a quantitative appraisal of various psychological symptoms via the use of t-scores. Certainly, consistency among the various types of data collected in a child custody evaluation can raise the evaluator's confidence in their overall opinion. However, the psychologist never knows in advance if one of these sources of information will be the more important at the onset of a case, and often the final conclusion is dependent upon the integration of data from all sources in roughly equal proportion.

Several national surveys have examined the extent to which psychologists utilize psychological testing in custody evaluations. Ackerman & Ackerman (1997) conducted a survey of doctoral level psychologists that rapidly became the standard in the field and covered many areas of custody evaluation practices. Bow & Quinnell (2001) also surveyed 198 psychologists nationally and evaluated test utilization issues. Table 4 shows the most frequently reported test instruments used in custody evaluations in these two surveys.

There have been several other surveys, including a recent one by the first author (RPA) and colleagues at Eastern Virginia Medical School, with very similar findings. Archer, Buffington-Vollum, Stredny, and Handel (2006) conducted an Internet survey with members of Division 41 of the American Psychological Association and/or diplomates of the American Board of Forensic Psychology. 152 individuals responded, with an average of 17 years of post-doctoral experience and 80% of them identified themselves as forensic psychologists. The respondents were asked to report their test use within broad categories including custody evaluations. The MMPI-2 was used nearly twice as frequently as the PAI, a relatively recent self-report personality measure developed by Morey (1991, 2007). The MCMI-III was used with a frequency that was roughly equivalent to the PAI, with a significant drop-off occurring for all remaining objective personality tests.

Some discussion is warranted concerning overwhelming popularity of the MMPI-2 in custody evaluations. The MMPI-2 is the most widely used measure of psychopathology in custody evaluations, followed by the Wechsler Intelligence Scales, with the MCMI and the Rorschach used in somewhat less than half of all custody evaluations.

Table 4

Surveys of Psychological Test Usage Frequency in Child Custody Evaluations

Test	A & A* (1997)	B & Q* (2001)
MMPI-2	92%	94%
WAIS	43%	47%
MCMI	34%	52%
Rorschach	48%	44%
TAT	29%	24%
MMPI-A	43%	20%
CBCL	31%	4%
Family/Kinetic Drawing	45%	18%
PCRI	44%	11%
PSI	41%	9%
ASPECT	16%	11%

Note. * A & A = Ackerman & Ackerman (1997); B & Q = Bow & Quinnell (2001). MMPI = Minnesota Multiphasic Personality Inventory. WAIS = Wechsler Adult Intelligence Scale. MCMI = Millon Clinical Multiaxial Inventory. TAT = Thematic Apperception Test. MMPI-A = Minnesota Multiphasic Personality Inventory-Adolescent. CBCL = Child Behavior Checklist. PCRI = Parent Child Relationship Inventory. PSI = Parenting Stress Index. ASPECT = Ackerman-Schoendorf Scales for Parent Evaluation of Custody.

The MMPI-2 has now been translated into over 40 languages and has an international database of empirical support. It has the most extensive data of any personality measure with American ethnic groups (Graham, 2006).

Graham (2006) estimates that over 2,800 MMPI-related journal articles have appeared since the MMPI-2 was published in 1989. This is in addition to the thousands of articles (some estimate over 12,000) and book chapters that have been written about the original MMPI. The test's extensive use among psychologists and its strong empirical background certainly lend the instrument credibility in most forensic court settings.

The strength of psychological testing in forensic settings, including custody evaluations, often rests on the ability of the psychological test to detect various forms of response bias, such as random responding (by individuals who do not adequately understand test content and are functionally illiterate) and to detect individuals who are providing inaccurate information about their psychological adjustment because they are under-reporting or over-reporting their symptoms. There are many tests of validity that are currently available, some of which are built into the broader test instrument such as the MMPI-2 and PAI, and many "free-standing" tests of malingering or under-reporting. Adequate scientific data on these validity tests varies greatly. The best understood validity scales in the scientific literature are those of the MMPI-2.

According to Pope, Butcher and Seelen (2006), the MMPI-2 has a well established and known error rate (what psychologists would refer to as a standard error of measurement) and a very comprehensive literature concerning the accuracy of predictions and classifications derived from test findings. These characteristics are likely to result in findings based on the MMPI-2 to be admissible in state and federal setting (e.g., Bow, Gould, Flens, & Greenhut, 2006).

There is also survey data available on the most widely used test instruments with adolescents and children in child custody evaluations. Recent survey findings by Archer, Buffington-Vollum et al. (2006) found that the adolescent version of the MMPI (MMPI-A; Butcher et al., 1992) is the most frequently used adolescent self-report test, used twice as frequently as the Millon Adolescent Clinical Inventory (MACI; Millon, 1993).

Archer, Hagan, Mason, Handel, and Archer (2010) recently examined the 338-item Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008) in a sample of 344 child custody litigants. These authors reported that validity scales L-r and K-r produced comparable elevations for the MMPI-2-RF to the L and K scale results found for the MMPI-2 in custody samples. Further, the scale reliabilities and inter-correlations found for MMPI-2-RF in a custody population were similar to these reported in other populations.

The Parenting Stress Index (PSI; Abidin, 1995), the Child Behavior Checklist (CBCL; Achenbach, 1991), and the Personality Inventory for Children-2nd Edition (PIC-2; Lachar & Gruber, 2001) are among the three most widely used parental self-report measures (Archer et al., 2006). The PSI was developed to measure parent's perception of their relationship with their child and to estimate their overall stress level. Higher stress levels lead to more difficult parenting experiences and greater difficulty in the parent's ability to buffer stressors acting on their children. The CBCL and the PIC-2 are parental self-report measures that seek to quantify the parent's perspective on the psychological functioning of their child, assessing such qualities as the extent to which they perceive their

child as anxious or depressed, socially withdrawn, or hyperactive. They also provide an estimate with regards to whether the mother and father evaluate their child's psychological health and functioning in a similar or widely different manner, and may indicate which parent has a more accurate understanding of their child's particular needs.

Relatively recent development of assessment instruments in child custody evaluations include systems of standardized methods of collecting custody evaluation data. These include the Uniform Child Custody Evaluation System (UCCES; Munsinger & Karlson, 1994), which was designed to assist the evaluator in conducting data collection, including interviews, in a systematic and balanced manner. Little empirical data is currently available on the reliability or validity of this standardized form (Lampl, 2009).

The Ackerman-Schoendorf Scale for Parent Evaluation of Custody Test (ASPECT; Ackerman & Schoendorf, 1994) is another example and combines scores from a series of test interviews and records to reach general conclusions in custody evaluations. While these two systems are the most popular in this category, they are used far less frequently than the standard clinical tests such as the MMPI-A or the Parenting Stress Index (Archer et al., 2006) and the supporting literature for the ASPECT has been limited and mixed. Otto, Edens, & Barcus (2000) and Otto & Edens (2003) have provided thoughtful criticisms of the ASPECT. The three primary concerns identified by Otto et al. include a basic concern regarding the psychometric properties of the ASPECT, a lack of a clear relationship between the ASPECT and custody outcomes, and a perceived failure of the ASPECT to incorporate relevant custody evaluation factors. Melton (1995) has been

more aggressive in his criticism of the ASPECT, stating "in short, the ASPECT was ill-conceived: an instrument that results in a score showing the parent who should be preferred in a custody decision necessarily results in overreaching by experts who use it." (p. 23).

Research Informed Evaluation

The Daubert 1993 Supreme Court decision, and its subsequent refinements, generally created a legal environment that favors testimony based on scientific instruments and procedures with established reliability and validity. Scientific reliability and validity is established, in turn, by research findings that have been subjected to peer-reviews in professional journals, techniques that have quantifiable error rates, as well as having gained general acceptance in the field (see Sellbom, 2012, this issue, for a review of this standard in relation to the recently released Restructured Form of the MMPI-2). While the Daubert Standard has not been adopted in all state courts, it does set a bar or an expectation that is relevant to most forensic evaluations.

