

Mark L. Goldstein *Editor*

Handbook of Child Custody

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 Springer

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The Handbook of Child Custody is dedicated to my wife, Lisa Raufeisen, who is the love of my life. She has consistently supported me throughout our almost 20 years of marriage, kept me in line when needed, and anchored me when I most needed it. This book would not have been possible without her.

Preface

In 1977, while working as a young psychologist in Clinical Services at the Cook County Juvenile Court, the department chair, a psychiatrist, asked me to conduct psychological testing on one of his private cases. The case was a custody evaluation. At that time, I had no clue about custody evaluations, or what he desired. After some discussion, he informed me that he wanted complete psychological testing, including intellectual assessment, as well as objective and projective testing of each parent. Needing the money, I was happy to oblige. He was apparently pleased with my results and asked me several more times to again do psychological testing. I had no idea as to the outcome of these cases. Then, after approximately a year, I received a call from a divorce attorney, asking if I would be willing to be appointed by the court to conduct a custody evaluation; he related that he was impressed by my psychological test analysis on a past case, when my testing had been utilized by the psychiatrist (my boss). I happily agreed, although I realized that I had no formal training. When I looked around for training, I discovered that there was little or nothing available. This was the reality of the late 1970s. Ultimately, the Association of Family and Conciliation Courts (AFCC) was born and guidelines were established. The American Psychological Association (APA) also developed guidelines for forensic evaluations and for custody evaluations. Training eventually emerged through professional meetings and workshops. As one might say, we have come a long way baby.

In the beginning, custody evaluations were often conducted as were other psychological evaluations, with an emphasis on interviewing and psychological testing. Few clinicians observed the child with each parent, and even fewer home observations occurred. Collateral interviews were scant, as was the review of collateral information.

Even when psychological testing was conducted, there were no studies of custody litigants with these instruments. There were initially no specialized instruments to assess parenting. It was many years later that Barry Bricklin developed the Bricklin Perceptual Scales and a plethora of other instruments, and Marc Ackerman developed the ASPECT. More specific instruments such as the Parenting Alliance Measure, the Parent Child Relationship Inventory, the Parenting Stress Index, and others emerged even later.

In the beginning, there were no best interest factors until state courts began to develop them in response to this new field. And there was no consideration

of parental alienation, until Richard Gardner opined about it. In addition, there was almost a general consensus that John Bowlby was correct in espousing the tender years theory where it was assumed that children were singularly attached to their mother. Furthermore, issues of substance abuse, domestic violence, gender differences, and mental illness had only minimal attention in early custody evaluations. Relocation was not a consideration in evaluations and state statutes were not in existence to address mobility. Now, all of these issues are discussed regularly in the professional literature and at professional meetings, and evaluators are expected to consider these factors in their evaluations and recommendations.

This book is an attempt to provide current thinking and research on custody evaluations. Many of the authors are eminent in the field. Barry Bricklin (Weidner University) and Gail Elliott, who have developed numerous instruments widely used by custody evaluators, have contributed a chapter on the various Bricklin scales. Demosthenes Lorandos, editor of the *Handbook of Parental Alienation*, has provided a voluminous chapter on the subject. Kristine Jacquin, dean at the Fielding Institute, has contributed two chapters, including one on the assessment of abuse, and one on relocation evaluations. Daniel Hynan, who has written extensively on child custody issues, offers the latest on parent/child observations. Daniel Loebel, from Albert Einstein College of Medicine, has provided a chapter on collateral interviews and collateral information. Stephen Morewitz, from California State University-East Bay, has written about educational issues in custody, whereas Steve Eichel, a renowned expert on cults, contributed a chapter on this topic. Jay Lebow, from Northwestern University, discusses the role of family therapy in relationship to custody issues, while the Honorable Judge Donna-Jo Vorderstrasse, presiding judge in the family division in Lake County, Illinois offers her perspective on custody cases.

Other authors offer the latest information and research on ethical and professional issues, the best interest factors, interviewing children and adolescents, and interviewing adults. There are also additional chapters on psychological testing, including separate chapters on parenting inventories, objective personality testing, and projective personality testing. Furthermore, there are provocative chapters on assessing mental illness in the context of custody evaluations, assessing alcoholism and substance abuse, assessing domestic violence, and assessing attachment. Finally, several case studies are provided, including the psychological report and analysis.

I have contributed several chapters myself, all on topics dear to me and topics that I have had the opportunity to teach several times at various graduate school programs.

After completing my first full independent custody evaluation in 1978, and now having completed in excess of over 1100 custody evaluations in many states, I look back on the changes in the field and can only admire how far this specialty field has come. Of course, we still have a long way to go and much refinement ahead of us. There is much research to be done and more training necessary. Hopefully, this book will contribute to that process.

About the author

Dr. Allan Posthuma is a clinical psychologist in Vancouver, Canada. He has diplomates in both forensic and clinical psychology from the American Board of Professional Psychology. Allan obtained his BA and MA degrees at the University of British Columbia and his PhD from the University of Washington. He is the author of numerous professional articles on psychological testing and has presented at international and national conferences.

Dr. Allison Foster PhD received her undergraduate degrees in Psychology and English Literature from Emory University in Atlanta, GA and her PhD in Clinical-Community Psychology from the University of South Carolina in Columbia. Dr. Foster is the chief psychologist at the Assessment and Resource Center (The ARC), a nationally accredited Children's Advocacy Center in Columbia. Previously, she served as the program's director for 17 years. Dr. Foster also maintains a private practice and holds an adjunct faculty position with the USC School of Medicine, Department of Neuropsychiatry and Behavioral Science. She evaluates allegations of child abuse, conducts child custody and parenting evaluations, provides court-ordered treatment in high-conflict families, and case consultations for attorneys. She is also trained in collaborative divorce and is a certified family law mediator. Dr. Foster testifies frequently as an expert in matters pertaining to child abuse and parent-child relationships. She trains nationally and conducts clinical research. Among her professional affiliations, she is a member of the American Psychological Association (APA), the South Carolina Psychological Association and the American Professional Society on the Abuse of Children (APSAC). She is a frequent trainer for the National District Attorneys Association, National Child Protection Training Center and National Children's Advocacy Center.

Audrey G. Masilla earned a BA degree at the Auburn University, a MS degree in clinical psychology at the Mississippi State University, and an MA degree in clinical psychology at the Fielding Graduate University. She is currently working toward her PhD in Clinical Psychology at the Fielding Graduate University.

Dr. Barry Bricklin is best known for the development of the various Bricklin scales, including the Bricklin Perceptual Scales, the Perception of Relationships Tests, and the Parental Awareness Skills Survey. He has maintained a private practice, since 1957 and has served as an adjunct associate professor at the Institute for Graduate Clinical Psychology at Widener University since 1989. Previously, he was professor at the Jefferson Medical College, Hahnemann University Medical College, and Temple University. Dr. Bricklin is also the author of a number of publications, including *The Custody Evaluation Handbook: Research-based Solutions and Applications*.

Daniel J. Hyman, PhD is a clinical psychologist in independent practice. For over two decades, he has completed hundreds of evaluations regarding child custody, parenting plans, and removal. He has contributed to advancements in the field by having published articles in peer-reviewed journals, including the first ones specific to custody evaluation on child interviews, parent–child observations, and child physical health and safety. An early article on psychological testing in custody evaluation was focused on gender fairness. That test subsequently adopted a gender-neutral scoring system. More recent articles on the Personality Assessment Inventory and Parent–Child Relationship Inventory include data specific to child custody evaluation. His 2014 book is *Child Custody Evaluation: New Theoretical Applications and Research*.

Daniel S. Loebel, PhD is in private practice in Katonah, New York. He is an expert in both clinical and forensic evaluations and consults with the Supreme Courts of Westchester, Putnam and Rockland Counties in New York State on matters involving mental illness and law. He is an assistant clinical professor at Mount Sinai School of Medicine in the Department of Psychiatry. He has published research in both clinical and forensic psychology journals and he lectures around the USA to both clinical and forensic audiences. Dr. Loebel was the Unit Coordinator of a Psychogeriatric Ward at the FDR VA and served as the chief psychologist of the Learning Disability Evaluation Unit and assistant clinical professor at the New York State University of New York, College of Optometry.

Dr. David Finn is a licensed clinical psychologist in Illinois. He has been conducting child custody evaluations for over 10 years. One of his areas of specialization is evaluating claims of domestic violence. In addition to conducting child custody evaluations, Dr. Finn has been privileged to speak locally and nationally to attorneys, evaluators, and judges on many topics related to child custody evaluation. It has been a privilege for Dr. Finn to be asked to author this chapter, which he dedicates to many important people who have helped shape his life including his spouse, his three children, his parents, and his dear Safta Sandy of blessed memory.

Dr. David L. Gates, MA, LMFT, CSADC is an individual/marital/family therapist with 37 years of experience in the fields of family therapy, addiction, domestic violence, and mediation. He graduated from Trinity Evangelical Divinity School in 1977 with a Master's degree in Counseling Psychology. He completed the 2 year postgraduate family therapy training program at the Family Institute in 1983 as well as the 2 year supervisor of family therapist

training program in 1994. He is a licensed marital and family therapist; an approved supervisor and clinical member of the American Association for Marital and Family Therapy; certified as a supervisor alcohol and other drug abuse counselor.

Demosthenes Lorandos, PhD, JD is a first generation American of Greek and Australian descent. After graduating from San Francisco State he studied science at the New School for Social Research. He has been a clinical and forensic psychologist for four decades. He trained in law with the Jesuits at the University of Detroit and has been a litigator for two decades. He is a member of the bar of New York, California, Michigan, Tennessee, and Washington, DC. He has been admitted to practice in many federal district courts as well as the Second, Sixth, Ninth, and Eleventh federal circuit courts of appeal. He is a member of the bar of the US Supreme Court. He is a senior partner at Lorandos Joshi, a litigation law firm which practices globally. He is a Thomson-Reuters WEST “Key Author” and is a peer reviewer for journals of science and of law. He has been involved in parental alienation cases for more than 30 years.

Dr. Gail Elliot PhD is head of the Child Development and Family Processes Research, the Bricklin Group, the vice-chair of the Professional Academy of Custody Evaluators, and a psychologist in private practice. With Dr. Barry Bricklin, she has coauthored numerous book chapters and articles on child custody issues. She has also collaborated with Dr. Bricklin on the development of many child custody assessment instruments. In her private practice, she has served as a consultant to public and private schools, providing psychoeducational evaluations and treatment for school-related issues. She also provides psychological services in long-term care and rehabilitation facilities.

Dr. Jay Lebow is present editor in chief of the journal, *Family Process*. His publications include three authored books: the recent *Couple and Family Therapy: An integrative map of the territory*, *Research for the Psychotherapist*, and *Common factors in couple and family therapy* (with Doug Sprenkle and Sean Davis). He also has edited four volumes: *Family Psychology: The Art of the Science* (with William Pinsof), *The Clinical Handbook of Family Therapy*, the *Integrative/Eclectic* volume of the *Comprehensive Handbook Psychotherapy* and the forthcoming *Handbook of Family Therapy* (with Tom Sexton). He is also a clinical professor at the Northwestern University.

DONNA-JO RODDEN VORDERSTRASSE Presiding Judge of the Family Section of the Consolidated Family Division, Nineteenth Judicial Circuit, Lake County, Illinois

Judge Vorderstrasse attended Valparaiso University in Valparaiso, Indiana for her under-graduate education. For her Law School education, she attended Washington University School of Law in St. Louis, Missouri; and after graduation in 1984 she was employed by the Lake County State’s Attorney’s Office in Waukegan, Illinois. After she left the State’s Attorney’s Office, she went into private practice and later became an Associate and then a Partner with Diver, Grach, Quade & Masini, LLP in Waukegan, Illinois. She focused her practice on families and was a Family Law, Estate Planning and Probate

Law practitioner, as well as a Guardian Ad Litem/Child Representative and Mediator for many years. She was President of the Association of Women Attorneys of Lake County (AWALC), active in the Family Law Committee of the Lake County Bar Association (LCBA) and sat on the Sexual Offender Management Board of Lake County. In 2009, Judge Vorderstrasse was chosen by the Circuit Judges of the Nineteenth Judicial Circuit to be the next Associate Judge in Lake County, Illinois. In 2012, Judge Vorderstrasse was appointed to be a Supervising Judge of the Family Division of the Nineteenth Judicial Circuit and then in 2014, Judge Vorderstrasse was appointed as the Presiding Judge of the Family Section of the Consolidated Family Division, where she continues to preside. Judge Vorderstrasse presently also serves on the Illinois State Bar Association Family Law Section Council and the Child Support Advisory Committee of the State of Illinois.

Karen Grais Meyer MSW, LCSW is a licensed clinical social worker. She has been conducting child custody evaluations since 1983, for 9 years with the Isaac Ray Center of Rush Pres. St. Lukes Medical Center, and since 1992 for the 19th Judicial Court of Lake County, Il. Ms Grais Meyer is also a divorce mediator, a child specialist in collaborative divorce cases, and a psychotherapist. She is on the Board of Directors of the Lilac Tree, a not for profit that provides resources to women going through divorce. Ms Grais Meyer practices in Highland Park, Il. and can be reached by email at kgraismeyer@gmail.com. Her website is www.karengraisemeyer.com.

Dr. Kathleen Holland, PsyD is a California Licensed Psychologist, Credentialed School Psychologist and Licensed Educational Psychologist, and a free lance writer currently in private practice in Sebastopol, California. She has served as a subject matter expert for the California Board of Behavioral Science Examiners; an expert witness for the California Attorney General's Office and in Immigration Deportation cases; as a behavioral health psychologist in clinical settings; an evaluator of adults across the age ranges and settings; with children as a school psychologist; and as a psychology instructor with the US Military's Central Command.

She received her Associate of Arts degree with honors from Canada College in Redwood City, California in 1971; a Bachelor of Arts degree with distinction from California's San Jose State University in 1973, with a psychology major and sociology minor and was a member of the American Psychological Associations Honor Society Phi Chi; she obtained her Master of Science degree in 1975 followed by a 1 year supervised internship in an American Psychological Association model training program for school psychologists and psychometrists at California's San Jose State University and she received her doctorate in psychology in 2000 from Newport University in California.

She is a member of the American Psychological Association-APA; the American College of Forensic Psychologists-ACFP and she is a diplomat forensic examiner in the American College of Forensic Examiners International-ACFEI. She enjoys glass art, watercolor painting and travel.

Kristine Jacquin earned a BA degree at the Northwestern University, and her MA and PhD degrees in clinical psychology at the University of Texas at

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Mark L. Goldstein is a licensed clinical psychologist in Illinois since 1976. Dr. Goldstein received his PhD degree from the University of Florida in 1976 and has been director of a group practice since 1981, with offices in Buffalo Grove, Northbrook and Hinsdale, Illinois. In addition to his private practice in child custody, child abuse, and other forensic evaluations, he provides counseling services to children, adolescents, and families. He is also a consultant to several suburban school systems. In addition, he has served as a professor and/or adjunct professor at several institutions including the University of Illinois College of Medicine, Roosevelt University, the Illinois School of Professional Psychology, the Forest Institute of Professional Psychology and the Chicago School of Professional Psychology.

Dr. Goldstein has conducted approximately 1200 custody evaluations and testified almost 100 times in Champaign, Cook, DuPage, Grundy, McHenry, Kane, Lake and Will counties, as well as in several other states. He is on the approved list of custody evaluators in a number of Chicago area counties. In addition, he served on the child custody committee of the Association of Family and Conciliation Courts, as well as the Psychology Board of the American College of Forensic Examiners. He is also a diplomate of the Professional Academy of Custody Evaluators, and editorial board member of the *American Journal of Forensic Psychology*.

He has presented numerous workshops, papers and lectures at both national and international conferences, and has several publications on child custody, particularly in the areas of relocation and parental alienation. Furthermore, Dr. Goldstein is the coauthor of *Chronic Disorders in Children and Adolescents* (Springer, 2011) and *Aging and Chronic Disorders* (Springer, 2007). He is also coeditor of *The Handbook of Forensic Sociology and Psychology* (Springer, 2013).

Michael J. Bone, PhD is a clinical, consulting and forensic psychologist with a speciality devoted to Parental Alienation for the past 30 years. He is a former member of the Scientific and Professional Advisory Board of the Parental Alienation Research Foundation in Washington DC. He worked directly with Richard Gardner, MD in numerous cases, and has performed evaluations and expert testimony in family courts across the USA, as well as training for mental health professionals and attorneys. In 2006, he modified his practice to be exclusively devoted to the problem of Parental Alienation in a consultative capacity. He has lectured on the subject internationally, and is published in peer reviewed journals, and serves as special topics editor of the *American Journal of Family Therapy*.

Michael Perrotti, PhD and associates is a clinical and forensic neuropsychologist with a practice in Yorba Linda, California. He is a member of the National Academy of Neuropsychology. He is an individual, marital, and family therapist. Dr. Perrotti was an assistant professor, Psychiatry and Behav-

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Acknowledgements

There are many individuals to thank for the completion of this book. First, I want to thank all of the professionals who made contributions with their chapters. In particular, I want to thank Dr. Barry Bricklin, a pioneer in child custody, for his chapter (with his collaborator, Gail Elliot). I have had the opportunity to present with Barry and Gail on several occasions at the annual American College of Forensic Psychology meetings, and they have always displayed intelligence, thoughtfulness, as well as humor in our endeavors. I also wish to thank Sylvana Ruggirello, my editor at Springer Scientific, as well as my production editor, Preeju Prasad. In addition, I would be remiss if I did not thank all of the families who participated in child custody evaluations over the past 38 years. Each of the families created learning opportunities for me, which resulted in this book.

Finally, I wish to thank my family, particularly my wife, Lisa Raufeisen, a truly excellent school psychologist, for her suggestions, her patience with me, and her support in completing the book.

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Part I
Professional Issues

Ethical Issues in Child Custody Evaluations

Mark L. Goldstein

When a child custody evaluation is assigned by the court, there are numerous pitfalls that need to be considered. Mental health professionals may have to confront and deal with ethics committees, licensing boards, combative attorneys, litigious clients, and impatient judges (Gorman, 2004). Kirkland and Kirkland (2001) have opined that psychologists in this arena are likely to have a professional board complaint at some point. Only sexual misconduct exceeds the number of complaints filed against psychologists in the forensic field (Montgomery, Cubit, & Wimberley, 1999).

As a result, several associations and professional groups have delineated guidelines for the individual embarking on a custody evaluation. In addition, professional organizations for mental health practitioners each have their own codes of ethics, and in some instances, guidelines for the evaluator. The evaluator is appointed by the court, typically with input from the attorneys for each parent and/or the child representative or guardian ad litem (GAL). In some instances, the judge has familiarity with the evaluator from prior experience, while in other instances, the judge may be new to family court and may rely on other judges or various attorneys involved. Depending on the state and/or jurisdiction, judges may have a list of approved evaluators or not. Different judges may also request varying tasks of the evaluator, depending on the nature of the dispute. For ex-

ample, a judge may request that the evaluation only address the issue of joint versus sole custody, because primary residential custody has already been decided. Or a judge may request that the evaluator only addresses whether supervised visitation is needed or not, and/or for the length of supervision. A judge may also request an evaluator to assess removal, when one parent is requesting a move to another state or country.

Membership in each professional association provides ethical guidelines which are to be followed by members of that association. The American Academy of Child and Adolescent Psychiatry (1982), the American Association of Marriage and Family Therapy (1991), the American Medical Association (1980), the American Professional Society on the Abuse of Children (1997), the American Psychological Association (1997), and the National Association of Social Workers (1997) each has their own code of ethics that has relevance for custody evaluators. Furthermore, the American Academy of Psychiatry and the Law (2005) and the American Psychological Association (2009) each have their own specialty guidelines.

The American Academy of Psychiatry and the Law (AAPL) defines forensic psychiatry as “a subspecialty in which scientific and clinical expertise is applied in legal contexts embracing civil, criminal, correctional, or legislative matters” (1995). AAPL updated their ethical guidelines and defined forensic psychiatry as a subspecialty of psychiatry which also included “clinical consultations in areas such as risk assessment or

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employment” (2005). These 2005 guidelines also commented that “forensic psychiatrists practice at the interface of law and psychiatry,” and “as a consequence, the practice of forensic psychiatry entails inherent potentials for complications, conflicts, misunderstandings and abuses.” The updated guidelines also delineate guidelines related to confidentiality, consent, honesty and striving for objectivity, qualifications, and procedures for handling complaints of unethical conduct.

The National Association of Social Workers (NASW) has also developed Practice Guidelines for Licensed Clinical Social Workers (Luftman, Velkamp, Clark, Lannacone, & Snooks, 2005), espousing a format for the evaluation process. This includes the role of the clinician, fees, confidentiality, review of documents, home visits, interviewing, psychological testing, and report writing.

The APA has created specialty guidelines for forensic psychologists (2011) and has also created Guidelines for Child Custody Evaluations (2010a, b).

In the American Psychological Association Specialty Guidelines for Psychologists (2011), it was noted that the original guidelines were updated because of continuing developments in the field. The 2011 guidelines addressed the areas of responsibilities, competence, diligence, relationship, fees, informed consent, notification and assent, conflicts in practice, privacy, confidentiality and privilege, methods and procedures, assessment, and professional and other public communications. In addition, several ethical principles from the APA’s Ethical Principles of Psychologists and Code of Conduct (1997) were cited, including Standard 3.05 addressing multiple relationships and therapeutic–forensic role conflicts and Standards 2.04 and 9.01 addressing expert testimony. The guidelines also cited Standard 3.04 addressing the provision of emergency mental health services to forensic examinees, Standard 3.10 addressing informed consent, Standards 1.02 and 1.03 addressing conflicts with legal authority, Standard 9.01 addressing opinions regarding persons not examined, and Standard 9.02 regarding the selection and use of assessment instruments. Furthermore, the

revised guidelines also referred to Standard 9.06 addressing the appreciation of individual differences, Standard 9.10 addressing the provision of assessment feedback, Standard 6.01 addressing recordkeeping and professional communication, Standard 5.01 addressing accuracy, fairness, and avoidance of deception in communication, Standard 4.04 addressing the need for comprehensive and accurate presentation of opinions in reports and testimony, and Standard 4.05 addressing out of court statements.

The Guidelines for Child Custody Evaluations in Family Law Proceedings (2010b) were informed by the aforementioned Ethical Principles of Psychologists and Code of Conduct and were developed to facilitate good practice, but not intended to take precedence over judgment. These guidelines covered the purpose of the child custody evaluation, general guidelines, and procedural guidelines. Furthermore, the guidelines suggest that psychologists try to identify the psychological best interests of the child and consider family dynamics and interactions, cultural and environmental factors, strengths and weaknesses of each party, as well as the child’s needs (psychological, educational, and physical), with the major focus on the welfare of the child.

The guidelines also cite the need for the psychologist to have specialized competence and to maintain an up-to-date understanding of child and family development, child and family psychopathology, the effect of divorce on children, and specialized child custody literature. In addition, the guidelines reflect on the need to be familiar with legal and regulatory statutes and standards.

Furthermore, there is recognition of the need for impartiality and for nondiscriminatory evaluation practices. Specifically, the current guidelines state that “when an examinee possesses a cultural, racial, or other background with which psychologists are unfamiliar, psychologists prepare for and conduct the evaluation with the appropriate degree of informed peer consultation and focal literature review.”

As with the APA general ethical code, the guidelines warn psychologists about the need to avoid multiple relationships, specifically that

psychologists should not conduct a child custody evaluation with their current or prior counseling clients or provide counseling to past their past custody litigants.

The guidelines also recommend that psychologists clarify the referral question or questions prior to commencing the evaluation and determine whether they are able to provide opinions or recommendations. In addition, psychologists are to try to obtain informed consent using language which the client can understand. Psychologists are also expected to utilize multiple sources of data in a custody evaluation, which enhances the validity and reliability of conclusions, recommendations, and opinions. "Direct methods of data gathering typically include such components such as psychological testing, clinical interview and behavioral observation. Psychologists may also have access to documentation from a variety of sources (e.g. schools, health care providers, child care providers, agencies and other institutions) and frequently make contact with members of the extended family, friends and acquaintances, and other collateral sources when the resulting information is likely to be relevant (pg. 866)."

There is also a suggestion that psychologists consider the impact of the evaluation process on the participants, as well as the research on test interpretation of custody litigants. In addition, the guidelines reflect that psychologists only provide an opinion after they have conducted an adequate examination. If only one parent is evaluated, it is not reasonable to compare the one individual to another who was not similarly evaluated.

The guidelines also address the issue of making recommendations, noting that recommendations should be derived from psychological data, that the best interests of the child be addressed, and that recommendations avoid relying on personal biases or unsupported beliefs. The guidelines note that there is not a consensus on psychologists making ultimate custody recommendations in custody cases, but that custody evaluators should be aware of the arguments (Bala, 2005; Erard, 2006; Grisso, 2003; Heilbrun, 2001; Tippins & Whitman, 2005).

Finally, the current guidelines reflect on the need to create and maintain professional records,

and refer the psychologist to Record Keeping Guidelines (APA, 2007). Hamberger (2000) has developed a guide on releasing information, which is helpful.

Perhaps the most comprehensive guidelines for custody evaluations come from the Association of Family and Conciliation Courts (AFCC) in their updated Model Standards of Practice (2006). The AFCC delineates best practices related to confidentiality and informed consent, ex parte communication, training, the need to maintain objectivity, the necessity of multiple data gathering techniques, potential conflicts of interest, the presentation of data, and the report.

The Model Standards of Practice recommends that child custody evaluators have a minimum of a master's degree in mental health field, and that the graduate training include child development, child and adult psychopathology, interviewing skills, and knowledge of family systems. In addition, they recommend that evaluators need advanced knowledge on divorce and separation, knowledge of legal issues in their jurisdiction, and an understanding of the legal, familial, cultural, and social issues involved in custody and visitation. Specific areas of training have been cited in the models standards. In addition, it is suggested that all evaluators with fewer than 2 years of experience have supervision prior to performing evaluations.

The AFCC guidelines also suggest that evaluators have knowledge of the applicable statutes, case law, and local rules in the jurisdiction in which they conduct evaluations. In large metropolitan areas, there may be different rules within different counties or municipalities. For example, there is a rule against any ex parte communication in Lake and DuPage counties in Illinois, but no such rule in Cook County, which adjoins the aforementioned counties.

It is essential that the evaluator have a thorough understanding of the Daubert, Joiner and Kumho cases (Daubert v. Merrill Dow Pharmaceuticals, 1993; G.E. v. Joiner, 1997; Kumho Tire Company v. Carmichael, 1999), as well as the Frye case (Frye v. U.S., 1923). In addition, evaluators should be aware of outcome studies, including Hetherington's longitudinal study (Hetherington & Kelly, 2002).

Another critical issue cited by the AFCC guidelines is the necessity for having a system of record keeping and communication that safeguards privacy, confidentiality, as well as legal privilege. Unlike therapy notes, custody evaluation notes should be detailed and if possible, legible. In addition, evaluators need to take reasonable care to ensure that the records are safe. Furthermore, the release of records should be in harmony with the policies and directives of the court. One issue that often emerges is a request by one parent to return personal items, such as greeting cards, letters, or pictures. However, these may not be returned until authorized by the court. I would suggest asking for copies of these documents and indicating that these may not be returned at all.

It is also imperative to establish policies regarding procedures according to the AFCC standards. Child custody evaluators may find it prudent to inform the participants verbally and in writing regarding fees, release of information, and procedures; these should be in line with local rules established by the court. It is equally important to inform the parties that no claims for health insurance reimbursement will be completed by the evaluator and that the final report will not be submitted until all fees have been paid. An informed consent completed at the initial meeting with each participant is suggested.

It is also critical to apprise collaterals of the way in which information provided by them will be employed. In addition, collaterals should also be informed that information is subject to discovery. It is ideal to inform the collateral sources in writing, although it may be provided verbally when there may be time constraints.

The AFCC standards also address *ex parte* communication and recommend that evaluators not have substantive *ex parte* communication with any attorney representing either party or the court. The guidelines also suggest that evaluators follow local rules regarding *ex parte* communication with child representatives or GALs. It is reasonable to communicate on an *ex parte* basis with attorneys or the court for scheduling purposes.

The presentation of findings and opinions is also addressed in the guidelines. Of particular

importance is that evaluators utilize and make reference to peer-reviewed published research in reports. In addition, evaluators should strive to be accurate, objective, and fair in reporting data, and be cautious in using diagnostic labels.

Another essential area cited in the guidelines is the importance of employing diverse methods in collecting data. This may include interviews, observations, psychological testing, interviews with collateral sources, and review of collateral information. In addition, evaluators should be balanced in their approach to the evaluation. For example, it would be prudent to observe each parent with the child or children in similar environments. Time involved in interviews and psychological tests should be similar, except in situations where there is a circumstance warranting an exception. For example, when one party has had a history of substance abuse, it may be prudent to assess for it. Or one party may be very verbose, requiring additional time to complete the interviews.

The guidelines also recommend that evaluators use empirically based methods of data collection. In addition, evaluators should assess other adults living in the residence, if they are in a caretaking role. This may mean stepparents, grandparents, other relatives, or significant others. Furthermore, evaluators are expected to evaluate each child who is a subject of the evaluation. The wishes and concerns of each child should be considered, and the evaluator needs to consider any special developmental needs of a child. Furthermore, evaluators should consider sibling relationships.

The standards cite the importance of conducting at least one interview in person with each adult in the household, but state that it is acceptable to use telephone interviews for collateral sources.

Another critical area addressed by the AFCC standards is the assessment of domestic violence, substance abuse, child abuse, sexual orientation issues, parental alienation, and relocation cases. Evaluators should use a recognized and systematic assessment of these issues. The guidelines also state that evaluators decline the appointment to cases when they lack specialized training or

that they seek professional consultation for the area in which they lack expertise. If consultation is utilized, this should be mentioned in the report.

Hess (1998) has argued that the evaluator should learn the facts of the case upon referral and determine whether he or she has the necessary skill set to provide competent help.

If there is incomplete, missing, or unreliable data, it is essential for the evaluator to disclose this in the report, with an explanation if possible.

The use of formal psychological testing is within the discretion of the evaluator, according to the AFCC standards. However, if testing is employed, the evaluator should have appropriate education and training in the administration and interpretation of the tests. If an evaluator does not have the necessary training and/or experience, then the test portion of the evaluation should be referred to a consultant who has the appropriate experience and training.

When psychological testing is utilized, the evaluator should be able to articulate the basis for using particular instruments. Furthermore, evaluators should follow standardized administration and interpretation directions, and not use tests for purposes other than those for which they were validated. In addition, evaluators need to be aware of cultural and language differences which may impact the results of tests. Evaluators may also wish to consider whether to include test data from previous evaluations in the report. Finally, evaluators are instructed to be cautious in the use of computer-based test interpretations.

There is controversy as to whether a standard battery of tests (Ackerman & Ackerman, 1997) be employed, or whether there is no commonly used battery (Hagan & Castagna, 2001).

The Model Standards for Child Custody Evaluations also comments on role conflict and dual role issues. The guidelines suggest that evaluators avoid multiple relationships, but recognize that in some geographic areas evaluators may have difficulty avoiding professional and/or social relationships with individuals, attorneys, or judges. Nonetheless, it is imperative that the evaluator inform all involved of the multiple relationships. The standards also indicate that the evaluator should not offer any advice or inter-

vene therapeutically to anyone involved in the evaluation process. The Academy of Child and Adolescent Psychiatry (2011) suggested that the forensic evaluator's duty is to the court or agency requesting the evaluation, not the individual being evaluated.

The guidelines also address the issue of consulting, stating that mental health professionals who are retained to review the work product of another evaluator confine their role to that of a reviewer only. This means that the consultant should avoid relationships with the participants in the evaluation. Kirkpatrick, Austin, and Flens (2011) noted that there is a tension between a reviewer's obligation to provide ethical and helpful testimony to the court while in the role of a retained expert. In addition, the authors address the ethical duty of a retained reviewer to discuss his/her concerns with the psychologist whose work was reviewed.

Interviewing children is another domain discussed in the standards. If the child has adequate expressive and receptive language, then it is expected that the evaluator will interview him or her. The child should be informed of the nonconfidential nature of the interview and the evaluator should have appropriate training and experience in conducting interviews with children. Furthermore, the evaluator should have an awareness of factors which could affect the child's capacity as a witness.

Another critical area cited by AFCC is the parent-child interaction. They comment that each parent-child combination should be directly observed, unless there is a psychological or physical risk. The observations should be conducted subsequent to the first set of interviews with the parents unless there are compelling reasons to do otherwise. Evaluators should focus on communication skills, reciprocal connection and attention, methods by which parents maintain control, and parental expectations.

The collection of collateral information is another crucial area addressed by the AFCC standards. The guidelines suggest that evaluators should obtain information from multiple sources. This may include school, medical, mental health, employment, social service, and law enforcement

records, either through verbal interviews or written documentation. Other records may include video or audio recordings, computer files, financial information, phone records, diaries, etc. Evaluators should disclose when uncorroborated information was employed in the formulation of a recommendation from the evaluator, and use caution in employing collateral information that is not substantiated. Collateral information is considered hearsay; as a result, evaluators need to be aware of hearsay rules in a given jurisdiction. All collateral sources should be cited in the report, including those who were contacted but not interviewed.

Despite the detailed guidelines from AFCC and APA in particular, there has been much controversy about the entire process, especially the potential for bias (Brodsky, 1991; Grisso, 1990; Gutheil & Simon, 2004; Martindale, 2005; Stahl, 2006; Williams, 1992).

Williams (1992) described several kinds of bias, including confirmatory bias, anchoring bias, availability bias, illusory correlation bias, and hindsight bias. With confirmatory bias, the evaluator looks for data or evidence that supports a particular perception and then attempts to make other data fit that position. In anchoring bias, the evaluator anchors himself to particular data and then does not consider data that does not agree. Availability bias refers to how individuals tend to remember things that are dramatic or vivid. Illusory correlation bias is seen when a relationship between events or characteristics is claimed even though there is no objective data indicating that the relationship exists. Hindsight bias suggests a tendency to conclude, when the outcome of an event is known. For example, if the evaluator is aware of a prior diagnosis, or if the participant had a prior elevation on a test instrument, then the evaluator may overweight this factor.

Stahl (2011) cited several forms of bias, including gender bias, cultural bias, primacy or recency bias, confirmatory bias, bias from psychological test data, "truth lies somewhere in the middle" bias, "Attila the Hun doesn't marry Mother Teresa" bias and "For the Move" or "Against the Move" bias. In regards to gender bias, Stahl warns about both the psychological

parent supporters whose research tends to support mother's rights and the research on fathers involvement, supporting father's rights. Cultural bias refers to the potential to make decisions based on aspects of the culture, as in removal cases. Primacy or recency bias refers to the tendency of an evaluator to be influenced by the initial information to which the evaluator is exposed. Bias from psychological test data refers to an evaluator interpreting test data to support a particular position. In "Truth lies somewhere in the middle" bias, the evaluator has a tendency to perceive that both the husband and wife contributed equally to the conflict, so that the evaluator is unable to see the individual contributions of each parent to the conflict. In "Attila the Hun doesn't marry Mother Teresa" bias, the evaluator is unable to perceive that one parent is more psychologically healthy, or that the children have a healthier attachment, or that one parent's temperament is more congruent with the child's temperament. Finally, "For the move" or "Against the move" bias is where an evaluator has a bias that relocation is either good or bad in relocation cases, rather than viewing each case individually.

Austin, Dale, Kirkpatrick, and Flens (2011) have opined that ethical evaluators are objective to the data and facts of the case. In addition, they have argued that establishing best practices and minimum standards should revolve around the expert's loyalty to the data, the ability to develop opinions based upon this factual basis, and the ability to resist pressures that bias or distort this process.

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Best Interest Factors in Child Custody Evaluations

Mark L. Goldstein

Child custody evaluators are expected to address the best interests of the child or children in their evaluation. Prior to the 1900s, children were usually awarded to the father, because judges assumed that fathers were in a better position to financially support their children. English law generally followed Roman practice and applied a broad preference for paternal custody (Stevenson, Braver, Ellman, & Vortuba, 2013). In addition, children were often viewed as property at that time. During the industrial revolution, there was an increased awareness of the mother's role in the care of children, leading to the tender years doctrine (Ackerman, 2001). Since that time, judges usually relied on the tender years doctrine, which led to children typically being placed with the mother. LoCascio (2011) related that courts made decisions based on the quality of the relationship or as a function of time spent as the caregiver. Evaluators made decisions based on information gathered through interviews with parents and family members. In both cases, the "best interest" of the child or children was frequently ignored or not considered.

The tender years doctrine, espoused by Bowlby (1951) suggested that children have their primary attachment with one parent, typically the mother. However, a plethora of research has suggested that infants and children are capable of multiple, equal attachments (Ainsworth, 1967;

Kelly and Lamb, 2000). By contrast, the best interest doctrine is seen as gender neutral, although mother's rights and father's rights groups have both opined that their gender has been harmed by "best interests" statutes. Stahl (2011) has noted the "politicization" of child custody. Nonetheless, all states and most industrial countries have adopted the best interests approach to determining custodial and visitation arrangements.

In the early 1970s, the Uniform Marriage and Divorce Act (UMDA) was developed and adopted by most states. The UMDA focused on the best interest of the child and suggested that a number of factors should be considered in deciding best interest. However, there has been much variability from state to state.

The best interests of the child may have very specific factors as in Illinois and Michigan or vague as in Florida. The American Law Institute (2002) has expressed concern that best interest's statute in most states is problematic due to the vagueness, and this then leads to potential conflict for many families. For example, in Florida, custody is no longer even mentioned. The statute in Florida focuses on how parents are to develop a plan to share residential responsibilities, as well as how parents are to develop a parenting plan in which they are to delineate how they intend to share decision-making responsibilities. This may result in some families with split decision making, with one parent making educational decisions and the other parent making medical and extracurricular decisions or some other combination of decision making. In other families, all

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decisions may be made by one parent, with the other parent consulted on decisions.

In Illinois, 750 ILCS, 602 established the best interest factors which are to be considered by evaluators and judges. These include the wishes of each of the child's parents as to custody, the wishes of the child as to his or her custodian, the interaction and interrelationship of the child with his or her parents, siblings, and any other person who may significantly affect the child's best interest, and the child's adjustment to the home, school, and community. Other relevant factors include the mental and physical health of all individuals involved, physical violence or threat of physical violence by the child's potential custodian, whether directed against the child or directed against another person (i.e., domestic violence), the occurrence of ongoing abuse whether directed against the child or directed against another person, and the willingness of each parent to facilitate and encourage a close relationship between the other parent and the child. The Illinois statute also compels the evaluator and judge to consider "other factors," although not statutory. These include the stability of the environment, which parent has been the primary caretaker, and parental conduct which has an effect on the child.

In Michigan, the statute cites a number of factors, including the love, affection, and other emotional ties existing between the child and parents, the capacity and disposition of the parents to give the child love, affection, and guidance, and to continue the education and raising of the child in his or her religion or creed if any, the capacity of the parents to provide the child with food, clothing, medical care, or other remedial care recognized and permitted under the laws of the state, and other material needs, and the length of time that the child has lived in a stable, satisfactory environment, and the desirability of maintaining continuity. The statute also cites the permanence, as a family unit, of the existing or proposed custodial home or homes, the moral fitness of each parent, the home, school, and community record of the child, and the reasonable preference of the child, if the court considers the child to be of sufficient age to express preference. Furthermore, the statute considers the willingness and

ability of each parent to facilitate and encourage a close and continuing parent-child relationship between the child and the other parent, domestic violence, whether the violence was directed against or witnessed by the child, and any other factor considered by the court to be relevant in a child custody dispute.

