STEVEN N. SHAPSE, Ph.D.
LICENSED PSYCHOLOGIST

SPECIALIZING IN FORENSIC PSYCHOLOGY AND ASSESSMENT

Child Custody Evaluations and Psychological Testing – Valid and Invalid Expectations

Often, requests are made for psychological testing as part of the child custody evaluation (CCE) process, and too often, the results are disappointing. The root cause of this is two fold: lack of practicable and executable referral questions and findings that are presented in jargon-based, non-behavioral terms. Frequently, the judge or an attorney, in response to the potentially questionable or alleged mental status of one or both of the litigants seeks psychological assessment without specifying what is sought. Complex results are returned by the psychologist, which discuss emotional and personality functioning with little application to parenting abilities. Psychological testing is unable to determine who is a good parent or who the better parent is. Moreover, the courts often, mistakenly, ask that testing answer such questions.

Researchers in a NIMH[1] study published in 2007 state, "the prevalence for any personality disorder in the United States is 9.1 percent. …The researchers also found that people with personality disorders are very likely to have co-occurring major mental disorders, including anxiety disorders (e.g., panic disorder, post-traumatic stress disorder), mood disorders (e.g., depression, bipolar disorder), impulse control disorders (e.g., attention deficit hyperactivity disorder), and substance abuse or dependence." Personality and mental health issues are therefore not uncommon in child custody litigants. The salient question is whether or not these disorders interfere with parenting. The mere presence of a personality disorder or even more significant malady does not signify, *a priori*, a disturbance in a parents executive functioning and ability to provide for the children appropriately. Given this, what is the appropriate use of psychological testing? What questions can assessment realistically and efficaciously address vis-à-vis parenting that impact upon custody?

Relevant questions might address broad, bright-line concerns:

- Presence of a major (DSM-IV Axis-I) disorder such as psychosis, schizophrenia or major affective illness such as Bipolar I or II.
- Substance abuse/dependence.
- Impaired cognitive functioning (e.g., due to stroke, closed head injury, dementia or retardation.)
- Neuropsychological or neurocognitive impairment (e.g., due to illnesses such as HIV, multiple scleroses, Parkinson's disease.)
- Impulse control and judgment difficulties.
- Dangerousness (to self or others, e.g., suicidality or homicidal intent).
- Trauma history and PTSD.

Inquiries need to steer away from personality descriptors such as narcissistic style, histrionic traits or obsessive-compulsive features. In fact, these aspects of functioning frequently are asso-

[1] http://www.nimh.nih.gov/science-news/2007/national-survey-tracks-prevalence-of-personality-disorders-in-us-population.shtml

145 LINCOLN ROAD, P.O. BOX 112, LINCOLN, MA 01773
TELEPHONE/FACSIMILE: (781) 259-0283 E-MAIL: SHAPSE@VERIZON.NET

ciated with mental health and not psychopathology.[2] These terms tend to be misleading and confusing to judges, attorneys and non-mental health professionals due to the pejorative nature of these attributions. Posed questions might more effectively reflect an applied, utilitarian value. For example, if a disorder is present, then:

- Does it interfere with parenting?
- If so, how is such inference manifested and to what extent?
- How often is parental functioning affected?
- Is the condition remediable, and if so, what is the recommended intervention?
- How can the condition be monitored?

The psychological assessment report is more useful when it responds succinctly to these issues with findings presented in a non-technical and easy to understand manner that is clear and specific in its wording. The report will provide greater utility when findings are behaviorally expressed rather than through a diagnostic statement. For example, preferentially, one might state that the parent tends to yell and scream at his/her children rather than first discussing or pointing out the questionable behavior the child manifests and offering the child an alternative way to respond to the situation. Less specific is that the parent becomes readily emotional with little provocation. The psychologist's shortcut is to diagnose the parent as "histrionic," which is the least communicative.

When the referral questions are specific and the input requested from psychological testing is clear, then the result of the assessment will be useful and the findings applicable. When request for assessment is generic, the findings reported will be equally vague. You do not go to your physician without conveying a medical problem hoping that he/she will simply discover what ails you nor do you go to the supermarket without an idea of what your require. Perhaps it is useful to recall the phrase "garbage in-garbage out." Originally, an early computer term, it called attention to the fact that nonsensical input produces equally nonsensical output. Psychological testing that serves up a smorgasbord of data is unlikely to provide useful information. Therefore, seek out psychological assessment with specific questions in mind.

[2] Craig, Robert J. (1999). *Interpreting Personality Tests: A Clinical Manual for the MMPI-2, MCMI-III, CPI-R, and 16PF*. New York: John Wiley & Sons.