Bow, Gould, Flens, and Greenhut (2006) recently surveyed 89 psychologists concerning their opinion about which test instruments could meet the Daubert standard or challenge. The MMPI-2 and MMPI-A were identified as satisfying these standard criteria, as well as the various forms of the Wechsler intelligence scales and the Millon adult and adolescent instruments (MCMI-III; MACI).

Because custody evaluations represent a complex and challenging assessment area, there is typically a variety of valid perspectives and seldom a clear consensus among experts concerning the many evaluation issues. Yet, many psychologists provide testimony in custody cases without referencing their source or basis of scientific evidence. These witnesses are able to testify in very general terms because attorneys typically never ask expert witnesses to justify or support their conclusions by quoting or citing the scientific literature. However, the court is entitled to know if the psychologist conducted a literature review surrounding the legal standard or issue involved in the case and what scientific research the expert cites in support of their opinions. Further, custody evaluators who claim expertise should be able to identify the most seminal or important references in a particular field (of child sexual abuse, detection of substance abuse, relationship of depression to parenting ability, etc.) and the leading national and international experts in that topic area. Further, the psychologist should be able to explain how they dealt with contradictory findings given that there are almost always some contradictory findings in the scientific literature. These issues lead to several potentially useful questions for attorneys when questioning expert witnesses in child custody testimony. Sample questions for cross-examination of expert witnesses may include:

- *What research literature was cited by the evaluator?*
- *What studies were selected for emphasis?*
- *Which studies were excluded?*
- *How were contradictory research findings handled?*

Incremental validity

Incremental validity is defined as the gain in predictive accuracy achieved by adding additional prediction variables to your assessment (see Hunsley & Meyer, 2003 for a review). If the addition of a new variable increases predictive accuracy, that variable has incremental validity. In most prediction tasks, incremental validity ceases to increase after two to four tests are combined that use the

same assessment method. The greatest gains in incremental validity typically come from adding data from different sources such as clinical interview, behavioral observation, and test results. Combining results from five self-report questionnaires for instance might do little in terms of providing incrementally valid information, particularly if the measures are highly correlated. For this reason it is important to incorporate information from varying sources using different methods in any custody evaluation.

Related to this issue of incremental validity, David Faust (Faust & Nurcombe, 1989; Faust, 2003) noted that it is far more damaging to include an inappropriate instrument in a test battery then to omit a useful instrument. Stated differently, excessive and poorly focused batteries are more damaging than under-testing in terms of vulnerability during cross examination. This principle may be generally summarized as “less is often more”. This latter principle is largely counterintuitive, and many attorneys as well as psychologists believe that more tests included in a battery produces greater accuracy of prediction. Numerous research studies have shown, however, that only reliable and valid tests providing incremental validity add to predictive accuracy. Adding unreliable tests to a battery typically results in decreased accuracy of prediction. For example, there is no scientific data to support the use of figure drawing tests, such as the Draw-A-Person or House-Tree-Person projective test in any forensic setting including custody evaluations (Erikson et al., 2007). These tests simply do not meet reasonable standards for reliability of scoring or for predictive or concurrent validity and would almost certainly fail a Daubert challenge and should not be included in the psychologist’s test battery or used to form conclusions in custody evaluations.

Interpretative considerations within the context of child custody evaluations

In his famous discourse regarding actuarial versus clinical judgment, Paul Meehl (1954) emphasized the importance of adjusting actuarial or statistical predictions to account for the base rates unique to setting. Both psychologists and lay people often ignore base rate and their role as a very powerful predictor. For example, the base rate of clinical range elevations on the defensiveness validity scales of the MMPI are generally low in clinical settings, however, the frequency of mild to moderate elevations on defensiveness measures in custody cases is much higher in this latter context (Bagby, Nicholson, Buis, Radovanovic, & Fidler, 1999). Therefore, the elevation of these scales in custody scales has quite a different meaning than in typical clinical settings. Moreover, it becomes important to frame psychological test results in a manner that will not be misunderstood within the legal setting. For instance, Gould, Martindale, and Flens (2009) discuss how descriptive terms used to describe under-reporting of psychopathology, such as "faking good" and "defensive" may be attributed to dishonesty by the courts, whereas, psychologists typically do not ascribe such pejorative meanings to these findings, particularly in settings such as child custody, where individuals often put their best foot forward. Moreover, the importance of considering contextual influences in test results is accordance with the 2009 APA guidelines for child custody evaluations (specifically #11).

Many examples of the importance of adjustment of actuarial predictions based on base rate and evaluation context considerations are often found in the interpretation of psychometric data in custody evaluations. Three specif-

ic examples are taken from the actual cases recently encountered by the authors.

In a recent custody evaluation, the senior author was asked to review MCMI-III test findings produced by a mother. The Millon Clinical Multiaxial Inventory-III (MCMI-III) may or may not be appropriate for use in a custody evaluation depending on such factors as the psychiatric history of the respondent, the assessment issue, and the respondent's gender. In general, the MCMI-III is more controversial when used with a parent without a prior psychiatric history or evidence of psychopathology. This is because the test instrument does not have a nonclinical normative sample through which to interpret an examinee's test responses, and responses are compared against patient norms in a manner that may exaggerate estimates of psychopathology for normally functioning individuals. There is also substantial evidence of gender bias in the interpretation of MCMI-III scores, particularly for the Histrionic, Narcissistic, and Compulsive personality disorder scales and for the Desirability scale (see Hyman, 2004; Lampel, 1999; McCann et al., 2001). These scales are most typically elevated in custody evaluations and the identical raw scores result in a much higher base rate score for women than for men. In this case, an extensive history of previous psychotherapy and psychiatric diagnoses produced elevations which suggested to the original examiner that the parent "cloaked her defensiveness about acknowledging psychological problems beneath a façade of social adaptability. She had a strong fear of expressing negative emotions, maintained hidden feelings of insecurity and dependency, and was excessively self-centered and immature." In fact, her MCMI-III scores were quite typical of women in custody evaluations. In view of these factors, Hyman (2004) cautions that practi-

tioners need to be particularly careful about using the MCMI-III personality disorder scales in custody evaluations, indicating a small likelihood that an individual completing the test will appear well adjusted. Groth-Marnat (2003) recently recommended that this test only be used for individuals in psychiatric populations for treatment planning purposes; Ackerman (2006) also cautions about its use in child custody evaluations.

An additional case also clearly illustrates a failure to make necessary adjustments in interpretation of test results. A mother in a contested custody case produced a MMPI-2 validity scale profile that displayed an elevation (T=61) on the Lie Scale. Elevations on the Lie Scale are commonly encountered among parents in parenting capacity evaluations because there is a common tendency for respondents to portray themselves in the most favorable light and to deny common human failings or moral weaknesses. Based on the L scale results, the psychologist in this case labeled the respondent a "pathological liar", despite the absence of any scientific support that elevations on the Lie Scale indicate a conscious effort to deceive. In fact, this woman's elevation on the L scale was quite typical of most male and female respondents in custody evaluation situations (Bagby et al., 1999). Similarly, many individuals produce some elevation on the Paranoia (Pa) scale because they feel that they are being talked about and treated unfairly by others, and that they lack understanding and support from one or more family members. In the case of a father who produced a T-score elevation of 66 on the Paranoia scale in a custody evaluation, the psychologist noted in his report that the respondent was, "angry, distrustful, suspicious and hostile" and "displayed evidence for serious and troubling psychopathology". This type of interpretation is quite inappropriate in a custody

evaluation context and fails to make the necessary interpretive adjustment in behavioral descriptors for this individual given the situational context. These three examples of inadequate interpretation practices underscore the importance of adhering to ethical guidelines, which stress that psychologists should have the background, training and experience necessary to interpret the psychological instruments they select for custody evaluations with an appropriate appreciation for, and knowledge of, the ways in which test scores are influenced by the many unique factors involved in the custody evaluation process.