In contrast to Illinois and Michigan, Florida's statute (61.13, 2009) does not mention custody and visitation, but instead focuses on how parents are to develop a parenting plan and share responsibilities. This may result in one parent making most decisions, splitting decision making so that one parent makes medical decisions and one parent makes educational decisions or making shared decisions. In addition, parents may share residential custody, or one parent may have primary residential custody. In Colorado, the statute focuses on parenting time with the child and parenting responsibilities.

Klein (2005) has argued that the best interests of the child are met by being raised by parents who love each other and love the child. Anything less than this ideal is not in the child's best interests. Furthermore, he has opined that decisions regarding best interests must include the ability and willingness of stepparents to assist in meeting parental obligations.

Emery, Otto, and O'Donohue (2005) have written that the best interests of the child are vague. In addition, they have opined that the best interests of the child paradigm puts judges in the position of trying to perform an impossible task, and increases parental conflict, as well as parenting and co-parenting. Further, they argue that the approximation rule, where parenting time is awarded approximate to what role each parent performed historically during the course of the marriage, is the most clear and determinative standard.

Hippensteele (2011) looked at best interest in gay, lesbian, bisexual, and transgender (GLBT) parents and their children. They argued that best interest standards fail to recognize the contemporary cultural reality of families and parent-child relationships involving GLBT parents and their children.

Bowids (2004) examined which of the factors from the best interest standard were most important, as well as which aspects of a psychological evaluation were most relevant to this issue. She found that there were no statistically significant results.

Some states have also addressed more unique situations with best interest factors. For example, in Illinois, best interest has addressed the removal of a child from the jurisdiction (750 ILCS 5/609). A number of additional factors have been identified in several Illinois Supreme Court cases, most notably Eckhart and Collinbourne. In the Eckhart case, the court cited that the judge and evaluator were to consider whether the move had a likelihood of enhancing the general quality of life for both the child and the custodial parent, whether the custodial parent had a good motive in moving, whether the noncustodial parent had a good motive in resisting the move, whether a reasonable and realistic visitation schedule could be reached if removal were allowed, and all other relevant evidence and factors based on the circumstance of each case. Collinbourne then expanded on the Eckhart decision, in that indirect benefits needed to be considered as well. For example, if a mother was the custodial parent and remarried, and, as a result of the remarriage, she no longer needed to work, she would be more available to the children, thereby creating an indirect benefit to the child.

Warshak (2013) analyzed best interest factors in international relocation cases. He noted that the foreign country's laws, customs, educational system, political status, and judicial practices can create a climate that are either favorable or hostile to the child's best interests, as well as access for the noncustodial parent. Warshak also opined that how the moving parent will co-parent and support the child's relationship with the noncustodial parent is even more important in international moves in comparison to domestic moves.

Evaluators may be confronted with several different tasks in conducting child custody evaluations. In some instances, the evaluator is asked to make recommendations related to primary residential custody, while in other instances, the evaluator is asked to assess whether the parents

are capable of sharing joint decision making or whether sole legal custody is preferred. In other cases, the evaluator is asked to evaluate whether overnight visitation for a young child is reasonable and the extent of overnight visitation, while in other cases, the evaluator is given the task of assessing as to whether supervised visitation is required. Evaluators may also be addressing whether siblings of different ages can be separated or whether a parent's request to move out of state or to a different country is in the best interest of the child.

The task of evaluating the needs of the child as well as the needs of the parent are factored into the assessment of best interests, but the task is often complex and multifactorial. First, it requires that the evaluator assess the developmental needs of the child or children. In some instances, there may be quite different needs for individual children, for example, when the children are of very different ages or when one child has special needs. Second, the evaluator also is required to assess the role or roles which parent played in the child's life historically as well as more recently. For example, one parent may have been a stay-at-home parent for the first 10 years and handled the majority of educational, medical, and extracurricular needs, but has then become employed full-time during the past 2 years. The other parent, who had been minimally involved in the past, is now unemployed and has been the primary parent for the past 2 years, and he/she has handled the majority of the various parenting tasks. Third, the evaluator is asked to assess the psychological health of each parent as well as the psychological match with the child or children. This requires that the evaluator assess each parent for psychiatric disorders and compliance with treatment if any, substance abuse, domestic violence, child abuse, as well as the emotional fit of each parent with the child or children. For example, a parent may have no significant psychological issues, but may lack the ability to nurture, which would be an important quality with younger children in particular.

Fourth, the evaluator is often assessing each parent's ability to facilitate a relationship between the children and the other parent. If a parent is

alienating the child from the other parent, this would be a significant finding and play a large role in looking at best interest. Fifth, the evaluator is asked to assess the child's attachment with each parent, and whether the parents are capable of attending to and meeting the child's developmental needs. In the past, there was a belief that mothers were more nurturing than fathers, and, as a result, more important (Goldstein, Freud, & Solnit, 1984). More current research (Kelly & Lamb, 2000; Ludolph, 2009) has suggested that children develop an attachment with both parents.

There are several other factors which need to be considered by the custody evaluator. Foremost are the strengths and weaknesses of each parent, as well as each parent's ability to understand the needs of each child and the capacity of the parent to meet the needs of the child. Strengths would include the ability to nurture, the ability to provide guidance, the ability to provide stability, the ability to focus on the child's needs, and the ability to understand the child's emotional, intellectual and social needs and development. Weaknesses would include psychiatric disorders (such as depression, schizophrenia, and bi-polar disorder), substance abuse, domestic violence, child abuse, narcissism and personality disorders. Physical illnesses or physical problems may also impact a parent's capacity to function effectively and needs to be considered as well.

In addition, the evaluator needs to consider the relative psychological stability of each parent, often assessed through psychological testing and collateral sources of information. Furthermore, parenting style, including the ability to establish an appropriate hierarchy, communicate effectively and enhance self-esteem need to be evaluated. For example, research has consistently demonstrated that an authoritative style of parenting may be the best for developing emotionally healthy children. Finally, the custody evaluator needs to assess each parent's ability to foster a relationship between the children and the other parent. An assessment of alienation is often a component of this factor.

In summary, the custody evaluator is guided by state statutes in assessing the best interest factors. Regardless of the statute, the task for the evaluator is complex and challenging. Evaluators are asked to assess not only the wishes of each parent and the children, but to assess the capacity of each parent to function in the parenting capacity, the willingness and capacity of each parent to foster a relationship between the children and the other parent, the psychological stability of each parent, the parenting style of each parent, and the child's attachment to each parent.

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A Judicial Perspective on Child Custody Evaluations

Donna-Jo Vorderstrasse

Before I became a judge in the family division of the Nineteenth Judicial Circuit of Lake County, Illinois, I was an attorney with 20 plus years of experience in practicing law, most of which was in the arena of family law. Notice two of the words in the previous sentence; “practicing” and “arena.” Both of those words were chosen with intent.

Law has always been defined as a practice; attorneys and judges are always “practicing” to interpret and enforce the law with more accuracy, consistency, and justice. Law is an evolving process. The philosophies are always expanding and the focuses are always shifting. Judges exercise a great deal of discretion in their application of the law in the interests of justice; none more so than in the family law arena.

I also used the word “arena” with purposeful intent. We must never forget that law is an adversarial process. Like gladiators fighting in the “arena,” attorneys and their clients are focused on the “win.” Each party has a representative whose sole purpose is to advocate with enthusiasm on behalf of their client. Advocacy is intended to be the presentment of a one-sided view. The adversarial process is based upon the belief that with each party’s attorney zealously presenting their

one-sided view to the court, the court will be able to determine the truth, and justice will prevail. That is the belief and the hope. However, quite often, the truth is not that clear and the property over which the adversarial contest is fought is not property at all; it is a child.

Family courts are focused on the protection of the child in a dissolution or family litigation matter. The protection of the child includes protecting a child’s mental and psychological health as well as a child’s physical health. This present emphasis on protecting the children in custody matters was not always the focus in the past, even though the “best interest standard” has been the guiding principle for many years. After decades of custody litigation, courts became more and more aware that a great deal of damage was being done to a child while a case was pending, before the trial had begun. So instead of the family court judge having his or her sole focus on a “best interest of the child” *result*, emphasis shifted to a “best interest of the child” *process*. Whether the case is in Illinois or some other state, there are numerous provisions built into a state’s statutes to safeguard children experiencing the breakdown of the relationship between their mothers and fathers.

Whenever child custody is an issue in family or divorce proceedings, most states have requirements for mediation prior to any active litigation taking place. The litigants are removed from the adversarial process and placed with a neutral third-party mediator. The mediator has training and experience. Mediators look for areas of

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agreement and focus the litigants on their ability to arrive at consensus. Mediators communicate concerns regarding the child, including the damage done to the child by the trial process as a motivating factor to the litigants to avoid child custody litigation.

If mediation is unsuccessful, there are also provisions in most state statutes for appointments of a child representative, a guardian ad litem, and/or attorney for the child. All these appointments are made to ensure the protection of the child during the litigation process. The child representative and guardian ad litem make recommendations to the court regarding the best interest of the child at different points in the pending case. The recommendations may be made at hearings on temporary matters, at pretrial conferences, or at trial. In Illinois, a guardian ad litem is a witness; a child representative is an advocate. This is an important distinction and all attorneys fulfilling these roles must proceed carefully with a full understanding of the limitations of their appointed role. I have observed a trend developing for courts to recognize the wishes of the child in the litigation process through the child's testimony. California has a "counsel for the child" that is required to bring the wishes of the child to the attention of the judge and requires judges to speak with the child under certain circumstances.¹ In Illinois, the attorney for the child appointment is available to advocate for the child's expressed preference. I have observed very limited use of this appointment option. Generally, if a judge decides to hear from a child in Illinois, the state statute allows for the court to have an *in-camera* interview with a child to obtain the child's preferences. The *in-camera* interview is very formalized with the presence of the attorneys, the child representative, and the court reporter. No matter how judges try, the experience is very intimidating and emotionally distressing to most children of any age. To no one's surprise, reading this book, judges, child representatives, and guardians ad litem have serious concerns about a child being influenced (or should I say "indoc-

trinated") by a parent to take a particular position which places the child squarely in the middle of the "tug of war" between his or her parents. In my experience, there has been an acceptance by judges and child representatives and guardian ad litem of the premise that a child should be removed from the litigation process as much as possible. When I was in private practice and served as a guardian ad litem or child representative, I would always tell children that they did not have to choose between their parents; that they could love them both. Most of the time the reaction of the child was relief; sometimes with tears but always relief. As a judge, I am cautious in allowing *in-camera* interviews and appointments of attorney for the child due to my concern about overzealous parents hoping to capitalize on this trial tactic.

There are also provisions in state statutes that allow courts to appoint therapists for the child and order medical and psychological evaluations of the child and the parties. Courts use every available option to protect the child and avoid the contested custody battle. However, all of these tools cannot always avoid the total and complete break down of the family structure and the necessity of intense, protracted litigation that often accompanies it. If that is the path of a particular case, custody evaluations are necessary evidence for the court's decision-making process.

All that I have stated above is the background against which custody evaluations are ordered. It is important for custody evaluators to know this. By the time custody evaluators are meeting the litigants and the children, the courts have tried everything else at their disposal. The litigants and the children are at their best, stressed, and at their worse, decompensating. Perhaps this is a good argument for custody evaluations being ordered at the beginning of the litigation process as a matter of course. This argument is for another day, but the practical answer is that custody evaluations are very invasive and very expensive. Even a well-written evaluation can upset a delicate balance between the litigants when each one reads what the other one has said about them. I understand that most custody evaluators feel they must report everything told to them in order to

¹ Cal. R. Ct. 5.242

justify their final recommendation, but the report can damage even further an already deteriorating parental relationship and intensify the parents' pressure on the child to take sides and talk to the judge. That is why I believe most judges only appoint a custody evaluator after they have tried every other alternative.

I do not want to minimize the impact a good custody evaluation can have on the settlement of a case. In fact, many cases settle after a custody evaluation has been received. However, I must convey my two biggest concerns regarding custody evaluators and the evaluations. One is that all custody evaluations are not comparable in quality and technique and wisdom; two is that many custody evaluators do not know how to testify as experts.

We are experiencing a time where more and more of the focus in the legal arena is being placed on child custody evaluations. There is a trend developing in the law of making the evaluations more scientific, and, if not scientific, then at least requiring standards for custody evaluations. I have experienced a large disparity between custody evaluations. One evaluation is not comparable to the other. This is a problem for the courts. The court appoints a custody evaluator under the statutes of the state as the court's witness. This is not a "hired gun" as some would say; meaning the custody evaluator was not commissioned by a party to render a favorable opinion for that paying party. The court's witness is neutral and is intended to render an opinion that is objective and defensible which may assist in the settlement of the case but at least will be substantial competent evidence at trial. However, if the case goes to trial, the evaluator must be ready to testify and able to defend their position with knowledge, training, and expertise. An uncomfortable situation arises for the judge when a "hired-gun" evaluator, paid for by one of the parties, has better credentials, better knowledge of the latest case law, more awareness of standards proposed by the Association of Family and Conciliation Courts (AFCC) or other similar groups, and provides a better written report than the court-appointed expert. If there were statewide standards, this dynamic would occur less often.

There are no statutory standards for custody evaluations in the state of Illinois. It has been left up to the individual circuit courts to pass local rules regarding the appointment of custody evaluators. The individual circuits are free to set their own educational, training, and compensation standards for custody evaluators. This policy has led to great disparity from circuit to circuit on the quality of the custody evaluators and their evaluations. Even with local rules, the quality of the evaluations can vary within the same circuit. It is difficult for the court system to monitor and enforce the rules they proffer when it comes to third-party appointments without statewide standards.

In Lake County, Illinois, the Nineteenth Judicial Circuit Court has established local rules that outline what qualifications and experience a custody evaluator must possess to become a part of the Lake County list of custody evaluators available for appointment.² Every potential court-appointed custody evaluator should familiarize themselves with court rules, state and local. The Local Court rules of the Nineteenth Judicial Circuit also outline a mentoring program among the evaluators for candidates that have the educational component but do not have the experience component. There is an application process and each candidate is personally interviewed by a member of the judiciary, a member of the local bar association, and another qualified evaluator. There are also local rules regarding the amount of time that an evaluator can spend on an evaluation. This local rule was an attempt by the judiciary to balance the importance and value of the custody evaluation against the cost to the litigants. Many judges were uncomfortable with limiting the time an evaluator can put into his or her evaluation; it is as if the judges were telling the evaluators how to perform their job. That is why, in Lake County, an evaluator may always request to exceed the time limitation upon good cause shown. Lake County family courts take the process seriously and are determined to maintain quality in the list of evaluators. Even so, more

² Ill. 19th J. Cir. Ct. R. 11.05.

work needs to be done. The evaluations are too diverse in quantity and quality.

In addition to the concerns I have over the quality of the evaluators' reports, I have concerns over the evaluators' abilities to testify adequately in court. Once again, evaluators are in a "legal arena" where experienced litigators will cross-examine them. If there is a way to discredit the report, an attorney will find a way. As a judge, I am bound by the evidence presented before me, and I have often seen an evaluator testify so poorly that I must find their credibility has been impeached. Once that happens, the report means very little. More of the evaluator's education should be training specific to testimony in court. Defending a custody evaluation is difficult when so much of the evaluation is subjective. Every judge wants an evaluator to rule out any psychological problems, or at least describe the possible impact the psychological problem has on parenting. Every judge also wants an evaluator to spotlight substance abuse issues or domestic violence issues, and the affect these issues have on parenting. I understand that there is science involved in

some of the evaluation process but without any "red flags" revealed in the report, the evaluator's recommendation is subjective and a challenge to defend against strict scrutiny. Only through training and experience is such a defense possible.

More quality education and training is needed for court evaluators. I would like to see statewide standards, but that is not possible until the knowledge and training of evaluators takes a sufficient form for the state to endorse. This book, which brings so much knowledge and research to the forefront, is a step in that direction. I applaud Dr. Mark Goldstein for his efforts to shed light on being a custody evaluator and the science and statistics behind it. Being chosen to be a custody evaluator is an intense responsibility. A custody evaluator must be educated and trained and must continue to be educated and trained. The future of a family will be affected by what an evaluator says, how he or she says it, and how he or she defends it. All of these families are important. They are the future, and we must all care about the future.

Part II
Interviewing/Observation

Interviewing Parents Involved in Child Custody Evaluations

Karen Grais Meyer

Child custody evaluations are sometimes ordered by the court when there are disputes over decision making, caretaking, and access when a marriage or other relationship, which involves minor children, dissolves. In 90 % of cases, the parents reach an agreement about the child custody arrangement (Melton, Petrila, Poythress, & Slobogin, 2007). However, the courts must intervene when the parents are unable to reach a solution on their own. One method of intervention is a child custody evaluation.

According to Stahl (2004), a child custody evaluation is helpful if any of the following circumstances exist:

1. When there are questions about the parent's abilities to meet their children's needs
2. When there are questions about serious psychological problems
3. To evaluate a change of circumstances
4. When parents make mirroring allegations about each other
5. When there are allegations about physical or sexual abuse
6. When there are allegations about drug and/or alcohol abuse
7. In situations of high conflict between the parents
8. When parents cannot agree on the custody and visitation for their children

In most states, the evaluation is typically conducted by a mental health professional appointed by the court; depending on the local jurisdiction, the evaluation may be done by a social worker, clinical psychologist, licensed marriage and family counselor, a licensed professional counselor, or psychiatrist. When the evaluation is completed, the report is sent to the judge and the attorneys, or the parents if they are pro se (representing themselves) litigants. Unless subpoenaed to testify in a custody trial, the evaluator often has no information about how the case settled. At this time, only 1–2 % of custody cases are determined from a court trial. Emphasis is increasingly on settlement, as research continues to indicate that litigated divorces can have long-range damaging effects on parents, children, and the family's financial resources.

If a custody case is litigated, the court has an obligation to address the parenting attributes, the psychological needs of the child, and the resulting fit between those factors. The court will make a determination for decision making (custody), caretaking, and access (residential considerations and parenting time). Necessary to the evaluation includes focus on skills, deficits,

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values, parenting attributes, and the psychological needs of the child (APA, 2009)

When an evaluator receives an order to conduct a child custody evaluation, a contract needs to be sent to the parents explaining the process and the fees involved, both for the evaluation and a deposition or court testimony if the evaluator is subpoenaed. Some evaluators also send the parents a Parent Questionnaire, to be completed prior to the interview process commencing.

The parents review the contract, with their legal representatives if they choose, sign it, and return it to the evaluator. The parents will complete the Parent Questionnaire and return it to the evaluator prior to the first appointment.

This chapter explains what parents need to understand before embarking on a child custody evaluation, what the parent interview process will include, questions that will typically be asked of them about themselves, their families of origin, their marriage, their children, their strengths and weaknesses as parents, and what they are hoping the result will be of the custody evaluation.

Parents involved in custody disputes that result in an evaluation are understandably and often admittedly anxious about the process, never having met the evaluator and knowing that the evaluator's recommendations weigh heavily in court, the evaluator being the court's expert witness.

At the beginning of the evaluation, the evaluator must establish that the parents understand:

1. The contract they have signed.
2. The purpose of the evaluation.
3. The nonconfidential nature of the evaluation.
4. The evaluation will result in a report and recommendations to the court with which either or both may not agree.
5. The judge will decide the outcome, unless the parents settle out of court, but the judge will take the report into full consideration.

The Evaluation Begins

Some evaluators begin an evaluation by meeting with the parents together; others choose to meet with the parents separately. Those who prefer the former approach want to observe the parents interacting from the onset of the evaluation and to explain the process of the evaluation together. Those who prefer the latter approach do so to give each parent an opportunity to tell their story, for the evaluator to establish a rapport with each individually, and begin to assess their interaction. It is common for some evaluators to meet with the parents together at some point, if not at the outset of the evaluation, or after seeing the children individually, or when the interviewing process is almost completed. There is not a right or wrong way to this initial interview approach. Each evaluator has a personal style with which they find most comfortable and effective.

Scope of Evaluation

Before asking any questions of each parent, it is essential to explain the scope of the evaluation based on what has been indicated in the court order, such as one of the following:

1. Custody, either original or a modification
2. Visitation, original or a modification, or if there has been abuse
3. Removal or other conditions of the appointment

The order will also indicate if there have been orders of protection entered involving the parties to the case, or if the parties are or have been in the past involved in a proceeding under the *Illinois Domestic Violence Act of 1986*, or if there is a court order of protection that prohibits one of the parties from having contact with the other party. In these instances, it is not advisable to attempt to see the parents together at any point.

The parents are informed that the evaluator may communicate freely with the child representative, attorney, and/or the guardian ad litem

for the children. The evaluator will not be communicating with an attorney for a party on an ex parte basis unless for the purpose of scheduling issues. Communications with attorneys on substantive matters will occur by either conference call with all attorneys or in writing with copies to each attorney.

The evaluator will explain to the parents that a child custody evaluation is *not* a confidential process. Any information that is shared by anyone questioned, or from collateral contacts, may be included in the report that goes to the judge and the parties' legal representatives. The evaluator will ask the parents to sign releases of information to obtain medical, psychiatric, or other expert information about the parents and/or the children; this would include school personnel, child care providers, babysitters, coaches, and so on or anyone deemed relevant to the evaluation. They need to know that if their children are 12 years of age or older, the children themselves will need to sign releases of information for the evaluator to speak with their teachers, therapists, or other individuals or providers.

Areas of Evaluation

Areas of the evaluation will be explained to the parents to include:

1. Quality of relationship between each parent and child
2. Ability of each parent to parent the child
3. Psychological and medical health of each parent
4. Psychological and medical health of each child;
5. Patterns of domestic violence, substance abuse

The California Rules of Court now require the evaluator to assess (a) each parent's capacity for setting age-appropriate limits and for understanding and responding to the child's needs; (b) history of involvement in caring for the child; (c) methods for working toward resolution of the child custody conflict; (d) history of child

abuse, domestic violence, substance abuse, and psychiatric illness; and (e) psychological and social functioning (Stahl, 2013).

Prior to the first meeting with the parents, they will have signed the contract to conduct a § 604(b) evaluation, which includes the fees involved for the evaluation as well as for any depositions or testimony that is required. It is explained to the parents that in addition to the evaluator's interviews and contacts with collaterals, additional specialized evaluations may be necessary. For example, if there are concerns regarding mental illness, substance abuse, or domestic violence, the evaluator may request of the court that an additional evaluation be done by an expert in those areas, the results of which will be included in the evaluator's report that is sent to the judge and the attorneys. The questionnaire that the parents completed and submitted to the evaluator will be reviewed and discussed with each parent.

Parents' Questions and Concerns

The parents usually ask about interviewing the children and how to prepare the children for the evaluation. The parents are informed that the children will be interviewed with each parent and individually on at least two occasions and possibly more if necessary.

The parents will be advised that once the parent-child interviews have been completed, the evaluator will conduct a final interview with each parent. The interview may be joint unless there are extenuating circumstances, such as an active order of protection restricting the parents from being within a specified distance from one another, or if there has been a history of domestic violence, or threat of domestic violence, or if one parent maintains that they are unable to be in the same room with the other parent. However, it may be preferable to have separate final interviews with each parent, in order to allow each parent to respond to concerns raised by the other parent.

The parents are advised that once the interview process is completed and collateral contacts have been made and all information gathered, including reports of any additional evaluations, such as psychological testing, the evaluator will prepare a report to be submitted to the judge and the attorneys for the parents, or to the parents directly if one or both are pro se litigants, if they are representing themselves.

Parents are informed from the outset that the evaluation is a nonconfidential one, and that anything that is shared with the evaluator by the parties, the children, collaterals, or other individuals who have submitted information to the evaluator could be included in the report. All of the information received by the evaluator will be taken into consideration by the evaluator, who will determine what is to be included in the report. Unless the parents are pro se litigants, they will not receive a copy of the report by the evaluator. The evaluator will explain to the parents that the report will include recommendations on the issues requested by the court to be evaluated, such as custody/decision making, visitation/parenting time, as well as therapy, counseling, or other supportive services for any members of the family being evaluated or for other relevant matters. The evaluator's recommendations are not the "final answer" but are weighed heavily by the judge and attorneys because the evaluator is the court's witness. If the case were to result in a trial, the evaluator would usually be subpoenaed for a deposition and/or court testimony, based on the recommendations made in the report.

Parent Information to Be Included in Interviews

Even when a parent questionnaire like the one cited below is utilized, the following information should be included and/or supplemented when interviewing parents:

1. Place of residence, which includes current living arrangement, and reason for frequent moves if indicated.

2. Place of employment, including a discussion about job satisfaction, potential for promotion, and possible relocation.
3. Employment history; if a parent changes jobs more than once every few years, that should be discussed.
4. Educational history; details may be important if parent dropped out of school, failed school, or did not complete high school or a degree program.
5. Names and ages of children and where residing; if the children are with other parent, discuss frequency and quality of contact.
6. Current and/or previous psychological or psychiatric treatment; obtain releases of information regarding treatment from any prior treatment providers, whether treatment was in- or outpatient, prior diagnosis, and medications.
7. Substance abuse history, including perceptions of whether alcohol or drugs have interfered with employment, school, social, and/or family relationships; if there is a history, query about current or follow-up care. Also, inquire about any past history of driving under the influence of alcohol (DUI) and any mandated treatment or education related to the incident or incidents.
8. Problems with the law: Explore in detail legal problems in childhood and/or adolescence, determining if problems were isolated or reflective of a chronic behavior pattern. Three or four arrests for the same or similar crime would be considered significant. Assess any history of legal issues, including domestic violence, arrests for drugs, battery, etc.
9. Information about the family of origin.
10. Problems with developmental milestones. This would include whether parents themselves had such problems, as well as whether their children have had delays, such as walking, talking, toilet training, eating and sleeping patterns, and/or unusual childhood illnesses. It should be noted if parents being

evaluated had different perceptions about their children's developmental milestones.

11. History of sexual abuse or assault.
12. Current medical problems. If a parent has been diagnosed with a serious medical problem, questions should be asked about the nature of the illness and how it is being treated, as well as the impact on the individual's ability to parent.
13. Major stressors in parents' lives. This would pertain to stressors other than current litigation, including illness, loss, financial problems, extended family issues, etc. Questions should be asked about how stressors are impacting the lives of parents and children, emotionally and financially.
14. Previous marriage history. Details should be obtained about the marriage, reason for break down, children from marriage, current relationship with former spouse, children, custody determination, etc.

Dr. Marc Ackerman, who proposed the above 14 areas of questioning, ends each evaluation with the following question: "In thinking about coming in today, is there anything you wanted to tell me that I haven't asked you about?" This gives the parents the opportunity to cover any topic that they deem important, to ensure that their concerns are addressed (Ackerman, 2001, 2006).

Goldstein (2013) suggests that the initial interview should be designed to collect information on the history of the parent's relationship, including their and their significant other's role in parenting. This may include who got up at night with the children; who stayed home with an ill child; who fed and bathed the children; who handled medical care and appointments; who transported the children to and from day

care and/or school; who helped with homework, school projects, and test preparation; and who attended school open houses, parent-teacher conferences, field trips, or class parties. He also suggested that the interviewer query as to who attended extracurricular activities, who transported the children to these activities, who served as a coach or helped out at activities, who served as a room parent or class helper or reader, and who took the child to religious education and/or services. Dr. Goldstein also opined that it is useful to determine who made school lunches, who took the child for haircuts and/or cut their nails, who bought the children's clothing, who read to the child, who put the child to bed or handled bedtime rituals, who dressed the child (if necessary), and who made the child breakfast in the morning.

Goldstein (2013) recommended that another area of assessment in the parent interview is to query about each parent's concerns about the other parent, whether there are concerns about parenting specifically or personality characteristics and/or idiosyncratic behavior that may have a deleterious impact on the children. For example, a woman may cite that her husband is controlling. In what ways is he controlling? Is he controlling only with her or with the children as well? Is the use of control normal and appropriate in setting a hierarchy in the family system? Is there any evidence of any abuse? Is there any verbal or physical abuse toward the mother witnessed by the children? Is there any substance abuse, whether witnessed or not by the children? Is there any inappropriate discipline or lack of discipline? Follow-up questions are often necessary to help the evaluator properly assess any delineated concerns.

COURT ORDERED EVALUATION PARENT QUESTIONNAIRE

I. PERSONAL DATA

Name Birth Date.....
Address Home Phone.....
City Work Phone.....
State: Zip Code..... Cell Phone.....
E-mail address.....

Names and birth dates of children and adults who reside in your home:
.....

Names and birthdates of children who do not reside in your home:
.....

II. MARITAL HISTORY

If never married, but lived together, provide dates of living together.....
If married, provide date of marriage to the parent of the children involved in this conflict:
If not currently living together, date of separation.....
If divorced, date of divorce.....
If previously married, date of marriage and termination of marriage:
.....

Are you aware of any Order of Protection regarding yourself, or *any* adult involved with your children? If so explain and provide documentation:
.....

III. PERSONAL HISTORY

Do you have any medical problems? Yes No
If yes, please explain, including medications taken and for what diagnosis:

Have you or anyone in your family experienced and/or been treated for mental health problems, including but not limited to depression or anxiety? List medications for mental health issues.
Yes No If yes, please describe:
Medications:.....
List hospitalizations for medical problems.....

List any in-patient or intensive outpatient hospitalizations for mental health problems.....
List names of medical and psychiatric providers who prescribe medication.....
Describe your present use of drugs/alcohol:
List any inpatient or outpatient programs/rehab for drugs/alcohol, including 12 step programs
Provide a complete list of any previous arrests (including adult, juvenile & non-speeding traffic offenses, DUIs).

Charge	Date	Place	Outcome
.....

List all therapists you have consulted, for the benefit of you and/or your child(ren):
Name and Title Phone ()
Address Fax: ()
Email address.....
..... Dates of Therapy
List all family members seen by this therapist

Name and Title Phone ().....
 Address Fax
 Email address.....
 Dates of Therapy.....
 List all family members seen by this therapist

Name and Title Phone ().....
 Address Fax: ().....
 Email address.....
 Dates of Therapy.....
 List all family members seen by this therapist

IV. EDUCATION HISTORY

High Schools and Colleges Attended, including dates of graduation.....

 If Failed or Dropped out, Explain.....

V. EMPLOYMENT HISTORY (For Last Ten Years)

Please submit a copy of your Curriculum Vitae or resume if you have one.

Present Employer. Wages \$..... Per
 Address
 Current Work Schedule Position
 Length of Employment: From To

Previous Employer Wages \$..... Per.....
 Address
 Position Weekly Hours
 Length of Employment: From To.....

Previous Employer Wages \$..... Per
 Address
 Position Weekly Hours
 Length of Employment: From To

VI. PARENTING

How do you plan on providing for your child(ren)'s extracurricular activities? (e.g. piano lessons, scouts, etc.)

.....

What is your plan for your child(ren)'s religious training, if any?

.....

What is your plan for the child(ren) to visit your parents and family?

.....

What is your plan for the child(ren) to visit their grandparents and family?

.....

What is your plan for routine care of your child(ren) including daily supervision, meals, recreation, school attendance and after school care?

.....

.....

VII. CUSTODY/PARENT ACCESS

What is the present custody arrangement?
.....

What is the present parenting schedule?
.....

How do you think parenting time should be arranged between you and the child(ren)'s other parent?
.....

What would your plan for visitation be if **your child(ren) live primarily** with the other parent?
.....

Please describe the personal and emotional (not financial) support persons or groups available to you, should the need arise:
.....

What is your proposed plan to communicate with **your child(ren)'s other parent**?
.....

(Please complete the following for each child under consideration for this matter.)

VIII. CHILD'S HISTORY

For each child, please indicate the name of the current school, the name of the teacher(s) your child has, the name of any specialist your child sees at school (e.g. social worker) and the type of specialist.

(CHILD 1)
Child's name: Child's DOB Age
School Phone
Teacher(s) Specialist(s)

How many different schools has this child attended since kindergarten?.....

How do you think your divorce will/has affected this child?
.....

Has your child's grades/behavior changed in the past year? If yes, explain.
.....

Describe any other concerns you have regarding this child in regards to their physical, emotional or behavioral health at school and/or at home. Specifically, describe any problems with schoolwork/homework, classroom or home behavior problems and health problems or emotional concerns:
.....

(CHILD 2)
Child's name: Child's DOB Age
School Phone
Teacher(s) Specialist(s)

How many different schools has this child attended since kindergarten?
.....

How do you think your divorce will/has affected this child?
.....

Has your child's grades/behavior changed in the past year? If yes, explain.
.....

Describe any other concerns you have regarding this child in regards to their physical, emotional or behavioral health at school and/or at home. Specifically, describe any problems with schoolwork/homework, classroom or home behavior problems and health problems or emotional concerns:
.....
.....

(CHILD 3)

Child's name: Child's DOB Age
School Phone
Teacher(s) Specialist(s)

How many different schools has this child attended since kindergarten?
.....

How do you think your divorce will/has affected this child?
.....

Has your child's grades/behavior changed in the past year? If yes, explain.
.....

Describe any other concerns you have regarding this child in regards to their physical, emotional or behavioral health at school and/or at home. Specifically, describe any problems with schoolwork/homework, classroom or home behavior problems and health problems or emotional concerns:
.....
.....

**(IF MORE THAN THREE CHILDREN PARENTS ADVISED TO ASK FOR
ADDITIONAL FORM.)**

I. Interviewing Parents in Pre-decree Cases

In order to obtain the most pertinent information in a custody evaluation, questions asked to the parents should be determined prior to the interview commencing (Amundson, Duda, & Gill, 2000). The questions asked are directly related to the questions that the court has about the family being evaluated and from which the evaluator can decide what assessment tools need to be utilized, such as psychological testing (Gould & Martindale, 2009)

A. Questions About the Decision to Live Separately and Terminate the Marriage

1. How did your decision to separate/divorce transpire?
2. Who initiated the decision and for what reason?
3. Why do you believe that you and the other parent are unable to resolve decision making (custody) and/or parenting time (visitation) issues, thus requiring court intervention and appointment of an evaluator to conduct this evaluation?

4. What attempts, if any, have you and the other parent made to resolve these issues independently?
5. Did you make the decision through a counseling process with a therapist? Have you engaged in mediation to attempt to resolve these matters? Did you attempt to resolve them in a collaborated divorce proceeding?
6. What are you seeking as a result of this evaluation? Joint custody versus sole custody? What do you understand to be the difference between joint custody and sole custody? What are the reasons that you believe that what you are seeking would be the best outcome of the evaluation?

B. Questions About Parents' Relationship

1. Describe your relationship, beginning with how you met, how your courtship unfolded, and your marriage (or relationship if unmarried).
2. How have major decisions been made in the marriage, such as decisions to have children, financial decisions, health, education, and religious decisions?
3. Describe the conflicts that arose in the marriage (or relationship). What attempts were made to resolve them, through marital therapy, assistance from friends, family, or religious affiliation (priest, rabbi, etc.)?
4. If attempts were made, in what way were they helpful, and for what period of time?
5. If there was marital therapy, describe how therapy unfolded, how it was initiated, how it was terminated; if helpful, in what way? If not helpful, why?
6. Describe what you view as to your strengths and weaknesses as a parent and the strengths and weaknesses of the other parent. Keep in mind that if one parent shares only the other parent's weaknesses, that parent may not be able to foster a relationship between the children and the other parent.

C. Questions Regarding Parenting

1. Children by pregnancy? Adoption? Surrogacy?
2. If pregnancy, planned or unplanned? Children out of wedlock?
3. If children through adoption, how did the adoption occur and at what age of the child? If open adoption, what relationship exists with the biological parents? How/when were the children informed about the adoption? If children have yet to be informed, how do the parents intend to inform them and in what way?
4. If children by surrogacy, explain circumstances.
5. If same-sex marriage, or if one parent has decided to live as a homosexual, consider the parent(s) acceptance of their own sexual preferences. Ask them how the sexual-preference issue has been presented to the children; if one parent has come out as a homosexual, ask about the children's responses to the homosexual parent's sexual preference. If same-sex marriage, ask how this has been explained to the children, and how the children have handled this. These issues and questions are considered more important than looking at the parent's sexual preference as a primary issue (Ackerman, 2001, 2006).
6. Ask each parent to describe their relationship with each of their children, and their view of the other parent's relationship with each of their children.
7. What role does each parent have in the daily lives of the children? Specify, such as the parent who most often schedules and takes children to medical appointments, who stays home from work if children are sick? Who cares for children during the day after school? Parent? Day care? Babysitter?
8. What role do members of the extended family play in the parent's and children's lives, such as grandparents, aunts and uncles, and cousins?
9. How is limit setting/discipline handled by each parent?

10. Ask each parent to describe his/her strengths and weaknesses as a parent and the other parent's strengths and weaknesses as a parent. (Gould & Martindale, 2007) identify *good parenting behaviors*. These can be used to help formulate questions to parents, and they can be considered when observing parents and children, that helps assess their parenting strengths. The behaviors include:
- Parent is actively and positively involved in child's life.
 - There are direct, open, and cooperative dialogues between parent and child.
 - Parent cooperatively communicates with the other parent.
 - Parent is flexible in behavior and limit setting.
 - Parent appropriately modulates expressions of love and intimacy.
 - Parent sets clear boundaries between child and environment.
 - Parent identifies and understands child's needs.
 - Parent accurately observes child's behavior and own behavior.
 - Parent develops and nurtures independence, individuation, social responsibility, and self-confidence.
 - Parent develops and nurtures child's self-esteem.
 - Parent is knowledgeable about child's strengths and weaknesses.
 - Parent is perceived as a positive role model.
 - Parent applies appropriate discipline.
 - Parent supports child's relationship with other parent.
 - Parent encourages socially appropriate behaviors and respect for rules governing society.

In contrast, Gould and Martindale (2007) believe that the following represent *deficient parenting behaviors*:

- Substance use and abuse
- Physical abuse
- Sexual abuse
- Neglectful parenting style
- Authoritarian parenting style

- Alcohol use and abuse
- Emotional/psychological abuse
- Verbal abuse
- Abuse of power and control in relationships
- Parent's major mental illness

D. Questions Regarding Children

1. Was the pregnancy/birth normal or complicated? If complicated, specify.
2. Describe health, temperament, and personality of each of your children.
3. Have the children been informed of the pending separation and/or divorce? If yes, how, when, and what were the children told and by whom?
4. What were the children's reactions to being told?
5. If the children have not been told, what ideas do you have of when, where, and how they should be told?
6. If the children have been informed about the separation and/or divorce, have they been informed about this evaluation and their participation in it? If yes, what were they told, and by whom? If not told, what ideas do you have about what they should be told and when?
7. If the children are aware of the separation/divorce, what has their adjustment been to it; if the separation has not occurred, what do you anticipate their adjustment will be to the changes that will occur in the family?
8. Describe any history of special needs of your children, and how these have been or are being addressed, including medical, mental health, and educational needs.
9. Describe how your children transition to and from different situations, home to school and back, between parent's homes if that is occurring now, or other transitions.
10. Describe any concerns that you have about your children, and how you believe that these concerns should be addressed.
11. If your children are receiving special services, such as psychotherapy, speech or occupational therapy, early intervention

therapy, therapy for sensory integration issues or others, describe how the decision was made for the therapy, how the provider was chosen, and each parent's participation in the therapy.

12. Explain what parenting time you believe would work best for your children and why.
13. Explain how you spend time with your children when they are with you. What are school days/weekend days like, what activities do you engage in, what traditions do you have, and how much contact do you have with your children's friends, their parents?
14. What happens if your child is ill and unable to attend school?

E. Questions Regarding Abuse

1. Substance abuse
2. Physical abuse/sexual abuse
3. Verbal/emotional abuse

Substance abuse:

- a. History of the substance abuse issue, such as drugs/alcohol
- b. History of arrests, convictions, such as DUI; follow-up, that is, probation
- c. Produce documentation, that is, police reports, court orders, etc.
- d. History of treatment: rehab, inpatient or outpatient, or other treatment
- e. Twelve-step programs
- f. Effects on marriage, children
- g. List orders of protection/restraining orders
- h. Reports to Department of Children and Family Services (DCFS) or child protective services

Domestic violence: physical, verbal/emotional abuse:

- A Michigan study of low-income preschoolers finds that children who have been exposed to family violence suffer symptoms of post-traumatic stress disorder, such as bed-wetting or nightmares, and are at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches, and flu. (Graham-Bermann & Seng, 2005)

- Females who are exposed to their parents' domestic violence as adolescents are significantly more likely to become victims of dating violence than daughters of nonviolent parents. (Noland, Liller, McDermott, Coulter, & Seraphone, 2004)
- Children who experience childhood trauma, including witnessing incidents of domestic violence, are at a greater risk of having serious adult health problems including tobacco use, substance abuse, obesity, cancer, heart disease, depression, and higher risk for unintended pregnancy. (Anda, Block, & Felitti, 2003)

F. Personal Background History of Each Parent

1. Describe where born and raised and family of origin constellation, including parents, siblings, and past and current relationship with family members.
2. Describe family life growing up, including the things that you liked about it and the things that were difficult about it, such as family conflicts/stressors, divorces or death of your parents, or illness of any family members including yourself.
3. Describe any history of mental illness, domestic violence, or substance abuse in family of origin as well as yourself. If any of these existed, please explain in detail.
4. Describe education and employment history, past or current. If employment history indicated numerous jobs or gaps of unemployed time, ask for details.
5. Have you had individual therapy or couple's therapy with your partner? if yes, describe in detail and whether found to be beneficial or not, and why.

G. What to Believe?

Evaluators can expect to get different stories from each parent in a custody evaluation. Evaluators need to gather all of the truths from the fam-

ily and recognize that there is never a single truth for the family (Stahl, 1994). Each parent is insistent that their story is the accurate one, and each can be very convincing. Dr. Stahl believes that the most conflicting stories are told in those situations where abuse/neglect or substance abuse is an alleged issue. There are three techniques that Dr. Stahl believes to be useful in understanding the truth of the family. They are as follows: (1) Confrontation and observation; this involves observing the parent's affect which can help identify defensiveness and projection, (2) Play the wise fool by continuing to ask innocent questions which can often lead to the truer picture, (3) Talking with the children who can often provide evaluators with a good sense of the parents' truth. While some evaluators only interview the minor children in the family, a great deal of information can be provided by the older children in the family, even if they are college age or beyond; they can often be objective about their parent's situation in a way that younger children cannot be due to their ages and/or their closeness to the situation.

II. Parent–Child Interviews

If there have been allegations of sexual, emotional, or physical abuse that a child has witnessed or been a victim of, it may be counter-indicated to conduct a parent–child interview until treatment has begun (Gould & Martindale, 2007). If there have been no such allegations, however, the parent–child interview is a component of the custody evaluation.

Each parent is seen with the children on separate occasions. If parents are still residing together and, it is deemed important to conduct home visits, the home visit should be made on different days, one where each parent is present. If parents are residing together, and home visits are not deemed essential, or even indicated, parent/child interviews may be held in the office. If parents are residing separately, and home visits are considered relevant, the home visit should always be made to both parents' homes, and never to only one parent's home.

Some evaluators ask parents to bring a game to play or project to do with the children; observe how they manage the request, and what they bring. Do they buy a new game or bring one from home? Are they used to playing the game together? Do they bring an art or some other project to do? How does the parent handle it if children are of very different age ranges, like 4 and 10 years, and have different interests?

Other evaluators have games in their offices and prefer to observe the way in which the parents and children choose a game to play together. Does the parent let the kids decide? Does the parent choose the game? Did the parent forget to bring a game or project at all? Other evaluators prefer to choose the game and/or tasks for the observation. For example, Goldstein (2013) often utilizes the Talking, Feeling, and Doing game, where additional information may be revealed through either the parent and/or children's responses. He also suggests asking the parent and children to create their own story in response to a picture. This latter technique allows the evaluator to observe the hierarchy in the family system, communication patterns, and boundaries. The evaluator would usually not participate in playing the game with the family, but he would observe their interaction, body language, affect with each other, and the like.

Prior to the play part of the interview, it is helpful for the evaluator to interview the parent (who has brought the children in) and children together. The evaluator would ask the parent what the children understand about why the parent brought them that day, or why the evaluator is visiting their home that day?

In most cases, the parents have explained to their children that this meeting is about the divorce, or about mom and dad deciding not to live together anymore if they prefer not to use the word *divorce*. However, in some cases, the parents have only told the children that they were going to talk to a "nice lady." In those cases, the evaluator would ask the parent to explain to the children at that time why they are meeting with the evaluator, and he would pay close attention to what the parent says and how the parent talks to the children, taking note of what the parent does

and says if the children are noticeably upset, crying, or appear angry and trying not to listen.

During this parent–child interview, ask numerous questions about what each parent and children do together during the week, on weekends, what a typical day is like, getting as many details as possible. The goal here is to determine the nature of the relationship, the degree of each parent’s involvement in the children’s daily lives, and the degree of comfort or distance that the parents and children have with each other.

III. Joint Parent Interviews

A. Purpose/Goal

Following the interviews with the parents individually, and the parents with the children, the parents may be asked to meet together with the evaluator for a joint interview. The exceptions to this would be: (1) if evaluator initially met with parents together and believes that doing so again is not indicated, (2) If there is an order of protection restricting the parents from being in close proximity to one another, or (3) if one or both parents have expressed to the evaluator his/her fear of being in an interview situation with the other parent. If any of the above is the case, obtain detailed information. Some evaluators do not do joint interviews. Goldstein (2013) argues that conducting joint interviews often makes it impossible to justify a recommendation of joint legal custody, particularly if one or both parents are requesting sole legal custody. He warns that one parent can ensure that a joint-custody recommendation is impossible by simply behaving badly during the joint meeting.

Nonetheless, the joint interview is an opportunity for the evaluator to observe the parents’ interaction with each other, and their ability to separate their personal grievances with each other from their intended goal of co-parenting their children. The term “co-parenting” is not used to imply that all parents will have 50/50 shared parenting time. Regardless of the custodial/parenting time arrangement, the evaluator emphasizes to all parents that they will be parent-

ing their children together in some way through their children’s minor years and often beyond. Parents are encouraged that finding a way to work together is a critical part of the children’s post-divorce adjustment. If parents are unable to do this independent of a third party, they need to use a third-party facilitator/mediator/parent coordinator to assist them.

The evaluator will ask the parents to discuss the major decision-making areas, including health, education, religion, and the extracurricular activities. They will be asked to describe the extent to which they are in agreement or polarized about the following:

1. Health, including medical, dental, and mental health
2. Education (Public school or private, and if the children are in high school, what are their ideas about college, trade school, work, and the like?)
3. Religion (Are they of the same religion and practice in similar ways? If different religions, have they observed one predominantly, and what are their ideas about how these will be observed in the future?)
4. Extracurricular activities (Are they in agreement about ones the children can or should participate in and, if not, what are the issues?)

B. Parents’ Communication

When the parents come in together for a joint interview, the evaluator should observe how they greet each other, such as a simple “hello” or not at all. All too often, they have not spoken a word to each other when they walked in the door. On rare occasions, the parents are talking together in the waiting room. If there is no communication, the evaluator might inquire as to their communication with each other in other situations, such as when the children are being picked up or dropped off from each other’s homes, or if they are still living in the same house and not speaking. If that is the case, ask them what they think it is like for their children when the two most important people in their children’s lives cannot even say hello or goodbye to each other? Ask them how

they observe their children's reactions, and how they really think their children feel when this occurs. Inquire as to how they share information with each other that needs to be shared, such as by text, e-mail, telephone, Our Family Wizard, or through the children or some other messenger.

Some evaluators use an educative approach at this point and discuss with the parents the importance of them establishing a business relationship. The book *Mom's House Dad's House* (and *Mom's House, Dad's House for Kids*) by Isolina Ricci Ph.D. may be strongly recommended. It has become the "bible" for many parents; for no matter how much time the children are spending at each home, they *do* have two homes. Parents can be directed to a chapter in the book called the New Working Relationship, or the New Business Relationship and explain what Dr. Ricci believes parents need to ascribe to if they have the challenge of parenting their children separately. Assure the parents that they *have* the acquired skills to function in this way, because they have undoubtedly done so; such as, in their working lives or other relationships, where they have had to interact with a boss, a coworker, a teacher, who they either do not like, cannot stand the sight of, or their blood pressure rises at the prospect of having to talk to that person. Maybe they count to ten before meeting with that person, or write down what they want to say before they say it, but they have almost assuredly used a strategy to convey their wants and needs.

Parents need to understand that their goal is to have a business relationship, that they are in business together, the business of parenting their children, and that the success of that business depends on how well they manage their post-divorce relationship. Parents should be informed that children's adjustment to divorce depends to a very large extent on the parents' post-separation/divorce relationship. As they well know, parents in intact marriages often have disagreements about many parenting issues, and that is hard enough without the additional challenge of being separated, and parenting their children from separate households, especially when there is anger, hurt, distrust, and any number of other emotions complicating things.

One father was asked by his therapist how he manages his angry/hurt feelings toward his ex-wife when he is with his children; he responded that he takes the feelings and sets them completely aside so that the children are not aware of his emotions. He said he could always revisit those feelings at another time.

One divorced couple who had gone through a custody evaluation asked their divorce consultant how much time they could spend together with their 5-year-old son and not confuse him. The consultant told them that they could spend as much time as they desired as long as they were not acting like they were a couple, and they were only focusing on the child as his parents.

C. Conflict Resolution Questions

1. What expectations do they have about how disagreements/conflicts will be resolved once they are living separately, *or* how they are being resolved currently if the parents are already living separately?
2. Has there been any situation in which they have been able to work out disagreements on their own, such as a parenting time schedule, which might be due to a special event or a parent's out-of-town travel, or any reason at all that the schedule needed to be changed?
3. How have they resolved any difference of opinion about the children's extracurricular activities or health problems, or a school situation where they were able to communicate and work together cooperatively, and how they were able to do that?
4. If differences of opinion, or issues related to parenting time, have not been resolved between the parents, what occurred? Did one parent make a unilateral decision? Did they utilize mediation? Was legal intervention used?
5. Parents are informed that the court will not hear disputes pertaining to the parenting agreement for at least 2 years post dissolution (in Illinois) unless there is an emergency order filed indicating that the current arrangement is injurious to the children's well-being, or that

there has been a significant change in circumstances since the dissolution of marriage was finalized.

IV. Post-decree Evaluations/ Relocation Pre or Post Decree:

A. Reasons for Post-decree Evaluation

1. A post-decree evaluation might be ordered if one parent has filed a modification of custody and/or parenting time for one or more of the following reasons:
 - Changes in circumstances related to employment, cohabitation, or remarriage.
 - Change of address that creates a closer or farther distance between the parents' homes.
 - One parent believes that children's best interests are not being represented in the current custodial/parenting time arrangement.
 - Residential parent has filed a modification of custody/parenting time based on his/her wish to remove children to a different state.
2. Obtain history of what the decision making and parenting time determination had been, when the dissolution of marriage was finalized, what has the parenting time arrangement and parent/child relationship been, and what is it currently.
3. What are the reasons that the matter is coming before the court at this time?
4. What attempts have been made to resolve the matter outside of the legal arena, such as through mediation, divorce counseling, or through the parents' attempts at resolving directly with one another?

B. Relocation

When relocation is the focus of the evaluation, whether by a pre-decree or a post-decree petition that one parent files in court to move the children to another state, there are a number of issues that

the evaluator needs to take into consideration in interviewing parents. Different states take a different stance on the subject of relocation. The Illinois Supreme Court in the case entitled *re The Marriage of Eckert* (1988) states the following factors which the trial court must consider in determining the best interests of the child in a removal/relocation proceeding: These following factors include but are not necessarily limited to the following:

1. The likelihood the proposed move will enhance the general quality of life for the children with the parent who has primary physical custody
2. The custodial parent's reasons in seeking to move
3. The noncustodial parent's reasons for resisting removal
4. The custodial parent's plan for maximizing contact with the noncustodial parent if move takes place
5. The nature of the relationship between the child and the custodial and noncustodial parents
6. The disruption to the child of removal from family, school, peers, activities, community, etc.
7. The age and/or developmental stage of the child
8. The psychological stability and overall health of the child
9. Whether there is a new family unit involved
10. The child's views/wishes
11. Usual standards (mental health of parents, domestic violence, etc.)
12. Whether a reasonable and realistic visitation schedule is possible if the move is approved

The court in *Eckert* emphasized that it is in the best interests of a child to have a healthy and close relationship with both parents as well as other family members and noted the state's policy to encourage maximum involvement and cooperation of both parents in matters involving the physical, mental, moral, and emotional well-being of the children. Some additional questions to consider include:

- a. What is the nature of the relationship between the children and the custodial and noncustodial parent?
- b. Ask questions to determine the degree of disruption to the children if removed from family, school, peers, activities and community, etc.; the age and/or developmental stage of each of the children, the psychological stability of the children, which would include how resilient they are, how they are able to make transitions.
- c. What would be involved in the children traveling between parents' homes?

In one relocation case, the child, who was 8 years old, would be required to use airplane transportation to visit the other parent if the removal was granted. That child knew of someone who had perished in an airplane crash. As a result, he was very fearful of flying, which was revealed during the interviews that he had with the evaluator, in pictures that he drew and nightmares that he reported. This information made the petition for relocation, in the opinion of the evaluator, not in the child's best interest at this time in his life.

In a different relocation case, the children were seeing the noncustodial parent on alternate weekends before the relocation petition was filed. Due to the distance between the parents' homes in the Chicago area, midweek parenting time was not feasible. The residential parent was remarrying out of state but had the resources to fly the children back to Illinois for parenting time with the father on the same alternate weekend schedule that they had prior to the relocation issue emerging. The children enjoyed airplane travel and managed it easily. In this case, the relocation was recommended and granted.

C. Stepparents or Significant Others

If parents have remarried, are engaged, and/or cohabiting, the stepparents or significant others should be interviewed as part of the parent interview process. These individuals play an important role in the children's lives; therefore, their histories, backgrounds, and relationships need to be part of the custody evaluation. They will

be interviewed with the parent with whom they are involved, as well as separately. In addition, stepparents are often included in the parent/child interview, to observe the interaction between that individual and the children, and to gather information about their relationship.

Information to be gathered in a stepparent or significant other interview:

1. Individual's family, marital, and employment history
2. Medical health/mental health history
3. Substance abuse/domestic violence history
4. If they have children, what are their ages, and with whom do they reside? What is the visitation arrangement?
5. Was the individual divorced, widowed, or had child out of marriage?
6. If divorced, what is the custody/parenting time arrangement?
7. Is child's other parent involved, and in what way?
8. How and when was this individual introduced to the child or children involved in the custody evaluation?
9. How would he/she describe relationship with the parent and the children involved in the custody evaluation? This would include whether this stepparent or significant other has child care responsibilities for the children in the evaluation, disciplines the children, etc.
10. How has the custody dispute/evaluation impacted the relationship with his/her spouse/significant other?
11. If the custody dispute/evaluation has created conflict, how is this being addressed?

V. The Evaluator's Assessment

The evaluator is interviewing parents to be able to answer the following questions:

- a. What is the mother's/father's parenting style?
- b. How does the mother's/father's parenting style, strengths, and weaknesses fit with the psychological and developmental needs of the children?

- c. If there are allegations of alienation, the evaluation needs to answer the question about whether either parent is engaged in behavior that is attempting to, or serving to, undermine the children's relationship with either parent
- d. If there are allegations of any type of abuse that have been documented in the report by information obtained by the parents or collateral sources, the evaluation needs to provide details about the substance abuse, physical and/or verbal/emotional abuse that is impacting the parent's capacity to parent adequately, and/or that has significantly impacted the children's feeling of safety with either parent.
- e. If there is history of mental illness of either parent, which has been obtained by the parents and documented by collateral sources, the evaluation needs to answer the question about the impact of that mental illness on the parent's capacity to parent adequately and/or the children's feeling of safety with either parent.

Conclusion

To conclude, the following quote from a 13-year-old boy in the novel *Black Swan Green* by David Mitchell (2006) reflects the feelings of many children in real-life divorce situations:

"This divorce's like in a disaster film when a crack zigzags along the street and a chasm opens up under someone's feet. I'm that someone. Mum's on one side with Julia (his sister), Dad's on the other with Cynthia (Dad's girlfriend.) If I don't jump one way or the other I'm going to fall into bottomless blackness."

This is similar to a 6-year-old girl who, when evaluated, said that she felt like the rope in the tug of war between her mom and dad. Both of these children, one fictional and one actual, felt that they were going to lose in a major way, as a result of their parent's ongoing conflict during the divorce.

Interviewing parents in a child custody evaluation includes a wide range of questions to be asked and information to be gathered. In producing a custody evaluation report, we want to avoid making recommendations that have children feel-

ing like either of the children mentioned above. We want to emphasize the parent's strengths as well as weaknesses, and make recommendations that best meet the needs of the children, with the ideal goal of the parents settling the decision-making and parenting time issues, which impact the children's lives on a daily basis.

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Interviewing Children and Adolescents in Child Custody Cases

Mark L. Goldstein

Interviews with children and adolescents are a vital component of any child custody evaluation. In one survey (Ackerman & Ackerman, 1997), it was found that evaluators spent 2.7 hours on average in interviewing children and adolescents in custody cases. Bushard (1995) found that interviews of children and parents took 10.5 hours on average. Despite the importance of child interviews, many evaluators have little or no background in child development, child psychopathology, or child interviewing, unless they have received training in graduate school and/or through internship or work. All too often, evaluators fail to consider the age, gender, or developmental stage of the child in conducting interviews. Furthermore, a very different skill set is needed in interviewing adolescents.

In many instances, younger children cannot be interviewed due to their age, including limited verbal skills. There are different opinions as to what age interviews can be conducted with young children. Ackerman (2001) opined that all children 3 years old or older should be interviewed. Scott, Reppucci, and Aber (1988) have noted that information obtained from children under the age of six was not deemed reliable in surveying judges in family courts. In my experience, some children as young as 2 years of age may provide useful information, although these children tend to have highly developed verbal skills and are also developmentally

precocious. In other instances, children who are developmentally delayed may not be able to be interviewed although they may be much older. In one case of mine, a 12-year-old child who was intellectually disabled and verbally limited was unable to provide any useful information, and the interview was terminated within several minutes. This may also be the case with low functioning spectrum children and adolescents, as well as neurologically impaired individuals.

Prior to conducting the interview with a child, several factors need to be considered. First, what have the parents previously related to the child as to the reason that the child is being interviewed? I have had several cases where the parents had yet to even inform the children that they were divorcing, and the parents had failed to inform the evaluator of this fact as well. In other cases, the child or children knew that the parents were divorcing, but had no clue as to why he or she was there. Stahl (2011) has commented that young children may know that their parents fight, but do not understand the concept of divorce. According to Dunn, Davies, O'Connor, and Sturgess (2001), children are often provided with little or no information about changes in the family. At times, the child is under the impression that something must be wrong with them, hence the reason that they are seeing a child psychologist. As a result, the child's anxiety is significantly exacerbated when they enter the office. At times, particularly with younger children, separation anxiety from the parent or parents may be evident. In these instances, I come out to the waiting room and begin my interaction with the child there, until

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the child is comfortable to separate. When this is not forthcoming, I invite the parent or parents into the room, until the child is comfortable, and the parent excuses himself or herself to go to the bathroom (usually prearranged). It is not a good idea to attempt to conduct the interview with the parent or parents in the room. However, it should be noted that there is clinical significance if the child is able to separate from one parent, but not from the other parent on separate visits. I strongly advocate that each child be interviewed twice, one time when brought by the mother and one time when brought by the father. This creates balance and fairness. At times, additional interviews may be needed; in these instances, I suggest that both parents accompany the child to the interview so to maintain balance and fairness. However, this may not be possible when there is a no contact order or an order of protection.

Second, the evaluator needs to consider the level of stress that the child is experiencing and has strategies to assist the child in decreasing their anxiety before any meaningful interview can be accomplished. I always begin by introducing myself, including sharing some information about myself. In particular, I find it useful to show younger children pictures of my children, which I have in my office. I also suggest that they call me "Dr. Mark" and explain that I am a doctor who talks to children, but do not give shots. Many younger children automatically associate "doctor" with getting shots, clearly an aversive experience for most children. I also look for connections with the child whether the child and I may be wearing the same color shirt or that we both have glasses.

Needless to say, if the interviewer does not establish good rapport, the interview is likely to be of limited value. To help facilitate rapport, I always ask about the child and his or her world after the introduction. This would include their age, school, grade, teacher, favorite and least favorite subjects, activities, and hobbies, as well as friends, TV shows, books, and movies. Note that, I intentionally do not ask any questions initially about home or family.

Third, it is essential to create a positive, supportive atmosphere. To facilitate this atmosphere,

I dress casually, never in a coat and tie, and have an office which is child friendly (with toys in the waiting room, appropriate art work, candy jar, etc.). I also physically get down to the child's level, speak in a soft, nonthreatening tone and smile. In addition, I compliment the child frequently whether for their attire or haircut or cooperation.

Fourth, one needs to consider language and vocabulary in interviewing children and adolescents. Although the use of open-ended questions is ideal, this form of question is often puzzling and incomprehensible to younger children. Carter, Bottoms, and Levine (1996) found that complex questions reduced the accuracy of children's recall of an experienced event. As a result, it may be necessary with younger children or those with limited intellect to use choice questions, for example, "Does your mom or dad usually take you to the doctor?" rather than "Who usually takes you to the doctor?" Faller (1996) proposed a continuum of types of questions ranging from open-ended to focused to multiple choice and ultimately to yes-no. Nonetheless, it is always preferable to first attempt open-ended questions and then use choice questions if the child is confused or does not respond. It is equally important for interviewers to be careful with their use of vocabulary. In observing other taped interviews conducted by experienced evaluators, I have been amazed at the inappropriate use of vocabulary. For example, one interviewer asked a 4-year-old child if he had any "evidence" to "illustrate" his comment. Some children may simply not respond, while others may attempt to guess at the meaning of the words and answer in order to please the interviewer.

It is also important to avoid the use of pronouns with children, because of possible ambiguity unless the referent is clear (Sattler, 1998). Furthermore, it is helpful to use short sentences, as well as words with few syllables. With younger children in particular, it is best to be as concrete as possible. In addition, avoid leading questions. For example, I reviewed a taped interview where the interviewer asked the child "When did your father first hit you with a belt?" This question is leading and assumes that the father did hit the

child. It is imperative to remember that children often want to please the interviewer and often respond in such a manner, even though it is not truthful.

Fifth, the evaluator needs to assess whether the child can differentiate between the truth and a lie. In this context, determine whether a child is consistent or not in their responses and probe inconsistencies. If there are inconsistencies, the interviewer should consider what this may mean and have an understanding of the literature related to suggestibility and memory.

Since there have been a significant increase of allegations of sexual and physical abuse in custody cases, it is imperative that interviewers follow guidelines (American Professional Society on the Abuse of Children, 2012; National Children's Advocacy Center, 2007) in conducting assessments of this sensitive area. Avoid the use of anatomically correct dolls or drawings, because these have found to not be reliable. Avoid multiple interviews related to abuse as well as repetitive questioning, because these contaminate the interview process and decrease reliability. Do learn about the child's understanding of anatomy and the child's terminology for body parts and/or sexual acts.

As for the interview itself, the interviewer needs to first establish rapport with the child. Stahl (2011) opines that it is important to discuss the "rules" related to the evaluation process. He informs the child that it is his job to ask questions so that he can understand their thoughts and feelings, and it is the child's job to answer or not answer the questions that he asks them. I often stress the importance of "telling the truth" and assess their understanding of truth versus a lie at this time. I also inform the child of the nonconfidentiality of the interview, and how it is different than when they speak with their counselor, if they are in counseling. However, I also let the child know that I will do my best to protect what they share with me, by writing poorly so that most others will not be able to decipher my handwriting, and that I will not cite specifics in my report that will clearly hurt one or both parents feelings and thereby damage their relationship with a parent.

Although many authors (Ackerman, 1995, 2001; Schutz, Dixon, Lindenberger, & Ruther, 1989; Stahl, 2011) have made suggestions for interviewing children and adolescents, there is no universally accepted format. In reality, each child custody case is different, and the evaluator is addressing different questions, for example, joint versus sole custody, removal, supervised visitation. As a result, the inquiry may vary from case to case. Nonetheless, I would propose that all child interviews should start with rapport building around nonsensitive areas. This may vary from child to child however. Whereas one child may be comfortable in discussing school, this may be a sensitive domain for a child who does poorly academically in school or a child who is in special education. The clinician needs to consider these factors from analyzing prior interviews from the parents. In fact, it is my practice to have completed preliminary interviews with both parents prior to any interviews with children. In this way, I have a fair understanding of each child in the family before I attempt to interview the kids.

If a child has problems with school, I might begin by exploring their extracurricular activities, hobbies, and interests. I also try to have fun with children, particular younger children, by querying them regarding what animal they would like to be if they could be any animal for 1 day (Cole Animal Test), their three wishes, their favorite TV shows, their favorite movies, or their favorite books. In addition, I typically ask them who they would like to be if they could be someone else for 1 day and/or who they would most like to meet. Not only are these icebreakers, but at times, useful information is revealed.

I usually ask about family and family matters last, but want to find out who lives in the home (including grandparents or other relatives, significant others, family friends) and the child's relationship with these individuals. I also inquire about family members and significant others who do not reside in the home, but with whom the child has contact. Furthermore, I ask about the divorce and specifically what they remember, how they were told, and who told them. In addition, I query how they feel about the divorce and assess any influence from either parent or family

member. I also ask about visitation, phone, or text contact, including the frequency and the other parent's response to phone calls or texts from the other parent.

It is often a challenge to obtain necessary information from the child without behaving like an interrogator. As a result, it is essential to reduce the child's anxiety by first discussing relatively benign subjects. This rapport building typically leads to greater disclosure later in the interview. Unfortunately, too many interviewers are "in a rush" and spend minimal time on building rapport and trust. Instead, they quickly move into significant issues related to the family and divorce, exacerbating the child's anxiety and resulting in minimal responses from the child.

When I begin my inquiry related to family, I first ask the child to describe each parent. Younger children may be unable to understand what the interviewer is requesting, so it is often necessary to ask more specific questions, such as "What are some good and bad things about your mom?" or "What are some things that you like and do not like about your dad?" It is vital that the interviewer asks the same questions about both parents in order to insure balance and fairness. In order to avoid confusion for the child, I usually inquire about each parent separately. A typical series of questions is as follows: "Tell me about your mom," "what are some things that you do with your mom," "when your mom gets angry, what does she do," "when mom punishes you, what does she do," "what would you change about your mom if you could change anything about her." It is imperative that the interviewer asks the same set of questions about the other parent. I then suggest asking follow-up questions, dependent on the child's answers. For example, if a child says that his mother "gets upset" when angry, I would ask in what ways she gets upset. In some instances, I become more concrete and ask the child to describe one or two times when their mom became angry, as a means of assessing the severity, frequency, and form of the anger. With very young children, it may be necessary to ask yes or no questions, for example, "Does your dad ever throw things, slam the door, scream, or curse?"

In exploring discipline, the interviewer wants to evaluate the type of discipline (time-outs, grounding, loss of privileges, spanking or other corporal punishment, or no discipline), follow-through on discipline, frequency of discipline, length of discipline, the other parent's response to discipline, and the behavior initiating the disciplinary action.

It is also helpful to explore the child's typical day, both week days and weekends. I suggest asking the child to go through their day, including which parent wakes him, if anyone wakes him in the morning; which parent if any makes her breakfast; which parent if any takes him to and/or from school; which parent if any makes her lunch for school; which parent supervises him in the morning; which parent is present in the morning on school days and nonschool days; and which parent is home when he or she returns home from school. I also inquire as to which parent helps with homework, which parent helps quiz or helps prepare the child for tests, which parent attends parent-teacher conferences, field trips and/or helps out in their school or classroom. Furthermore, I inquire as to which parent takes the child to the doctor, dentist, and/or specialists (for example, orthodontists and eye doctors). It is also helpful to know which parent handles bedtime rituals, which may include putting the child to bed, reading to the child, bathing the child, brushing their teeth, helping the child put on their pajamas, and picking out their clothes for the following day. In addition, I attempt to find out which parent takes the child shopping for clothes and shoes, which parent takes the child for haircuts, which parent takes the child for extracurricular activities (including practices, games), and which parent attends the child's activities and recitals, whether in school or outside the school, as well which parent takes the child for religious training (Confraternity of Christian Doctrine (CCD), Hebrew school, Greek school, Chinese school, etc.).

A sensitive area of exploration is the presence of any domestic violence. It is preferable to begin broadly by querying the child about conflict between parents and then focusing on possible physical altercations. In addition, I also

assess the parent's use of alcohol, prescription drugs and illegal drugs (although most children are often unaware of the latter), and the effect of substances on conflict in the home. It is efficacious to inquire about the frequency and amount of alcohol use, the effect on the parent's behavior, and the child's feelings (which may be influenced by one of the parents). For example, one child informed me that her father was "an alky." When queried further, she related that she developed this assumption on the basis of her father's having one glass of wine at dinner each night and her mother's statement that having any alcohol meant that someone was an alcoholic. At times, prescription drugs may be a source of addiction, and the impact of the drug on the parent's behavior should be explored.

Boundaries are extremely important in family assessments, and the interviewer should definitely explore this domain. I inquire as to whether either or both parents make negative comments about the other parent, either directly to the child or to an older child with the information filtering down to the younger children. This includes name calling, for example, "your mother is a bitch," "your fucking mother is a whore," "your father has a girlfriend and she is going to ruin our lives," or "dad is a liar and a cheat." I also inquire as to whether either parent shares inappropriate information with the children. For example, one child recently shared with me that his father had hit his mother. I asked if the child had witnessed or heard this occurring. The child related that his mother had told him this information several times, but he had not witnessed or heard anything. In another case, a father told his children that their mother had stolen all of their money for college, and they would not be able to attend college.

It is equally essential to inquire as to whether either or both parents have discussed the divorce and what each parent related to the child. Sharing information with the child about the divorce, particularly false information, often tilts the playing field, so that the child develops negative feelings about the other parent. This may contribute to alienation and to the child's desire to reside exclusively with one parent and have no or limited contact with the other parent.

At times, parents have maintained appropriate boundaries, but relatives may be contaminating the children against one of the parents. For example, in one case, the grandmother consistently demeaned the children's father, telling the children that their father would abandon them if they lived with him and that he had a girlfriend with two children and that the father's girlfriend would be worse than Cinderella's stepmother.

It is also important to assess the child's emotional attachment with each parent. Certainly, observation of the child with each parent is paramount in making this evaluation, but interview questions can also shed some light and provide information on this issue. To assist in this assessment, I ask several questions, including "if you had a bad dream and both parents are home, which parent would you go to first," "if you fell down and skinned your knee, and both mom and dad are home, which parent would you go to first," "if a bully was picking on you in school, which parent would you ask to help you," "If you had to go to the doctor for a shot and only mom or dad (not both) could go into the doctor's office with you, who would you like to go with you," "If there was a thunderstorm and both mom and dad are home, who would make you feel safest," "if your best friend said that he hated you and he would never ever again be your friend, which parent would you talk with about this," and "if you came home in a bad mood, and both parents are home, which parent would be more likely to help you?"

Although there is a temptation to ask the child their preference as to the preferential parent (where they prefer to live), it is highly inappropriate to ask younger children their preference. Ackerman (2001) has commented that it is never appropriate to ask a child where he or she would like to be placed, because it inappropriately empowers the child and can contribute to feelings of confusion and guilt. Bricklin (1995) as well as Stahl (1994) recommended against directly asking the child about their residential preference because it places too much emotional burden on the child to choose between the parents. Stahl (2011) has noted that most children do not want their parents to divorce and do not want to be placed

in a situation where they are conflicted about loyalty between their parents. In my experience, the vast majority of children wish to spend time with both parents and often relate that they want to spend equal time with each parent. Exceptions occur when there is parental alienation, domestic violence, child abuse, substance abuse, and/or severe mental illness. This is particularly true when there is alienation or domestic violence.

At times, children will spontaneously relate that he or she wants to live with one parent. This is often the result of coaching by one parent, particularly when this occurs at the beginning of the interview, even before the interviewer begins to ask even basic information questions to the child. With older children and adolescents, it is not unusual for the individual to relate that one parent told him or her that they can choose where they wish to live once they are 14 years old and that the evaluator will at least consider their wishes once they are 10 years old.

Even though I do not suggest directly asking a child as to their residential preference, I often discover their preference and their level of attachment through the series of questions suggested previously. In addition, I may ask the child what he or she would like to share with the judge regarding each parent. Furthermore, I may ask them how they would feel if the judge decided that they should live with their mother and follow-up with additional questions about either positive or negative reactions. Similarly, I may then ask them how they would feel if the judge decided that they should live with their father, again following-up with additional questions. In instances where there is already a visitation schedule in place, I inquire as to how the child feels about the amount of time with each parent. I also inquire about the child's preference for the schedule.

When children do express a preference as to a parent, it is important to explore the child's preference. At times, the preference may be based on financial considerations, particularly with adolescents, where one parent may have offered bribes to the child (e.g., a car). At other times, the child may have a preference based upon the availability of one parent versus the other.

Furthermore, some children may express a preference based upon their connection with that parent, while other children may express based upon their perceived perception that one parent needs them more. Regardless, it is imperative for the evaluator to attempt to understand the rationale for the preference. In one case, an adolescent girl indicated that she wanted to live with her father, despite the fact that her siblings expressed a strong preference to live with their mother. When I queried the girl, she indicated that her siblings had no interest in attending college that her mother did not value education, while her father was college educated and valued education. It was her perception that residing with her father would enhance her chance of attending and graduating from college.

The accuracy of children's statements is a controversial topic, but clearly of significance to forensic interviews. Children rarely indicate when they do not understand a word or question (Saywitz 1993a; Saywitz, Nathanson, & Snyder 1993b). Furthermore, children's memories for an event can be influenced by the child's exposure to misleading information, whether from a parent or relative or significant other. Younger children may have difficulty distinguishing reality from fantasy. Fivush and Shukat (1995) studied how accurately children were able to recount events over time and found that young children related accurate but incomplete descriptions of what happened. Other researchers (Ceci & Bruck, 1993) found that young children encode perceptual and memory traces that are weaker and less likely to endure. They also found that there are mixed findings with regard to the effect of stress on the memory of children. Other researchers (Poole & Lamb, 1998) have suggested that one possible source of suggestibility is the nature of children's emotions. When children are emotionally aroused, whether by fear, sadness, anger, or happiness, there is increased risk of suggestibility.

Ceci and Bruck (1995) also found that another source of children's suggestibility results from the nature of the interviewer's questions and that leading questions, repeated questions, and forced choice questions all contribute to increased risk

of suggestibility. Lamb, Orbach, Hershkovitz, Esplin, and Horowitz (2007) cited the need for interviewers to avoid leading questions and to utilize elaboration and clarification. Lamb, Orbach, Hershkovitz, and Esplin (2008) opined that it was best to maintain a neutral demeanor and avoid positive reinforcement for all answers to enhance reliability and decrease suggestibility.

A number of researchers have cited the problematic nature of repeated questioning on the accuracy of children's memory. If children are repeatedly asked the same question, the child may interpret the repeated questioning as a sign that they gave the wrong answer the first time the question was asked (Siegel, Waters, & Dinwiddy, 1988). However, other researchers (Baker-Ward, Hess, & Flanagan, 1990; Flinn, Boon, Knox, & Bul, 1992; Memon, Wark, Bull, & Koehnken, 1997) have indicated that a second interview with the same questions may enhance or not decrease accurate memory of events. Furthermore, Memon and Vartoukian (1996) found that repetition of questions within the same interview does not affect accuracy.

An assessment for parental coaching is a final component of the clinical interview of a child. Hynan (1998) reported that when children are questioned about whether anyone has coached them to report certain information during an interview, they often respond truthfully. He added that although coaching can occur, this does not automatically mean that the child's answers may nonetheless be truthful. For example, one parent may remind the child to tell the evaluator about the other parent's spankings of the child or the other parent's lack of participation in the child's activities. However, the evidence of coaching should at the very least suggest the possibility that statements from the child may not be accurate. Furthermore, Bricklin (1995) opined that children who volunteer unsolicited opinions about parents without being queried may not be truthful. Stahl (1994) commented that children who use language that reflects the word usage of a parent or report information not consistent with their developmental level may also reflect coaching. Some children seem to be primed by their parents for the interview. For example,

I have experienced children who upon meeting me inform me that they want to live with one particular parent. With younger children, it often patently evident that they have no idea what they are saying.

In my experience, it is best practice to ask the child if either their mother or father told them to tell me anything today and whether either parent told the child to not tell me anything. After the initial interview, I query the child at the beginning of the second interview as to whether either parent questioned them about the initial interview and explore details if there has been questioning by a parent. I again ascertain if either parent asked them to either share or withhold any information. I preface these questions with a reminder about the importance of telling the truth.

In closing, the task of the interviewer when evaluating children and their relationship with each parent is a difficult one. Training in interviewing children and adolescents as well as an understanding of child development and psychopathology are essential, as is experience. Building rapport, conducting an interview at the child's developmental level with commensurate language and vocabulary, and employing open-ended questions whenever possible can all contribute to a reliable and useful interview. Knowledge of suggestibility and the accuracy of children's statements as well as an understanding of assessment for coaching, domestic violence, and abuse are also vital in a thorough child/adolescent interview.

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Observing Parents Interact with Children: All Too Infrequently Asked Questions (and Answers)

Daniel J. Hynan

Child custody evaluations, in order to be carried out competently, need to integrate scientific evidence with sound principles derived from professional practice. Perhaps, the most prominent criticism of custody evaluation is that it merely represents value judgments by evaluators, without adequate reliance on science and lessons carefully drawn from professional experience (Emery, Otto, & O'Donohue, 2005; Krauss & Sales, 2000). The risk of reliance on personal value judgment is probably higher when carrying out parent–child observations than in other child custody methodologies.

Almost everyone, including custody evaluators, has intuitive notions about how families are supposed to behave. Such intuition tends to be based on experiences in our own families of origin. Reliance on such intuition and personal experience contributes towards the existence of a wide array of perspectives about what is best for children and families.