Case Example

In order to illustrate various points discussed earlier in the manuscript, we have included a sample child custody report in the Appendix. This evaluation was completed by the second author (DBW) and has been altered to mask the identity of all individuals involved in the case. This sample report simply illustrates one viable method of presenting data in a custody report while recognizing that there are many useful approaches to the organization of custody report data and recommendations.

As evident in the report, this case involved parents with an adolescent son and pre-adolescent daughter. The parents had divorced several years prior to contesting custody and both had since remarried. However, as their children entered middle school, the parents disputed their previously satisfactory custody arrangement due to arguments about housing arrangements, schooling, and medical treatment, issues that are frequently disputed in contested custody arrangements.

The evaluation included clinical interviews of both parents and children, psychological testing of both parents and children, observations of parent-and-children interaction in both homes, and collateral interviews with both stepparents. The client contact time for this evaluation included approximately nine hours of interviewing, ten hours of psychological testing, and an hour at each parent's home, totaling approximately twenty hours, a figure that is consistent with previous research regarding child custody evaluations (Ackerman & Ackerman, 1997). This figure does not include time for reviewing records, contacting the guardian ad litem, test interpretation, and report writing, which would add approximately eight hours to the total time for completing this evaluation, resulting in a 28-hour total.

As evident in the report, it was the evaluator's opinion that while both parents showed genuine concern for the two children, the father in this case exhibited several concerning characteristics regarding his parenting ability. Of primary concern was the father's lack of recognition of his son's adjustment difficulties in light of the contested custody. In this case, psychological testing was important in establishing a disparity between the fathers' rating of his son's emotional adjustment on the Child Behavior Checklist (CBCL) and the son's MMPI-A results. Indeed, the father rated his son's symptoms in the non-pathological range, whereas symptoms of anxiety and depression were markedly evident in the son's MMPI-A results. In contrast, the mother in this case had a much more accurate appraisal of her son's emotional adjustment. Additionally, the father displayed a cognitively rigid approach in interacting with the mother regarding mutual aspects of raising their children (e.g., medical treatment and schooling).

One of the most controversial aspects of forensic work is whether the forensic evaluator should address the ultimate issue, in this case regarding child custody deci-

sions, when writing a forensic report or providing expert testimony (Sageman, 2003). As Sageman contends, "The legal profession is very jealous of its turf, especially in regard to its function as fact finder." (p. 328). Nevertheless, specific courts differ widely on this issue and some will request that the forensic examiner provide an opinion regarding the ultimate forensic issue at hand. As you will notice in this particular case example, the Court requested that the examiner provide an opinion regarding a custody arrangement. Bow and Quinnell (2004) surveyed 121 judges and lawyers and reported a general preference for the provision of custody and visitation recommendations within the context of court-appointed and objective evaluations submitted to the court in a timely manner. Further, Bow and Quinnell (2002) found that most (94.2%) of custody reports contained specific custody or visitation recommendations. It is recommended that forensic evaluators be very clear at the onset of a custody case how far their particular Court will want them to go in terms of forming an opinion regarding the ultimate issue.

Regarding the outcome of this case, the judge agreed with the evaluator's opinion and granted residential custody to the mother, but granted both parents shared parenting with regard to decision making in order to keep the father involved in the children's lives, which illustrates that courts can vary in how much they utilize recommendations made by forensic evaluators. Subsequent outcome data in this case indicated that within several months of this court decision, the father began taking the children out of school to visit private schools without informing their mother. He also stopped paying child support to the mother and was eventually found to be in contempt of court and only resumed payment when threatened with jail time. The judge eventually awarded the mother full

custody.

Conclusions

Custody evaluations involve serious decisions that profoundly impact the lives of parents and their children. These evaluations should be based on a process that emphasizes solid science with well established concepts of reliability and validity, and should be grounded in ethical principles that serve to reduce the probability of significant biases entering into evaluation outcomes. Of course, the use of sound scientific principles and firm ethical standards will never guarantee evaluation findings that are consistently "in the best interests of the child", but the use of such an approach certainly increases the likelihood of such outcomes.

It is quite possible to separate sound psychological evaluation opinion based on reliable and valid procedures from what has been labeled as "junk science" or less than credible testimony (see Emery et al., 2005; Erikson et al., 2007; Faust, 2003; Faust and Nurcombe, 1989). In the absence of standardized criteria for defining or credentialing forensic psychology, the courts will continue to be left with the burden of separating competent from incompetent practitioners.

Skillful attorneys can discredit or lead a witness to impeach their testimony under careful cross-examination. It is our hope that some of the information provided in this article may prove helpful in supporting the work of skillful and careful evaluations and in challenging experts presenting poorly formed opinions without scientific merit.

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Appendix: Sample Custody Evaluation

FORENSIC CUSTODY/PARENTING CAPACITY EVALUATION

(CONFIDENTIAL MATERIAL)

Biological Parents:

Father: Steven Wright	Mother: Jennifer Smith
DOB: 01/15/61	DOB: 04/12/63
Age: 47	Age: 45

Biological Children:

John Wright	Julie Wright
DOB: 07/15/94	DOB: 10/19/96
Age: 14	Age: 12

Examiner: Dustin B. Wygant, Ph.D.

Date of Report: June 11, 2008

Guardian Ad Litem: Stacy Atkins

Note that names, identifying information, and case details have been changed or altered to protect the confidentiality of those involved in this case.

Background and Referral Information:

Steven Wright is a 47 year old, married Caucasian male and Jennifer Smith is a 45 year old, married, Caucasian female who were referred by the Hamilton County Court of Domestic Relations for a psychological evaluation to aid in determining a custody arrangement for their two children, John Wright, aged 14 years, and Julie Wright, aged 12 years. Mr. Wright and Ms. Smith divorced in 2001 and agreed to a shared parenting plan, with no designated residential parent. Their original parenting plan designated a month to month living arrangement and Mr. Wright and Ms. Smith agreed that the children would alternate between their residences on a two day, three day, two day schedule, with each parent having the children every other weekend. Both parents agreed to a change in the visitation schedule in July 2007, when the children alternated between residences on a week by week basis, spending the majority of Thursday with the opposite parent.

The above schedule continued successfully until October 2007, when Ms. Smith filed a motion for a revised parenting plan. Her motion requested that she and Mr. Wright continue to share legal custody and visitation. She requested a change in the children's living arrangements, with her residence becoming the primary residence for the children. Ms. Smith further requested that Mr. Wright maintain separate gender living arrangements for the children at his residence. Regarding visitation time, she requested that the children reside with Mr. Wright every other week, from Thursday until Monday mornings.

INTERVIEWS AND TESTS ADMINISTERED:

Mr. Steven Wright	**Ms. Jennifer Smith**
Individual Clinical Interview	Individual Clinical Interview
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)	Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
Stress Index for Parents of Adolescents (SIPA)	Stress Index for Parents of Adolescents (SIPA)
Child Behavior Checklist for Children ages 6 through 18 (CBCL)	Child Behavior Checklist for Children ages 6 through 18 (CBCL)
John Wright	**Julie Wright**
Clinical Interview	Clinical Interview
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)	Youth Self-Report (YSR)
Ms. Theresa Wright	**Mr. Richard Smith**
Individual Collateral Interview	Individual Collateral Interview

ADDITIONAL EVALUATION DATA:

- Observation of Mr. Steven Wright and Ms. Jennifer Smith conducted on May 26, 2008
- Interviews with John Wright and Julie Wright, conducted on May 11, 2008
- Copy of Revised Shared Parenting Plan, no date provided
- Copy of Decree of Dissolution of Marriage, Separation Agreement, and Shared Parenting Plan, filed October 4, 2001
- Copy of Consent Entry, filed April 11, 2003

- Copy of email from Ms. Smith to Mr. Wright, provided by Mr. Wright, dated February 19, 2007
- Letter from Mr. Wright to Ms. Smith, dated November 19, 2007
- Letter from Deanne Miller, Hamilton County Court of Domestic Relations, to Mr. Wright and Ms. Smith, dated December 6, 2007
- Copy of Magistrate's Order, filed March 2, 2008
- Blue Ash Police Department Incident Report, dated March 9, 2008
- Copy of Magistrate's Order for a psychological evaluation, filed March 10, 2008
- Copy of Certificate of Service, filed March 25, 2008
- Letter from Dr. Robert Eaves, received April 23, 2008
- Copies of various email correspondences, provided by Ms. Smith on May 4, 2008
- Copy of Magistrate's Notice for Change of Hearing, filed May 4, 2008
- Collateral interview with Hamilton County Court of Domestic Relations case manager and Guardian Ad Litem by telephone on May 26, 2008 and June 2, 2008 respectively.
- Dr. Robert Eaves was interviewed by telephone on May 26, 2008.

Statement of Informed Consent:

All parties involved in the evaluation (Mr. and Ms. Wright, Mr. and Ms. Smith, and both children) were informed that the purpose of the evaluation was to examine the family based on the Best Interests of the Child statute and make a recommendation regarding a custody arrangement to the court. All parties were informed that the results of this evaluation would not be confidential and would be summarized in a report to the Hamilton

County Court of Domestic Relations and that each parent's attorney would also receive a copy. It was explained that the judge would consider the evaluation report when making a custody determination. Everyone acknowledged that they understood this limit of confidentiality and agreed to participate under this condition by signing an informed consent form after review with the examiner.

INTERVIEW RESULTS:

Interview with Mr. Steven Wright:

Mr. Wright was born and raised in an intact family in Cincinnati, Ohio. He has one sister who resides near Indianapolis, Indiana. Mr. Wright did not report any mental health, drug and alcohol, and legal problems for his sister.

Mr. Wright did not report any history of drug, alcohol, mental health, and legal problems for his mother, who worked as a high school teacher before dying from a stroke in 2003. Mr. Wright's father is a retired banker and reportedly has no history of drug, alcohol, mental health, and legal problems.

Mr. Wright described his childhood upbringing in positive terms and he did not report any history of abuse, neglect, and domestic violence.

Mr. Wright reportedly graduated from high school in 1979 with above average grades. He did not report any history of learning disability, participation in special education, and disciplinary problems, and he participated in tennis and the pep band. Mr. Wright graduated with a bachelor's degree in management from the University of Cincinnati in 1983.

Mr. Wright reported that he worked at a restaurant as an adolescent and that he was fired for having a "personality conflict" with his employer. After graduating from college, he worked in a management position at a hospital in Indianapolis, Indiana from 1985 to 1986, when he quit and relocated back to Cincinnati, Ohio. Mr. Wright subsequently worked at a small marketing firm company in Cincinnati, Ohio from 1986 to 1987, when he quit and began working at a larger firm, Mass Media, Inc. He has worked at Mass Media since 1987 and he is currently in upper management for the company.

Mr. Wright reported that he met Ms. Smith in 1982, and they dated while they attended college. They married in 1985 and their marriage produced two children, John, aged 14 years, and Julie, aged 12 years. Mr. Wright reported that he and Ms. Smith divorced in 2001, stating, "Jen wasn't happy anymore," however; he subsequently stated, "I didn't see any problems in the relationship at the time."

Mr. Wright met his current wife, Theresa, in December 2006. They dated for six months and married in June 2007. Theresa has two daughters from a previous marriage, Katrina, aged fourteen years, and Andrea, aged twelve years. Both of the children reside with Mr. Wright and Theresa in Blue Ash, Ohio. He described the relationship with Theresa in positive terms, although he described her as "stubborn at times."

Theresa reportedly completed her college degree in secondary art education, although she currently works in the art department at Mass Media, Inc. Mr. Wright reported that Theresa's children get along well with John and Julie, although he acknowledged, "getting these two families together was not easy." Theresa's two daughters

both have separate bedrooms. John and Julie share a bedroom on the first floor of the home, although Mr. Wright reportedly plans to initiate renovations to his home as soon as his construction financing is approved.

Mr. Wright indicated that Ms. Smith is the major source of stress in his current marriage. Indeed, he stated "right from the start Jen gave me hell about Theresa." He believes that Ms Smith is very threatened by Theresa and that she does not want Theresa interacting with their children.

Mr. Wright reported that he has never been arrested or charged with any legal offense as a juvenile or adult.

Mr. Wright reported that he first consumed alcohol at sixteen years of age, and his heaviest use of alcohol occurred in the late 1980's, when he consumed three to four drinks approximately three times per week. In the past year he has reportedly consumed two drinks twice per week. Mr. Wright reported that he has never experienced any problematic use of alcohol. Mr. Wright reported that he used marijuana on two occasions in college and he denied any use of marijuana since that time. He reported that he has never used any other illicit substances.

Mr. Wright did not report any history of significant medical problems, head injury, and known medical allergies. Mr. Wright did not receive any mental health treatment as a child and adolescent. As an adult, he and Ms. Smith attended seven marital counseling sessions with Dr. Robert Eaves. Records indicate that Ms. Smith initiated the couples counseling and the treatment was focused on improving their communication. Mr. Wright reported that he has never been hospitalized or prescribed medication for a psychiatric disorder.

Parenting Knowledge- Mr. Steven Wright

Mr. Wright was able to provide adequate information regarding his children's sleep schedule, medical needs and educational status and he reportedly disciplines his children by "taking away privileges." He stated that his children "must" attend private high schools in order to "get into a good college, like an Ivy League school" and persisted in describing Ms. Smith as unable to make decisions about the children's schooling, stating "she's okay with them just attending a state school, but I know how important it is in the business world to get the best education." Moreover, Mr. Wright wanted his children to transfer their medical care to his primary care physician because he covers them on his medical insurance and its "closer to my house."

Mr. Wright described his relationship with his children as "close," particularly with John. Indeed, he stated, "there's nothing that boy can't tell me."

Mr. Wright said that he did not see a problem in his children sharing a room at his residence until he and Theresa complete the revision to their house.

Behavioral Observations & Mental Status Examination- Mr. Steven Wright

Mr. Wright was interviewed in the examiner's office on two separate occasions for approximately three hours in duration. His psychological testing was conducted on a separate appointment at the examiner's office for a total of two and a half hours.

Mr. Wright is a forty-seven year old, Caucasian male who appeared his stated age. He was dressed neatly and his grooming and hygiene were good. Mr. Wright's

thought processes were clear and he was oriented to person, place, and time. He did not report any problems with memory, attention, and coordination. Moreover, Mr. Wright did not report any symptoms of depression, anxiety, and thought disorder. His insight was poor and his judgment was limited.

Mr. Wright was only marginally cooperative with the evaluation. He tended to lecture and control the conversation and was antagonistic, frequently interrupted the examiner, and he took notes throughout the evaluation. Mr. Wright was cognitively rigid and concrete in his thinking. Indeed, he stated, "I want to make the decisions because I'm better at it than her. I think decisions made on logic are better than decisions made on emotions." Mr. Wright persisted in blaming Ms. Smith for their current custody dispute stating, "Jen has an inability to deal with change since our divorce and my remarriage. She feels threatened by Theresa." Mr. Wright also expressed several strong opinions about the influence of Ms. Smith's current husband, such as "I don't want my kids growing up thinking that working in a factory is good enough. I guess somebody's got to work in those places, but I don't want it to be my kid." He acknowledged that one of his "weak points" is his sarcasm in his dealings with his ex-wife. Mr. Wright reported that there "may be some validity to Jen's points about me excluding her, but I still can't work with her."