However, deliberative judgment is more likely than intuition to lead to accurate inferences. As explained by Kahneman (2003, 2011), a psychologist whose work on judgment under conditions of uncertainty led to his Nobel prize in economics, intuition tends to be fast, associative, and often closely tied to emotion. In contrast, deliberative judgment is slower, purposeful, and often tied to principles, rules, or other cognitive mechanisms. Kahneman described that when an individual is in a cognitive minefield (complex

endeavors such as child custody evaluations certainly fall in that category), he or she needs to recognize that in reality, it is essential to slow down and put efforts into effect to carry out deliberative judgment.

The distinction between intuition and judgment is highly relevant for parent–child observations precisely because there is such a risk of evaluators relying excessively on intuitive value judgments during and after these procedures. Although there is generally too little reliance on solid empiricism in child custody evaluations, it seems to be the case especially for parent–child observations.

The answers to the questions posed below are based on a foundation of integrated empirical evidence and principles derived from careful consideration about professional practice. When evaluators remain cognizant of relevant scientific and professional factors and put them into practice, they are most likely to carry out ecologically valid and useful observations of parents interacting with children.

There are other ways to gather good custody evaluation information, such as interviewing parents, interviewing children, psychological testing, and reviewing collateral data; so, why bother seeing parents and children interact with one another?

Individuals often have limited insight about their own behaviors. Therefore, individuals within a family may not all have good levels of self-awareness about their own patterns of interaction. In addition, as we know from psychological test research with custody evaluation parents (e.g., Bathurst, Gottfried, & Gottfried, 1997; Hynan,

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2013), a substantial minority attempt to purposefully present themselves in an unrealistically positive light. Consequently, there is no replacement for actually observing parent–child interactions.

Parent–child observations can predict family interaction patterns a significant amount of time in the future. For example, observations made during the preschool years were able to significantly predict interaction patterns 4 years later (Weinfield, Ogawa, & Egeland, 2002).

It is also relevant that professional guidelines state or imply that such observations should occur. For example, guidelines for a child custody evaluation by the American Psychological Association (APA) (2010) and the Association of Family and Conciliation Courts (2006) indicate that such observations should occur. In addition, the APA (2013) specialty guidelines for forensic psychology indicate that evaluators need to focus on relevant legal factors. A majority of state statutes rely at least in part on the Uniform Marriage and Divorce Act (National Conference of Commissioners on Uniform State Laws, (1979), which includes a factor that indicates child custody determinations must consider the relationships between the child and parents. Direct observations are an important method of understanding such relationships.

Are not parents just going to try to put on a good act for evaluators in observation sessions?

Because of the circumstances and demand characteristics of child custody evaluations, it is important for evaluators to be vigilant about the possibility that parents will carry out efforts to make themselves look good. Families might also act in a self-conscious manner without attempting to deliberately falsify their interaction patterns. However, important data about parent–child interactions are likely to emerge in observation sessions anyway (Budd, Clark, & Connell, 2011). In addition, families appear to manifest significant difficulties in effectively faking their interactions to try to look good (Kerig, 2001). From a practical standpoint, whereas a focused and motivated parent may have a moderate degree of success carrying out a strategy of intentionally presenting oneself in a positive light, it is much more difficult to get children or the entire

family to act in such a manner. As a result, it is likely that parent–child observations contribute productive information.

What is known about what typically occurs in parent–child observations that take place in the child custody evaluation context?

Survey research has asked evaluators what they do in child custody evaluation, including parent–child observations. It is important to keep in mind that there are methodological limitations regarding such surveys that rely on retrospective evaluator self-report. In part, there can be a difference between what people actually do and what they say they do. However, at times, retrospective self-report is the only survey method that can be used because it is extremely unlikely that enough respondents could be found who would agree to use other means such as the experience sampling method (Csikszentmihalyi & Larson, 1987) that relies on contemporaneous recording of behavior.

A recently published survey (Ackerman & Pritzl, 2011) reported that custody evaluators usually carry out parent–child observations. The mean reported time spent in such sessions was 3.7 h. That survey did not report further detail about such observations.

A prior survey (Bow & Quinell, 2001) offered greater detail about evaluator reports of parent–child observations. That survey stated that evaluators reported a mean total observation time of 1.59 h and that respondents generally said they observed each child with each parent and also observed all the children together with each parent.

According to such data, in a typical family that would include two legal parents and two children, there would be a total of six observation sessions, with an average of about 16 min per session. In my practice, I have reviewed many evaluation reports and do not recall having seen any in which observation sessions actually took that format. In addition, such brief sessions would not be representative of the real-life requirement that parents care for children over more extended periods of time. The Bow and Quinell (2001) survey appears to have been well constructed and executed, though it is likely that these responses, after having been accumulated into the report of

general results, do not provide a useful representation of what typically takes place in practice.

Then what can be learned from the survey research findings?

The surveys provide general information that parent-child observations typically take place, as they should. Also, the average amount of time spent in parent-child observations has more than doubled between the 2001 and 2011 surveys. That increase may have been influenced by an article (Hynan, 2003b) that argued for more parent-child observation sessions in order to provide an adequate sample of interactions, and it may reflect an overall reported increase in mean time spent carrying out child custody evaluations (Ackerman & Pritzl, 2011).

What are the most important areas of parent-child interaction to focus on?

This crucial question is considered all too seldom. Family behavioral processes can potentially lead to such a large amount of information that it can become confusing about what areas of behavior are most worthwhile to focus upon (Epstein, Baldwin, & Bishop, 1983). It is necessary to derive answers to this question from a number of different realms of knowledge, because, as pointed out by Azar, Lauretti, and Loding (1998), there appears to be no comprehensive, fully accepted model of parenting competence. Those areas of knowledge include theories of parenting, research on minimal parental competence, and family observational coding research.

What is the most relevant knowledge gained from theories of parenting?

Early theories of parenting, although different from one another in important ways, were similar to one another in that they all emphasized the importance of parental involvement, emotional warmth, control, and hostility (Darling & Steinberg, 1993). Other long-standing models of parenting (e.g., Beavers & Hampson, 1990; Epstein et al., 1983; McKay, Pickens, & Stewart, 1996) also have commonalities in terms of their emphasis on family emotional expression, management of conflict, and behavioral control.

A theoretical framework of parenting style proposed by Baumrind (1966) involved clusters of related parenting behaviors, identified as au-

thoritarian, authoritative, and permissive. Authoritarian parenting is characterized by strict parental control with relatively stringent limitations on child input. Authoritative parenting involves parents carrying out executive roles, though includes greater openness to input from children, give-and-take communication between parents and children, and a greater acceptance of child psychological autonomy. Permissive parenting involves lax supervision and high levels of child freedom. Maccoby and Martin (1983) suggested a revision of the Baumrind (1966) classification. They proposed that parenting styles are best conceptualized as representing two intersecting dimensions, responsiveness and demandingness. Those authors described authoritarian parents as highly demanding but low in responsiveness. Authoritative parents were seen as both highly demanding and responsive. Indulgent parents were described as low in demandingness and high in responsiveness. Neglectful parents were identified as low in both responsiveness and demandingness. In a review of the parenting style literature, parenting style was conceptualized as providing an important context for more specific parenting behaviors (Darling & Steinberg, 1993).

What is the most important information from research on minimal parenting competence?

Research has been conducted, based on direct observations of children interacting with parents, which has compared abusive and/or neglectful families with normal ones. That research has found abusive families to manifest more negative emotionality, more child behavioral problems, and higher levels of inappropriate parental response to positive behavior when compared to non-abusive families (e.g., Bousha & Twentymann, 1984; Cerezo, D'Ocon, & Dolz, 1996). Abusive parents have been found to manifest lower levels of positive behaviors such as reasoning and verbal reinforcement (Oldershaw, Walters, & Hall, 1989). Neglectful parents have been found to show more negative and less positive emotion, and they manifested higher levels of chaos and lower levels of verbal expression (Gaudin, Polansky, Kilpatrick, & Shilton, 1996). In addition, when studying families in which the parents did not exhibit abuse or neglect,

Patterson (1982) reported that the frequencies of positive and negative behaviors by a child or parent correlated with measures of child and family adjustment.

In addition, when parent-child observation was used, accurate categorization of families as abusive versus non-abusive took place only when moderately stressful tasks were assigned. Prior research had not been able to successfully make such a classification when only very low-stress activity was used, such as unstructured free play (Dietrich-MacLean & Walden, 1988). However, the use of overly structured tasks that do not allow for substantive initiative or spontaneity has not been found to be useful (Wilson, Rack, Shi, & Norris, 2008). Excessively structured tasks appear to minimize opportunities to observe ecologically valid samples of family behavior.

What relevant information comes from research on family interaction coding?

Although a number of family behavior coding or rating systems have been developed, the ones that combine a focus on a reasonably broad range of parent-child interaction and have a moderate number of specific ratings are the ones that have the greatest practical utility for child custody evaluation. The System for Coding Interactions and Family Functioning (SCIFF; Lindahl & Malik, 1996) is based on observations of discussions of recent family problems or arguments and is useful for the child custody context. It includes rating dimensions for parental behaviors such as emotional support and withdrawal. It provides dimensions for child features such as positive mood, defiance, withdrawal, and anger/frustration. Also, there are rating dimensions that pertain to the family as a whole unit, such as cohesiveness and conflict. The instrument has been used in clinical research and has good inter-rater reliability (Lindahl & Malik, 1996, 1999).

Another family coding system, the Family Problem Solving Code (FAMPROS; Forbes, Vuchinich, & Kneedler, 2001) can be useful for custody evaluators. Its ratings, in part, focus on positive and negative behaviors by one person towards another. The most useful feature for child custody evaluators is a focus on family problem solving. In the relevant procedure, the evaluator

instructs the family to identify one or more issues or problems and to discuss them during the session. The most relevant ratings are the definition of the problem, the extent of resolution, the quality of proposed solutions, and the general quality of problem solving. It can be used with children at least 8 years old, although if a younger child is also present, it can be employed. The FAMPROS reportedly has good reliability, and there is evidence of external validity (Forbes et al., 2001; Vuchinich, Angelleli, & Gatherum, 1996).

When using observation tasks that include a family discussion of problems, it is important to avoid discussing content that would be inappropriate for children. Therefore, evaluators should direct participants not to discuss court-related matters and not to refer to other family members who are not present in the observation session.

Who should be present in the observation sessions?

In general, it is most productive to observe all the children together with each parent separately. Such an arrangement appears to have the greatest ecological validity in that, after parents have separated, they each characteristically have all the children together with them at the same time. After the separation, a consistent parenting challenge is to carry out competent interactions with more than one child at a time, assuming there are multiple children. Ackerman (1995) also recommended such an arrangement for essentially the same reasons. If there is a stepparent or live-in parent, it would be important to include that individual in one of the observation sessions. As a result, there would be an opportunity to observe the legal parent along with the children and also the legal parent and partner together with the children.

In some special circumstances, it may be advisable to observe a child separately with each parent. Assuming there is a family that has multiple children, if one of them has a significant special need, such as a developmental disability, there may also be questions about whether both parents are fully competent in addressing the associated parenting challenges. Under such circumstances, it may be uniquely helpful to observe the child individually with each parent,

while also observing that child and siblings together interact with each parent in other observation sessions.

How many observation sessions should take place?

A crucial concern is that only brief observation time is unlikely to include a representative sample of behavior that allows for reasonable inferences about the parent–child interactions. If only a single observation session is used with each parent, there is a heightened risk of not obtaining a representative behavioral sample. For example, a child or even a parent might happen to be in a bad mood, unusually tired, or ill in such a manner that influences their interactions. However, if that emotional and/or physical state is only temporary, it is likely irrelevant in terms of the goals of the evaluation. An important clinical research finding is that one observation session alone has not been found to provide enough of a representative sample of behavior to generate valid conclusions about family processes (McKenzie, Klein, Epstein, & McCurley, 1993; Vuchinich et al., 1996).

Some evaluators have voiced a belief that it is best to have very extensive opportunities to observe children interact with parents. However, a very large number of observation sessions are not financially feasible for many families, especially within the context of the generally considerable expense of child custody evaluations.

In general, for each parent, two 1-h observation sessions that include all the children at one time appear to allow for an adequately representative sample of interaction. If there is only one child, then there are a smaller number of observations that need to be made, and having each session 45 min in length appears to be adequate.

What about the pluses and minuses of observations during home visits versus office sessions?

There is a lack of clear scientific information as to whether it is better to conduct observations in the office setting or in the home. The main purpose of the observations is to obtain relevant samples of parent–child interactions, including whether dysfunctional behavioral patterns might take place. Kerig (2001) voiced a perspective that observations to identify potentially dysfunctional

family interactions might better occur in an office because it is easier to have control over what takes place in terms of the desired task requirements and levels of stress experienced during the sessions. If observations of children with parents take place in the home setting, it would likely be easier for children to walk away if they are bored, upset, or simply intent on doing something else. Within the home setting, there is a risk of unexpected visitors and a greatly increased chance of family members feeling like a need to do competing tasks, such as check for text or phone calls or attend to the family pets.

The most frequent practical consideration regarding whether or not to carry out a home visit is cost. Largely because of charges for travel to and from the family residence, home visits tend to be costly and sometimes logistically difficult to arrange. It is important to try to determine whether a potential home visit would add unique and relevant information to the overall evaluation beyond what could occur in less expensive sessions in an office setting (Hynan, 2003b).

In general, the unique information that potentially would come from a home visit pertains to safety factors or other features of the physical residence. If there are very young children who live at her residence, and a home visit occurs, attention should be paid to the presence or absence of appropriate childproofing (Hynan, 2002). Unintentional child injury is a leading cause of death and can also result in large numbers of emergency room visits and hospital admissions.

At times, an evaluator may be able to obtain reasonable information about a physical residence without having to carry out a time-consuming and costly home visit. Under some circumstances, video or photographic evidence can adequately represent the interior and exterior of a home and surroundings. In some cases, questions are raised about the relative safety of different neighborhoods. Publicly available data about crime rates are likely to be more informative in such circumstances than home visits.

At what points in the sequence of custody evaluation procedures should the observation sessions take place?

The observation sessions should occur after having had initial interviews with each parent. That is because it may be important to learn about relevant characteristics of each child prior to the observation session taking place. Also, it is best to have all the observation sessions occur before any child interview takes place. The purpose is to facilitate the potential productivity of the child interview by allowing for ample opportunity for the child to have become comfortable with the office setting and evaluator.

How should the observation sessions be structured?

To some extent, the answer depends on the ages of the children. In general, considering that most divorcing families include young children, it is most useful to start with a period of free play. The evaluator provides simple yet useful material, such as construction-type toys and drawing material that are appropriate at least for the youngest children present during the session. If the parent has brought similar material, they are allowed to use them. A main objective of this initial period of free play is to help the children, and the family as a whole, develop reasonable comfort with the setting and procedures. At the same time, there may be productive interactions for the evaluator to observe during this initial period of time.

A next step would be to direct the family to work on a task together, perhaps that uses the same material that they have been able to use during the initial free play. The task would include a modest degree of stress, such as working together to build a house with construction toys or working together, as best the family can, to draw any particular item identified by the evaluator.

It is often useful for a third and final task to be for everyone to clean up the play and drawing materials together. Especially for the majority of families that include young children, this type of task resembles ones that would frequently occur at home, and it affords more opportunity to observe how each parent manages limit setting and prompting children to carry out behaviors that are not inherently enjoyable.

To some extent, second observation sessions have a structure that is similar to the first ones.

However, it is advisable to have some of the material provided be different from what was present during the first session. Other than the free play, the specifics of the assigned tasks would also be different, though they would continue to require family members to interact together and would involve modest levels of stress. The family problem-solving discussion described above would be assigned during the latter part of the second session, as long as at least one of the children is old enough to be able to participate in it in a meaningful way.

If there are no young children present, the type of tasks used would need to be somewhat different so that those children would have a good chance of being reasonably engaged. For example, a family might be asked to plan a vacation together. Also, paper-and-pencil tasks can be useful, such as those that ask each family member to individually indicate information about individual preferences and values and then have the family discuss their answers with one another to see if they can arrive at any general agreement. Perhaps obviously, family problem-solving discussions are often most productive of relatively older children.

More detailed and extensive suggestions about tasks for parent-child observation sessions can be found in Schutz, Dixon, Lindenberger, and Ruther (1989). Other relevant recommendations have been made by Rorbaugh (2008).

What about combining parent-child observations with child and/or parent interviews?

It is crucial to focus on the objectives of each type of evaluation procedure. The main purpose of parent-child observations is to obtain a good sample of relevant family interactions. The main objective of interviews, whether of children or parents, is to obtain accurate information and/or perspectives. Combining observations with interviews creates a risk for not being able to fully accomplish the objectives of either procedure.

Although some respected authorities (e.g., Stahl, 2011) have described that their parent-child observations take place in such a manner, at least in part, I believe that combining observation and interview procedures is more likely to detract from the collection of relevant information

than add to it. For example, when parents have been present during child interviews that have had a goal of obtaining information about possible mistreatment or other relevant events, the parental presence does not lead to increased child verbalization or accuracy, and it introduces a risk that the parent might try to influence the child's responses (Poole & Lamb, 1998).

What is a useful method of taking notes on parent-child interactions?

One of the challenges of making a record of observations, especially when there are more than just two participants, is focusing on the most important dimensions or categories. Such a focus can be facilitated by the use of a checklist that can act as a reminder of the most relevant and crucial behavioral interactions. Cognitive mechanisms such as checklists have been recommended by Kahneman (2011) and others as a means of engaging deliberative judgment and thereby reducing the risk of reliance on intuition.

The checklist should function as a reminder during the process of taking notes on the session, but evaluators need to make a more specific record, which characteristically is in narrative form. Such notes describe the dimension or category of relevant behavior that is manifested by a child, parent, or family as a whole. They also need to be frequently accompanied by examples of the specific statements and/or actions of the relevant family member. For example, regarding a parent who offers praise to a child, the specific statement might have been "good job." Alternately, there may be a notation that a child manifested defiant behavior, as exemplified by scowling and the remark "no, I don't want to." After the session has been completed, the evaluator may use a relevant checklist (Hynan, 2003a) to summarize important interactions.

What is a productive way of summarizing the findings of observation sessions in the final report?

It is important to keep in mind that most of the consumers of child custody evaluation reports are attorneys and judges. Also, there may be a number of different ways to structure a good report, as long as there is coherent organization and clarity that are useful for the readers. As described by

Grisso (2010) and others, the data that are collected during the evaluation need to be kept distinct from the major inferences and conclusions that are based on those data. However, to provide meaningful information for the consumers of the report, it is reasonable to include aspects of relatively minor inferences about parent-child interactions that are associated with the behavioral data. Therefore, separately for each parent, it is productive to summarize in the report how each participant (and the family as a whole) interacted in terms of relevant categories and dimensions and to include a number of specific behavioral representations, in a manner similar to how notes for this sessions were recorded. If only specific behaviors are described, without indication of inferences about what such behaviors mean, there is a risk that the descriptions of parent-child observations will not be useful to the consumers of the final report.

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Uses of Collateral Sources of Information in Forensic Child Custody Examinations

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Collateral information is data obtained from sources other than directly from the principals in a forensic evaluation. In forensic child custody examinations, collaterals are all sources of information other than the parents/guardians and the children. This includes a wide body of information including interviews with witnesses of various types, examination of physical evidence, correspondence, etc. This information is used in different ways, most notably for exploration and for validation. While this information is often critical to the accuracy of forensic findings, technique is essential in the collection of these data in order to protect the data itself from contamination and to protect the admissibility of the data as evidence for trial. This chapter describes various types of collateral data that support effective forensic child custody evaluation. Selection of sources is discussed as well as techniques for obtaining and analyzing the data in ways that preserves its value in discovery and litigation.

Explorative Versus Validation Inquiries

Forensic evaluations are generally conducted in two phases. The first phase is the explorative phase. During the explorative phase, information is collected from multiple sources and hypotheses are generated based on the data. In forensic

child custody examinations, this may include the following, for example:

- Child abuse may be occurring
- Child neglect may be occurring
- Parental alienation may be occurring
- Child's emotional needs are being met primarily by the mother/father
- One parent is impaired due to mental illness and/or substance abuse

The second phase of the forensic evaluation is the validation phase. This involves testing the hypotheses that were generated during the explorative phase. This often involves additional interviewing of collaterals who have already been interviewed. For this reason, it is often useful to inform subjects of interviews that additional meetings may be requested.

Types of Collateral Information:

Collateral information can be categorized as either interview data or non-interview data. Collateral interview data are information collected by the examiner interviewing non-principals. This may include eyewitnesses, character witnesses, and expert witnesses. Data may be obtained by face-to-face interview, telephone interview, videoconferencing, or written correspondence, including affidavits, e-mails, texts, and posts. Non-interview data are data collected other than through direct or indirect interview. Examples include documents such as medical records, school records, legal documents, and media. Some of this material may be in the public sector such as

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newspapers or blogs. Each category of information has advantages and disadvantages depending on how it is used and in what context.

Eyewitnesses

Eyewitnesses are individuals who directly observed an event. This includes witnesses to any sort of behavior or lack of behavior, either during a single occurrence or as part of a pattern of occurrences. Witnesses to crimes are the most widely recognized eyewitnesses. Alibi witnesses can attest to the whereabouts of suspects during the time frame a crime is committed. Witnesses can inform as to the appearance of suspects at a particular time as it might have bearing on guilt or innocence. For example, if a witness testifies that on a particular date he/she observed an individual with long hair, then that individual could not have committed a crime the day before if the suspect was described as short-haired. Eyewitnesses can attest to what people said, such as assenting to verbal contracts. Witnesses to events other than criminal events are also vital to forensic child custody examiners. Almost any aspect of a parent's behavior can be of interest to a forensic child custody examiner and may be sampled through collateral interviews. This can include the following, for example:

- Parent's behavior towards each other
- Parent's behavior towards the child/children
- Parent's behavior towards other children
- Parent's substance abuse
- Parent's judgment
- Patterns of interaction between parent and child/children

Aspects of the parents' behavior towards each other that may be relevant to a child custody examination may include the following:

- Public displays of aggression towards each other, especially if in front of the child/children
- Parents' ability to compromise or tolerate conflict while remaining respectful
- Parents utilizing the children as a pawn to hurt each other rather than focusing on children's well-being

- Parent's ability to focus on and prioritize the child's needs affectively and appropriately

Aspects of the parents' behavior towards the child that may be of interest include:

- Ability to keep the child/children safe
- Ability to keep the child/children healthy
- Ability to handle conflicts with the child/children, respectively and productively
- Ability to comprehend and address the child/children's needs

Aspects of the parents' judgment that might be of interest to the examiner include:

- Setting appropriate boundaries, such as not allowing a 5-year-old to cross a busy street alone or leaving a 7-year-old alone in the house for extended periods of time
- Correcting the child/children's behaviors and expressions to conform to social mores, such as manners and following the rules of appropriate authority figures
- Appropriate use of discipline

Aspects of patterns of interaction that might be of interest to the examiner include:

- General tone and attitude of parent to child—such as warm, loving, receptive, dismissing, hostile, etc
- Rigidity versus flexibility
- Ability to support the child's relationship with the other parent
- Parent's ability to manage the child's behavior—such as with young children and handicapped children

Eyewitnesses can inform about patterns of behavior they have observed over time. In cases where disability claims or pensions are investigated, eyewitness accounts are often solicited from neighbors who may have observed individuals who claim to be physically disabled engaged in activities that disabled individuals are not capable of. For example, one municipal employee who claimed to be too injured to perform a desk job due to a back problem was seen personal training people professionally in the gym. In forensic child custody evaluations, patterns that represent aspects of the

parents/guardian's judgment are of particular interest. For example, a nanny described in an interview that a mother routinely allowed her children not to wear seatbelts while driving in a state where she was required to do so. In another examination, the parent of a friend of the child has reported that she had seen a parent routinely drive the children around after having alcoholic beverages.

Eyewitnesses can also inform as to things that did not happen. For example, domestic help may be asked to verify that the subject of a temporary order of protection (TOP) did not come within 1000 ft of the property. A child's teacher may be asked if the child was ever brought to school disheveled, dirty, or hungry.

In child custody evaluations, eyewitnesses of parenting are most helpful. Nannies, schoolteachers, babysitters, and friends' parents are examples of frequently used collateral sources of information.

Information obtained from interviews with eyewitnesses is routinely used for both explorative and validating purposes. Exploratory investigation is prevalent in the early phases of a forensic evaluation. It is used to generate hypotheses that can later be tested and validated or invalidated.

Utilization of an open-ended interviewing style is particularly suited for exploratory purposes. Examples of effective open-ended questions are:

Tell me everything you can remember from the time you arrived on the scene until the police got there.

Tell me what you know about Subject family?

Is there anything else that you think might be significant?

What did you find most striking?

Once areas of particular interest are identified, more directed forms of open-ended questions can be asked such as:

What did you think was happening when you saw those two people yelling at each other?

Is there anything you think is important that I have not asked you about?

Did you notice anything unusual about that person?

Did you notice anything unusual about that place?

Did you notice anything unusual about the Subject Family?

How is Subject as a parent?

This type of interviewing method has the benefit of being the least leading of interview approaches. Interviews targeting at validation of a hypothesis or fact are necessarily leading. For example, asking the nanny of the principle in a case whether or not she has ever seen any drug paraphernalia around the house reveals that substance use and/or distribution may be an issue. This is both suggestive, in that it gives the collateral a sense of what is being looked for and hence focuses them on that topic, and it is restrictive in that by focusing the collateral on a particular aspect of a situation, other areas are taken out of focus. In contrast, the open-ended style allows the collateral to choose the direction of the inquiry.

Once a series of hypotheses are generated through open-ended questioning, the inquiry is shifted to validation. Validation involves testing hypotheses that were generated during the first phase of inquiry. Additional information is obtained that pertains to the hypothesis generated and is collected in order to support or disconfirm each hypothesis. Open-ended interviewing is not well suited for validation. Validation involves utilizing interview techniques to find consistencies or inconsistencies in hypotheses or facts offered by others. For example, during a child custody forensic evaluation, the father of the subject child described that he was very involved with his daughter's class. He explained that both the teacher and the school psychologist "welcome" him and that they encourage his participation. Both the teacher and the school psychologist were selected as collateral sources of information to verify the father's information. When contacted, both the teacher and the school psychologist were directly asked about their experience of the father and whether or not they had expressed to him how they felt about his presence in the classroom. They verified that the father was *not* welcome in the classroom and that they were in fact concerned about some inappropriate behavior they observed with him in the classroom. Another example occurred during a child custody forensic evaluation when a hypothesis was generated that the mother used substances to the point of intoxication while she was responsible for the children. The children's nanny was selected for

a collateral interview and was specifically asked about whether or not she observed the mother using substances while the children were in her care. A section of the report on the interview is as follows:

She also noted that the children were aware of their mother's drinking and that [the child] confronted her on drinking in the morning. She said the children saw unfinished glasses of wine often around the house and that they saw their mother "popping pills." "Many times I've seen her drink and drive with them [kids]." She noted that "she'll stay up all night texting...up all night...take a nap for ten or fifteen minutes and then come down crying," "she doesn't sleep. I don't know how she functions."

Extreme caution must be exercised when conducting second-phase interviews with collaterals. Studies have consistently shown that use of multiple interviews utilizing suggestive questioning can distort the memories of the witnesses permanently (Cassel et al. 1996; Goodman and Quas 2008).

Challenges to Validity of Collateral Interviews

One of the greatest challenges to the validity of data collected with collateral interviews is the reliability of eyewitness data in general. Substantial research has shown consistently that eyewitness accounts are fraught with inaccuracies (Deffenbacher 1983, Loftus 1996). This is because most witnesses to crimes or events are at those events for reasons other than to serve as a witness. Their recollections are based on *incidental memory*. Incidental memory is material that is stored in memory without organization sufficient to facilitate specific recall. The subject must search through information that was arbitrarily stored in his/her brain. This contrasts with *intentional memory*, which is information that is stored for a specific purpose. An example of intentional memory is information obtained by police officers making traffic stops. These officers specifically measure vehicle speed and also other relevant information such as weather and visibility and appearance of the citizen being stopped. Because they are specifically instructed to record

this information and they record it at the scene, this information is much more reliable than other information that they were not specifically instructed to record, such as whether the interior of the subject's car is leather or cloth or what size tires were on the subject's car. The instructions of the task drive the recording of the information obtained. Most witnesses of crimes or other events are not expecting these events and are not focused on remembering specific aspects of the event. Thus, these recollections are less accurate than intentional observations. In child custody situations, nannies, neighbors, and other collaterals may not be intentionally observing parenting patterns. These witnesses may have only noticed partial events or selective events that can be associated with distortion of perception or recollection.

Data from collateral interviews are by definition hearsay, unless the collateral testifies in court. Hearsay is generally inadmissible in court. Rule 804 of the Federal Rules of Evidence does provide for some exceptions. Data collected from collateral interviews may be, and often is, admissible if referred to in expert testimony. This charges the expert with determining the validity, reliability, and relevance of the collateral data. For this reason, the forensic interviewer should be familiar with many factors that affect the accuracy, validity, and reliability of the data. A complete review of the data on factors that affect eyewitness testimony is beyond the scope of this text and has been offered elsewhere (Loftus 1996). Nonetheless, a few of the factors are discussed below.

Incidental memory acquisition and recall has been shown to be affected by several factors. In particular, anxiety and stress of the witness have been studied in several different contexts. A meta-analysis of 21 studies on stress and memory found that optimal memory is associated with moderate amounts of stress and that very low levels of stress or very high levels of stress are associated with weaker memory (Deffenbacher 1983). This confirmed the Yerkes–Dodson hypothesis (1908) which demonstrated optimal cognitive performance in general associated with moderate levels of arousal. This is consistent

with other studies that showed that higher levels of violence are associated with poorer recall than lower levels of violence (Clifford and Scott 1978).

Another problem with eyewitness data is that the recall of events goes through a *reconstructive* process where we recall events not as they happened but rather how we understood them to have happened based on knowledge and experience (Bartlett 1932). As every person's knowledge and experience is unique, so is their way of understanding what they experience. Most relevant to collateral interviews is that studies have shown that people recall events differently depending on the way they are asked about these events. For example, in one study, Loftus and Palmer (1974) showed a group of people a film depicting a car crash. The subjects were asked to estimate the speed of the cars. Subjects who were asked how fast the cars were going that "smashed into" each other gave higher speed estimates than subjects who were asked how fast the cars were going that "hit" each other. Similarly, Loftus and Zanni (1975) found that after showing subjects a crash film, they were more likely to say that they saw a broken headlight when asked if they had seen "the" broken headlight rather than "a" broken headlight. This was the case even though there were no broken headlights in the film. Thus, a child might answer differently depending how he/she was asked about being physically disciplined. For example, asking a child if they ever get hit when they misbehave is likely to yield a different response than asking how often they are hit in response to misbehavior.

Yet another challenge to the validity and reliability of eyewitness data is the issue of suggestibility. Several studies have shown that memories of events can be compromised by subsequent misleading information (Loftus et al. 1978). In one study, Loftus, Miller, and Burns (1978) demonstrated that some people could be convinced that they saw a road sign that was not actually presented. This was done by providing misleading information after exposure to the target event.

False reporting of child abuse has been associated with the use of suggestive questioning techniques (Cassel et al. 1996; Goodman & Quas,

2008). Studies have shown that children are particularly suggestible (Elliott and Briere 1994). The open-ended style of inquiry is least susceptible to the effects of suggestion as it is least suggestive. Suggestibility is particularly problematic when investigating hypotheses involving parental alienation. This is because parents who alienate their children from another parent also tend to compel a particular interpretation of experienced events. For example, parents involved in alienating a child often describe to others that the child "came back from [the other parent] tired and hungry...he seemed listless, unhappy." These descriptions are often repeated to their friends, relatives, etc., who are likely to be choices for collateral interviews. For this reason, it is essential that collaterals describing observations such as these be asked about whether they observed this directly or whether it was described to them by someone else.

Character Witnesses

Subjects of forensic evaluations often suggest interviewing character witnesses. These are collaterals that will describe qualities of a person based on prolonged relationship with the principal. Often friends, colleagues, and relatives are offered who will describe positive attributes based on historical contact. Data obtained from character witnesses should be carefully scrutinized due to the tendency for character witness attestations to be influenced by bias. Friends of principals are biased towards positive reference just due to the fact that they identify themselves as friends. Individuals who have had negative interactions with the principals are likely to have distanced themselves if they did not have a generally positive conceptualization. Other biases may be associated with other forms of personal gain that the collateral may expect as a result of supporting a principal in an evaluation rather than speaking objectively and truthfully. Coworkers, particularly those in a superordinate position to the principal, are very unlikely to give negative opinions, even if warranted.

Character witnesses that are selected by the examiner can be selected due to higher probabilities of obtaining objective, and hence more valid descriptions and opinions. Employers, neighbors, and professionals are examples of collateral sources that might be more objective and hence more valid.

Character witnesses sometimes volunteer themselves if they know that a forensic child custody evaluation is in progress. One example was the mother of the father of the subject child. She initiated contact with the validator because she was concerned about her grandchild. She described that she did not feel that her son, the child's father, was fit to be alone with her grandchild. She described a history of emotional and behavioral instability that she felt was a threat to her grandchild. During another evaluation, the former paramour of the father of a subject child contacted the evaluator and requested to be interviewed. She was a registered nurse and had had an affair with the child's father while he was married to the mother. She described what she felt was despise towards women in the form of intentionally exposing her to a sexually transmitted disease without informing her. She also described that with regard to his parenting, he was excited by having sexual relations with her while his daughters were in the house, and there was a chance of getting caught.

Character witnesses in forensic child custody examinations generally do not make the most valid collateral sources of information due to bias and subjectivity; however, sometimes valuable information can be obtained. These data should be particularly carefully scrutinized due to its corruptible nature.

Interviewing Professional Collaterals

It is often critical to forensic child custody examination to interview professionals that are involved with the family. Complete assessment of parenting ability includes assessment of the mental and physical state of the child/children and the parents. This means that physicians and mental health providers are often interviewed.

Interviewing professionals can follow the same basic structure that is used for eyewitnesses: a two-phase system involving an initial phase of exploration and a second phase of validation. Interviewing professional witnesses is optimized with specialized interview techniques. A few of them are discussed below.

Professional witnesses often have relationships with their clients that involve safeguarding confidentiality. Professionals affiliated with institutions, such as schools or hospitals, have to follow standardized procedures prescribed by the institutions themselves. Medical providers, including mental health providers, in the USA, are bound by the Health Insurance Portability and Accountability Act (HIPAA) regulations of 1996. Interviewers should be familiar with these regulations and be prepared to assist professionals in satisfying their professional responsibilities. Having consent forms prepared and signed before contacting professional collaterals facilitates the process.

Professional witnesses are often uncomfortable participating in the evaluation process. Clinicians, teachers, and other professionals are often relatively unfamiliar with forensic procedures and the legal process. They also may feel intimidated associated with having their work exposed and put under scrutiny. Many also fear that their participation in the evaluation process may compromise their relationship with their client. Care needs to be taken when interviewing these collateral sources so as to not encourage defensiveness on the part of the collateral. Once again, a familiarity with these issues by the examiner will facilitate addressing the collateral's concerns so that the interview may progress.

Interviews with collaterals who have a professional relationship with the principals of a forensic child custody evaluation should proceed from the exploratory phase to the validation phase, just like other collateral interviews. Some open-ended questions that may be used with professionals in the exploratory phase of investigation are as follows:

- In what capacity do you know the principal?
- How long have you known the principal in this capacity?

- Why did the principal seek out your services? Teachers of children involved in contested custody cases may be asked some of the following open-ended questions:
- Do you have any concerns about this child?
- Does the child appear to be functioning at his/her capacity?
- Does the child show up for school appropriately dressed, fed, and in good health?
- Do both parents attend functions?
- Does the child manifest any behavioral issues?

Doctors, including mental health professionals, can be asked the following open-ended questions during the exploratory phase:

- What is the diagnosis?
- What is the treatment plan?
- Does the subject participate in all aspects of the therapy?
- Do you have any concerns about the principal that are not being addressed by the treatment?
- Do you have any concerns about the principal (mother or father) that could impact on their parenting ability?

The second phase of the interviewing of professional collaterals also involves specific questions focused on testing hypotheses generated in the first phase. The following is an excerpt from a report describing a collateral interview with the school psychologist where the child attends:

Dr. Barbara Keeper, the School Psychologist at the Good Child Elementary School was interviewed by telephone on June 10, 2009. She noted, “when dad would bring her, she would cry...on days when she would come with the mother she was fine.” She also noted that [the child] has been “happy as a clam since visitations {with father} during the week stopped.” She also noted “when she’s at [the father’s home] she can’t wear certain clothes and they make fun of her.” She also noted “the weekly visits with him (the father) are horrible.” She noted that following these visits [the child] often comes in late and that the [father and stepmother] are often late in picking her up from school when she is with them. She also offered that “we try to set boundaries which he doesn’t like.” For example, she noted that “her dad comes into the bathroom with her when she’s in there” causing her to feel “uncomfortable.” She also noted that “he likes to come in... it feels like to me—and start trouble.” For example, “he makes [the child’s] academics seem worse than

they were as described by [the child’s] teacher.” She also noted that “[the child] feels so much safer with [the mother]” and “seems like a deer caught in the headlights” referring to [the child’s] anxiety and confusion about her home situation.

When interviewing medical professionals, particularly mental health providers, which is common in forensic child custody evaluation, it may be desirable to assess the effectiveness of the ongoing treatment. Parents or guardians that have issues such as substance abuse or anger management are viewed more favorably if they are participating in appropriate therapy. Attorneys know that this is the case and often recommend therapy to their clients if litigation is imminent. In cases like these, the first phase of interviewing may generate a hypothesis that therapy is not effective. Testing of this sort of hypothesis must wait until the end of the collateral interview because it is likely to cause a defensive reaction. Following is an excerpt from a forensic child custody collateral interview with a man’s psychologist. In this example, the father of several daughters was found to be having affairs with multiple women simultaneously throughout the marriage. He lied to the women as well as his wife and family. He treated these women with disrespect and associated with fetishistic gratification. This was revealed when the man’s lover found out that he was cheating on her with women other than his wife and contacted those women who then contacted the wife:

When asked about his work with [the father] around his sexual behaviors, he responded that it “never been the kinda focus that it should have been.” He also noted that he was “not seeing him often at all.” He last saw [the father] in May 2009, when he saw him once and he also saw him once in April 2009. He stated that it was his belief that [the father] “has neither the time nor the money” to continue. He described [the father] as an “intensely anxious person...intense and unacknowledged anxiety.” With regard to ability to make good judgments, Dr. Treater described [the father] as “very sober rational facts-on-the-ground sort of guy,” although he acknowledged that [the father] has “poor judgment in sexual relationships.” He explained that he considers [the father’s] sexual acting out as a “fairly compartmentalized area of dysfunction” that is “not leaking” into the rest of his life, including his parenting. He added that “he’s been doing it for years” and he is concerned

about the “psychic cost,” for example as it “interferes with sleep.” With regard to [the father’s] continued relationship with [father’s lover], Dr. Treater stated that it is “bizarre...his relationship with her...I have not been able to penetrate it,” by which he means address it directly. He further noted that the relationship with [father’s lover] is “profoundly irrational and self-destructive...really crazy.” He acknowledged that “I have not been able to fully understand his problems with love...supremely poor judgment in relation to women and sex.” Despite these concerns he stated that he was “really impressed” and that he is an “unusually good parent” with “clear boundaries...exceptionally loving...astute.”