When interviewed in the presence of Ms. Smith, Mr. Wright was antagonistic and uncompromising. He argued points even when she agreed with him and his positions on areas of disagreement kept changing. Furthermore, at the end of the observation session with Ms. Smith he continued to explain how he still wanted to be the primary decision maker regarding the children and that visitation should remain on a week-to-week schedule.

Interview with Ms. Jennifer Smith:

Ms. Smith is the youngest of three children, born and raised in an intact family in Cincinnati, Ohio. She has an older sister who resides in Cincinnati, Ohio and an older brother who resides in Chicago. She did not report any history of mental illness, drug or alcohol problems, and legal difficulties for her siblings and reported having close relationships with them.

Ms. Smith's father worked as a supervisor for Procter & Gamble before dying of cancer in 2006. Her mother currently resides in Cincinnati, Ohio and worked as a teacher for approximately thirty years. She did not report any history of mental illness, drug or alcohol problems, and legal difficulties for her parents. Ms. Smith described her upbringing in positive terms, indicating that it was devoid of abuse, neglect, and domestic violence.

Ms. Smith reportedly achieved above average grades and graduated from high school in 1981. She did not report any history of learning disability, participation in special education, and disciplinary problems. She participated in the yearbook committee and arts society. Ms. Smith graduated from the University of Cincinnati with a bachelor's degree in art design in 1985.

Ms. Smith reported that she worked as a graphic artist for a small marketing firm for one year, beginning in 1985, before she quit and relocated to Indianapolis with Mr. Wright, where she worked for an advertising company from 1986 to 1987. She quit that position when she and Mr. Wright relocated back to Cincinnati. Ms. Smith

has worked fulltime in the marketing division of a bank since 1989.

Ms. Smith reported that she met Mr. Wright in the spring of 1982 and they dated for three years before marrying in 1985. She reported she was "homesick" while residing with Mr. Wright in Indianapolis. Ms. Smith stated, "I felt lost as a person." She also indicated that Mr. Wright was controlling, stating, "we always had to do things his way." Their marriage produced two children, John, aged 14 years, and Julie, aged 12 years. Ms. Smith stated "as I grew stronger as a person our marital problems increased." She also reported that their marital tension increased because she received "attention from others" in their neighborhood. She was petitioned for divorce from Mr. Wright, which was granted in 2001.

Ms. Smith reported that she has known her current husband, Richard, her entire life, since he grew up in the same neighborhood. They began dating within a year of her divorce from Mr. Wright and they married in July 2003. Richard has no children and works in a factory as a shift supervisor. Ms. Smith described her current marriage in positive terms, however; she reported financial issues and stated that Richard sometimes experiences difficulty in his role as a stepparent. She further reported that her current custody situation with Mr. Wright has resulted in tension in her current marriage.

Ms. Smith reported that she has never been arrested or charged with any legal offense as a juvenile or adult.

Ms. Smith reported that she began consuming alcohol at nineteen years of age and her heaviest use of alcohol occurred in 2001, after her divorce from Mr. Wright. For approximately one to two months in 2001,

she consumed six beers three times per week. In the past year, Ms. Smith has consumed approximately three beers twice per week. She reported that she has never experienced any problematic use of alcohol, or ever used any illicit substances.

Ms. Smith did not report any history of significant medical problems, head injury, and known medical allergies. Ms. Smith did not receive any mental health treatment as a child and adolescent. As an adult, she reportedly participated in several sessions of marital counseling with Mr. Wright. Ms. Wright reported that she has never been hospitalized or prescribed medication for a psychiatric disorder.

Parenting Knowledge- Ms. Jennifer Smith

Ms. Smith was able to identify appropriate information regarding her children's educational and medical needs, along with their sleep schedules. In regards to discipline, she reported that she removes privileges from the children such as the computer, telephones, and time with friends. Ms. Smith reported that she believes the children would be better suited to remain in the same school system because they have always been in these schools and have positive experiences in their schools.

Ms. Smith stated that her biggest challenge as a parent over the past few years has been Mr. Wright excluding her from the decision making process and not informing her of his plans for the children's schooling and healthcare.

Behavioral Observations & Mental Status Examination- Ms. Jennifer Smith

Ms. Smith was interviewed in the examiner's office on two separate occasions for approximately three hours in duration. Her psychological testing was conducted on a separate appointment at the examiner's office for a total of two and a half hours.

Ms. Smith is a forty-five year old Caucasian female who appeared her stated age. She was dressed neatly for her appointments and her grooming and hygiene were good. Ms. Smith's thought processes were clear and she was oriented to person, place, and time. She did not exhibit any problems with memory, attention, and coordination. Ms. Smith did not report any symptoms of depression, anxiety, or thought disorder. Her insight and judgment were adequate.

Ms. Smith was cooperative during the evaluation, although her anger and animosity toward Mr. Wright occasionally negatively impacted her ability to remain focused. Indeed, she initially focused on past events and arguments with Mr. Wright rather than identifying potential solutions for their conflict. As the evaluation progressed Ms. Smith became more solution focused and willing to compromise on issues for the benefit of the children. She became tearful at several times during evaluation, particularly when discussing her children and how Mr. Wright has "excluded" her from parenting decisions.

When observed in the presence of Mr. Wright, Ms. Smith indicated her desire to solve their difficulties amicably. She also proposed several compromises to their differences and indicated that she would maintain her com-

promised positions despite Mr. Wright's reluctance to compromise his positions.

Observations of Mr. Steven Wright and Ms. Jennifer Smith together:

Mr. Wright and Ms. Smith were observed together for one hour to identify how they interact with each other and determine whether they can communicate and cooperate with each other regarding their children. The purpose of this session was to observe both parents together to assess their communication styles with one another. This was fully explained to each party at the onset of the interview. Moreover, both parties were informed that nothing discussed during the interview would be legally binding and would need to be addressed with their respective legal counsel.

They identified several areas for discussion, including the children's residence, education, and medical care. Both of them suggested that they equally split visitation so that each would be able to maintain contact with the children, with a week to week visitation schedule. Ms. Smith strongly objected to John and Julie sharing a living space at Mr. Wright's residence. Mr. Wright reported that plans for an addition to their residence were complete, but they were still waiting for financing. He refused to identify alternative living arrangements in the meantime.

When discussing the children's education, Mr. Wright and Ms. Smith initially disagreed regarding the high schools their children would attend. Mr. Wright express his desire for the children to attend private schools and Ms. Smith wanted them to remain in their current public school system. Ms. Smith eventually expressed

agreement that their son could attend a private Catholic school as long as he was interested in attending the school. She suggested that John remain in his current public school system should he not strongly want to attend the private school, noting that the private school would be expensive and he has been attending the public school system his entire life. Mr. Wright told Ms. Smith that he wanted the children to transfer to the school district near him because "we have better schools over here." Ms. Smith maintained a similar stance with their daughter attending a private school. However, similar to their son, Mr. Wright would like his daughter to attend the school of his choice or transfer to the school district near his residence.

The parents also discussed their children's medical care. Ms. Smith indicated that she wanted to maintain the children's routine medical care with their current physicians in her geographical area. She noted that, contrary to Mr. Wright's initial claims, his health insurance coverage provided reimbursement for provider services in her area. She noted that the children could receive any specialized care at a medical facility closer to Mr. Wright's geographical location. She only requested that she be notified of any medical emergencies regarding the children as soon as possible. Mr. Wright reluctantly agreed to inform Ms. Smith of any medical emergencies. He stated he would prefer to transfer the children's medical care to his physicians and dentist because he pays their medical and dental insurance and felt that this entitled him to select the providers.

Child Interview and Behavioral Observations of John Wright:

John remained quiet when interviewed and bit his

nails anxiously while providing responses to questions. It was difficult for him to warm up to the examiner.

John indicated that he preferred the previous visitation schedule, which was week-to-week visitation. He did not report a preference for one parent over the other, although he expressed more interest in maintaining his mother's residence because he has more friends there. He reported that he does not have any friends near his father's house.

John reported that the conflict between his parents escalated when Mr. Wright married Theresa and relocated to Blue Ash. John stated, "Theresa changed the way he does stuff," although he expressed positive feelings towards both stepparents, describing Theresa as "pretty cool," and Richard as "supportive."

John reported that he had difficulty relating to his father. For instance, his father insisted that he learn a musical instrument, stating that it would eventually be helpful for him getting into college. John stated that he "hated the piano," a feeling he had maintained over the past year and a half. However, he was "too scared" to tell his father that he did not enjoy playing the piano, and consequently, he persisted in his weekly practice.

John reported that he would prefer to remain in his current school district for high school, stating "I've always gone there. That's where my friends are going." John did note, however; that several of his friends were also considering the Catholic high school that his father wants him to attend.

John indicated that his parents only communicate via email and their attorneys. He said that he feels "trapped in the middle sometimes" and wished that the

custody argument were "finally over." John acknowledged that his mood has been depressed since his parents revisited the issue of custody. Indeed, he reported that he has not slept as well as he used too, frequently waking throughout the night. Although he denied any thoughts of suicide and homicide, John indicated that he is "not happy anymore."

Child Interview and Behavioral Observations of Julie Wright:

Julie was cooperative during the evaluation and comfortable in providing responses during the interview. She reported that she preferred the week-to-week visitation schedule and stated, "I want to be with both parents." However, similar to John, Julie indicated that her friends reside near her mother's residence and that she does not socialize with children in her father's neighborhood.

Julie reported that the recent escalation in conflict between her parents has been especially rough on John. Indeed, she stated, "he's not like he used to be. He's so quiet now." Julie described her brother as increasingly withdrawn from others and nervous around their father.

Julie did not report any significant emotional dysfunction, although she reported that she has been more prone to experiencing anger since her parents revisited the issue of custody.

Child Interview and Behavioral Observations of John Wright and Julie Wright together:

After interviewing both children separately, they were brought together for a brief interview session. Julie was more vocal than John in describing how the conflict between Mr. Wright and Ms. Smith has impacted them.

John slouched in the chair and nodded his approval of Julie's statements.

Julie generally expressed positive feelings for Theresa, however; she also described her as "moody," and stated, "she can get pretty mad at times." Julie expressed some dissatisfaction that her father wants them to transfer their medical treatment to his physician and dentist, stating "we don't want to have appointments across town." She reported that she would prefer to maintain her medical care near her mother, stating "I would prefer to go where we've always gone." John agreed with Julie's position on medical appointments.

Regarding their stepfather, Richard, both children again expressed positive feelings. They both indicated that he was harsh approximately several years ago. Julie stated, "he was like that because he never had kids, but he's used to us now." John agreed and reported positive feelings about Richard.

Both children expressed positive feelings towards Theresa's children. Indeed, Julie stated, "Even though they both have different personalities, we all get along."

Julie reported that Mr. Wright believes that she is influenced by Ms. Smith to make negative statements regarding Theresa. Indeed, she stated, "He thinks my mom told me to say it, but I don't say things she tells me." John then stated, "I don't tell my dad things because I don't want to get into a big conversation."

Regarding their living arrangements at Mr. Wright's residence, both children reported that they share a room. They both indicated that the situation was temporary and Julie stated, "They're supposed to start an addi-

tion this month," to which John replied, "but it always keeps getting pushed back."

PSYCHOLOGICAL TEST FINDINGS:

Test Results for Mr. Steven Wright:

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is the most widely used test of psychopathology in the United States and is frequently used as a standard component of child custody and parenting capacity evaluations. The MMPI-2 contains a variety of validity scales that are sensitive to the examinee's tendencies to over-report or under-report psychological problems. These validity scales are also useful in identifying when individuals respond to test items in a random or inconsistent manner.

Mr. Wright responded to the MMPI-2 in a cautious and defensive manner, by minimizing psychological problems and personal faults (L = 69, K = 64). Consequently, the resulting profile may underestimate his current psychological problems. This is a relatively common pattern of defensiveness found in parents in child custody evaluations.

Only one of Mr. Wright's clinical scales were in the pathological range. He produced a moderate clinical range elevation on the MMPI-2 Clinical Scale 9(Ma = 67). Individuals who produce elevations on this scale are self-centered, have an exaggerated appraisal of their self worth, and have difficulty judging their limitations. Beyond this finding, individuals with similar profiles are narrow-minded and have a limited range of interests, preferring mechanical and practical activities (Mf = 35). They are not interested in the expression or discussion of feelings and they deny distressing emotions.

Interpersonally, individuals with profiles similar to Mr. Wright display an average interest in socializing with others and feel support from those around them (Si = 47). They can be interpersonally insensitive, intolerant, and domineering (AGGR = 64). While they often create a positive first impression and like to be around other people, they tend to have significant difficulties in long–term interpersonal relationships.

The Child Behavior Checklist (CBCL) is a widely used 113-item rating form used to obtain information regarding a parent or guardian's perception of a child's psychological and social competence.

Mr. Wright completed the CBCL for both of his children. He indicated that John is involved in a number of recreational activities including piano practice, baseball, and swimming. His chores at his residence include cleaning up the bathroom and assisting with yard work during the summer. Mr. Wright rated John's school performance as average in language skills, social studies, math, and science. He identified "upset about sharing a room" and "upset with parent's divorce" as his major concerns for John. John's total competence score was in the normal range for parent's ratings of boys ages 12 through 18. His rating scores on the Activities, Social, and School scales were also all within the normal range, although Activities approached the clinical level.

On the CBCL Problem scales, Mr. Wright's rating of John's Total Problems scale was in the normal range. Moreover, his ratings of John on the Internalizing, Anxious/Depressed, and Withdrawn/Depressed Syndromes were in the normal range. These CBCL results indicate that Mr. Wright reported no problems for John than are typically reported by parents of children in John's age

range.

On CBCL scales related to psychiatric diagnoses, John's scores on the Somatic Problems, Attention Deficit/ Hyperactivity Problems, Oppositional Defiant Problems, Affective Problems, Anxiety Problems, and Conduct Problems were all within normal ranges. These results suggest that Mr. Wright does not perceive John as having any symptoms of a psychiatric disorder.

Mr. Wright also rated Julie on the CBCL. He reported that dance is his daughter's primary interest. Her chores at his residence include making her bed and cleaning up the kitchen. Mr. Wright rated Julie's school performance as average in language skills, social studies, math, and science. He identified "not liking sharing a room with brother" as his major concern for Julie. Julie's total competence score was in the normal range for parent's ratings of girls ages 12 through 18. Her rating scores on the Activities, Social, and School scales were also all within the normal range. On the CBCL Problem scales, Julie's Total Problems score was in the average range, as were the remainder of her problem scales. These CBCL results indicate that Mr. Wright reported no problems for Julie than are typically reported by parents of children in Julie's age range.

On CBCL scales related to psychiatric diagnoses, Julie's scores on the Somatic Problems, Attention Deficit/ Hyperactivity Problems, Oppositional Defiant Problems, Affective Problems, Anxiety Problems, and Conduct Problems were all within normal ranges. These results suggest that Mr. Wright does not perceive Julie as having any symptoms of a psychiatric disorder.

The Stress Index for Parents of Adolescents (SIPA) is a 120-item questionnaire designed to assess two

major dimensions of stress related to the parenting of adolescents: an Adolescent domain and a Parent domain. Mr. Wright's ratings for John on the SIPA revealed scores in both the adolescent and parent domains that were within the normal range. Mr. Wright rated John as emotionally stable, socially involved, and behaviorally controlled and appropriate. Mr. Wright also indicated that he felt he had sufficient resources to provide effective parenting for John, he had a sufficient social support group to provide help to him when needed, and he was secure in his ability to provide effective parenting for his son. Mr. Wright did indicate concerns regarding his relationship with his ex-spouse, including her ability to effectively work with him in co-parenting situations. Mr. Wright's overall level of life stressors, as well as stressors related to parenting activities, was within normal or expected levels.