When asked whether [the father] has discussed the conflict with children with him in therapy, he stated that he has not. When asked about [the father’s] history of substance abuse, he stated that his client did not discuss his substance use. He stated that he believes that he is “very honest about things like that” but acknowledged that he knew little of [the father’s] use of substances and associated difficulties. He offered “the area I would be concerned about is [father’s lover] and the sexually acting out.” He stated that he was concerned “whether the compartmentalized area is too big.” Despite this, he described [the father] as a “devoted parent” and that his “judgment in the management of the kids has been to me very impressive...I would not be able to say that about [the mother] whose “judgment is much more clouded by her own needs and self-centeredness.”

Non-interview Collateral Data

Collateral data in forensic child custody examinations are often collected from non-interview sources. These sources include data from the following sources among others:

- Medical records
- School records
- E-mails
- Video recordings
- Social media
- Public access data

These collateral sources offer a wealth of information that may be relevant to the examination and must be considered in order to do a competent evaluation. However, these materials need to be carefully reviewed for reliability and validity. One aspect of reliability that is relevant when

considering non-interview collateral information is authenticity. Many records are kept in digital format and can possibly be altered or fabricated for these purposes. Video and photographic material can be modified or fabricated with widely available software.

Determination of the validity of non-interview collateral data must consider the relevant rules of evidence that apply to the jurisdiction in which the examination is done. In the USA, each state has its own rules of evidence which consider various aspects of validity with regard to the admissibility of evidence.

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Part III
Psychological Assessment

Current and New Developments in Psychological Testing for Child Custody Disputes

Allan Posthuma

Introduction

Child custody evaluations (CCE) or parenting plan assessments (PPA) are conducted in an adversarial forensic context (Bow, 2006; Bow 2010; Bow & Quinnell, 2001, Bow & Quinnell, 2002; Hagen & Castagna, 2001; McCurley, Murphy & Gould, 2005; Mental health consultants and child custody evaluations: A discussion paper, 2011). The use of psychological testing in these assessments can exacerbate extreme adversarial positions, not only during cross-examination of psychologists in the courtroom but also in our professional journals. Normally, psychological research, clinical theory, and practice lead to a systematic rapprochement of principles and practice as the result of replication in evidence-based research. Forensic risk assessments, described later in this chapter, have established credibility and acceptance in criminal court proceedings. Risk-assessment measures have acquired this status because of extensive research support for their specific forensic purpose.

At the present time, the status of custody testing research resembles a stalemate, more than scientific endeavour, permeated by “Woozles” (Nielsen, 2014). Woozles (Originally coined by Winnie the Pooh) has been defined by Gelles (2007) as the use and abuse of social science research by advocacy and political groups. Nielsen

(2014) provides a fascinating review of development of the woozle, of misinterpreted research recommending against shared parenting and overnights, with the other parent, of infants and preschoolers. This woozle has yet to be dispelled by time and evidence to the contrary. A long-standing psychometric example of a prevalent woozle, in both clinical and forensic literature, is the Rorschach (Lilienfeld, Lynn, & Lohr, 2003). In spite of these authors, and many other devastating reviews (Jenson, 1965; Ziskin, 1995), the Rorschach persists in both clinical and forensic arenas, with authors encouraging its use in CCEs (Erard, 2005). This chapter attempts to use the woozle test criteria in the review of CCE psychological testing.

The courtroom is a natural setting for woozles. Unlike criminal and personal injury law, family law allows woozles in the courtroom, in the guise of consensual evidence-based research.

This is both a blessing and a curse for the forensic examiner when dealing with psychological testing. Ioannidis (2007), Jaffe & Mandeleew (2011) and Nielsen (2014) makes it clear for the need to have exquisite knowledge of the research surrounding the woozle being raised in the court proceeding. The forensic use of psychological tests needs, not only research support on the specific application but also clarity in demonstrating the best interest of the child or children. In other words, forensic custody testing needs to have the type of research support of risk assessments now commonly part of police investigations and court proceedings.

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Martindale, Tippins, Ben-Porath, Wittmann, & Austin (2012) are in disagreement with Ackerman (1995), and Ackerman & Pritzl (2011) and (2012) on the primacy of demonstrating validity in assessment procedures versus surveys; this is an important focus in this chapter's review of custody testing research. This discussion represents the evolution of forensic psychology from *Frye* (1923) to *Daubert* (1993) and related subsequent court decisions' evidence (Flens, 2005; Keilin & Bloom, 1986). Forensic psychology must demonstrate the scientific reliability (and validity) of evaluation procedures, such as test results, to address the issues before the court. In CCE and PPAs, depending on state, provincial, or federal laws, this usually concerns the best interests of the child or children involved in the dispute of their parents or caregivers. These laws are subject to political pressures, are in a state of flux, and differ between jurisdictions. It is important to recognize that these laws may not reflect the psychological theory or research on what may constitute the best interests of a child. Choice in psychological testing must reflect the legal considerations (Archer, 2006; Babb, Danziger, Moran, Weeda, & Mack, 2009; Bow, Flens, Gould & Greenhut, 2005; Bow, Gottlieb & Gould-Saltman, 2011). This chapter describes present and evolving test considerations in CCE and PPA.

CCE Parenting Testing

Historically, the most common application of CCE psychological testing has been of the emotional adjustment of the parent. The traditional custody battlefield is characterized by allegations of emotional, behavioural, or other personality shortcomings of one parent, over the other, favouring the superior parent, who should be awarded primary, or even sole, care of the child or children. Psychological tests, such as the Minnesota Multiphasic Personality Inventory (MMPI) and its subsequent editions (MMPI-2 and Minnesota Multiphasic Personality Inventory Restructured Form; MMPI-2-RF) have been accepted by

the courts as scientific evidence of the parents' emotional adjustment (Ben-Porath, 2012).

The major concern with this practice is whether any self-report test, such as the MMPI-2-RF, is scientifically valid to perform the task for which it was not designed. The motivation of a custody litigant, among other factors, are very different from a mental health or counselling client, in their approach to personality adjustment inventories. Most *Daubert* acceptable tests have response bias measures (such as F, K, and L scales on the MMPI-2) to determine the presence of positive, negative, or inconsistent impression management. The interpretation of measures, however, probably have different implications for a therapy client than a custody litigant (Archer, Hagan, Mason, Handel & Archer, 2012; Medoff, 1999; Posthuma & Harper, 1998).

Butcher (2001) and Siegel, Bow & Gottlieb (2012) in the MMPI-2 and Ben-Porath (2012) in the MMPI-2-RF have partially met this challenge by providing research norms for custody litigants. This research contributes to the ability of the CCE evaluator to compare the score pattern of the client to other custody litigants' norms rather than the norms contained in the test manual. They do not enable the evaluator to know the clinical significance of the score pattern. Attempts of some researchers, such as Ackerman (1995), to provide clinical impressions of MMPI-2 profiles of custody litigants are only helpful as tentative hypotheses. They have not been empirically derived and do not meet the *Daubert* thresholds. Custody evaluators also need to be aware that computer interpretations of tests, such as the MMPI-2, the Millon Clinical Multiaxial Inventory (MCMI-III), and the Personality Assessment Inventory (PAI) are derived from the norms contained in the manual and are not based on CCE litigants. The MMPI-2-RF forensic custody litigant printout, for example, provides excellent score profile comparisons between regular and CCE norms. But the computer narrative only relates to the manual normative population and may not accurately describe the litigant. As is true with any computerized personality inventory printout, that has been formulated on actuarial statistics, the printout is a starting

point for the interpretative process which must rely on further reliable and valid evidence to support the interpretations. These would include the artifacts of the custody dispute itself producing temporal stress factors that do not characterize the litigants, under normal circumstances.

Probably the most significant recent development in personality adjustment testing of the custody litigant is the introduction of the MMPI-2-RF. Though challenged by Butcher (Butcher & Williams, 2012), Ben-Porath and his colleagues, as well as other researchers, have validated the RF meeting Daubert standards and have established norms for custody litigants (Ben-Porath, 2012, 2013; Ben-Porath & Flens, 2012; Sellbom & Bagby, 2008; Sellbom, 2012; Sellbom, Lee, Ben-Porath, Arbisi, & Gervais, 2012). The RF has extensive literature of the robustness of validity measures and response bias of custody litigants. The research of Resendes & Lecci (2012), on the MMPI-2, demonstrates the importance of not relying on norms for custody litigants when conducting a parental competency assessment (PCA) (Heinze & Grisso, 1996).

Ackerman & Pritzl's (2011) survey of CCE evaluator's choices of psychological tests indicates that the MCMI-III is a popular choice, in spite of problems in its use (Bow, Flens, & Gould, 2010; Bow, Flens, Gould, & Greenhut, 2005). Flens (2005) recommends against using the MCMI-III in CCEs due to the high probability of false-positive evaluations on Histrionic, Compulsive, and Narcissistic scales and inappropriate interpretations contained in the manual and computerized printouts relevant to custody litigants. This is the basis of a number of research papers (Lenny & Dear, 2009; Craig, 2006; Hynan, 2004; Halon, 2001; McCann, Flens, Campagna, Collman, Lazzaro, & Connor, 2001).

The PAI has an extensive research support as an objective psychological test of emotional adjustment. Unfortunately, there is very little research support for its use in CCEs, even though Ackerman & Pritzl's (2011) survey indicates its popularity in CCEs. The major difficulty with the PAI, as demonstrated by Bagby, Nicholson, Bacchiochi, Ryder & Bury (2002), Hynan (2013a) and Carr, and Moretti & Cue (2005) is the ef-

fect of response bias impression management. Carr et al. (2005) found that while over 50% of parenting capacity litigants produced invalid profiles on the MMPI-2 and the Child Abuse Potential Inventory (CAPI), only 20% were picked up by the PAI validity measure, Positive Impression Management (PIM). A total of 64% of litigants with an invalid MMPI-2 protocol produced a valid PAI protocol, and 58% of litigants who produced an invalid CAPI protocol produced a valid PAI protocol. Further, as pointed out by Hynan (2013a), the correlation between PIM and Warmth (WRM), in addition to failure to detect positive bias, it may give the erroneous impression from the WRM scale, of positive parenting characteristics such as empathy, affection, and patience that do not actually exist. Thus, in spite of its impressive research support in many clinical applications, it is unlikely that the PAI meets the forensic threshold for inclusion in CCEs.

Hynan (2013a) and Carr et al. (2005) research gives rise to another challenge in CCE evaluations. It is sine qua non in psychological assessments and testing to obtain multiple sources, confirming hypothesis testing (A.P.A., 2010, 2013a, b; A.F.C.C., 2007). Clearly, if tests, such as the PAI, fail to detect response bias in custody litigants, the clinical scales of these tests cannot be used to confirm the results of valid tests, such as the MMP-2-RF, or other clinical findings.

The importance of base rates of invalid test protocols cannot be minimized in the interpretation of CCE litigant's test protocols. The failure of the PAI to detect invalid profiles is a problem, which permeates forensic evaluations, especially CCEs. Other than competent use and interpretation of psychological tests, this chapter reviews a number of other new tests, currently well researched in neuropsychological, developmental, and clinical applications. These tests may hold promise in forensic applications, such as CCEs. Many of these new developments measure abilities. They are not self-report inventories. The measurement of abilities associated with effective parenting, either of the parent and/or of the child, addresses the challenge of O'Donohue and Bradley (1999) on self-report tests, such as the MMPI-2, lacking insufficient research support as

a parenting measure. CCE evaluators, however, do not (or should not) use self-report inventories such as the MMPI-2 as a parenting measure, but rather to address the adversarial challenge of the parents' emotional stability.

PPA Parenting Testing

There is an increasing change in focus, in many jurisdictions, towards what is generally described as a less adversarial process, than traditional CCE. Jurisdictions across the USA and Canada have established laws focussed on the assumption of coparenting (McHale & Lindahl, 2011) in order to protect the best interests of children. This, in turn, is changing the focus to parenting plan evaluations (PPE) rather CCE. The hopeful goal of this legislation is a move away from who is the superior parent to what is the best parenting arrangement for the child or children of the relationship. In jurisdictions, where this has been introduced, the probable motivation of the PPA parent is to be seen as endorsing the thrust of the litigation. The lack of endorsement could be seen by the courts as evidence that the parent is simply vindictive against the other parent and does not really have the child or children's best interests at heart. These laws are consistent with most psychological research findings (Kelly, 2000; Kelly & Lamb, 2000), as well as the efforts of professional organizations, such as the Association of Family and Conciliation Courts (AFCC) (Stahl & Martin, 2013). This change in focus has led to the interpretation of the traditional personality adjustment tests, such as the MMPI-2-RF, on personality characteristics or traits rather than emotional deficits. It has also given rise to the introduction of personality tests and constructs, such as the five-factor model (FFM). There is also an increased use of various parenting questionnaires or tests designed to add scientific support for the parenting plan.

FFM has become a new area of research in examining parenting behaviour and child outcomes (Langer, 2011; Prinzie, Stams, Deković, Reijntjes, & Belsky (2009), Sodermans & Matthijs, 2014). Langer has demonstrated the ef-

fectiveness of the NEO Personality Inventory in CCE and provided child custody norms for the NEO. Ben-Porath & Waller (1992) caution against using the NEO for diagnosis of psychopathology. Langer (2011) also raised concerns over susceptibility of the NEO to positive bias and impression management. Prinzie et al. (2009) conducted a meta-analysis of the use of FFM in parenting testing, including the NEO. They found significant effect sizes on higher levels of extraversion, agreeableness, conscientiousness and openness. In addition, lower neuroticism was also related to warmth and behaviour control effectiveness in parents. Low neuroticism was also related to the development of autonomy in children. Sodermans and Matthijs (2014), based on FFM criteria, studied the effect of joint custody on adolescent adjustment.

Positive impression management will remain a problem in PPAs, even if the legislative criteria, and/or other developments in the society, defuse the severity of the adversarial process. The *Daubert*-type legislation will undoubtedly remain and become refined. Psychologists, whether or not they are using FFM-type psychological inventories or specific parenting inventories, will have to demonstrate the scientific support for the use of such inventories.

Two other popular psychological tests commonly used in other contexts, the 16 Personality Factor (16PF) and the California Psychological Inventory (CPI) may offer some promise in PPEs (Archer, Buffington-Vollum, Stredny, & Handel, 2006; Kochanska, Clark, & Goldman, 1997; Siegel, 2010), but have insufficient research support, in this context, at the present time. It is likely these tests may never reach the *Daubert* threshold, in forensic applications, due to the problem of item transparency in the test questions (Martindale & Flens, 2011). Even if "custody" litigants become "parenting plan" litigants, the motivation will likely still be to obtain a favourable parenting plan. The litigant has access from various Internet search engines to not only "refine" their knowledge of effective parenting skills but also to obtain specific information on various psychological tests or procedures involved in their evaluation. One of the advantages

of tests such as the MMPI-2-RF is the inclusion of many test items that are not transparent in their intent. In spite of that, most experienced forensic examiners are aware of the ability of a litigant to produce a relatively “clean” profile in situations where there is ample evidence of significant behavioural and/or emotional problems.

Most previous reviews of psychological custody testing bring attention to projective testing such as the Rorschach and Thematic Apperception Test (TAT) (see Rohrbaugh, 2008; King, 2013). Proponents of the Rorschach (Erard, 2005) suggest that such testing measures “implicit motives, coping capacities, and need states,” and can supplement other self-report data, such as the MMPI-2. Unfortunately, Rohrbaugh’s (2008) and King’s (2013) reviews of the projective literature, including the Rorschach and TAT, leans toward a favourable discussion of the proponents arguments and gives little recognition of forensic examiner’s need to describe the absence of scientific support, in decades of research on the measure, (Lilienfeld, Lynn, & Lohn, 2003). The scientific and legal standards of forensic evidence are more exacting than those for clinical applications. An invalid test cannot be used to prove or disprove the findings in forensic practice.

Hurley, Huscroft-D’Angelo, Trout, Griffith, and Epstein (2013) conducted an extensive search of 164 measures assessing parenting skills and attitudes. They reduced the 164 to 25 measures that met some of their 10 psychometric criteria of validity, reliability, and response bias. Of those 25 measures, only 5, met 7 or more, of the 10 psychometric criteria: The Child Abuse Potential Inventory (CAPI), Alabama Parenting Measure (APM), Parenting Alliance Measure (PAM), Parenting Scale, and Parent–Child Relationship Inventory (PCRI). Of those five measures, only the CAPI and the PCRI had response bias measures. Response bias measures, in custody dispute testing, given the high incidence of positive impression management, are considered by most forensic research authorities, a necessary requirement.

There are various ways of approaching the problem of inadequate validity measures when using a psychological questionnaire that may otherwise provide useful information. What is nec-

essary, however, is for the examiner to describe how the measure was used and clearly differentiate the use from those tests, which meet not only our professional forensic standards (APA, 2010, 2013a, b) but also the *Daubert standards* (Martindale & Bow, 2007; Martindale et al., 2012; King, 2013; Gould, 2005; Bow, Gould, Flens, & Greenhut, 2006b).

The CAPI was first published in 1980 and now has over 1200 research articles supporting its validity in assessing risk for physical abuse of children (Milner, 2014). A review of this literature (Begle, Dumas, & Hanson, 2010; Chaffin & Valle, 2003; Medora, Wilson, & Larson, 2001) indicates that many CCE psychologists make the mistake of only using the abuse cut-off score in reporting the abuse risk. There is a rich literature on the subscales, which can provide important information on family functioning in areas not necessarily related, by themselves, to the risk of abuse. The CAPI bibliography is available from Dr. Milner at jmilner@niu.edu.

The PCRI is one of the few “parenting” tests considered to meet the psychometric threshold of acceptability in custody evaluations (Hurley et al., 2013). Recent research has shown concern over the weakness of the positive bias measure state of charge Social Desirability (SOC). Hynan (2013b) found that only 3% of his PCRI sample was identified as responding defensively. This is compared to the MMPI-2 positive bias measures identifying 20–21% of his sample as defensive. In a simulated CCE, Tobin, Seals, and Vincent (2011) recommended that the cut-off for the SOC validity measure on the PCRI should be 12, not 9, in order to have the best predictive utility. Hynan (2013b) suggested utilizing the validity measures of the MMPI-2, rather than on the PCRI, to identify positive bias.

The issue of positive bias permeates the utility of psychological and parenting testing in custody disputes. Goldstein (2011) and colleagues have validated the Paulhus Deception Scale (PDS) on custody litigants and found that the distribution of the normative scores for criminal pre-trial litigants, on which the PDS was standardized, to match those of custody litigants.

Psychometrically, the use of several different measures of the same construct increases incremental validity (Isaacs, George, & Marvin, 2009). The problem facing custody evaluators in the selection of parenting tests, such as the PCRI, is test-item transparency (Martindale & Flens, 2011). Unlike personality tests, such as the MM-PI-2-RF, the test items on parenting questionnaires are quite transparent, and thus vulnerable to impression management. Thus, consistency between parenting test results may be the sole result of impression management and has no clinical relevance or incremental validity.

The Parenting Stress Index (PSI) has also met limited psychometric criteria threshold for custody assessments in some reviews (Abidin, Austin, & Flens, 2013; Abidin, Flens, & Austin, 2006; Stokes, Pogge, Wecksell, & Zaccario, 2011). Despite the problem with item transparency and a weak response bias measure, a careful examination of the test items, in comparison to other evidence and parenting measures, may be of assistance in understanding the family's strengths and weaknesses. As pointed out by Hyman (2013b), the new current version (PSI-4; Abidin, 2012) has corrected some of the weaknesses of the earlier edition and also has norms for various age groups.

There is likely to be an increased use of family functioning measures related to coparenting issues. The Family Assessment Measure, 3rd Edition (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1995; Hudspeth, 2009; Cartwright, Banneyer, & Stark, 2013), are measures used in clinical settings successfully. They need to be researched for their effectiveness in custody litigation, given the problem of item transparency discussed earlier. The FAM-III, general scales, has seven different scales to measure different aspects of the family. The clinical scales measure each family member's perception of family functioning. These include task accomplishment, role performance, communication, affective expression, involvement control, values, and norms. The FAM-III, general scale, has two response bias measures.

The Parent Alliance Inventory, or now known as the Parent Alliance Measure (PAM) (Abidin,

1988; Abidin & Brunner, 1995) is also commonly used in clinical research. The PAM does not have validity response bias measures. There are a multitude of other family measurements than those examined by Hurley et al. (2013). Touliatos, Perlmutter, Strauss, & Holden (2001), in their ambitious three-volume *Handbook of Family Measurement Techniques*, describe many of these measures. Considering that Hurley et al. (2013), in their review of 164 of these measures, found only that 5 met a minimum of psychometric criteria for use in a forensic context, it behoves the forensic psychologist to conduct research to determine their application to the courtroom.

Rohrbaugh's (2008) review of "Custody-specific Assessment Devices" such as the Bricklin Perceptual Scales (BPS) and the Ackerman-Schoendorf Scales for Parent Evaluation of Custody (ASPECT), as well as a number of lesser known measures, concludes they are not appropriate for use in CCEs as psychological test due to conceptual problems and poor psychometric properties.

Testing of Children

There is often a lack of focus in the psychological testing of the children in CCE or PPAs. In spite of the best interests of children criteria as the objective of most jurisdictions, the attention of psychological testing has been primarily on the relative merits of the parents to provide for the best interests of children. Testing of children can identify the individual needs of the children in an objective manner (Rice & Howell, 2006). This assists in determining which parent or parenting plan can best address those individual needs. It is not unusual for a forensic examiner to be presented with parents who disagree on the diagnosis and/or treatment of their special-needs child or even attribute the "special needs" of the child as the result of shortcoming of the other parent.

For example, parents may disagree on whether their child has a diagnosis, such as autism spectrum disorder (ASD). In such situations, the child may "behave" in an ASD manner with the parent and/or caregiver, teacher, therapist who endorses

the diagnosis and in a relatively normal manner with the parent who does not agree on pathology in the child. These differences in the child's behaviour need to be clarified with further information and evidence. The forensic examination differs from most clinical examinations. If the examiner disagrees with the diagnosis, the result is often an aggressive challenge in the courtroom where the forensic examiner is pitted against a multitude of clinical supporters of the diagnosis. It is important for the forensic examiner to make the distinction, between a forensic and clinical evaluation, clear to the court, in the context of the report. The marketplace forces involved in the clinical assessment are quite different from those in the forensic assessment. This alerts both counsel and the judge, as well as the inevitable complaint to the examiner's regulatory body, by the aggrieved party, the basis of the examiner's recommendations.

It is not sufficient for a custody evaluator in these situations to rely on the assessments of clinicians who may have provided the diagnosis and/or are providing the treatment of the child. Many diagnoses are controversial, not only in society but also in the professional community, as well as in the courtroom. Autism, once considered a rare disease, has evolved into ASD, the diagnosis of which, has increased 78% since 2002 (Gnoulati, 2013). The forensic examiner must recognize the marketplace forces operating in the rise of such disorders as ASD and attention deficit hyperactivity disorder (ADHD). The examiner must either conduct independent assessment of the child or children or request an independent third-party examiner to provide this service. If the latter procedure is followed, the examiner must address the issues, not only brought to the table by the parents but also by the third-party examiner, in deciding the assessment criteria for the PPA.

One of the major advantages of many psychological tests of children is the different versions, assessing the same constructs. These versions usually include a parent version, a child version (depending on the age of the child), a teacher or other caregiver version, and an evaluator version. The Conners psychological test family for children are good examples of this methodology.

The Conners' Early Childhood (Conners EC) measures emotional, behavioural, and academic problems of children, ages 2–6 years. There are two versions, the one completed by the teacher or daycare and the other by the parent. The questionnaire has response bias measures and extensive clinical research support on its reliability and validity (Conners, 2009; Girard & Leggett, 2012; Pitkanen et al., 2009; Spores, 2013). The forensic examiner, by comparing the responses of both parents with the teacher or childcare worker, can obtain objective information as to which parent has the better understanding of the child. This, with other evidence, assists in the PPA evaluation.

The Lachar measures of childhood adjustment can also be of assistance in custody evaluations of children. There are three forms: the Personality Inventory for Youth (PIY; Lachar & Gruber, 1995) completed by the child, ages 9–18 years, the Personality Inventory for Children 2nd Edition (PIC-2), ages 5–19 years, completed by the parent or caregiver, (Lachar & Gruber, 2001), and the Student Behavior Survey (SBS; Lacher, Wingenfeld, Kline, & Gruber, 2000) completed by the teacher. The PIC-2 and PIY both have response bias measures.

A recent paper by Stokes et al. (2011) found the response bias measures, under- and overreporting on the PIY and PIC-2, were significantly associated in parent–child discrepancies in the clinical scales. They also compared the PSI with parent–child discrepancies in order to gain further understanding and insight into the family dynamics. They found that the PSI, child stress factors, related to the parent–child PIC-2 discrepancies. Lachar (2007) has stressed the importance of multisource assessment in the evaluation of the emotional and behavioural adjustment of children. He believes that the understanding of parent–child discrepancies in test results is important to a valid diagnosis. As a starting point, it is appropriate to assume all raters have equally valid perspectives, and discrepancies between them are due to the lack of cross-situational consistency for a specific behaviour. In a CCE or PPA forensic evaluation, these initial assumptions need to be verified by specific hypothesis

testing of a number of other assumptions, based on the motivational and emotional forces at play in the CCE or PPA. For further understanding of this process, Milchman (2011) provides an excellent description of the epistemology of forensic assessments. Unfortunately, in spite of the extensive clinical research support for the PIY, PIC-2, and SBS, there is a lack of forensic studies on custody litigants. This does not exclude the use of these instruments in custody assessments, as long as this and the implications are acknowledged in the reporting of the test results.

Risk-Assessment Training

Forensic psychological risk assessments are increasingly considered as the “gold standard”. Risk assessments of recidivism, substance abuse, and physical or sexual violence have been more common to the criminal court (Sellbom, Ben-Porath & Stafford, 2007; Sellbom, Smid, de Saeger, Smit & Kamphuis, 2014). However, risk assessments are applicable to many family disputes, where there is evidence and/or allegations of violence or substance abuse (Agha, Zia & Irfan 2008; Rock, Sellbom, Ben-Porath & Salekin, 2013; Saigh, Yasik, Oberfield & Halamandaris, 2007). Certainly, where applicable, a forensic evaluator would be expected to utilize these methodologies in order to account for, or rule out, the significance of evidence or allegations of risk factors (Paal & Bereczkei, 2007).

Austin (2008) developed a risk assessment in determining the effect of a parent’s application to relocate or move with the children away from the other parent. Austin’s risk assessment is an impressive collection of risk factors, supported by psychological research, which enables the forensic evaluator to provide objective assistance to the court in determining the merits and/or detrimental effects of the relocation on the welfare of children or child. In another example of the utilization of a risk assessment model, Sachsenmaier (2005) utilizes a risk model to assess an incestuous parent in a custody evaluation.

Vitacco, Erickson, Kurus, & Apple’s (2012) survey of legal decisions has found that the fre-

quently accepted and best validated violence risk-assessment procedures are the Violent Risk Assessment Guide (VRAG; Harris, Rice, & Cormier, 2002; Harris, Rice, & Camilleri, 2004; Harris & Rice, 2007) and the Historic Clinical Risk-20 (HCR-20), Quinsey, Harris, Ricey, & Cormier, 1998, 2006). Rice, Harris, & Lang (2013) found a shorter more easily scored, VRAG—Revised (VRAG-R), has similar predictive accuracy to the VRAG. Both versions utilize the Hare Psychopathy Checklist-Revised (PCL-R) 2nd Edition, (Hare, 2003; Walters, Wilson, & Glover, 2011).

Several researchers including Smid, Kamphuis, Wever, & VanBeek (2014); Boccaccini, Murrie, Caperton, & Hawes (2009); and Hanson & Morton-Bourgon (2009) have studied sexual violence risk-assessment procedures for sexual offenders. The Static-99R and Static-2002R appear to be the most positive in predicative accuracy of sexual offender risk. While the VRAG has demonstrated its effectiveness with a noncriminal population (Harris, Rice, & Camilleri, 2004), risk assessments of physical, or sexual violence best serves the criminal population, especially those with psychiatric history. Kropp, et al. (1999) risk assessment for spousal abuse, the Spousal Assault Risk-Assessment Guide (SARA), is an example of a number of risk-assessment tools in intimate partner violence (IPV; Northcott, 2012). The SARA has extensive support in predicting IPV risk (Belfrage, Strand, Storey, Gibas, Kropp, & Hart, 2012; Helmus & Bourgeon, 2011). Unfortunately, these IPV measures are mainly designed for the criminal justice system. Millar, Code & Ha (2013) and Scurich & John (2012) provide an excellent review of how the results of risk assessments can be effectively communicated to the court.

The predicative accuracy in risk assessments for a non-offender or single conviction custody litigant, especially without a psychiatric history, is questionable. Predictive accuracy of risk assessment increases in those with multiple convictions, recidivism, and psychiatric histories. Nevertheless, given the inability of clinical judgment (Quinsey, Harus, Rice, & Cormier, 2006) to predict risk of sexual or physical violence, these risk

assessments can assist the court, albeit acknowledging the limitations. An estimated 3.3–10 million American children are exposed to domestic violence each year. (Moylan, et al., 2010). Thus, CCE evaluations are likely to encounter the need for objective IPV assessments.

Wagner, Milner, McCarthy, Crouch, McCanne, & Skowronski, (2014) in a study of the CAPI and accuracy of the facial emotion recognition in predicting risk of child abuse demonstrates the growing awareness of the risk-assessment approach to child protection or parenting capacity (PCA) assessment. They found that abusers make more child facial emotion recognition errors than the comparison parents. Facial emotion recognition is an important feature of another concept, discussed in the next section of this chapter, emotional intelligence (EI).

Risk investigations will often utilize psychological tests. The MMPI-2-RF, for example, has a large body of research in its effectiveness to identify violence, emotional control, antisocial behaviour, and substance abuse (Piosoneault & Ezzo, 2012; Wygant & Sellbom, 2012). Risk assessment data can be compared to the MMPI-2-RF research data on custody litigants to improve the diagnostic confidence.

Parental Ability Testing

O'Donohue & Bradley (1999) stressed that commonly used CCE psychological tests do not measure relevant constructs, such as parenting abilities. There have been a number of areas in recent developmental and clinical research, which have identified objective psychological testing procedures to measure outcome variables associated with effective parenting. This research offers a significant contribution to psychological testing in CCEs or PPAs. The focus also changes from self-report instruments and of the parents to measurable outcome abilities of the child benefiting from the parenting. This research assists the custody forensic evaluator, as well as the court, in obtaining psychological test scores relatively free from impression management phenomena because they measure skills, not feelings, or at-

titudes. The analogy to this approach to testing is closer to the measurement of cognitive abilities or aptitudes. The three areas of research that offer the most promise are in executive function (EF), emotional intelligence (EI), and attachment.

Executive Function

There is an extensive research support in the developmental literature of the importance to parents, caregivers, and teachers developing in EF in children. EF was initially conceptualized as a construct, controlled by the frontal lobes of the brain, and studied mainly by neuropsychologists rather than developmental psychologists. Neuropsychological tests such as the Wisconsin Card-Sorting Test (WCST) continue to be commonly used as an ability test-measuring EF. More recently, however, research by Bernier, Carlson, & Whipple (2010); Hughes & Ensor (2009); Landry, Smith, & Swank (2009); & Wittke, Spaulding, & Schechtman (2013) provide clear evidence that the development of EF is significantly related to social influences throughout human development, starting in early childhood.

Bibok, Carpendale, & Müller (2009) have studied parental strategies, known as scaffolding, to assist children in learning to execute tasks that are beyond their current level of ability. Scaffolding incorporates dealing with both the emotional reactions and cognitive reactions to such challenges. Other research has demonstrated significant gains in EF that sustain and continue to increase EF into adolescence and adult life. EF increases social problem solving and confidence. EF, moreover, is related to specific parenting skills. EF can be measured both in the parent and in the child. This enables an objective determination of the EF potential in the parent, as well as, the benefit to the child.

The relevance of this research for custody evaluators is both the existence of a parenting construct important for determining the “best interest of the child”, and a construct that can be objectively measured, either through ability tests such as the WCST or self-report inventories such as the Behaviour Rating Inventory of Ex-

ecutive Function (BRIEF; Gioia, Isquith, Guy, & Kenworthy, 2000). The BRIEF inventories have extensive research in their support beyond the assessment of ADHD, with which they are usually associated (Egeland & Fallmyr, 2010). The BRIEF has not only acceptable psychometric properties, including response bias measures, but also has three different versions: child, parent, and teacher forms.

In addition to EF testing, the custody evaluator, utilizing Bibok et al. (2009) criteria for scaffolding actions of parents in developing EF, can measure the parents behavioural strategies utilizing evidence-based research. The custody evaluator, during the observational sessions of the parent and child interactions, look for scaffolding actions that demonstrate how they measured the EF construct. Finally, the three versions of the BRIEF enable the examiner to determine the parent's understanding of the child or children, and thus the parent's potential to address their needs in the future.

Emotional Intelligence

EI is distinct from EF. EI refers to the effectiveness in understanding one's emotions and of others, the effectiveness in managing these emotions in relationships, and being able to strategize the emotional and cognitive demands of the situation effectively (Posthuma, 2010; Rivers, Brackett & Salovey, 2008). While there are a number of self-report EI measures, they are vulnerable to the same impression management forces described previously in this chapter (Mirza, Redzuan, Abdullah & Mansor, 2010). Fortunately, there exists a well-designed ability EI test of adults, the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT) (Mayer, Panter, Salovey, Caruso & Sitarenios, 2005; Mayer, Salovey & Caruso, 2007). Posthuma, Siegel, & Goldstein, (2011) in their examination of the MSCEIT in CCE, found that the EI scores of custody litigants are within the normal range of the standardization norms. The significance of EI in parenting assessments needs to take into account other strengths and weaknesses for a given family (Sillick & Schutte, 2006). Parental success is a multifacto-

rial construct and is not measured by any single test or variable (Sung, 2010; Windingstad, 2009; Zeidner, Kloda & Matthews, 2013).

Until recently, only self-report inventories were available for the EI testing of adolescents and children (Mavroveli, Petrides, Sangareau & Furnham, 2009; Mayer, Salovey & Caruso, 2004). The authors of the MSCEIT, with colleagues, have spent several years developing a youth research version (YRV) of the MSCEIT, the MSCEIT: YRV, released in June 2014. Evaluators will now have both ability and self-report tests of EI. There is already a healthy research literature development of the MSCEIT: YRV. This research describes both the importance of EI in the welfare and development of children as well as didactic programmes designed to improve EI in children (Brackett & Katulak, 2006; Márquez, Palomera Martín, & Brackett, 2006; Rivers, Brackett, Reyes, Mayer, Caruso, & Salovey, 2012; Windingstad, McCallum, Bell, & Dunn, 2011; Cha & Nock, 2009; Qualter, Gardner, Pope, Hutchinson, & Whiteley, 2012; Barlow, Qualter, & Stylianou, 2010)

Attachment

Since Bowlby (1969/1982), attachment theory has been the most important theoretical and research endeavour of developmental psychology, forensic CCEs, and the court will typically acknowledge the importance of considering attachment when developing parent plans. The determination of the strength and quality and possible derogatory effects of toxic attachment or the lack thereof is often the focus of debate in the courtroom. However, there is seldom any evidence utilizing objective and replicable psychological measurement of attachment.

CCEs and PPAs typically look at attachment not only as a parenting attribute but also as an important factor in the parenting plan, reflecting the best interests of the child. The parent to whom the child is most closely attached is often regarded as the parent who should have the primary relationship, especially if the other parent is displaying problematic behaviours associated with his or her attachment with the child.

Most CCE assessments determine the parents' own attachment strengths, by history, and by observing the parent interacting with the child. Indirectly, personality testing may reflect the risk attachment problems. For example, personality disorders predict the risk of attachment problems. Family assessment measures such as the FAM-III also can provide indirect measurements of attachment. Such historical approaches as the parents' description of their own childhood can assist as well as observe the parent's interaction with their child or children. However, even if decision trees are utilized (Drozd, Olsen, & Saini, 2013; Rohrbaugh, 2008), reliance on such approaches to measure attachment has questionable validity, especially when more evidence-based attachment measures exist. (Booth-LaForce & Roisman, *in press*).

Research indicates most children are acutely aware of the consequences of their behaviour and test responses in the assessment. The presence of impression management scoring on family assessments, such as the FAM-III and the multi-version personality tests such as the Conners EC, PIY, and PIC-2, can assist the examiner compare psychological test results with other observational and collateral evidence, to gain some understanding of the child's relative attachment to his parents. Further, measures of the child's executive function and EI can provide an objective measurement of the child's ability to make a decision independent of parental influence on his or her wishes for the parenting plan. The forensic examiner should be aware that the *1991 United Nations Convention on the Rights of the Child*, as well as the law in many jurisdictions, requires the importance of the child's wishes reflected in the parenting plan. This requires the forensic examiner not only to canvas the child's wishes but also to determine whether the child's preferences are ultimately in his or her best interests.

The research indicates children raised with stable and healthy attachment relationships with their parent or parents not only function better throughout their childhood but also as adults. They are more emotionally secure, displaying higher levels of both EI and EF. Developmental research has explored a number of different approaches to measure attachment in either chil-

dren or adults. The most promising approach is the Adult Attachment Interview (AAI) Roisman, Fraley, & Belsky (2007). Booth-LaForce and Roisman (*in press*) have published a research project of 857 US adolescents, ages 17–19 years (mean 18 years). For a point of reference, this subject size compares to a total N of 785 for all studies of the AAI conducted prior to 2011. The goals of the study were not only to thoroughly examine the psychometric properties of the AAI but also the stability of the attachment from infancy and the developmental origins of individual differences associated with attachment.

AAI involves a highly structured 1-h interview and scoring system. The scoring system requires specialized training, through a 2-week course in the procedure, and scoring criteria. Over the next 18 months, one then needs to pass three examinations by rating of AAI protocols, in order to be certified as an AAI rater. This extensive training programme can be assumed to ensure reliability, validity, and inter-rater consistency. On the other hand, the commitment of time and financial resources (the 2 week initial course is US\$ 1600.00, and the certification process is US\$ 600.00) in the context of a lack of research support for the AAI in CCE or PPA examinations will probably discourage forensic examiners pursuing AAI training. For more information on the training and certification process, contact Dr. Allan Stroufe (srouf001.umn.edu) or Dr Elizabeth Carlson (carls032@umn.edu)

Thus far, AAI has only been researched, albeit extensively, in developmental and clinical settings and not in forensic settings. Nevertheless, the robustness of the AAI in measuring one of the central concerns in determining the best interests of children, demands that forensic evaluators conducting CCEs or PPAs incorporate objective evidence-based research measures of attachment. Clinical judgment is notoriously unreliable, yet forms the basis of most traditional CCE interview and observational procedures in determining attachment. The AAI offers a reliable and valid measure of attachment. It is likely that the courts will demand procedures in the future, such as the AAI, in measuring attachment in a valid and reliable procedure.

As the name suggests, the AAI is a measure of attachment in adults. Booth-LaForce and Roisman's (in press) study examined sources of within-person change in attachment and continuity, over time, at intervals of 6 months and 2, 3, 4, 5, 6, 9, 11, 12, 15, and 18 years of age. One major caveat to these data is the absence of father-child attachment data from infancy to age 54 months. The research enabled a determination of factors that changed secure to insecure and insecure to secure emotional attachment to caregivers. This research identifies the degree to which such factors as parental emotional states, availability, and violence influence attachment, depending on the age of the child.