Test Results for Ms. Jennifer Smith:

Ms. Smith responded to the MMPI-2 in a candid and forthcoming manner, producing a profile that is valid for interpretation. All of Ms. Smith's validity scales were within normal ranges.

Individuals with profiles similar to Ms. Smith report normal levels of personal distress (RCd = 53) and present themselves as in control of their emotions. None of her clinical scales were in the pathological range. Overall, Ms. Smith's responses to the MMPI-2 indicate normal personality functioning without any evidence of psychological disorders or significant psychiatric symptoms.

Interpersonally, individuals with profiles similar to Ms. Smith are outgoing and have a strong need to be around others (Si = 38, INTR = 35). Moreover, they are comfortable in social situations.

Ms. Smith completed the CBCL for both of her children. She reported that John is involved in a number of recreational activities including piano practice, baseball, and swimming. His daily chores include making his bed, helping in the kitchen, and cleaning up his bathroom. Ms. Smith rated John's school performance as average in language skills, social studies, math, and science. She identified "being cut off from others" and "anger towards father" as her major concerns for John. John's total competence score was in the normal range for parent's ratings of boys ages 12 through 18. His rating scores on the Activities, Social, and School scales were also all within the normal range, although Activities approached the clinical level. On the CBCL Problem scales, John's Total Problems score was in the Borderline Clinical range (84^{th} to 90^{th} percentile) and his Internalizing score was in the Clinical range above the 90^{th} percentile for his age group. In particular, his scores on the Anxious/Depressed and Withdrawn/Depressed Syndromes were in the Clinical range above the 97^{th} percentile. These CBCL results indicate that Ms. Smith reported more problems than are typically reported by parents of children in John's age range, particularly problems related to Anxiety, Depression, and Withdrawal.

On CBCL scales related to psychiatric diagnoses, John's scores on the Somatic Problems, Attention Deficit/ Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems were all within normal ranges. In contrast, John's scores on the Affective Problems scale was in the Clinical range, above the 97^{th} percentile, and his score on the Anxiety Problems scale was in the Borderline Clinical range, between a 93^{rd} and 97^{th} percentile. These results suggest that Ms. Smith perceives John's behaviors as possibly meeting the diagnostic criterion for an

affective disorder, particularly a Depression Disorder diagnosis.

Ms. Smith also rated Julie on the CBCL. She reported that dance and art are her daughter's primary interests. Her daily chores include making her bed, helping in the kitchen, and cleaning up her bathroom. Ms. Smith rated Julie's school performance as average in language skills, social studies, math, and science. She identified "being upset about going back and forth between Mom and Dad" as her major concern for Julie. Julie's total competence score was in the normal range for parent's ratings of girls ages 12 through 18. Her rating scores on the Activities, Social, and School scales were also all within the normal range. On the CBCL Problem scales, Julie's Total Problems score was in the average range, as were the remainder of her problem scales. These CBCL results indicate that Ms. Smith reported no problems for Julie than are typically reported by parents of children in Julie's age range.

On CBCL scales related to psychiatric diagnoses, Julie's scores on the Somatic Problems, Attention Deficit/ Hyperactivity Problems, Oppositional Defiant Problems, Affective Problems, Anxiety Problems, and Conduct Problems were all within normal ranges. These results suggest that Ms. Smith does not perceive Julie as having any symptoms of a psychiatric disorder.

Ms. Smith's ratings for John on the SIPA indicated that while she is concerned about John's adjustment, she is not particularly stressed in dealing with her son and her total life stress score was within the normal range. Ms. Smith's scores in the Parent domain dimensions were generally within normal limits and her highest perceived source of stress was in her relationship with her ex-

husband. Within the Adolescent domain scales, Ms. Smith perceived John as having significant problems in terms of moodiness and emotional liability. In addition, she perceived John as emotionally isolated and withdrawn and displaying deficits in terms of social skills and responsiveness in social situations.

Test Results for John Wright:

The MMPI-A is the adolescent version of the MMPI. Similar to the adult version, the MMPI-A is a self -report measure of psychopathology and personality that contains validity scale indicators to determine whether the test-taker over-reported or under-reported symptoms and problems.

John responded to the MMPI-A in a candid and forthcoming manner and his results are subject to valid interpretation. All MMPI-A validity scales were within normal ranges. John produced moderate clinical range elevations on Clinical Scales related to depression (D = 67) and anxiety (Pt = 70). Adolescents with profiles similar to John feel overwhelmed and lack the emotional resources to deal with their problems (A = 73). They experience significant symptoms of depression, such as depressed mood, low self-esteem, fatigue, and irritability. Moreover, they feel hopeless, apathetic, and inadequate and tend to find many faults with themselves (INTR = 72). Prone to experiencing significant guilt and self-criticism, similar adolescents tend to ruminate a great deal and have difficulty making decisions and they are apt to give up easily (OBS= 70). They also experience numerous symptoms of anxiety, including excessive worry, stress and tension, and difficulty with concentration (ANX = 77, NEGE = 73).

Interpersonally, adolescents with profiles similar

to John are dependent and perceived by others as shy (SOD = 68, ALN = 70). They often have extensive histories of family discord (FAM = 72).

Test Results for Julie Wright:

Julie completed the Youth Self Report (YSR), an objective self-report inventory designed to elicit adolescent's perceptions of their competencies and their psychological functioning. Julie's Total Competence Score was in the normal range for girls ages 11 to 18 and her scores on the Activities and Social scales were also within normal ranges. On the YSR Problem scales, Julies Total Problems, Internalizing score, and Externalizing score were all within the normal range. Her scores on specific problems syndromes were similarly within the normal range and these results indicate that Julie reported no more problems than are typically reported by girls in her age group. Finally, on the YSR scales related to psychiatric diagnoses, Julie's scores were also consistently subclinical on such measures as Affective Problems, Anxiety Problems, Somatic Problems, Attention Deficit/ Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems. These results indicate that Julie is unlikely to meet the diagnostic criterion for disorders characterized by these psychiatric dimensions.

COLLATERAL INTERVIEWS:

Interview with Theresa Wright:

Ms. Wright was interviewed alone in the examiner's office for approximately thirty minutes. She was generally cooperative throughout the interview, however; at times she questioned the "usefulness" of the evaluation process. She also blamed Ms. Smith for all of the current

turmoil throughout the custody dispute and was unwilling to acknowledge Mr. Wright's role in the conflict.

Ms. Wright described her family life as good, noting that her two children get along with John and Julie very well. She also indicated that both she and Mr. Wright have very good relationships with all of the children. Ms. Wright acknowledged that it was "not ideal" for John and Julie to share a room, although she indicated that the family was "working on it."

Interview with Richard Smith:

Mr. Smith was interviewed alone in the examiner's office for thirty minutes. He was cooperative throughout the interview process, although he remained quiet and tended to only respond when directly questioned. Mr. Smith indicated that he had known Ms. Smith since their childhood and that they began dating shortly after her divorce from Mr. Wright. He reported that he works as a shift supervisor in a factory.

Mr. Smith reported that it was a difficult transition to being a stepparent, having no children of his own. Indeed, he stated "I didn't know how to talk to kids" and frequently lost his temper when the children "acted up." Mr. Smith reported that she never used corporal punishment with the children and stated "I prefer to let Jen handle discipline." Although he described his current relationship with his stepchildren as "very good," he noted that his marriage with Ms. Smith has been strained both emotionally and financially by the current custody dispute.