The AAI is a personality taxonomy describing individual differences in adults and parents based on their attachment to their parents as infants and children. The proponents of attachment theory stress most relevant adult behaviour originates from our early past. Attachment theory is thus vulnerable to the woosle effect. There are other developmental theories of individual differences and behaviour. If attachment of the child to the parent, or the parenting qualities of the parent, is to be raised in the courtroom, forensic examiners need to clear on the construct and use of valid measures of the construct.

One alternative option to AAI may be to conduct research on correlates of attachment. Both EF and EI hold promise as outcome measures of attachment. The 857 subjects from Booth-LaForce, and Roisman's (in press) extensive database, for example, might be revisited for EF and EI testing. The database could also be re-analysed to compare the effect of marital breakdown, at various ages of the subjects, to measure effect on attachment by EF and EI. The high rate of marital breakdown should provide a significant number of subjects for such analysis.

Conclusion

In many jurisdictions throughout Canada and the USA, there is an increasing legislation requiring equal sharing of the guardianship and residential time of children by both parents. This has cre-

ated the need for the development of parenting plans that can best address the interests of the children. These new statutes or laws demand different investigative skills of the evaluator. On the one hand, there will still be parents who will look for loopholes or exceptions in the law, in order to seek primary residency and guardianship of the child or children. This will require the evaluator to have more robust statistical support for their choice of psychological testing. This would be more familiar to what is required in criminal court than what is usually expected in family court.

The new challenge for investigators will be to find positive measures of parenting skills that would be more associated with theories and practice of positive psychology than what is usually assumed in forensic psychology. Psychological tests such as the NEO five-factor model (Langer, 2011) may become more the norm than psychological tests of emotional adjustment and pathology. Measures of EF and EI, and programmes which enable parents to best address the development of EI and EF in their children, may become more the norm, given that both have robust ability measures of the construct.

It is likely that the future of custody evaluations will demand a more exact science in the measurement of problems and pathology in couples, as well as robust measurements in determining effective coparenting arrangements. Psychological tests and other research-supported risk measurements of the various issues, similar to Austin's (2008) relocation risk assessment, will continue to be a needed requirement in the future. Grisso (2005) concluded that forensic psychology has made significant strides in validating their procedures in order to meet the exact demands of the court. Custody evaluators are fortunate to have the rich theoretical and research base of our colleagues in developmental psychology. This chapter is urging more collaboration between university-based researchers, forensic evaluators, and organizations, such as AFCC, to determine the applicability of this research in CCEs and PPAs.

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Projective Personality Assessment in Child Custody Evaluations

Mark L. Goldstein

Both the Association of Family and Conciliation Courts (2006) and the American Psychological Association (2009) recommend that multiple data gathering strategies be utilized in custody evaluations and cite the use of psychological tests as one of the possible methodologies. Formal psychological testing has been a core component of a clinical psychologist's training, so it is not surprising that most psychologists do utilize psychological tests as a component of their custody evaluations. Bricklin (1999) commented that there has been an increase in the number of psychologists who use tests in custody cases over the years. Bow and Quinell (2001) surveyed custody evaluators and reported that psychological testing was the fourth most preferred procedure in custody evaluations. They also related that 91% of respondents used psychological testing of parents and that 61% tested children, 53% tested spouses, and 21% tested significant others. Stahl (2011) has opined that "it is best to include some psychological tests and parenting inventories in nearly all custody evaluations, but to maintain caution in interpreting and potentially overinterpreting the test data" (p. 111).

Personality testing is often employed in the assessment of the adults and may also be used in evaluating the children. Studies (Ackerman and Ackerman 1997; Hagen and Castagna 2001; Wangberg 2000) have shown that the Minne-

sota Multiphasic Personality Inventory (MMPI), and the more recent versions of the instrument (MMPI-2 and MMPI-2-Restructured Form (RF)), is the most widely used personality instrument in custody evaluations. However, projective personality tests have also been used frequently.

The Ackerman study (Ackerman and Ackerman 1997) queried 201 custody evaluators about their use of psychological tests in custody cases, asking each to list all tests employed for evaluating adults and children, and the percentage of time that each was used. The study indicated that the Rorschach Inkblot Method (Rorschach) was the second most widely used tests with adults in custody evaluations; 48% of the respondents used this test and respondents employed the Rorschach 64% of the time. In addition, the Thematic Apperception Test (TAT) was used by 29% of respondents and these evaluators employed this test 56% of the time in custody cases. Other projective tests, including the Sentence Completion test, Projective Drawings, and the House-Tree-Person Test (HTP) were also utilized by some evaluators in custody evaluations, but to a lesser degree than the Rorschach or TAT.

Hagan and Castagna (2001) reanalyzed the Ackerman survey data and also found that the Rorschach was the second most widely used instrument in custody evaluations. However, they related that the Rorschach was utilized in only 31% of all evaluations. The TAT was employed in 16% of evaluations. By contrast, the Sentence Completion test was used in 19% of all custody

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assessments, reflecting more actual use than the TAT.

Projective tests have also been utilized in assessing children and adolescents in custody matters. In the Ackerman and Ackerman (1997) study, only 8% of respondents reported that they did not test children. The Children's Apperception test (CAT) was the most widely used instrument, with 37% of respondents reporting use of the test in custody cases, and those respondents reporting that the CAT was used 53% of the time. Thirty-five percent of the respondents related that they employed the Bricklin Perceptual Scales (BPS), 29% of the respondents related that they used the Sentence Completion test, 27% indicated that they used the Rorschach, 24% reported that they employed Projective Drawings, 19% related that they utilized the HTP, while 19% reported use of the Kinetic Family Drawing (KFD) and 16% indicated use of the Perceptions of Relationships Test (PORT). Other lesser used projective tests included the Roberts Apperception Test for Children (RATC).

In the reanalysis conducted by Hagan and Castagna (2001), the BPS was used in 26% of evaluations, the CAT was used in 22% of cases, Projective Drawings were used in 20% of cases, and the KFD was used in 16% of custody evaluations. Furthermore, they reported that the HTP was employed in 14% of cases, the Rorschach was used in 13% of cases, the PORT was used in 10% of cases, and the RATC was employed in 8% of cases.

Wangberg (2000) reported that psychological tests were used 80% of the time by surveyed psychologists who conducted custody evaluations. The most used projective tests in custody evaluations of adults were the Rorschach and Projective Drawings. The most used projective tests in evaluations of children were the BPS and the PORT.

Projective tests in general have been the subject of much controversy in the psychology literature. In addition, there has been controversy over the use of projective tests in family court matters. In all fairness, the use of psychological tests, particularly projective tests, is limited. Erickson et al. (2007a) have pointed out that there has been minimal research on psychological tests related

to visitation as well as abuse and neglect. They have also noted that there are problems due to the lack of empirical support, the attachment to psychoanalytic theory, and a lack of peer-reviewed publications.

Although the Rorschach has typically been cited as the most widely used projective instrument, Erard (2007) has suggested that the Rorschach is a performance-based instrument. Weiner (2013) argued that the Rorschach is a relatively unstructured and performance-based personality assessment tool and that it is unfair to label the Rorschach as a projective instrument. Weiner (1997) had previously commented that the Rorschach could generate structural, thematic, and behavioral data. Ackerman (2001) related that the Rorschach was "a cognitive perceptual task and not an exploration of unconscious projections of unmet needs and unresolved conflicts" (p. 141).

The Rorschach has been widely used in custody cases, as reflected in surveys of custody evaluators (Ackerman and Ackerman 1997; Hagan and Castagna 2001). The literature suggests that the Rorschach has utility in detecting thinking disturbance and to a lesser degree in detecting interpersonal dependency. Even Rorschach critics such as Erickson et al. (2007a, 2007b) have acknowledged the usefulness of the Rorschach in detecting thought disturbances and interpersonal dependency.

In the hands of a competent evaluator, the Rorschach has been shown to have good inter-rater reliability (80–90% agreement), as well as good test–retest reliability (70–80%) over a 3-year period (Weiner 1997). In a recent study (Mihuri et al. 2013), the authors evaluated peer-reviewed validity literature for the 65 primary variables for the Rorschach Comprehensive System (Exner 2005). They found that the variables with strongest support were those that assessed cognitive and perceptual processes (Perceptual-Thinking Index, Synthesized Response). In total, 13 variables had excellent support, 17 variables had good support, and 10 variables had modest support. Finally, they found that those variables with the least support tended to be very rare, for example, color projection, or relatively new scales, or the Egocentricity Index.

Global meta-analyses have shown that the Rorschach, as a whole, possesses modest validity that may even approach the validity of the MMPI-2 (Hiller et al 1999). In this analysis, 30 randomly selected studies were examined and determined that some variables were valid, but that there was not support for the Depression Index, the Egocentricity Index, and the ability to assess for post-traumatic stress disorder. Bornstein (2012) has proposed strategies for documenting the construct validity of Rorschach test scores, including performance-based test scores.

Erickson et al (2007a, b) have argued against the use of projective tests, including the Rorschach, the TAT, Human Figure Drawings, the BPS, the PORT, and other instruments. They have commented that there are significant questions regarding both the validity and reliability, that the norms of the Exner Comprehensive System for the Rorschach are inaccurate, and that these flawed norms lead evaluators to overestimate psychopathology (Shaffer et al 1999; Wood et al 2003; Wood et al 1996). Some studies have reflected that the Rorschach may identify normal adults as having a maladjustment or severe mental illness (Grove et al 2002). There has also been concern about psychometric properties of the Rorschach, and inter-rater reliability of some scores is poor (Acklin et al 2000; Guarnaccia et al 2001). In another study (Wood et al 2001), it was demonstrated that the Depression Index had little association with clinical depression. Furthermore, Lilienfeld and his colleagues (2000) have stated that there is little support for the validity of many scores on the Rorschach.

Dawes (1994) has reflected that the Rorschach appears to be most valid when used as a perceptual test, rather than as a projective test. It appears that most proponents of the Rorschach (e.g., Weiner 2013) agree with this point of view.

In their 2007 article, Erickson et al. (2007a) also report a problem with the Rorschach's reliance on unpublished or unavailable studies in the manual. In particular, they cite that some of the samples used to create the adult norms were duplicates. Erard (2007) noted that the test was re-normed (Weiner 2005; Exner and Erdberg 2003). He also related that in the Acklin et al.

(2000) study most scoring decisions had acceptable to excellent levels of reliability. Another study (Parker et al 1988) showed modest validity, comparable to the MMPI, while Ganellen's study (1996) demonstrated that the Rorschach was superior to both the MMPI and Millon Clinical Multiaxial Inventory (MCMI-2) in assessing serious psychopathology. In addition, in peer-reviewed journals publishing personality assessment articles, the Rorschach was second only to the MMPI in the number of articles (Butcher et al 1992), supporting the reliability and validity (Ritzler 1996). Finally, Meyer et al (2002) found that 95% of the ratings had excellent reliability.

A new system for administering, scoring, and interpreting the Rorschach was recently developed (Meyer et al 2011). The system, the Rorschach Performance Assessment System (R-PAS), was designed to make the best possible use of existing clinical evidence as well as scientific evidence. Erard (2012) reported on the use of the R-PAS in forensic evaluations related to psychological injury cases. However, there are no data yet related specifically to custody cases.

There have been only a handful of articles on the use of the Rorschach and its use in custody evaluations. Hoppe and Kenny (1994) found that 40% of subjects involved in custody evaluations were in a high lambda group, in comparison to only 5% of non-litigants. They suggested that this reflected cognitive simplicity, as well as a withdrawal from affect and poor impulse control. They also discovered that 51% of the custody litigants did not have a well-developed problem-solving style, in comparison to only 20% of the non-litigant population. They found that 25% of the litigants gave a reflection response, supposedly indicative of narcissism. Finally, the results reflected that 30% of the male litigants and 19% of the female litigants had a positive finding on the Coping Deficit Index.

Schultz (2014) examined the impact of online information on the Rorschach test results in custody matters. The exposure of online information appeared to most significantly impact the variables associated with perceptual accuracy and reality testing. Those with access to online information on how to fake "good" had a lower

number of responses and higher scores on the X+%, the XA%, the WDA%, and the number of popular responses.

Singer et al. (2008) discussed the use of Rorschach data to determine personality characteristics of parents who are divorcing, particularly deficits in managing interpersonal conflict, ability to modulate control, ability to collaborate, and coping deficits.

Archer (2006) and Weiner (2007) cited empirically based data in support of the use of the Rorschach in forensic evaluations, including custody cases. Evans and Schultz (2008) proposed that the Rorschach be employed as a component of a comprehensive child custody and parenting plan evaluation. Calloway (2005) has argued that the Rorschach is uniquely suited for use in child custody evaluations.

In my experience in conducting over 1100 custody evaluations over the past 35 years, the Rorschach has some value. The bulk of the research suggests that the Rorschach has utility in detecting thought disorders. In this writer's professional opinion, there is no better instrument for assessing thought disorders, particularly underlying thought disorders. In addition, I have found the Rorschach useful in looking at interpersonal issues, which certainly may play a role in one's ability to function well as a parent.

While I would agree that many of the Rorschach ratios and percentages have limited validity and reliability, some of these may be very beneficial in custody evaluations. This is particularly true in that most custody litigants are quite defensive on objective tests like the MMPI-2, the MMPI-2-RF, the MCMI-3, and the Personality Assessment Inventory (PAI). Research has clearly demonstrated that custody litigants have higher scores on validity indices measuring defensiveness. As a result, one often encounters valid, but highly defensive protocols with little useful data. Given the straightforward nature of the questions, many intelligent litigants respond in such a way as to present themselves in a favorable light with no discernable psychological problems. By contrast, the Rorschach is more difficult to fake, because litigants typically do not know how to respond. As a result, the Rorschach

may shed light about psychological issues. For example, in one recent case, both parents presented with barely valid MMPI-2-RF and MCMI-3 protocols, and no significant findings on any of the clinical scales. By contrast, the Rorschach of one of the parents revealed significant problems with impulse and affect control (evident by the primary use of color, color-dominated form responses, and an elevated affective ratio), supporting the contention of the other party and the children. In another case, one parent contended that their spouse was narcissistic, but there was no elevation on the narcissistic scale on the MCMI-3. However, the Egocentricity Index on the Rorschach was very elevated, supporting this claim, and collateral interviews with past therapists confirmed a diagnosis of narcissistic personality disorder.

In my opinion, the Rorschach may be not only used to assess thought disorders and interpersonal problems but also employed to either support or not support issues of concern delineated by the parties. It would be inappropriate to utilize Rorschach data in a vacuum.

In contrast to the usefulness of the Rorschach, the other projective tests appear to lack adequate reliability or validity for the most part. The TAT (Murray 1943) is the second most widely used projective in custody cases, but has a paucity of research in custody matters. Ackerman (2001) has opined that the CAT and TAT can be useful in custody evaluations. He also commented that the TAT can help in picking up themes related to interpersonal relationship issues, depression, victimization, and nurturance issues. However, the TAT has been criticized for its lack of standardization, clinically insignificant incremental validity, common ad hoc administration, and lack of training by most students and clinicians (Ball et al 1994; Groth-Marnat 2003; Hunsley et al 2003; Rossini and Moretti 1997). The administration varies widely among evaluators, with most clinicians failing to use an adequate number of cards (Hibbard 2003; Hibbard et al 1994). In addition, the TAT may be subject to an "inhibition effect," whereby subjects successfully restrict the overall personality measure when attempting to suppress true personality features (Lilienfeld et al 2000).

Even if the TAT is properly administered, there is nonetheless weak internal consistency, weak test–retest reliability, and limited construct validity (Entwisle 1972; Fineman 1977; Lilienfeld et al 2000; Winter and Stewart 1977). Furthermore, others (Garb et al 2005) have argued that results may actually decrease the accuracy of clinical judgments, because evaluators may attend too much to the invalid information.

There are some supporters of the TAT as well. Several authors (Erard 2007; Erickson et al 2007b) have noted that the TAT has promise in assessing object relations, as with the systematic and validated Social Cognition and Object Relations Scale (Westen 1991). The Cramer Defense Scales (Cramer 2006; Cramer 1991) and the Affect Maturity Scale (Thompson 1986) have also had support as useful methodologies.

Erard (2007) has opined that the TAT is also valuable in assessing parent–parent relationships and parent–child relationships; both are clearly important in custody evaluations. Hibbard (2003) noted that there are three systems for coding the TAT, adding to the reliability and validity of the instrument. He also related that the TAT is more robust than Lilienfeld and colleagues have stated.

As previously noted, there are no studies of the TAT in child custody evaluations. There have been some studies that have examined the TAT in assessing physically and sexually abused children (Freedman et al 1995; Ornduff and Kelsey 1996; Pistole and Ornduff 1994). In addition, there has been one study (Constantino et al. 1991) that demonstrated the ability of the TAT to identify attention-deficit hyperactivity disorder in children.

It is this evaluator's impression that the TAT and other apperception tests (CAT, RATC) should be used with great caution, if at all, in custody evaluations because of the total lack of research related to child custody evaluations. However, the apperception tests may hold some promise in the future for assessing relationship issues, which are an important feature of custody cases.

Even more than the TAT, figure drawings including the Draw-A-Person (DAP) test, the Draw-A-Person-in-the-Rain (DAP-R), the HTP

test, and the KFD lack reliability and validity. Robinson (2012) conducted a validity study of projective drawings and reflected that projective assessment of drawings would be enhanced by having a unifying methodology for administration, scoring, and interpretation of these tests. He offered a new approach, the Psychological Study of Images Captured and Electronically Measured (PSICEM). Previously, Joiner and Schmidt (1997) noted that size, detail, and line heaviness were related to emotional distress in children's drawings, while others disagreed (Riethmiller and Handler 1997) and offered an alternative opinion.

Ellis (2000) utilized Projective Drawings as well as other instruments in assessing sexual abuse allegations in child custody cases. Lyons (1993) assessed the use of KFD, free drawings, and dot-to-dot drawings in families experiencing custody disputes.

Finally, Incomplete Sentences have also been employed in custody evaluations, but appear to have minimal support for their use. Nonetheless, some well-known figures in child custody evaluations, including Ackerman (2001), support their use. He indicated that "Some form of incomplete sentences test should be used with parents and adolescents in child custody evaluations" (p. 143). He added that any series of open-ended questions that provides an opportunity for the subject to respond was adequate and that it was not necessary to employ a formal Sentence Completion test.

For the most part, Sentence Completion instruments have not been studied. However, in one study, Blunentritt (1997) investigated the reliability and validity for the 18-item halves of the Sentence Completion test of ego development (Hy and Loewinger 1996). Although there was high inter-rater agreement, reliability was low and did not reflect adequate reliability.

Overall, this evaluator would not support the use of either Projective Drawings or Sentence Completion instruments for use in custody evaluations, due to their lack of reliability and validity, as well as the lack of any studies of these tools in custody cases.

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Supplemental Parenting Inventories Used in Custody Evaluations

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To review the supplemental parent-report inventories used in custody evaluations, we must first ask, “What is the purpose of testing with these supplemental inventories?” To answer that question, we need familiarity with comprehensive custody evaluation systems and what they measure; knowledge of the professional standards and guidelines for conducting custody evaluations and the rules of evidence standards for the admission of assessment results as evidence into a court. In addition, we need information on self-report inventories, such as the test construction and validity and reliability of the inventory, evidence-based research to support treatment effectiveness, and information on the theory the test was built on, along with knowledge of key constructs measured by supplemental parent inventories. We can then select the appropriate supplemental assessment tools.

Some of the inventories to be reviewed are screening tools, outcome measurement tools, or diagnostic tools that are focus specific, or either global measures of psychological functioning, problem-specific measures, or both global and problem-specific measures for use with parents or adults, children or adolescents. In general, the supplemental assessment tools reviewed in this chapter measure constructs such as the quality of parent–child relationships, stress, the health of the family, mental health needs for interventions

or therapy, discipline, risks for child maltreatment and abuse, and global family functioning.

The parent inventories reviewed in this chapter provide the examiner with supplemental information useful in comprehensive custody evaluations and/or cross validation of findings from other test instruments used in the comprehensive evaluation. The parent self-report inventories offer supplemental information on the parents and/or child’s perceptions, beliefs, relatedness, communication, attitudes, and functioning in the family along with information on risk, clinical treatment needs, and treatment outcomes. This includes the Parent–Adolescent Relationship Questionnaire (PARQ; Robin, Koepke, Moye & Gerhardstein, 1990a), the Parenting Stress Index (PSI-4; Abidin, 1995), the Parenting Satisfaction Scale (PSS; Guidubalidi & Cleminshaw, 1994), and the Parent–Child Relationship Inventory (PCRI; Gerard, 1994). Custody evaluation systems measure family functioning, relationships strengths and weaknesses within the family, individual personalities and psychopathologies, stress, coping styles, communication, parenting competencies, risks for child maltreatment or abuse, clinical treatment needs, and parent competencies; this information can assist the courts with making a custody decision. Supplemental parent-report inventories can assist the court in determining if sole custody, joint custody, supervised visitations, or mandated mental health treatment for the parents or child is needed, and, in some cases, of termination of parental rights

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are in the child's best interest, for example, in severe abuse and/or neglect cases.

Many of the following inventories to be reviewed have well-established empirical research, and others are in the process of gathering additional evidence of the inventories' usefulness and acceptability as evidence into family courts and for clinical treatment and/or for interventions. The American Psychological Association (APA) recommends evidence-based family functioning assessment measures and APA Division 54, for the Society of Pediatric Psychologists in a report by Alderfer, et al. (2008) recommend the Family Assessment Measure (FAM 111; Skinner, Steinhauer, & Santa-Barbara, 2000) as a well-established evidence-based measure.

Self-Report Inventories

Self-report inventories are often brief paper-pencil questionnaires that are popular and frequently seen in the media and used in the behavioral sciences; they often ask direct questions about symptoms, behaviors, attitudes, and personality traits, and they are inexpensive and easy to administer. They are considered more reliable and valid than projective tests; some self-report inventories measure multifaceted behaviors or constructs, while others focus on one construct. Several of the inventories to be reviewed fall into one of three major approaches to developing a self-report inventory:

1. Theory-guided inventories are developed from a theory of personality, such as the PARQ (Robin, et al. 1990a), which is based on behavioral family systems therapy (BFST).
2. Factor analysis
3. Criterion-keyed inventories, which are based around questions that significantly discriminate between yes-no or forced choice items in a control and experimental group.

Self-report inventories have three formats:

1. True or false
2. Forced-choice statement pairs
3. Likert scale (Carifio, 2007)

Self-report inventories are subject to concerns regarding the validity of the test. For example, they are referred to as a "symptom validity test" subject to distortion by the responder who may over- or underreport, respond randomly or in a fixed-response pattern, and may have threats to the test's validity due to content or noncontent variables or problems in generalizability of results (Ben-Porath, 2003).

Personality is a fluid concept, and the problem of exaggeration of symptoms is called "fake bad" and the underreporting of symptoms is referred to as "fake good"; both "fake-good" and "fake-bad" responses can be a form of deception or malingering and can also be a disadvantage of using self-report inventories. Self-report inventories are most useful for measuring symptom changes and severity but are not to be used solely to diagnose a mental disorder. Self-report inventories measure constructs such as facets of personality, behavior, or attitudes that are hard to obtain through behavioral observation or physiological measures. Some self-report measures correlate with other self-report measures on a specific construct and discriminate between control groups and diagnostic groups. The stability of the scores indicates reliability, and the validity of the scores determines if the construct the inventory purports to measure is assessed.

Social desirability responding has been researched extensively, and some of the inventories to be reviewed have built-in validity scales to detect socially desirable responses, such as the PCRI (Gerard, 1994). Social desirability responding suggest that the parent in a custody case is trying to manage their impression in a favorable light and/or is self-deceptive and engaging in an unconscious self-enhancement bias that may be linked to positive psychological adjustment (Pauthus and Reid, 1991). Two components to social desirability responding by parents involved in custody cases were identified by Pauthus and Reid (1991) and are: (1) Self-deceptive positivity that is an unconscious self-enhancement bias that may be linked to positive psychological adjustment and involves the person's tendency to see themselves in a positive light and (2) impres-

sion management which is a deliberate distortion of their self-presentation and an instrumental attempt to misrepresent oneself to others while in a custody context. Dodaj (2012) reports that socially desirability responding has both conscious and unconscious aspects, and it partly involves some permanent personality traits of the person. Self-deception emphasizes one's competence and adaptations and correlates with dimensions of extraversion, emotional stability, and intellect, while impression management is associated with a need for approval and correlates with agreeableness and conscientiousness (Dodaj, 2012). Some of the self-report inventories reviewed in this chapter have built-in validity scales to detect social desirability responding, and thus improve the validity of the instrument and the likelihood of the test results being admitted into court as evidence.

Parent self-report inventories vary widely in what they purport to measure and in the ways that the results are used. In general, all of the following parent inventories that are reviewed are appropriate for use as supplements to comprehensive evaluations for the family courts in custody cases, to assist the court in making decisions. In addition, some of the supplemental parent inventories to be reviewed provide diagnostic information and mental health treatment guides for specific intervention programs, for example, the University of New Hampshire's Nurturing Skills Programs (Straus & Fauchier, 2007). The inventories that provide treatment guides and specific intervention programs, such as parenting skills programs also provide outcome measures for the treatment's effectiveness and problem identification based on various psychological theories on healthy individual and family functioning. Custody evaluations and supplemental parent inventories can provide pertinent information on family functioning and/or individual mental health treatment needs for clinical interventions, for example, is a child at risk for abuse or neglect or do factors associated with parent alienation exist (Gardener, 1998; Bernet & Baker, 2013; Bones & Walsh, 1999). Some of the supplemental parent inventories provide measurement techniques for pre- and post-measures of treatment efficacy and treatment monitoring methods, in addition

to identification of symptoms or information on problem areas.

Many of the inventories to be reviewed overlap in their measurement of constructs measured in a comprehensive custody evaluations, such as in the Bricklin Perceptual Scales (BPS; 1984), Ackerman–Schoendorf Scales for Parent Evaluation for Custody (ASPECT; Ackerman & Schoendorf, 1994), and the Uniform Child Custody Evaluation System (UCCES; Munsinger & Karlson, 1994), while others focus on specific aspects of the parent–child relationship such as the child's perceptions of the parent (Berg-Gross, 1997) or on parenting competency (Epstein, 2010; 2007).

The inventories to be reviewed are based on well-established psychological theories that guided the development of the test, for example, BFST forms the theoretical basis of the PARQ (Robin, et al. 1990b); the FAM 111 (Skinner, et al. 2000) is based on the process model of family functioning; the parent alliance measure (PAM; Abidin, 1998) is based on the Weissman and Cohen theory of parenting (Weisman & Cohen, 1985); the parent report card (Berg-Gross, 1997) has a foundation in Bowen's family systems theory, and the Epstein Parenting Competency Inventory (EPCI) is related to behavioral learning theory and positive psychology (Epstein, 2010; 2007). Most of the inventories to be reviewed are eclectic, in that they combine several theories and techniques, such as social learning/behavioral psychology theories, family systems theory, cognitive theories, psychoeducational theories, and psychodynamic theories, and their approaches and techniques vary in applications for family and/or individual interventions.

Many of the supplemental parent self-report inventories reviewed in this chapter are linked to comprehensive multifaceted research and intervention programs, such as programs to address parenting skills, childhood behavior problems, clinical needs of the family, and for the prevention to reduce the risk of abuse or violence. The inventories are used for diagnosis, monitoring, and treatment outcome research, such as the FAM (Skinner, et al. 2000), the Dimensions of Discipline Index (DDI; Straus & Fauchier, 2011), and

the Nurturing Skills Competency Scale (NSCS-2) (Bavolek, 2002).

Research by Ackerman and Ackerman (1997) and Ackerman and Pritzl (2011) has indicated psychologists vary in their selection and administration of test instruments in custody cases, for example, the Minnesota Multiphasic Personality Inventory (MMPI-2) is the most frequently used personality test and measure of psychopathology in custody cases, and the MMPI-2 Restructured Form (MMPI-2 RF) is anticipated to continue the MMPI-2's relevance in custody cases (Ben-Porath, 2012). Ackerman and Pritzl (2011) conducted a follow-up survey from their 1997 survey of psychologists (Ackerman & Ackerman, 1997) to determine the frequency of use of specific test instruments by experienced psychologists conducting custody evaluations, and they found an increase in the amount of testing of children and adults and greater variety of tests utilized by psychologists in the past 11 years. In 1997, Ackerman & Ackerman (1997) reported that the UCCES (Munsinger & Karlson, 1994) was only mentioned once by survey participants, while the PCRI (Gerard, 1994) was the eighth most frequently used instrument. The BPS (Bricklin, 1984) and the ASPECT (Ackerman & Schoendorf, 1994) were the most frequently used comprehensive assessment systems, and frequently they are both administered together in an evaluation (Ackerman & Ackerman, 1997). The PSI (Abidin, 1995) in 2008 was used by 65.7% of the psychologists surveyed, and the PCRI was administered by 42.9% of the psychologists, while the Adult-Adolescent Parenting Inventory (AAPI) was used 11.8% by those surveyed (Ackerman & Pritzl, 2011).

Professional Guidelines for Conducting Custody Evaluations

The APA (2008) recommends collaborations between attorneys and psychologist and for psychologists to provide relevant assessments in areas that focus on the best interest of the child in custody cases and address the standards of the Uniform Marriage and Divorce Act, 1979

(<http://www.apa.org/monitor/2008/07-08/child-custody.aspx>; www.apa.org). The APA (2009) and research (Ackerman & Ackerman, 1997; Ackerman & Pritzl, 2011) and others reviewed and recommended several parent self-report inventories that can be used with parents undergoing a comprehensive psychological evaluation in custody cases. Following the APA (2010), ethical principles of psychologists and code of conduct for psychologists, along with the guidelines for child custody evaluations (APA, 2009), areas of assessment in custody cases should include the following factors:

1. Gender issues: Research indicates parenting abilities should not be based solely on the parent's gender because men are just as capable as women in parenting skills.
2. Continuity and quality of parent-child attachments.
3. Preferences of the child.
4. The child's special needs if any.
5. Education and developmental issues.
6. Parent alienation.
7. Sibling relationships.
8. Parents physical and mental health, for example, the MMPI-2 or MMPI-2-RF (Ben-Porath, 2012; www.pearsonassessments.com) is frequently used to identify parents with significant mental health issues. A review of current medical status and information on the parents and the children is useful in ruling out significant health problems that could mimic psychological and psychiatric symptoms, and thus impact the custody decisions.
9. Parent's work schedules.
10. Parent's finances.
11. Styles of parenting and discipline.
12. Conflict resolution and problem-solving abilities and styles in the family.
13. Social support system, alienated children are often cutoff from contact with grandparents and extended family of the targeted parent.
14. Cultural and ethnic issues.
15. Ethics and values in the family.
16. Religions place in the family and child's life.

Comprehensive Evaluations in Custody Cases

Following the guidelines for child custody evaluations in family law proceedings, a number of objective tests discussed in other chapters of this book, such as the MMPI-2 and MMPI-2 RF (Ben-Porath, 2012), standardized tests of intelligence, such as the Wechsler Adult Intelligence Scale (WAIS IV; Wechsler, 2008), other objective and projective personality tests, structured interview systems, and observational techniques have been developed and are currently in use.

The custody assessment includes measures of the parents and the children's mental health, personality factors, stress, and coping mechanisms in addition to general family functioning and areas of concern. Additional assessment tools and practices are required in high-conflict custody cases, domestic violence cases, and when a high risk of violence exists. These specialized tests are used for treatment planning and for assessing intervention outcomes in child welfare cases that have a high risk for abuse and for assessing the risk for parent alienation (Gardner, 1998; Friedlander & Walters, 2010; Hilton, et al., 2010; Stahl, 2003).

Standards for the Admissibility of Assessment Results into Court

The philosophy of family courts has evolved over the past several decades and has changed from a focus on the "tender years presumption," which was biased in favor of mothers being granted custody of young children, to joint custody, and now to the "best interest of the child" focus and to the child's psychological functioning (Hynan, 2013). Current practices require a gender-neutral approach without the previous sex bias for the mother obtaining custody of children (Meir, 2013). The evaluator's role is to inform the court and not to make the actual custody decision (American Psychological Association, 2008; American Psychological Association, 2009). Custody decisions are made by:

1. A judge who may have obtained forensic psychologist or psychiatrist, psychologist, mental

health custody evaluator, or other written evaluations of the family and the child to review.

2. Custody decisions can also be reached through Alternative Dispute Resolution programs that include mediation, arbitration, or other programs that are non-adversarial procedures.
3. In a clinical setting, comprehensive evaluations are conducted for diagnosis and treatment issues in a helping relationship between the evaluator and client. In a forensic setting, the forensic evaluator's task is to provide the court in an adversarial system information that addresses the legal question at hand (Heinze & Grisso, 1996). The assessment in custody cases is one aspect of a broad collection of data to determine the best interest of the child and the child's psychological functioning (Hynan, 2013).

Testifying experts identify the underlying explanatory theory, the purpose of their testimony, and their qualifications under the Daubert standards (Daubert, 1993). The judge reviews the expert's qualifications and then determines if the expert will be admitted into the court to testify as an expert in that case. The expert will then explain the basis of their findings, for example, if it is based on well-established explanatory theories that are well accepted in the professional community and validated with known error rates. The expert then will testify as to if the results of the evaluation are consistent with the explanatory theory. Some of the inventories reviewed in this chapter have established reliability, validity, and acceptance in the profession which increases the likelihood that the assessment results will be admitted into evidence, and some of the inventories are continuing to gather validity data and acceptance in the profession.

Based on Federal Rules of Evidence and the US Supreme Court's Daubert 1993 decision, expert testimony in the behavioral and social sciences may or may not be admitted into evidence, and it is the judge who determines if the testifying expert and evidence to be presented meets the standards of admissibility of scientific evidence. Following the adjudication of *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, Supreme Court, 2786 (1993), admissibility of expert testimony under the Daubert standards allows the judge to screen

expert testimony, to determine if the expert is qualified, and to determine if the testimony will be allowed into evidence. This process is based on the following standards for admissibility:

- A. Determination that the specialized, scientific, and/or technical knowledge can assist the trier of fact (court) by providing an opinion to help the court understand the evidence, and the expert possesses skill, knowledge, experience, training, and education needed to testify.
- B. In addition, the court found that there is a grounding in scientific methods and principles and that the scientific knowledge is valid if it can be tested, peer reviewed, verifiable, generally accepted in the field; if it has a known error rate; and if it can be applied to the facts of the case.

Established psychological theories with known error rates, researched treatments, and interventions that are reliable and valid and supported in the field are more often accepted by the courts than new and/or novel theories or tests (Houchin, et al. 2013). For example, the MMPI-2 and the revised MMPI-2-RF are anticipated to gain general acceptance (Ben-Porath, 2012; www.pearsonassessments.com). The MMPI-2 has been widely accepted into the courts because of the vast amount of research supporting the test's validity and use. Meir's (2013) article, "Parent Alienation Syndrome (PAS): Pseudoscientific Theory Used Against Survivors in Court—Is Rejected from the DSM-5," summarizes why Gardener's (1998) theory on the PAS has been excluded from the APA (2013), Diagnostic and Statistical Manual of Mental Disorders, 5th Edition as a specific disorder, and why it is rejected often as evidence in family courts due to a lack of general acceptance of the theory in the profession.

Supplemental Self-Report Inventories

Parent inventories are considered a valuable supplemental source of information in making determinations in custody cases. Some of the supplemental self-report inventories measure specific constructs not found in objective, projective

tests and standardized tests reviewed elsewhere in this book, and others provide verification or cross-lateral support for constructs measured in the comprehensive evaluation systems, such as the ASPECT, (Ackerman & Schoendorf, 1994), UCCES (Munsinger & Karlson, 1994), and the BPS (Bricklin, 1984). In addition, the supplemental parent self-report inventories can provide clarification of scores and findings obtained on objective personality test such as on the MMPI-2RF (Ben-Porath, 2012) and information obtained through interviews, collateral data, or through observations (Benzies, et al., 2004; Bricklin & Elliot, 1998).

Constructs Measured on Supplemental Parent Self-Report Inventories

Constructs measured on the parent inventories rely on self-reports. Most of the parent inventories reviewed in this chapter have been found to be reliable and valid, and the psychometric properties of each inventory is discussed in each of the sections devoted to the instruments reviewed. In general, the 14 inventories reviewed measure broad areas, for example, family and individual functioning nurturance, parenting alliance, discipline, parental competency, satisfaction in parenting, quality of the parent-child relationship, stress, risk of abuse and/or neglect, and communication and parenting abilities (Sink & Moore, In Press; Guidubaldi & Cleminshaw, 1985). The inventories sample the parents' feelings, attitudes, and behaviors in parenting their child or children through a self-report format, and on two inventories the child or adolescent's perceptions are assessed (Robin, et al. 1990b; Skinner, et al. 2000, Berg-Gross, 1997; Lampel, Bricklin & Elliot, 1998). Some of the inventories reviewed include subscales, such as measurement of the role of religion in the family as in the EPCI (Epstein, 2007).

Most of the inventories measure multiple constructs, while others are more specifically focused on one or two constructs. Many of the parent inventories described later in this chapter are designed to provide treatment and interventions

Inventory	Construct measured	Clinical applications	Research applications	Meets Daubert standards	Comprehensive program interventions and outcome data
UCCES	FF,PR,ST	Yes	Yes	UK	UK
PCRI	PR,FF,ST	Yes	Yes	No	Yes
PSS	FF,ST	Yes	Yes	UK	Yes
PAM	ST,PR	Yes	Yes	UK	Yes
PSI	ST, PR	Yes	Yes	Yes	Yes
SIPA	ST, PR	Yes	Yes	UK	Yes
PARQ	PR	Yes	Yes	UK	Yes
AAPI-2	FF,PR,RA	Yes	Yes	UK	Yes
EPCI	FF,PR	Yes	Yes	UK	Yes
NSCS	PR,ST,RA	Yes	Yes	UK	Yes
DI	PR,RA,ST	Yes	Yes	UK	Yes
DDI	PR,RA,ST	Yes	Yes	UK	Yes
PRC	PR, FF	Yes	Yes	UK	Yes
FAM-111	FF,RA,ST	Yes	Yes	UK	Yes

FF family functioning, *PR* parent relationships with child and/or spouse, *RA* risk of abuse, *ST* stress/yes/no unknown=UK

for identified parents or children. The chart below includes the constructs the inventories measure and the applicability for the inventory in custody evaluations, clinical interventions, research, and links to comprehensive intervention programs.

Review of Supplemental Parent Inventories

The following review of supplemental parent inventories includes a description of each inventory, administration and scoring procedures, psychometric validity and reliability factors when available, research results from using these inventories, as well as the advantages and disadvantages of each supplemental inventory, including whether the inventory meets Daubert standards for admissibility into court (Daubert v. Merrell, Dow Pharmaceuticals, 1993).

Inventories to be reviewed:

1. UCCES, one subscale called Parenting Abilities Checklist, (Munsinger & Karlson, 1994), Psychological Assessment Resources (PAR).
2. PCRI by Gerard, (1994), Western Psychological Services (WPS).
3. PSS developed by Guidubaldi and Cleminshaw (1994), Pearsons Assessments.

4. Parenting Alliance Measure (PAM) by Abidin and Konold (1998), PAR.
5. PSI (Abidin, 1995), PAR.
6. Stress Index for Parents of Adolescents (SIPA; Sheras, et al. 1998), PAR.
7. PARQ by Robin, et al. (1990), PAR.
8. AAPI revised AAPI-3 by Bavolek and Keene (2001), Family Development Resources, Inc.
9. EPCI by Epstein, (2007),
10. NSCS-2 (2002) by Bavolek, (2002), Family Development Resources.
11. Discipline Index (DI) by Lampel, et al. (1998), Village Publishers.
12. DDI by Straus and Fauchier (2007), University of New Hampshire.
13. Parent report card, Linda Berg-Gross (1997), Creative Therapy Store, a division of Western Psychological Services.
14. FAM-111; Skinner, et al. (2000). Multi-health systems.

Inventories

1. UCCES, Subscale: Parenting Abilities Checklist, (Munsinger & Karlson, 1994). PAR. (<http://www.parinc.com/Products/Products.aspx?ProductID=UCCES>).

The UCCES is a comprehensive child custody evaluation system with 25 administrative and data forms used to gather and organize information collected in order to determine what is in the child's best interest (Munsinger & Karlson, 1994). The UCCES provides a tracking method from the point of referral through the evaluation and all contacts with the family. The UCCES has six forms for use with children, for example, checklists, interview, and parent-child "goodness of fit" observation form and nine forms for use with parents, that range from checklists, scales for response validity analysis, observational form for parent-child interactions and the parenting abilities checklist (PAC), a subscale for measuring the parents abilities in parenting. The subtest PAC can identify stress and competencies in parenting abilities and yield valuable information on the parent's ability to parent. The UCCES provides systematic information on general family functioning and parenting abilities through the comprehensively organized UCCES format.

Ackerman and Ackerman (1997) conducted a follow-up survey of psychologists to determine what tests they used in their evaluations of parents and children involved in custody cases. They found that only one psychologist surveyed in 1997 reported using the UCCES (Ackerman & Ackerman, 1997). A book review by Figley (1994) of the UCCES (Munsinger & Karlson, 1994) is available in the *American Journal of Family Therapy* Vol. 22, Issue 3, pp. 282-284; it reviews the construction and utility of the instrument, although current information on empirical research with the UCCES or on its PAC subscale is limited (Munsinger & Karlson, 1994).

2. The Parent-Child Relationship Inventory-PCRI was developed by Gerard in 1994. Western Psychological Services-WPS; <http://www.wpspublish.com/store/p/2898/parent-child-relationship-inventory-pcri>.

The PCRI was the eighth most frequently used test by psychologists surveyed for their test usage with adults and children involved in custody cases (Ackerman & Ackerman, 1997). Even though it was not initially developed for custody evaluations, it is reportedly used in custody evaluations by 42.9% psychologists surveyed by Ack-

erman and Pritzl (2011). The PCRI is a general assessment of the parent-child's attachment and relationship and was developed by Gerard in 1994 and is published by Western Psychological Services (WPS). The PCRI is based on factor analysis of constructs and is considered an extensively researched, valid, and reliable sound measure of parent-child relationships for use in custody evaluations, clinical interventions, and to identify areas of risk or concern and specifically children at risk for abuse, violence, and neglect (Gerard, 1994; Coffman, et al. 2006). The PCRI was empirically developed with rational item development, and it can detect the potential for child abuse; it discriminates between clinical groups, and it is useful in court and in treatment programs (Gerard, 1994; Heinze & Grisso, 1996). One concern regarding the PCRI (Gerard, 1994) is the research by Cognetti and Flens (2011) who report even though the PCRI yields both qualitative and quantified descriptions and data, and it has been well researched, it may not meet the Daubert standards for admissibility into court (Daubert v. Merrell Dow Pharmaceuticals, Inc., Supreme Court, 2786, 1993). Earlier research by Yanez et al. (2004) reported that the PCRI has psychometric weakness and does not meet Daubert standards for admissibility into court evidence. Heinze and Grisso (1996) conducted an extensive review of the validity, reliability, and generalizability of the PCRI and other inventories used in custody evaluations and determined that the PCRI was useful in custody evaluations, divorce mediations, and in abuse cases. The PCRI also has clinical application for identification of problems and to measure treatment effectiveness. It is a continuous assessment device to measure clinical intervention outcomes and changes in scores over time in the parent-child relationship and attachment. The PCRI is appropriate for use with a wide range of parents of different ages and educational attainment levels and for those that are members of different ethnic and economic groups. An average test-retest reliability is 0.81 at 7 days, and internal consistency is reported to be 0.79 (Gerard, 1994). The PCRI has seven content scales:

1. Parent support has nine items and is a clinical scale that measures the parent's perceived receipt of emotional and practical support.

2. Satisfaction with parenting has ten items.
3. Involvement has 14 items.
4. Effective communication has nine items.
5. Limit setting and effective discipline has 12 items.
6. Promotion of the child's autonomy has 10 items.
7. Attitudes about the gender-role orientation in parenting has nine items.

High scores indicate positive parenting, and separate norms are provided for each parent. The PCRI has two validity scales: (1) social desirability with five items; a score of 9 or below on this scale suggests possible "fake-good" responding and (2) an inconsistency score, based on ten pairs of items where a score of two or more indicates inconsistent responding. Tobin, Seals, & Vincent, (2011) report the PCRI likely induces the motivation for parents to distort their parenting behavior when they are involved in a custody evaluation, but the social desirability indicator is effective in detecting a parent's attempt to present an overly positive image of the parent-child relationship.

Scores on the inventory scales that are above a *T* score of 40 suggests problems and *T* scores of 30 or below indicate serious problems. A brief form is available, and some evaluators and some researchers only use select subscales of PCRI in their evaluations and research. The 78 items on the PCRI measure how the parent feels about their child or children, and how the parent feels about the task of parenting. It is a self-report measure for parents of children ages 3–15 years old and takes 15 min to complete. Parents respond on a four-point Likert scale, ranging from strongly agree to strongly disagree to rate each item. Scores are reported on graphs, and percentile ranges, raw scores, and standard scores are reported. Alternate forms of the PCRI are available. The normative sample for the inventory included over 1100 parents from across the USA. The PCRI is available in English, Spanish, and German languages. Research comparing samples of White and Black Americans reveals Blacks score lower than Whites on scales measuring satisfaction in parenting and in autonomy (Gerard, 1994). Research by Raya, et al. (2011) used the PCRI to compare children with high- and low-

risk scores for conduct problems to parenting variables and found the model predictive for 80% of the sample. Using regression analysis they found maternal parenting variables of communication and role orientation and parental support, autonomy, and limit setting for fathers predictive and have implications for interventions with this population (Raya, et al. (2011). Beurkens, et al. (2013) studied parents of autistic children with different degrees of severity of autism and their parent-child interactions using the PCRI. They found that the severity of autism was not related to the reported quality of parent-child interactions, and that the severity was inversely related to the child's pattern of parent-child interactions (Beurkens, et al. 2013). Greene, et al. (2004) conducted research with Caucasian children with an oppositional defiant disorder (ODD) and revealed the PCRI Communication and Autonomy Scales were sensitive to change over time, indicating treatment effectiveness.

Coffman, Guerin, and Gottfield (2006) conducted research on the psychometric properties of the PCRI using data from the Fullerton Longitudinal Study of adolescents and their parents. They found acceptable internal consistency for most scales and 1-year stability for scores on all scales (Coffman, et al. 2006). They reported that both parent's views of the family climate correlated to obtained PCRI scores and had cross concordance between the mother's PCRI scores and adolescent's perceptions of the parent-child relationship and family climate, but concordance was not evident between fathers and adolescents' reports. The differences between mother and father concordance rates with adolescent reports has raised concerns regarding using the PCRI to contrast mother-adolescent and father-adolescent relationships (Coffman, et al. 2006). In addition, concerns about the Autonomy Scale's poor performance emerged. Based on research, the advantages of using the PCRI (Gerard, 1994) include:

1. The broad base of items on the PCRI has been linked to the detection of risk for abuse and the identification of child behavior problems.
2. The PCRI appears to detect treatment outcomes.
3. The PCRI is valid based on external research.

However, the PCRI manual by Gerard, (1994) has been criticized for lacking information on factor analysis and validity. Limitations of the PCRI include:

1. A somewhat nonrepresentative normative sample.
2. Although face validity is good, and validity indicators are embedded into the PCRI, some parents mandated into treatment who fake good may not always be detected.
3. Psychometric properties of the PCRI need to be established in clinical samples.
4. The PCRI (Gernard, 1994, is long and may be difficult for visually impaired people to read.
3. The PSS developed in 1994 by John Guidubaldi and Helen Cleminshaw and distributed by Pearson Assessments (<http://www.pearsonclinical.com/psychology/products/100000033/parenting-satisfaction-scale>).

The PSS is designed to detect parent satisfaction and troubled parent–child relationships (Guidubaldi & Cleminshaw, 1994). Guidubaldi, et al. (1987) conducted extensive research on children of divorce and their short- and long-term adjustment to divorce and on parenting practices and socialization of the child. The PSS inventory is appropriate for use with a wide range of parents and provides a standardized measure of the adult's attitudes towards parenting. The PSS is used in custody evaluations, in parent education programs, and in family therapy. It is easy to score with ready-score answer sheets. It can be administered in 30 min and consists of 45 self-report items that parents are to respond on a Likert scale, that assess the following three factors:

1. Satisfaction with spouse or ex-spouse parenting performance.
2. Satisfaction with parent–child relationship.
3. Satisfaction with parenting performance.

The PSS provides information on discipline and control along with general satisfaction with parenting that can be applied to individual and/or family therapy treatment planning and interventions along with custody evaluations. The PSS has very good reliability and good construct and convergent validity research to support its use,

for example, Gerkenmeyer and Austin (2005) tested the PSS's psychometric properties with parents of children in mental health treatment to determine the parents' satisfaction with the staff's interactions. They found that construct and convergent validity were supported for the parent's satisfaction, perceived met expectations, desires, needs, and the parent's ratings of satisfaction with the specific mental health services they received (Gerkenmeyer & Austin, 2005). The internal consistency reliability of the PSS was strong with an $\alpha=0.96$. Gerkenmeyer, Austin, and Miller (2006) evaluated a model to predict parent satisfaction with their child's mental health services with the PSS and parent characteristics, such as desired services, definition of situation, expectations, met desires, and met expectations and satisfaction. The sample of 120 parents of children ages 3–18 years old admitted into a mental health treatment program and report met expectations was the best predictor of parent satisfaction in the model (Gerkenmeyer, et al. 2006).

4. The PAM developed by Abidin in 1998. (PAR at: <http://www.parnic.com/Products/Products.aspx?ProductID=PAM>).

The PAM (Abidin, 1998) is valuable for research and clinical applications, and it is based on Weissman and Cohen's (1985) theory of parenting that draws from attachment theory by Bowlby (Talbot, et al. 2009), whole family functioning dynamics and co-parenting literature (Abidin, 1998). Research by Talbot et al. (2009) and others indicate that the parent's early attachment style impacts the parenting alliance. For example, attachment insecurity in mothers is associated with distress and predicts higher levels of co-parenting conflict even after controlling for the factor of marital quality.

The PAM is designed to measure the perceived alliance between parents, and it is used with parents of children ages 1–19 years old. It rests on the theory that early family variables, such as the parent's co-parenting strengths and weaknesses, impact the long-term adjustment of the child or children (Abidin, 1998; Talbot, et al. 2009). It provides a measure of the parent's alliance or

strengths in co-parenting and in the child rearing aspects of their relationship (Abidin, 1998). The PSS is a measure of the couple's perceived relationship in parenting and the strength of the parenting alliance. The PAM can be used with a wide range of parents who are jointly involved in parenting their children, and it can be combined with the PSI-4 (Abidin, 1995) and the SIPA (Sheras, Abidin & Konold, 1998) to provide a comprehensive assessment of family stress and alliance. The PAM is associated with parent training programs, such as the Early Childhood Parenting Skills programs; the University of Virginia research programs on parenting and their resource center (<http://people.virginia.edu/-rra/othertests.html>) has developed several books on parenting (Konold & Abidin, 2001). The PAM was standardized on over 1200 parents and 272 parents of children diagnosed with attention deficit disorders, obsessive-compulsive disorder, conduct disorder (CD), and other clinical problems (Abidin, 1998, Konold & Abidin, 2001).

The PAM assesses the aspect of the parenting relationship that relates to the care and parenting of their children as it relates to the child's psychosocial adjustment and the quality of parenting. The parent's alliance as measured on the inventory is applicable for use with unmarried partners raising a child or children; to married, divorced, same-sex, and grandparent-parent families. Both parents or one parent completes the PAM (Abidin & Brunner, 1995) to measure the parent's perspective of how:

1. Their level of cooperation
2. Their level of communication
3. Their level of mutual respect

The inventory measures the strength of the parent's alliance on the above three factors from a multifactorial perspective. The PAM is a paper-pencil self-report inventory written at the third-grade level and requires 10 min to complete and about 5 min to score. The PAM has 20 items that each parent responds to on a Likert scale. It provides normative raw scores, percentiles, and standard *T* scores for interpretation of results for each parent.

The PAM has clinical applications in addition to usefulness in the evaluation of parents involved in child custody cases. The PAM can assist the court in custody cases, for example, in determining if joint custody or sole custody or another arrangement is in the best interest of the child (Abidin, 1998). In addition, the PAM provides information on dysfunctional parenting skills, such as poor cooperation between the parents, and it identifies parents who may benefit from counseling, therapy, or another mental health intervention such as parenting skills education. The PAM has a number of clinical applications for therapy and for home-based and school-based interventions, and it provides clinical subsamples for several childhood disorders, for example, ODD, CD, and attention deficit disorder (Abidin, 1998). Harvey (2000) reports externalizing behavior problems, but not internalizing problems, in children with attention deficit disorders is greater for children with parents who have higher marital conflict scores and lower discipline similarity on the PAM. The PAM provides outcome information for the mental health intervention effectiveness when used as a pre- and post-measure in therapy or counseling.

Konold and Abidin (2001) report extensive research on the validity of the PAM, and multiple factor analytic studies support the construct of perceived alliance for both mothers and fathers. Internal consistency of the PAM is 0.97 and test-retest reliability is 0.80 (Abidin, 1998).

5. The PSI-4 by Abidin, 1995 distributed by PAR (<http://www.parinc.com/Products/Products.aspx?ProductID=PSI-4>).

The PSI-4 (Abidin, 1995) is a well-researched and frequently used self-report measure of parent stress; parents complete the measure that assesses the degree of stress in the parent-child system (Abidin, 1995). The inventory identifies parent and child behaviors, their problems in the relationship, and it can be used as a screening or triage system for evaluating the parenting system. It is also used for measuring treatment effects across a variety of populations. The PSI-4 is not a diagnostic scale because it is specifically intended to be used for the assessment of

the parent–child relationship (Doll, 1989). Child psychopathology, impaired parent–child relationships, and problems in parenting are associated with high levels of parent stress. For example, Mills-Koonce, et al. (2011) report consistently avoidant mothers with high levels of psychological stress are less sensitive to their infants.

Like the PAM (Abidin, 1998), the PSI-4 (Abidin, 1995) is theoretically based on the Weisman and Cohen (1985) theory of parenting, and it is associated with a variety of well-researched clinical interventions. The test is factor analyzed and is considered a reliable and valid measurement tool, and, to that extent, it meets the evidence requirements under the Daubert standards (Daubert, 1993) for admissibility into court (Yantz, et al. 2004). The PSI-4 is frequently used by psychologists (Ackerman & Ackerman, 1997; Ackerman & Pritzl, 2011). A total of 65.7% of psychologists surveyed by Ackerman and Pritzl (2011) for their test usage in custody cases reported using the PSI-4.

The PSI-4 (Abidin, 1995) was developed from a listing of dimensions identified in a comprehensive literature review of research on infant development, attachment, child abuse and neglect, child psychopathology, parenting practices, parent–child interactions, and stress. The PSI-4 provides clinical information for the development for targeted treatment plans and for monitoring of therapeutic interventions and treatment efficacy. The PSI-4 is used in a variety of settings, for example, medical clinics, pediatric practices, therapy settings and in outpatient care services. The PSI-4 assesses externalizing symptoms, attachments, and parent–child relationships, and it is used for:

1. Early identification of problems
2. Individual diagnosis
3. Pre- and post-measurement of interventions effectiveness
4. In research on stress and its impact on parent–child interactions, and how it relates to other psychological factors

The PSI-4 is available in several languages and diverse populations of non-English speakers, for example, Chinese, Portuguese, French Canadian, Dutch, and others, and it is applicable for use

with trauma victims. The PSI-4 has been validated in a number of countries in addition to the USA and is available in several languages.

The PSI-4 has over 500 published research studies supporting it, and it is considered valid and reliable. It offers specificity of constructs measured and sensitivity to change related to treatment. The PSI-4 has a long (120 items) and a short form (36 items). Reliability coefficients range from 0.78 to 0.88 for the normative sample and 0.96 or greater for the two domains and total stress scale, indicating a high degree of internal consistency. Research with at-risk children indicates that the PSI-4 is a valid measure in a wide range of clinical domains, for example, with children with problems of attachment, attention-deficit/ hyperactivity disorder, child abuse cases, and parents with disabled children, as well as depressed parents. It is applicable in a number of clinical contexts, including forensic contexts, medical treatment adherence, substance abuse, parental depression, treatment outcome research, and in the treatment of children with behavior problems, such as children in treatment for sexual behaviors, children prone to aggression, and children with disruptive disorders.

The PSI-4 norms for the inventory are based on a stratified sample to match demographic characteristics of the USA. The PSI-4 has a validity measure called the “Defensive Responding” Scale to assess if the parent is defensive in responding to items. The PSI-4 is designed for parents of children ages 0 months to 12 year old. Parents respond to items by marking their response on a five-point scale, ranging from: 1. Strongly Agree, 2. Agree, 3. Not Sure, 4. Disagree, and 5. Strongly Disagree, and the parent employs a “Yes/No” response choice for items on the Life Stress Scale to indicate if the events occurred in the past 12 months. The PSI-4 takes approximately 20–30 min to complete and 5 min to score. The PSI-4 has 120 items that measure three factors in the parent–child relationship.). These are:

1. Child characteristics, which has six subscales measuring adaptability, reinforces parent, demandingness, mood, acceptability, and distractibility/hyperactivity

2. Parent characteristics, which has seven domain subscales measuring competence, social isolation, attachment to the child, health, role restriction, depression, and partner/spouse relationship,
3. Situation/demographic life stress

The scores from the child and parent domains are combined to obtain the Total Stress Scale score and scores on the Life Stress Scale provide information on the parents' stress outside of the parent-child relationship.

The PSI-4 provides an interpretive framework with norms organized according to the child's age and using primarily percentile scores, but *T* scores are also available. Normal range scores fall between the 15th and the 80th percentile and high scores are a *T* scores above the 85th percentile. PAR provides computer scoring, and standard scores are reported on a profile sheet (www.parinc.com/Products/Products.aspx?ProductID=PSI-4).

Haskett, et al. (2006) research on the short form of the test (PSI-SF) indicates that the measure has two distinct factors involving parent distress and dysfunctional parent-child interactions. The PSI-SF (Abidin, 1995) was reported to have internal consistency and correlates to parent pathology, parent perceptions of the child's adjustment, observations of the child and parent's behavior, and was a significant predictor of the parent's history of abuse (Haskett, et al. 2006).

Yanez, et al. (2004) research on the PSI indicates that the inventory meets Daubert standards (Daubert v. Merrell, Dow Pharmaceuticals, 1993) for admissibility into court evidence. An extensive review of the validity, reliability, and generalizability of the PSI-4 and other inventories used in custody evaluations was conducted by Heinze and Grisso (1996). They determined that the PSI was useful in custody evaluations, divorce mediations, and in abuse cases. Lacharite, Ethier & Couture (1999) found that the PSI has discriminate validity, demonstrates sensitivity and specificity, and successfully discriminated groups of low-income mothers who were maltreating their children from those who did not maltreat their children.

Research reveals neglecting parents score lower on the PSI-4 than parents who physically abuse their children, and that the inventory combined with other measures successfully identifies children who are potentially at risk for abuse (Holden, Willis & Foltz, 1989). The SIPA developed by Abidin and others is based on PSI-4 and is designed for parents of adolescents; it is reviewed later in the chapter.

Investigations on the effects of adolescent aggression on parenting satisfaction indicates decreased satisfaction of the parent's needs for relatedness and is similar across genders. In addition, it appears that the relations are different for each of the parenting constructs measured on the PSI-4 and suggests that addressing the psychological needs of parents may be beneficial (de Haan, et al. 2013). The PSI-4 has been researched extensively with clinical populations and to determine treatment effectiveness. For example, Huang et al. (2013) found mothers of children with mild, moderate, or severe autism differ, in that less parenting stress is perceived by mothers if their child is mild to moderate on the autistic spectrum, as compared to children with no or severe problems and prosocial behaviors and conduct problems predicted stress in the parent-child relationship. Sigveland, Olafsen & Moe (2013) conducted a longitudinal study with three groups of mothers: those from well-baby clinics, those engaged in substance abuse treatment, and psychiatric outpatient populations and measured maternal optimality during pregnancy, as well as the child's temperament and maternal stress on the PSI-4. Follow-up results were obtained when the infants were 12 months of age that indicated that mothers in clinical groups scored higher on the stress index and suggests interventions for mothers with nonoptimality profiles may benefit from interventions of positive parenting to reduce their stress and improve parent-child interactions (Sigveland, et al. 2013). Research conducted by Zekowitz, et al. (2013) on maternal inflammatory arthritis, maternal self-perception of mental health, parental disability, and parenting stress as measured on the PSI-4 found disease activity associated with parenting disability which was also associated with depression and parenting stress.

Results also revealed that parenting stress was associated with both externalizing and internalizing problems in their children, while parenting disability was associated with children with externalizing behavior problems.

6. The SIPA, developed by Sheras, Abidin and Konald, in 1998 is distributed by PAR (<http://www.parinc.com/Products/Products.aspx?ProductID=SIPA>).

The SIPA (Sheras, et al. 1998) is based on the PSI-4 (Abidin, 1995) discussed earlier; it is a developmentally sensitive extension of the PSI-4 to an older age group, and it is a process model that incorporates parental stress and family interactions in a similar way that the PSI-4 has done. The reader is referred to the sections in this chapter on the PAM (Abidin & Konald, 1998) and the PSI-4 (Abidin, 1995) for a review of the Weisman & Cohen theory of parenting (1985) the theoretical basis for the development of all three instruments and the factor analysis approach to the test's construction.

The SIPA measures stress with adolescents and several factors not included in the PSI-4, such as self-direction, sexuality, goals and values, and achievement and include several domains found on the PSI-4 (Sheras, et al. 1998). The SIPA is applicable to a wide range of clinical populations, such as adolescents with anxiety disorders, attention deficit disorders, hyperactivity, obsessive-compulsive disorders, CDs, and disorders of mood as well as diverse populations and in research and treatment efficacy studies (Sheras, et al. 1998). The SIPA detects areas of concern and risk, and it can be used as a continuous assessment for treatment effectiveness and change.

The SIPA is appropriate for use with parents of 11–19-year-old children. It is a parent self-report inventory with 112 items (90 items for parent and adolescent domains and 22 items in the life stress domain), and it takes approximately 20 min to complete the parent questionnaire. Ninety items are responded to on a five-point Likert scale, which ranges from “strongly agree” to “strongly disagree” and 22 life stress items require a “Yes” or “No” response. The factors on the SIPA include scores in the following domains:

1. Adolescent domain
2. Parent domain
3. Adolescent–parent domain
4. Life stress scale
5. Total parenting stress

SIPA raw scores are reported as percentiles and standard scores; each of the 90 items on the five domains are scored on a five-point rating scale and two points each are given for the last 22 items measuring life stress in a “Yes” or “No” format. An index score for total parenting stress is also obtained and separate domain scores are reported.

Research indicates that the SIPA is reliable and valid and that no differences based on parent gender or the adolescents' age were obtained in the normative sample (Sheras, et al. 1998). The manual presents psychometric data that reveal good internal consistency, test–retest reliability, and well-established validity. The SIPA demonstrates construct validity in convergent/concurrent and discriminate validity in nonclinical and clinical samples. Research indicates that the SIPA is sensitive to change and intervention effects with clinical samples representing theoretically distinct groups. SIPA scores do not differentiate between clinical groups, such as CD, oppositional defiant or attention deficit/hyperactivity disorder, but scores for clinical samples are significantly higher than those for normative sample. Parents and children with a history of treatment for mental illness receive higher scores than those without a history of treatment for mental health.

The SIPA has value in treatment outcome research in addition to evaluating the health of the family and stress factors. For example, Jarvis, Trevatt, & Drinkwater (2004) found declines in the total stress score, adolescent domain, and adolescent–parent relationship domain when conducting a treatment outcome study with 26 participants.

Additional research on the gender of the adolescent on children who have experienced traumatic events and on diverse populations such as Asians and Latinos has been recommended for the SIPA (Sheras, et al. 1998).

7. The PARQ by Robin, et al. (1990a) PAR (http://www.parinc.com/Products/Products.aspx?ProductID=PARQ).

The PARQ is a multidimensional detailed and well-researched measure of the parent–adolescent relationship based on the BFST and theoretical model (Robin, et al. 1990a). The PARQ incorporates concepts and methods from cognitive, behavioral, and family systems theory and applies them to conflicts between the parent and adolescent (Bilgin, et al. 2007). The PARQ is considered a reliable and a valid measure of the parent–child relationship and family functioning, and it is useful as a process measure linked to clinical interventions when used as a pre- and post-measure to detect changes in scores (Scheel, In Press; Pitzer, et al. 2011; Robin, et al. 1990a).

The PARQ has 16 scales that were constructed to be a multidimensional self-report of problem solving, communication skills, beliefs and attributions, and family structure. The Skill Deficits and Beliefs Scale are sensitive indicators of family distress. The parent–child relationship quality and ambivalence, family interactions, the emotional tone, and both positive and negative aspects in the parent–child relationships are identified (Pitzer, et al. 2011; Robin, et al. 1990). The PARQ has 2 validity scales and 12 clinical scales for assessing in detail the parent–adolescent relationships. The PARQ is used to improve family relationships between the parents and the adolescent by inspecting domains of:

1. Overt conflict/skill deficits
2. Beliefs
3. Family structure

In addition to assessing family structure and functioning in areas of cohesion, triangulation, and coalitions in family, the PARQ assesses:

1. Global distress
2. Conflict in areas of problem solving, communication, school, siblings, and eating behavior
3. Maladaptive beliefs in autonomy, ruination, unfairness, perfectionism, and malicious intent

The PARQ has 2 validity scales in addition to the 12 clinical scales for assessing in detail the par-

ent–adolescent relationships. The PARQ has separate forms for adolescents and adults, and it is written at the fifth-grade level. The instrument's items are designed to elicit current thoughts that the parent' and adolescents' aged 11–18 years old have, including sub-domains of conventionalism, global distress, communication, problem solving, sibling, eating and school conflicts, coalitions between parents and the adolescent, fairness, family structure, and triangulation (Scheel, In Press). In addition, three brief scales on beliefs, rumination, malicious intent, and perfectionism are completed by the parents, and rumination, anatomy and unfairness scales are completed by the adolescent.

It takes approximately 25–35 min to complete and is a self-report measure that can be administered individually or in a group and scored by hand or by a computer. *The inventory yields a global distress score and scores for conflicts in communication, problem solving, school, siblings and eating behavior, and for maladaptive beliefs.* In addition, the inventory assesses family structure and functioning in the domains of cohesion, coalitions, and triangulation (putting family members in the middle of a conflict).

Results of the PARQ serve as a guide for therapeutic interventions and the development of a specific treatment plan. For example, interventions may focus on communication skills, problem solving, cognitive restructuring of extreme beliefs and distorted thinking, and/or specific problems in family functioning. The PARQ can be used as a pre- and post-measure for assessing change and as an outcome measure for therapeutic effectiveness. The PARQ is a user-friendly instrument with a comprehensive manual supporting its validity and reliability for assessing family dynamics, and results can be used for the development of a treatment plan for home or school interventions (Sink, In Press). The PARQ is used in a variety of settings, for example, mental health clinics, schools, and in home-based interventions.

The reliability of the PARQ scales is 70–80%, and test–retest reliability ranges from 0.78 to 0.96 in a time frame of 2 weeks to a month (Scheel, In Press, Robin, et al. 1990). The factor analytic test construction for the PARQ relied on writ-

ing items and anchoring items along the BFST theory and identifying three-factor constructs. The validity data collected for over 30 years on the PARQ support the discriminate, convergent, and criterion-related validity of the instrument. The PARQ aids in the identification of problems, conflicts, and treatments of adolescents and their parents who have been clinically diagnosed with a disorder. Research on specific groups using the PARQ has been widespread and useful in identifying subgroup characteristics and family problems. For example, Bilgin, et al. (2007), using the PARQ, reported mothers are the mediators between fathers and adolescents, and that female adolescents suicide attempts related to a higher stress levels for these females than for females in a normal group who did not attempt suicide.

PAR (www.parinc.com) offers computer scoring and profile information. The computer-generated analysis and profiles include graphs, reliable change score summaries, items response tables, ranges for *T* scores, percentiles, and qualitative data. Hand- and computer-scored reports are reported separately for adolescents, mothers, and fathers, as *T* scores and in percentile ranges for the adolescents, mothers, and fathers. Average profiles for attention deficit disorder, obsessive-compulsive disorder, anxiety, depression, eating disorder, and spina bifida clinical groups are included. Summaries of reliable change scores are provided.

8. The AAPI-2, (AAPI in 1979 & Revised AAPI-2, 2001) were developed by Bavolek and Keene (2001) and can be obtained from: Family Development Resources, Inc. (www.assessingparenting.com)

The AAPI-2, was designed by Bavolek and Keene (2001), to measure adults and adolescents' parenting attitudes and behaviors in order to identify at-risk or inadequate parenting behaviors and also to identify the children at risk for abuse. The AAPI-2 is linked to research on early intervention programs such as the Nurturing Parenting Programs (Bavolek, 2002) that provide home visits and clinical interventions (Bavolek & Keene, 2001), and it has widespread cross-cultural applications (Renzaho & Vignjevic, 2011). The constructs measured on the AAPI-2

include parental value of corporal punishment, inappropriate expectations, lack of empathy, parent-child role reversal, and the level of risk for child abuse (Bavolek & Keene, 2001).

The AAPI-2 (Bavolek & Keene, 2001) was revised from AAPI and is now in its third edition; it is often combined with the NSCS-2 (Bavolek, 2002), a parent self-report assessment developed to identify risk of abuse and monitor the effectiveness of interventions (Bavolek, 2002). The AAPI-2 has been well researched for over 20 years and is reported to have good reliability and validity (Bavolek & Keene, 2001). Conners, et al. (2006) assessed the reliability and validity of the AAPI-2, form B, to detect child maltreatment and found the instrument's psychometric properties measured at least two factors that the instrument purports to measure. First, the total score is useful and, second, it correlates to other measures of parent and child behaviors, indicating validity for the AAPI-2. Ackerman and Pritzl (2011) found in their survey of psychologists test use in custody evaluations that the AAPI-2 (Bavolek & Keene, 2001) was used by 11.8% of respondents.

The AAPI-2 has widespread research support. For example, McKelvey, et al. (2012) found significant improvement in a group of mothers on three of five scales of the AAPI-2 following a home visiting program intervention. Conners et al., (2006) research with low-income mothers offered further support for the validity of the AAPI-2 in measuring the constructs it purports to measure in parenting and child behavior. Renzaho and Vignjevic (2011) reported positive changes in parenting attitudes following an eight-session intervention with migrant parents in Australia, including changes in the parental expectations of their children, attitudes towards corporal punishment, and so forth as measured on the AAPI-2. Yang (2007) investigated the Hmong parenting practices using the AAPI-2 and suggested that the instrument's concepts were difficult for Hmong parents to understand and that the instrument may require additional scrutiny to improve cultural sensitivity for use with this group.

In addition to cross-cultural applications, the AAPI-2 has been studied in special popula-

tions, for example, with incarcerated parents who participated in nurturing skills programs and showed improvement in parenting on the AAPI-2 post-test (Palusci, et al. 2008). Bavolek and Henderson (1989) identified commonalities between child abusers and alcohol abuse. Luttenbacker (2001) administered an earlier version of the AAPI-2 to a sample of low-income single mothers and found the four-factor structure was supported, and that lower education, higher depressive symptoms, and unemployment are associated with a higher risk of abuse by the parents. Weihe (1990) studied religious beliefs of parents in various religious denominations using the AAPI and found that corporal punishment methods were higher with literal bible believers than nonliteral believers, and this was independent of gender and education level.

Bavolek, et al. (2012) describes the use of the AAPI-2 and the usefulness of the instrument in nurturing parenting programs, which are family-centered, competency-based programs aimed at developing nurturing parenting practices and skills to prevent child abuse and/or neglect. Palusci, et al. (2008) using the AAPI-2 with incarcerated parents in substance abuse recovery and other high-risk parents, report the Family Nurturing Program results in improvement in parenting attitudes and knowledge about parenting skills in high-risk populations. Russa and Rodriquez (2010) using the AAPI-2 combined with other scales for the measurement of physical discipline and child abuse potential and report that they can provide a multi-method approach to identifying punitive parenting. Gibbs, et al. (2008) found children with emotional and behavioral problems participating in a health camp improved, while parents in the parenting program showed minimal changes in parenting attitudes as measured on the AAPI-2.

The AAPI-2 is a self-report parent inventory to assess the parent's nurturance, risk of abuse, and the parent and adolescent's attitudes and behavior. It has been demonstrated to be useful in measuring changes in family life (Bavolek, 2002). Research indicates abusive parents express more abusive attitudes than non-abusive parents, males (adolescents and adults) express

more abusive parenting attitudes than females, and non-abused adolescents express fewer abusive parenting attitudes than abused adolescents. The five constructs measured on the AAPI-2 provide significant diagnostic and discriminative validity (Bavolek & Keene, 2001). Saxe (1997) and Bavolek, 2002 found that parents with a history of childhood abuse need instruction in nurturing parenting skills to reduce their potential for abuse and that the parents benefit from programs to "unlearn" what they experienced in order to develop their self-esteem and positive parenting skills. The five constructs measured on the AAPI-2 are the following subscales (Bavolek & Keene, 2001):

1. Inappropriate expectations of children
2. Empathy towards children's needs
3. Use of corporal punishment as a means of discipline
4. Parent-child role responsibilities
5. Children's power and independence

The AAPI-2 is appropriate for use with children of 13 years and older, for parents, for pre-parents, and for adolescent parents (Bavolek & Keene, 2001). The parent self-report AAPI-2 has 40 items administered individually or in a small group and requires 20 min to complete and has two forms (A and B) of the inventory. The AAPI-2 is responded to by the parent on a five-point Likert scale ranging from "strongly agree" to "strongly disagree" and each item is scored 1–5 points in a paper-pencil or CD Rom format. Raw scores are converted to standard scores and a total score is obtained for the constructs measured; all scores are depicted on the parenting profile worksheet and used to identify parents at risk of abusive or neglectful behaviors. Norm tables are provided for the parent, adolescent parent, and adolescent nonparent populations.

9. The EPCI Epstein (2007) at (<http://drrobertepstein.com/EPCI/>).

The aim of the Epstein identification system is to raise happy healthy productive children and assessing the parents' competencies in parenting, which is viewed as a useful component in the process of child rearing (Epstein, 2010; 2007).

Dr. Robert Epstein has developed numerous inventories for parents, children, and adolescents to assess individual functioning, parenting abilities, and general family functioning. Epstein's evaluation system incorporates behavioral learning theory and positive psychology with an emphasis on creativity, and he draws from broad-based behavioral sciences with a background that includes his work with B.F. Skinner. Epstein's theories have expanded to include generativity theory, theories of creativity, and positive psychology.

Epstein and Fox (2010) looked at research on child rearing to determine what makes a parent successful in raising their child. They identified ten parenting skills or competencies that predicted child outcomes in the domains of happiness, health, and success. The EPCI is validated and is based on empirical research with a group of over 2000 parents. The EPCI assessment and recommended interventions that are derived from the inventory are associated with better outcomes in child rearing. Higher scores on the EPCI correlate with better outcomes in raising children (Epstein & Fox, 2010). The EPCI assesses ten parenting skills that were empirically derived and associated with raising happy, healthy children, referred to as "The Parents Ten." The ten skills are:

1. Autonomy and Independence—treating your child with respect and developing self-reliance and raising the child to be self-sufficient.
2. Behavior management—using positive reinforcement and only using punishment when other methods of management have failed.
3. Education and learning—providing educational opportunities to your child and provide a model for learning.
4. Healthy lifestyles—modeling healthy living for your child such as good habits, exercise, and proper nutrition.
5. Life skills—providing for your child with a stable income and planning for the future.
6. Love and affection—spending quality time alone with your child, giving love, affection, and acceptance to the child.
7. Relationship skills—modeling healthy relationships with spouse or partner and other people.
8. Religion and spirituality—providing spiritual and religious development and participating in religious and/or spiritual activities with your child.
9. Safety—being aware of your child's activities and friends and taking precautions to protect your child.
10. Stress management—reducing stress for yourself and for your child, for example, by engaging in relaxation techniques and teaching your child relaxation techniques.

Epstein (2007) had experts rank the importance of the ten skills or competencies and found love and affection was most significant, followed by stress management and the ability to stay calm. Third was relationship skills involving the parents and the degree of conflict, while the fourth ranked skill was autonomy and independence.

The EPCI is a 100-item inventory that can be completed online in approximately 15 min by parents. The results are scored online and profiles are generated; scores indicate where the parent might improve in their parenting skills. The questions include information on the parent encouraging their child to set goals, spending quality time with their child, religion's role in the child's life, stress management, setting realistic expectations for the child, communication between the parent and child, and providing educational support and guidance to the child. The EPCI measures parenting skills that can be enhanced and improved, and it focuses on factors and skills that are not fixed, static, or immutable behaviors.

The EPCI is a self-report measure subject to factors associated with fake good responses or social desirability responding by the parents who can distort results. Other factors that affect parenting, such as immutable genetics, the parent's intelligence level, or social economic status, can confound results. Parents with higher educational attainment and higher intelligence levels are factors that significantly predict outcome data on the child's obtained education level (Epstein & Fox, 2010). Heredity accounts for 75–80% of the variance in adult intelligence quotients. Child rearing is a multifactorial process that is confounded by genetics, accounting for approximately 50% of

child-rearing outcomes. Along with personality and social factors, it has been hypothesized that child-rearing outcomes may involve a general factor of parenting competency that is similar to the “g factor” reported in research on intelligence.

Epstein (2007) did not find evidence that parental traits and better parenting have a strong link. Gender differences were found; the female scores were slightly higher on the EPCI than male scores (Epstein, 2007; Epstein & Fox, 2010). Gay and straight parents, older or younger parents with more or less children did not do better on the EPCI (Epstein, 2007; Epstein & Fox, 2010). Research indicated that divorced parents did just as well as married parents; however, the children were less happy, and no ethnic or racial differences in parenting abilities were found.