Interview with Dr. Eaves:

Dr. Eaves reported that he saw Mr. Wright and Ms. Smith or seven sessions of marital counseling. He

indicated that Ms. Smith initiated the counseling because of her increasing frustration with Mr. Wright. Dr. Eaves described Mr. Wright as "inflexible" and noted that he was reluctant to cooperate and engage in the sessions and frequently denied having any problems in the relationship. Moreover, he often blamed Ms. Smith for "nagging" too much and he became argumentative when the therapist attempted to constructively discuss communication styles. Dr. Eaves reported that Mr. Wright discontinued the counseling. Ms. Smith attended an additional individual session, during which she expressed frustration at her husband's discontinuation of therapy.

RECORD REVIEW:

Letter from Deanne Miller:

Deanne Miller, mediator for the Hamilton County Court of Domestic Relations indicated in a letter dated December 6, 2007 that several agreements were made between Mr. Wright and Ms. Smith in their mediation session. These agreements included week to week visitation, with a mid-week visit with the other parent. They also agreed to contact each other on Monday morning to facilitate communication between the parents regarding their children's upcoming schedules. Both parents agreed on a visitation schedule for holidays and special events. Furthermore, they agreed to discuss their children's educational needs and Mr. Wright would have separate living arrangements for the children at his residence by January 31, 2008.

Blue Ash Police Department Incident Report:

Theresa Wright filed a complaint against Ms. Smith at the Blue Ash Police Department on March 9, 2008, stating that she frequently arrived at the children's

school when Theresa picked them up. Theresa reported to the police that she "felt harassed."

RESULTS OF PARENT/CHILD OBSERVATION AND HOME VISIT:

Mr. Steven Wright:

Mr. Wright was observed with his two children at his residence in the Blue Ash neighborhood of Cincinnati. The Wright residence is an approximately 3300 square foot two story house with a fully finished basement, which is attractive and well kept. The home also has a fenced in backyard with a deck and extensive landscaping. At the time that the home observation was conducted, John and Julie had just returned from school.

During the home observation, Mr. Wright provided this examiner with a tour of the residence. In general, Mr. Wright's residence was clean, well stocked with food, and did not contain any safety hazards. There were photographs of the children displayed in the house and educational and recreational activities appropriate to the developmental level of the children. John and Julie have a room that they share in the basement, which is decorated, but does not provide adequate privacy given their ages and separate genders.

After concluding the tour of the residence, Mr. Wright and both children were observed together in the family room engaging in a board game activity selected by Mr. Wright. While the children were actively involved in the game activity, it was also apparent that Mr. Wright took a dominate role in the game activity, gratuitously telling each child when it was their turn to participate and frequently offering advice or counsel concerning their game strategy. While the children participated, they were

generally fairly quiet during the game and at times appeared irritated or annoyed by their father's degree of control and dominance. In general, Mr. Wright was able to communicate clearly with his children and he appeared to be warm towards them. He was not particularly sensitive to signals from his children regarding their irritation with his dominance and his interactions with them did little to support their independence. Mr. Wright was consistent in his interactional style with the children and both parent and child appeared to be reasonably comfortable in interacting with each other.

Ms. Jennifer Smith:

Ms. Smith was observed with her children and Richard at her residence in Colerain Township. Ms. Smith and Richard own a four bedroom, two story house of approximately 2200 square feet with a fully finished basement. The residence includes a fenced in and fully landscaped backyard and the entire property is clean and well-kept. The home visit occurred in the late afternoon shortly after John and Julie had returned home from school.

During the home observation, Ms. Smith and Richard provided this examiner with a tour of the residence. In general, the Smith's residence was clean, well stocked with food, and did not contain any safety hazards. John and Julie each have a bedroom on the second floor of the residence and they share a bathroom.

Ms. Jennifer Smith was observed with her two children involved in washing and cleaning the family automobile. Both children appeared generally relaxed in the presence of their mother, and there was a free-flowing interaction that displayed a considerable amount of coopera-

tion between all parties. Ms. Smith gave each of the children a particular area of responsibility for cleaning and waxing the vehicle and she used the opportunity to foster independence in the children and she appropriately avoided the use of negative or punitive controls. Ms. Smith appeared to accurately perceive the children's responses and needs and she was consistent in terms of her interactional style with both Julie and John. Finally, both Ms. Smith and her children appeared to be comfortable in interacting with each other and Ms. Smith appeared warm and responsive towards her children.

SUMMARY AND RECOMMENDATIONS:

Steven Wright and Jennifer Smith were referred by the Hamilton County Court of Domestic Relations for a psychological evaluation to aid in determining a custody arrangement for their two children, John and Julie Wright.

Mr. Wright is a generally well functioning individual, however; he is very controlling and may, at times, confuse his own needs and desires with those of his children. He has a stable financial situation and he has appropriate knowledge regarding his children's needs. Although he presents himself as a conscientious and open minded individual, Mr. Wright is concrete in his thinking and he is unwilling to compromise for the benefit of the children. He is self-centered and displays a demanding and insensitive reaction to Ms. Smith's concerns regarding their children, stating that he has superior decision-making abilities. As such, he has excluded Ms. Smith from the discussion of several important parenting decisions, particularly the children's education and medical care. Indeed, Mr. Wright attempted to transition the children's medical and dental care from their previous and

established providers to professionals in his area of residence. Moreover, he has poor insight into his relationship with his son, overestimating the sense of security that John has with him. Despite Mr. Wright's maladaptive personality traits, he is emotionally attached to his children and is genuinely concerned for their well-being.

Ms. Smith is also a generally well functioning individual, although she has on occasion allowed her anger towards Mr. Wright to result in significant parenting conflicts. She expressed concern that Mr. Wright has excluded her from several important parenting decisions regarding her children's education and medical treatment. Since Mr. Wright's marriage to Theresa, Ms. Smith has become increasingly antagonistic towards Mr. Wright. Nevertheless, Ms. Smith is emotionally attached to her children and is genuinely concerned for their well-being.

While both parents are genuinely concerned about the welfare of their children, it appears that their animosity toward each other has hindered their parenting ability and resulted in undue stress regarding a custody arrangement for their children. Further, Mr. Wright does not appear to appreciate the emotional distress that is being experienced by his children as reflected in both interview findings and results from the CBCL and SIPA.

John and Julie both expressed the desire to maintain contact with Mr. Wright and Ms. Smith and expressed positive feelings toward their parents and stepparents. The conflict and animosity between Mr. Wright and Ms. Smith has resulted in feelings of confusion and resentment for both children. Indeed, John has become significantly more withdrawn and quiet since the animosity has increased between his parents. He is ambivalent regarding his choice of high school, although he indicated a

preference towards his mother's residence because his friends all reside in Colerain Township. Julie is an outspoken girl, and she indicated a desire to remain attached to both parents, however, she would prefer to maintain her schooling and medical treatment in Colerain Township. Moreover, she strongly expressed her wish that her father would include Ms. Smith when making major decisions.

Based on the results of this evaluation, it is recommended that Ms. Smith be designated the residential and custodial parent for John and Julie. She resides in Colerain Township and has separate sleeping arrangements that are suitable for adolescent children of the opposite gender. Ms. Smith's residence provides continuity in the children's education and social life. She is also more willing to include Mr. Wright in parenting decisions than he is with her.

Despite the fact that it is in the best interest of the children for Ms. Smith to be designated as custodial parent, John and Julie remain strongly attached to their father. Therefore, it is recommended that Mr. Wright have liberal visitation with both children, however; it is imperative that Mr. Wright provides accommodations for gender separate living arrangements for the children before overnight visitation is reinstated. It is also recommended that both children, but particularly John, be encouraged to discuss their feelings about the family's current custody conflict with a mental health professional. Although Julie appears to be doing well despite the family conflict, John appears to be a particularly sensitive adolescent who may be experiencing symptoms of depression and anxiety in reaction to family turmoil. Therefore, treatment services appear to be optional for Julie, but it would appear important that John receive services now to prevent further development of emotional problems.

Sincerely,

Dustin B. Wygant, Ph.D.

Clinical Psychologist