The EPCI can be administered online with several other Epstein inventories that are available, such as inventories on teen parenting, extended childhood disorders, or mental health and stress management. Many of the inventories are available in Spanish. A number of additional inventories are in development, including the Epstein Morality Inventory; the Epstein Gullibility Inventory, and the Epstein Resiliency Inventory as well as a comprehensive ongoing research program.

10. The NSCS-2 was developed by Bavolek in 2002 and is distributed by Family Development Resources, Inc. (www.assessingparenting.com)

The NSCS-2 is a comprehensive criterion-referenced measure that obtains demographic information on families, information on nurturing parenting practices, and family life (Bavolek, 2002; Bavolek, et al., 2012). The NSCS-2 provides critical information for decision makers, policy development, research on parenting and on parenting skills, clinical interventions, and parenting practices (Bavolek, 2000 ; 2002). Bavolek (1989) identified indicators of abuse and neglect and commonalities between children and alcohol abusers by researching characteristics of child abusers, for example, their need for control, poor impulse control, having a history of a violent fam-

ily background, and projecting anger onto others. Identification of children at risk for abuse and neglect leads to the development of the NSCS-2 and several intervention programs along with an extensive amount of research on the instrument. This includes the effects of the home visiting program format used with at-risk adolescent mothers, which indicates improvement in parenting skills as measured on the AAPI-2 (Bavolek, et al. 2012; Bavolek & Keene, 2001); and following an intervention program (McKelvey, et al. 2012; Bavolek, et al. 2012). Measurement of change and outcome data on intervention efficacy is obtained from pre- and post-measurements on the NSCS-2 (Bavolek, 2000; 2002; McKelvey, et al. 2012). The NSCS-2 and AAPI-2 are based on social information processing theories and its model of family functioning.

Russa and Rodriquez (2010) researched discipline techniques and harsh parenting using the AAPI-2; they provided further support for the link between physical abuse and parenting discipline strategies.

The NSCS-2 is often combined with the results from the AAPI (Bavolek & Keene, 2001, Bavolek, 2001, Bavolek, 2002 and Bavolek, et al. 2012), to assess the risk of child abuse and maltreatment by providing an index score for the parent ranging from low, moderate, or high risk for child maltreatment (Bavolek, 2000; Bavolek, et al. 2012). The NSCS-2 and the AAPI-2 measure changes in the family, and thus has several clinical applications such as monitoring and measuring intervention outcomes.

The NSCS-2 has pre- and post-forms used by staff at child-focused agencies, clinicians, and researchers to measure the risk for abuse and the impact and effectiveness of treatment interventions with families. The level of interventions are determined by the program format, which is individualized for the frequency of parenting lessons and the type of parenting program designed for participants based on the assessed risk and other information obtained from the NSCS-2 and the AAPI-2.

Versions of the NSCS-2 are available in several languages and the NSCS-2 has a long version (NSCS-LV) that takes approximately 15 min to

complete and a shorter version (NSCS-SV) that requires 10 min to complete.

The NSCS-2 is designed to assess the parents' parenting skills, knowledge of parenting, competency in parenting, parenting practices, and strategies used in parenting; it yields scores to determine the level of risk for child maltreatment. Six subscale constructs are assessed in the NSCS-2 in a parent self-report format. These constructs are:

1. About me, such as about my life; current conditions, such as marital status, number of children, employment, income, education, and military status
2. About My childhood, for example, child abuse, drug or alcohol abuse, domestic violence, and quality of relationship with mother and father
3. About my spouse, such as domestic violence, substance abuse, and quality of life with partner/spouse
4. About my children, such as history of abuse, personality traits, special needs, and juvenile legal problems
5. Knowledge of parenting practices, include 20 multiple-choice items and a composite score for accurate knowledge of nurturing parenting skills and strategies
6. Utilization of nurturing skills, 20 items that a parent rates their use of skills on a continuum of one to three points each that are weighted.

The interpretation and scoring of the NSCS-2 can be completed online or hand scored; scoring begins with a summary of scores for each subscale with standard scores ranging from 1 to 10. The scores for each scale are plotted on a parenting profile with designations of: below average, low average, average, high average, and above average. A comparison of scale 5 to scale 6 is made to determine if they are balanced. If significant differences in knowledge of parenting practice and in the utilization of nurturing skills exist, then this is noted as an area of concern and can be used as the focus of intervention. High scores on the NSCS-2 indicate stress and elevated risk for potential harm to the child. The NSCS-2 has several versions for parents who are appropriate and designed for different age groups of children, including birth to 5

years of age completed for parents of infants, toddlers and preschoolers, and a version for parents of school-age children, in addition to versions for teen parents and adolescent parents.

The NSCS-2 is linked to large-scale research programs through the Department of Justice, Office of Juvenile Justice, delinquency prevention programs, and comprehensive home visiting programs designed to increase parenting skills and provide research. The NSCS-2 provides information for developing comprehensive intervention plans for maltreated children and families at risk. The NSCS-2 is frequently used in conjunction with the AAPI (Bavolek & Keene, 2001) reviewed earlier in this chapter. Field testing for the NSCS has involved extensive research conducted in Hawaii's Healthy Start parenting program and in Louisiana's early intervention programs. The test-retest reliability has been reported to be at a high of 0.89 (Bavolek, 2002).

The NSCS-2 and the AAPI-2 have significant research support, and they have been integrated into comprehensive prevention programs based on the philosophy of the nurturing parent, the early identification of children at risk for abuse or neglect, and systematic program interventions (Bavolek, et al., 2012). Validity data for the NSCS-2 is continuing.

11. The DI Village Publishers by Lampel, et al. (1998) from Village Publishing (www.villagepublishing.com).

The DI has the same copyrighted design as the BPS (Bricklin, 1984) and is another element of the ACCESS—a comprehensive custody evaluation system developed by Bricklin that has been discussed elsewhere in this book. The BPS and ACCESS have been widely used since 1983 (Lampel et al. 1998). The DI measures the child's perception of their parents' discipline style and practices, and it is based on the belief that parents play a significant role and a needed role in the socialization of their children (Harrison, 2003; Lampel, et al. 1998). The inventory is nonthreatening to the child because it is a nonverbal assessment, so the child need not express negative statements about their parents; instead the child punches a hole along a black line, continuum

of response choices that are ranging from “Very Often or Very Well” to “Not So Often or Not So Well” for each stimulus item (Lampel, et al. 1998; Harrison, 2003). The DI can yield clinically significant information on the child’s perceptions and provide relevant areas of focus for treatment planning, but it cannot substitute for sound clinical judgment needed in custody evaluations (Lampel, et al. 1998; Sabers, 2003).

The DI is appropriate for use with children age 6 years old and up and contains 64 items—32 for the mother and 32 for the father. The inventory takes approximately 45 min to administer and can be hand scored in 12–15 min. The DI can be scored online or in a program downloaded to your computer or by faxing it to Village Publishing; the computer scoring profile offers 14 pages of graphs and charts.

The DI has six domains that the child responds to for each parent, and it yields separate scores for the mother and father’s disciplinary practices as perceived by the child (Lampel, et al. 1998). The child reports how they perceive the parents’ awareness and empathy, parental consistency and discipline styles or techniques, and it can identify children and parents who may benefit from therapy and or other clinical interventions. For example, if extreme physical abuse or neglect is apparent, the instrument can be useful for treatment planning and interventions (Harrison, 2003; Lampel, et al. 1998). Each of the six domains has subscales. The six domains are:

1. Clear expectations,
2. Effectively monitors behavior
3. Consistent enforcement
4. Fairness
5. Attunement
6. Moderates anger

The DI can provide information on the need for child, family, or parent therapy along with pre- and post-measures of intervention effectiveness; relevant information for the courts to make decisions in child custody decisions; normal and abnormal child development, risk of abuse, and/or neglect and school-based intervention programs. The DI is useful in identifying children with emotional and/or behavioral problems, evaluat-

ing the effectiveness of parenting interventions, and for the development of parenting plans. The DI does not provide directions for interpreting the results. Instead, skilled clinical judgment is required (Lampel & Bricklin, 1998; Sabers, 2003; Harrison, 2003).

The administration of the DI requires a fresh set of stimulus cards for each child and scoring can be awkward (Harrison, 2003). Scoring issues can be resolved with computerized scoring instead of hand scoring the protocol (Harrison, 2003; Sabers, 2003). Sabers (2003) reports that the instrument lacks reliability data but two studies conducted by Bricklin and Halbert (2004a; 2004b) reported adequate test–retest reliability over an 8-month period and concurrent validity for the BPS (Bricklin, 1984). Bricklin and Halbert (2004a; 2004b) discussed the reliability and validity data on the DI (Lampel, et al. 1998) and related their findings to the difficulty of evaluating complex situation-specific data, such as in the context of a custody case, where linking evidence to conclusions is difficult. Validity data are reported in the manual, and correlations have been found between the child’s perceptions and teacher reports of behavior problems; childhood depression; acting out problems; and inconsistent parenting. In addition, it is sensitive to detecting irritable, borderline abusive parenting (Lampel, et al. 1998).

12. The DDI developed by Straus and Fauchier, (2011) can be obtained from the Family Research Laboratory, University of New Hampshire, Durham, New Hampshire (<http://pubpages.unh.edu/-mas2/DDI.htm>).

The DDI (Straus & Fauchier, 2011) has been researched extensively in the USA, Belgium, Israel, and elsewhere, and it is linked to the comprehensive research and intervention programs developed at the Family Research Laboratory at University of New Hampshire. (Strau & Fauchier, 2011). The laboratory has an ongoing research program and dissemination center that provides links to intervention program for families at risk for violence, neglect, or abuse.

The DDI has numerous clinical applications, including the identification of problems, speci-

fying the family's strengths and weaknesses and area of need, the identification of potential risk of harm to a child, linking families to intervention services and providing treatment outcome data with pre- and post-measures that indicate change scores or treatment effectiveness. The aim of using information obtained from the DDI is to detect parenting practices and develop interventions in the discipline techniques used by parents in order to stop family violence, which is linked to abuse, neglect, a risk of harm, externalizing behavior problems in children, and parenting practices. The DDI offers a prevention program to reduce behavior disorders in children and to enhance the development of internalizing values.

The DDI is a brief parent self-report inventory that takes 10 to 20 min to complete. The DDI assesses discipline in the following areas:

1. Misbehavior of child.
2. Parents use of nine modes of implementing discipline, using techniques such as explanation, corporal punishment, rewards, or punitive actions.
3. Ten aspects of implementing discipline, including impulsively, and the context of discipline, for example, if the parents agree or disagree on discipline.
4. Degree of approval or disapproval of the nine techniques.

Van Leeuwen, Fauchier, & Straus (2012) reported confirmatory factor analysis for the nine factors in the DDI, with four second-order factors with some related to current behavior problems and correlations between other parenting-related variables. Their research demonstrates that the DDI is useful in discriminating between the identified discipline constructs.

Khoury-Kassabri and Straus (2011) found social economic interactions between the use of punitive versus positive discipline techniques with groups of Jewish and Arab mothers and concluded that educational level and ethnicity explained the differences in discipline methods used by the mothers. They report more inconsistent discipline behaviors by Arab mothers and explain the difference as related to high levels of daily social stressors, social economic disadvantages,

and differences in levels of knowledge about parenting skills.

13. The Parent Report Card (PRC), by Linda Berg-Gross (1997), is distributed by the Creative Therapy Store, a Division of Western Psychological Services (<http://www.creativetherapystore.com/Parenting/for-Children/W-324>).

The parent report card (PCR) is designed to facilitate parent-child communication, and it can provide important information on the child's perception of the parent (Berg-Gross, 1997). It is brief and useful as a guide for clinical treatment of the parent, the child, and/or the family following BFST, in addition to psychoeducational interventions, such as referral to parenting classes and skill development programs for parents. The PRC is associated with a wide range of intervention techniques and activities designed to address parent-child relationships, such as therapeutic games, self-concept enhancement activities, basic communication and activities for the identification of the perceptions the child has of their parent.

The PRC has two versions—the child version is for children aged 7–12 years of age and has 25 items, and the teen version is for older children, aged 13–17 years of age, and has 28 items.

The child grades the parent on each item in order to measure the child's perception of their parent. The format is nonverbal and can open communication between the parent and child in a nonthreatening manner. The child in a structured format can express their feelings and provide the parent with honest feedback on their parenting. Parents can also complete the inventory and then compare their grades to the grades given by their child and in so doing they can facilitate communication between the parent and child. Items are straightforward. For example, questions include whether the parent helps the child with homework or keeps secrets (Berg-Gross, 1997). Parents and children can add items of their own to the inventory.

This author was not able to locate additional information on empirical research using the PRC, online, or at the APA's-PsycINFO data-

base, PubMed, or in *Buros Mental Measurement Yearbook*. This may be related to the PRC's goal of being a communication tool for parent and child interactions, as opposed to a research tool.

14. The FAM-111, by Skinner, et al. (2000) available from Multi-health Systems (<http://www.mhs.com/products.aspx?gr=edu&prod=famiii&id=overview>).

Skinner, Steinhauer and Santa-Barbara (1983) report the FAM and the FAM-111 (Skinner, et al. 2000) is based on a process model of family functioning that has three components: (1) the family as a system, (2) dyadic relationships between specific pairs, and (3) a self-rating of the individual's perception of his or her functioning in the family. The FAM-111 provides quantitative data on the strengths and weaknesses in task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms; it is used for research on family processes and is utilized for clinical assessments (Skinner, et al. 2000; 1983).

California Evidence-Based Clearinghouse for Child Welfare: Screening and Assessment Tools for Child Welfare (2009), lists the FAM-111 as having established reliability and validity through peer-reviewed studies and evidence of predictive validity, discriminate validity, and extensive concurrent validity (<http://www.cebc-4cw.org/assessment-tool/family-assessment-measure-111> reports the FAM-111). The APA Division 54, Society for Pediatric Psychology (Alderfer, et al. 2008) has posted the Assessment Resource Sheet: Family Measures". and has included the FAM-111 as an evidence-based acceptable measurement tool that is appropriate for use with ill, disabled, and health impaired children (<http://apadivisions.org/division-54/evidence-based/family-assessments.aspx>).

The FAM-111 is a screening tool for child welfare; it is a multigenerational and a self-report scale that assess overall family functioning. Alderfer, et al. (2008) reported that the FAM-111 is a well-established evidence-based measure of family functioning. It is a general scale with two validity scales: (1) social desirability, and (2)

defensiveness. Extensive research supports the validity and reliability of the FAM-111 when administered by qualified professionals; reliability scores are included for the global score and each subscale.

Skinner, et al. (1983; 2000) report the FAM-111 has diagnostic power to differentiate between problem families and nonproblem families, with problem families scoring significantly different on role performance and involvement and nonproblem families scoring higher in denial and in social desirability. Problem families were described as having at least one family member undergoing treatment for psychiatric problems, substance abuse, for problems at school, or in major legal domains, such as in custody cases (Skinner, et al. 1983; 2000). The FAM-111 has clinical applications. For example, change scores or pre and post assessments with the FAM-111 for each family member can demonstrate intervention effectiveness and monitor progress (Skinner, et al. 2000).

The FAM-111 measures family functioning across six universal clinical parameters that make it appropriate for clinical assessment and treatment monitoring). The FAM-111 has three scales that take approximately 20 min each to complete or a total of 1 hour for the entire inventory. The FAM-111 has 134 items, and a brief form of the FAM-111 measuring the same three constructs with fewer items is available (Skinner, et al. 2000). The FAM-111 items are responded to on a four-point Likert scale, ranging from "Strongly Agree" to "Strongly Disagree" and the inventory is appropriate for use with children aged 10 years and upwards and adults. Parents can complete the form for children under age 10 years old. The FAM-111 is available in English, Spanish, French, and Portuguese and three forms of the FAM-111 are available. The FAM-111 is available in paper-pencil format, and it can be administered online at www.mhs.com. The FAM-111 Scales are:

1. General scale measures overall family health and has 50 items.
2. Dyadic relationships scale measures how each family member views their relationship with each of the other family members and has 42 items.

3. Self-rating scale measures how each family member rates themselves on their own level of family functioning and has 42 items.

The FAM-111 measures seven constructs of family functioning:

1. Task accomplishment
2. Communication
3. Role performance
4. Affective expression
5. Involvement
6. Control
7. Values and norms

Jacob (1995) compared the FAM with two other FAMs to determine if varying the time-frame instruction will affect the scores. For example, participants were to describe the family in general or as they were last week. Jacob found the FAM had good test–retest reliability and correlated with the other instruments in the groups for the different time-frame instructions but because the FAM measures general characteristics of the family, the FAM did not show significant time-frame instruction effects.

Gondoli and Jacob (1993) examined the factor structure in three family assessment measures—the FAM, the Family Environment Scales, and the Family Adaptability and Cohesion Evaluation Scales 111. They examined higher-order factors across and between the three measures and found that the FAM exhibited a single-factor effect and that mothers across the three measures had more differentiated factor structures than fathers or children.

Conclusions

Forensic evaluations in custody cases are becoming more scrutinized as standards for the evaluations and for the profession emerge. Self-report inventories can provide valuable data not always obtained through other means in the comprehensive custody evaluation, and self-report inventories can cross validate findings from other assessments and collateral data.

The self-report inventories reviewed in this chapter offer a wide range of information that is useful to the court, including risk assessments for neglect, abuse and violence, information on the child's perceptions of the parent, relationship strengths and weakness between the parent and child, and family functioning. Many of the inventories reviewed provide ongoing research and comprehensive intervention programs for parents, and some have clinical applications for treatment, monitoring of treatment, and for the gathering of outcome data to inform the profession on evidenced-based effective therapies.

Research is continuing on several of the inventories reviewed in this chapter in order to establish the validity and reliability of the inventories and to bolster the acceptance of information obtained from these inventories into family court as evidence by meeting the Daubert standard (Daubert, 1993). The inventories reviewed provide clinical treatment information and valuable supplemental information of use to the courts in child custody cases.

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Empirically Assisted Assessment of Family Systems: The Bricklin Scales

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A Comprehensive Child Custody Evaluation Model Using Family Systems Data

The evaluation must be comprehensive and address not only what parents know and do but also the impact of this knowledge and behavior on each specific child. Since the parents should know ahead of time what is involved, a detailed contract should be read and signed by the major parties and their attorneys. Interview forms are provided for parents, children, stepparents, live-in companions, grandparents, pediatricians, psychotherapists, educators, and neighbors. Observation formats *that utilize statistically generated nonverbal behaviors as scoring categories* discern not just what parents do but the impact of parental behaviors on the children. Our protocol and normative data are presented later.

Our system combines quantified (formal) procedures and informal models. While not data based, semiformal models have many advantages. They guarantee that somewhere in one's assessment similar data will be gathered from each main participant. Without this, meaningful comparisons are difficult if not impossible to make. Free-form interviews, for example, do not allow meaningful comparisons. This model

guarantees that an evaluator will assess every area deemed pertinent in legal and psychological writings, including especially statutory and case law guidelines from the state of jurisdiction, and not unwittingly (or subjectively) fail to consider relevant information. Because these pertinent areas are articulated, they can be challenged as well as continually fine-tuned. Information about parenting knowledge and skills is gathered. The Parent Awareness Skills Survey (PASS), a series of questions asking how a parent would handle critical childhood situations, reflects a parent's awareness of optimum childcare strategies. The Parent Perception of Child Profile (PPCP) and the Assessment of Parenting Skills: Infant and Preschooler (APSIP) reveal the degree to which a parent is attuned to the developmental and unique needs of a particular child. These tools ask about the range, depth, and specificity of the information each parent has about the child's daily routine, interpersonal relations, health, developmental history, school issues, fears, personal hygiene, communication style, and disciplinary matters. The *Bricklin–Elliot Home Visit Booklet* guides home studies, including the investigation of complex topics like relocation.

A Critical Targets form organizes information in about 40 custody-relevant areas formulated from a review of state statutory guidelines, case law, and the opinions of experts. An *Aggregation Booklet* presents a formal and informal model to assist the mental health professional to prioritize the gathered information. Should an evaluator be directed by the court to suggest a

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primary custodial parent (called the placement or residential parent in some states), it is essential to distinguish between issues relevant to selecting a legal custodian and those germane to the time-share arrangement. The Bricklin Perceptual Scales (BPS) and Perception-of-Relationships Test (PORT), described later, are relevant to the time-share arrangement.

At the heart of our data-based tests is the core concept later developed in the Uniform Marriage and Divorce Act, Sect. 203 (1979), which directs that a decision-maker should evaluate parenting factors that directly and possibly indirectly have an impact on the child. It is clear that (except at extreme ends of a continuum) “parental competence,” as a concept, cannot be applied to any single individual, that is, “parental competence” does not “reside” in a parent. Parental competence can only be understood as the property of a specific system. For example, an abrupt, perfunctory style on the part of a father may greatly bother one child and hardly be noticed by another. The former child assigns meanings such as “I guess Dad doesn’t have much time for me” to such utterances, while the latter child does not. In fact, if the latter child has information-processing strategies that work well only with short rather than lengthy communications, the child would actually prefer such communications. To this child, brevity constitutes either a useful cost/benefit ratio for utterances seen as a bit short on positive affect or, at some deeper level, this child may even symbolize such behavior as a deep respect for the child’s ability to fill in the “gaps” on his or her own.

The PORT and BPS aim to provide data-based assistance in understanding the impact different caretakers have on a child in selected family systems (Bricklin, 1984, 1989, 1992, 1997, 1998, 1999, 2002; Bricklin & Elliot, 2001, 2002a, b; Bricklin & Halbert, 2004a, b). Their theoretical bases derive from systems concepts. A system must have two or more elements, and each element must have an effect on the whole system. The elements (and their effects) not only are interdependent but also form subgroups; none of the elements can have an independent effect on the system as a whole. Systems are always “interactive.” Within this definition of a system, one

cannot affect a system of which one is part and then not oneself be impacted by this effect (Ackoff, 1999, pp. 15–17). Most people are more used to mechanistic than systems models. The former approaches understanding and/or prediction via a deconstruction process, in which the elements are analyzed one by one, after which their interactions with other elements are analyzed. With systems, synthesis precedes analysis. This is why mechanistic models are more concerned with structures and systems analyses with functions, the former with “knowledge,” the latter with “explanation.” Systems complexities affect both validation issues (some predictions will be true only in limited contexts) and the choice of one’s measurement reference standard, as well as measurement units. The units must be adequate for a test’s aims. A reference standard is the entity to which a measurement score is compared in order to derive relevance for a specific decision. The reference standard is a previously examined group (normative paradigm), a previously examined individual (the single-participant paradigm), or it may be criterion referenced (arbitrary). It is not always clear what the reference standard should be, especially in the postdivorce world—a nightmare of shifting allegiances within a framework in which the child may have only two main choices. To the extent that mental health professionals think of systems at all, they think of models in which stable traits interact. This manner of thinking is evident in the way they write their evaluations, with sections called “Mr. Jones,” “Ms. Jones,” child “Mary Jones,” child “Sam Jones,” as though one can assess each element in a system as a separate entity and then somehow add up the parts. In systems-based decisions, the elements of the system cannot be evaluated apart from the interactions of those elements within the system. Further, as systems change, the relevant reference standard can shift. In a child custody context, the way child 1 assigns value to his or her parents is not always meaningfully comparable to the way child 2 or 3 would assign value either to his or her own parents or to the parents of child 1. Except perhaps at extremes, knowing how a parent compares to other parents tells little about the unique and specific value a parent has to a particular child. To measure an individual’s

unique assignment of value, a single-participant reference would be used. However, in other circumstances, including “termination of parental rights” cases, it might be useful to use a group reference standard (although there is currently no accepted “minimal-parenting” standard). Further, if a decision is to be made based on the extent of the discrepancy between how a given child assigns value to one parent as opposed to the other across a number of life areas and how children in general assign differential value to each parent, a group reference standard could be relevant. Ordinal data can address the issue of how a child assigns value to his or her caretakers in specific life areas, while interval measures are needed to address how a child assigns differential value to his or her parents across multiple life areas. The decision to use an ordinal scale ($A > B$; $B > A$; $A = B$) was deliberate. For one thing, it would be difficult to create a suitable measurement unit—except grossly—by means of which a child could express differential value between A and B in circumscribed areas, especially if the values for each are similar. More importantly, the use of an ordinal scale was meant to reduce the influence on a decision-maker of parental value to a child in any single life area. The ordinal measures are subsequently summed, so that the parent-of-choice (POC) suggested by a test is based on an interval scale that reflects a child’s assignment of value across multiple life areas, 7 with the PORT and 32 with the BPS.

Note also that systems complexities can have profound effects on the choice of validating criteria. The parent from whom a child seeks emotional closeness and/or active help can change dramatically depending on the family subsystems in which the child–parent interactions take place (Bricklin & Elliot, 2002a, b; Bricklin & Halbert, 2004b). The child’s choices when in the simultaneous presence (either in reality or in the child’s mind at a given time) of both parents may be quite different from those he or she makes when interacting while alone with each parent or thinking solely about one or the other parent.

Our data-based tests assess the degree to which child–parent interactions lead to emotionally comfortable and behaviorally competent

behavior on the part of the child in various family systems. The PORT generates data relevant to several systems, while the BPS is relevant to dyadic systems. These tests also seek ways to understand useful cost/benefit ratios. An anxious child may need that parent who can best calm him or her down, even though this parent may be less good at modeling competency, while such a pairing may be a poor one for a secure child. Each test elicits its main information nonverbally, which eliminates both the need for a child to say anything directly negative about a parent and bias resulting from the limited expressive vocabularies of young children.

Clinical data suggest that the impacts reflected in the tests are best explained by the degree of congruence in symbol systems and information-processing strategies between communicators (Bricklin, 1995, pp. 54–73). Symbol systems refer to the manner in which people assign meaning to their worlds. For example, in the case of a parent who gives long explanations, one child might assign the meaning “Mom is very caring and helpful,” while another child might assign the meaning that mom is confusing or does not trust that the child can figure anything out on his or her own. Information processing strategies refer to the manner in which a parent communicates to a child in ways that are compatible with that child’s way of taking in, storing, retrieving, and using information. For example, a parent who speaks rapidly may be confusing to a child who needs more time to process information and would benefit from information presented more slowly and in shorter sentences. We believe such data can be helpful in custody decision-making, although by no means considered a full assessment of a child’s “best interest.”

Existing and new data on 3888 cases will be given later, including future as well as concurrent validity numbers. We will describe our validity procedures in more detail than was done before, that is, provide the entire chain of reasoning between evidence and conclusions, since it is only here that a decision-maker can discern whether the data are relevant to a specific decision. The tests have previously been used only with a single-participant reference paradigm: A person’s

scores are compared to those established with experimental groups. A group reference allows us to see the degree to which a caretaker's parenting skills, as reflected in PORT data, compare to standards created by group norms. An evaluator can detect when one or both of the parents are creating signs in the child's PORT that are characteristic of groups known to manifest poor parenting skills. It is helpful to use both reference paradigms. Since the theoretical basis of this research stems from systems thinking, the information yielded would be compatible with any approach that recognizes the importance of context in understanding behavior. A main system tenet is that unless predictive tools can pinpoint the system or context in which predicted behaviors are likely to be manifested, they will most likely fail or be so vague as to be of little use in specific cases and further be non-amenable to clear validation.

How Do Observations Contribute?

Early in our research, we had begun to formulate the systems concepts at the core of our approach. We could see how a given parent's range of behaviors might be positive for one child and negative for another. This led us to search for the observational cues that could help us understand not what a given parent *intended* to achieve when interacting with a child but rather what actually *was achieved*. Forty years of research has convinced us that spontaneous nonverbal behaviors, often quickly occurring, yield more accurate data about an individual's gut feeling than do more consciously controlled verbal data. How we operationalized this is described later. A very obvious challenge in using observational data involves determining whether what is being observed is really typical of the observed person. We concluded that observations in one setting were not necessarily generalizable to others. Another pitfall is that too many assessors choose only to observe each parent alone with each child. We believe that whatever momentary discomfort the child may suffer by being with both parents simultaneously is worth it, since it is es-

sential that the evaluator observes what happens when the child, seeking information, guidance, solace, or support, can directly select which of the two parents is the more desirable choice. Further, a child's behavior with both parents simultaneously needs to be compared with what occurs when the child is alone with each. A child who is uncomfortable with parent A when B is present but is comfortable when alone with A may be the only non-test clue available that, among other things, the child fears allowing B to view his affections toward A, suggesting the possibility of alienation, intimidation, or attempts to save an impaired parent. Since our observation protocol was critical to validation studies, it is described in more detail later, along with normative statistical information.

Assessing Parental Behavior Directly

Our system (Bricklin & Elliot, 1995) includes parental skill categories such as the following: A parent's ability to model the skills of competency and generate feelings of warmth and safety, a parent's insistence about consistency and follow-through, a parent's ability to model admirable traits, such as honesty and altruism, and a parent's knowledge of a child's daily routine, interpersonal relations, health, and developmental needs, educational strengths and weaknesses, fears, personal hygiene, and communication styles.

We can illustrate this by describing a father who is theoretically "ideal" in parental attunement. He offers information to his daughter in amounts she can readily assimilate and use. He knows the importance of choosing the right words, not only just from a developmental perspective but also from a perspective that recognizes the deeper emotional meanings this particular child assigns to them. He is careful with his facial expressions and tones of voice. He knows the specific importance to this child of letting her have a say prior to offering her information. He takes into account her physical and mental state before interacting with her. He realizes how she feels in stressful and frustrating situations. He takes into account her unique past history before

responding to her. He pays attention to her use of proffered information so that he can fine-tune his responses.

Interview Data in Custody Evaluations

Since it is obviously impossible to conduct a comprehensive evaluation without using interviews, one must find ways to reduce their pitfalls. We explain our use of interviews to parents in the following ways:

“We will listen carefully to your concerns. We will address each and every one of them in our report. But we want you to know that the heart of our report will be based upon a search for every strength each of you can make available to each child. We will primarily look for these strengths in our data-based tests, in our observations, and in our parenting skills inventories.”

The hidden message is this: If you want to do well in this evaluation, we want you to spend far more time wondering how to be a better parent and far less time regaling us with a list of the other parent’s shortcomings. We also advise each parent that while we can assess interview “facts” reported to us for relevance, there is often no way we can check them for credibility and accuracy. Therefore, most interview-based data will simply be listed in our report as “information reported by so and so.” An important part of the data base is compiled by asking each parent the exact same sets of questions. From a scientific point of view, free-form interviews are much less useful. We also seek sense-based, not conclusionary, information (“What did you see and hear?” not “What do you believe to be true?”)

The Role of Traditional Tests

Most psychologists use the Minnesota Multiphasic Personality Inventory (MMPI)-2, the Millon Clinical Multiaxial Inventory (MCMI) II/III, the Rorschach, an intelligence test, and the Thematic Apperception Test (Ackerman & Ackerman, 1997) when evaluating adults. However, there are no clear relationships between the diagnostic

categories typically yielded by these tests and the impacts of the parental behaviors associated with these categories on *specific* children. Further, there is no good way to recognize helpful versus non-helpful cost/benefit ratios. A highly organized but mildly depressed parent may constitute a good match for a child who needs a highly organized parent and a mismatch for a child who is already highly organized and more importantly would profit from exposure to positive and vital affective patterns.

While we always use traditional tests in custody evaluations, we do so mainly to red-flag serious psychopathology and/or to generate hypotheses about information derived from other sources. We rarely use them to make first-level inferences about parenting skills. Should one choose to use traditional test data in a more direct fashion, they need to be combined with other data so as to be able to address impact-on-the-child issues.

Case Example

Father was 38 years old, and mother was 37 years old. The two children, a girl and a boy, were 10 and 8 years old, respectively. Each parent sought sole legal and physical custody of the children. While father was a responsible, highly paid professional, mother said that around the home he was inattentive, “laissez-faire with the children,” and “only worries about whether everyone’s having a good time.” She complained that when the children needed discipline, he either ignored them or yelled at them. Father described mother as socially isolated, “much too serious and uptight,” and demeaning toward him. Mother was also a working professional.

The daughter did well in school and was obviously bright and quite social. The boy was described as being similar to “attention deficit hyperactivity disorder (ADHD) children,” although no one thought the symptoms rose to a level that would warrant formal diagnosis. He was more restless and inattentive than his sister, although he performed satisfactorily in school. Collateral-source interview data yielded the usually

encountered pattern: Mother's informants gave her rave reviews and father poor reviews, while his informants did the opposite.

The PASS, which reflects how each parent deals with typical childcare situations, showed mother to be superior to father in every measured category (awareness of critical issues, adequacy of solutions, empathy, clarity of communications, attention to the child's unique qualities and to feedback data needed to fine-tune an offered response). Additionally, father demonstrated a rather clipped, overly authoritarian tone.

The PPCP demonstrated the sine qua non of the "attuned parent" for mother and the reverse for father: She recognized all the things that made the daughter and son very different from one another and he recognized hardly any. If we had been conducting a typical custody evaluation and stopped our evaluation at this point, mother would be seen as superior to father in just about all areas. While we still would have suggested shared legal custody, we would have recommended a time-share plan heavily or almost exclusively weighted in mother's favor.

However, the BPS and PORT (and observational data) yielded some interesting findings. While mother was the overall POC for both children, the daughter's responses showed a fairly close range of scores between mother and father on the 32 sets of BPS items. The boy's scores did not show this pattern. His scores indicated that mother's behaviors were having a much more positive impact on him in almost all areas than were father's. In other words, the daughter could deal emotionally, socially, and scholastically with father's autocratic, clipped, unattuned style, while the boy, who really required the attentions of an organized, diligent, hands-on, firm parent, fared poorly with him. Further, the PORT showed that both children valued and appreciated father's greater range of social contacts and greater interest in extended family.

With this key information, we were able to recommend a much more flexible time-share plan for the children, particularly the daughter, than would have been indicated without the system-specific data—that is, a plan based only on how the father compared with normative data from

other parents rather than with system-specific data. We were able to obtain yearly follow-up data on this case. In spite of repeated therapeutic attempts to upgrade the father-son relationship, it remains, almost by mutual agreement, distant. Mother, who is definitely no champion of father, reports that the daughter still looks forward to her increased visits with father and seems to enjoy and profit from them.

Statistical Data and Commentary

Several important issues have been raised about the methodologies described here (Krauss & Sales, 2000; Otto, Edens, and Barcus, 2002). New data, not available when these issues were raised, address some, but not all of them. A few of the negative criticisms are impossible to address briefly, since they deal with complex epistemologic issues involving: measurement *theory* (for example, when ordinal scales are scientifically adequate for a predictive purpose and when interval scales are needed), measurement *relevance* (expanded clarification of reference standard controversies), what a test actually measures (what it consistently predicts and a complete description of how this is determined), detailed descriptions of one's predictor and criterion concepts, especially the empirical equivalents of the concepts, the totally value-driven choices of what in the world of sensory experience exemplifies a concept (Bricklin & Bricklin, 1999), and the value of measurement data to a decision-maker. This involves knowledge of how the decision-maker will use new information, what is already believed about the area of concern, the strength of these beliefs, what other information is currently available, the probability that certain choices will be made with and without the new information, the time urgency of the needed decision, and the risk level of making less than an optimum choice (Bricklin & Halbert, 2004a, b). Psychometric data are needed but not sufficient for such an assessment. For example, tools with low (but known) accuracy rates may have considerable value in certain situations. When critics of a test have a dispute, they may all be right,

since they could be making different assumptions about the listed areas. Collectively, what is required is a highly explicated chain of the reasoning that links evidence to conclusions. Hence, we will summarize our data with a more fully explicated chain. Before reporting statistical data, we will spell out the major validation procedures.

PORT and BPS estimations or suggestions for a POC were compared to many independent validating criteria. These criteria focused on the degree to which child–caretaker interactions lead to a child’s emotionally comfortable and behaviorally competent behavior in a wide variety of settings. How these concepts were operationalized is spelled out in Bricklin & Elliot (2002a, b) and Bricklin & Halbert (2004a, b). A brief description is given below. Having knowledge of validating procedures is the main way a decision-maker can determine whether a test’s data reflect the area of concern. Please note the variety of sources of criterion data and the use of a quantified normative protocol with certain samples.

The original and much of the subsequent validity research with the PORT compared PORT estimations of the particular parent with whom a child more comfortably and efficiently shared information than with the other to estimations derived from extensive observations, often over several years. In all instances, these observations were made by mental health professionals on the bases of criteria independent of PORT scores. The original observation protocol is (briefly) summarized.

Emphasis was on (mainly nonverbal) ways a child demonstrated comfort and effectiveness during or immediately subsequent to interactions with each caretaker. These interactions took place in spontaneous, structured, and instructional contexts. The basic dimensions were a child’s movements: toward (positive), against (aggressive), and away from (fearful) (Bricklin & Halbert, 2004a, b). Research interest was on what impact parental behavior had on a child, not primarily on what parents knew or did. At the outset of our research, we tracked positive and negative reactions. Our research goals were adequately achieved if we counted only positive reactions. This is a practical “plus,” since fewer raters are

needed. The following categories apply when the child is speaking (initiating or responding), listening, or listening and acting: smooth breathing patterns; body movements non-hurried; relaxed and/or smiling facial muscles (no grimaces, contortions, etc.); leans toward other person; maintains reasonable eye contact (evaluators were taught to distinguish fearful eye contact from relaxed eye contact—the former is motivated by the child’s fear of saying or doing something the parent would object to); moves closer to or initiates physical contact; willing to be hugged; and few signs of restlessness (even if a child is ADHD-like, one parent usually has a more calming influence than the other). Categories used when the child is speaking, initiating, or responding include: willingness to express annoyance, doubts, or confusion (not trying to be the perfect little child); pauses without fear of losing caretaker’s attention; willingness to ask questions; and noting from whom the child most frequently and spontaneously seeks help. Categories used when the child is listening or listening and acting include: accepts limits in comfortable manner; muscularly comfortable with failures (no agitated moves); focused attention; facial expression animated and interested; no evidence of leaping-to-action before waiting for the entire “sent message” to be received; open and ready to receive information; willingness to explore and take chances; and willingness to try novel approaches.

More statistical data on the observation protocol are given in Bricklin & Halbert, (2004a, b). Briefly, in two samples ($n=60$; $n=37$), the ages, ethnicity, and socioeconomic status (SEs) were directly similar to the norms given elsewhere in this paper. In each sample, a child was observed with both parents present, so he or she could make choices about interactions. In a 1 hour session, the distribution of positive scores ranged from 0 to 12. The mean number of positive reactions was 7.4; the standard deviation was 1.2. This rather low number reflects the fact that the subject children were frequently busy performing activities during the observation sessions. Six to nine positive reactions characterized 70% of the cases. A point difference greater than two represents a significant difference between two caretakers. These

results are not comparable to protocols that count the number of positive and negative interactions initiated by parents (Lahey, Conger, Atkeson, & Trieber, 1984; Kerig & Lindahl, 2001). Inter-rater agreement (three raters) was high, 90%, partly because the range of categories used was narrow: $A > B$; $B > A$; $A = B$; neither A nor B. The actual number of positive interactions noted by each rater achieved an agreement rate of 82%.

Mental health professionals who offered validity designations used judgmental categories that reflect the narrow range of choices utilized by our legal system. Decisions are given in two main categories: legal custody (the right and responsibility to make key decisions for a child) and a time-share plan (or physical custody). In the former category, three choices are typically used: sole custody, shared custody, and, very rarely, neither parent should have custody. In our experience, judges currently favor shared legal custody, unless there are very strong reasons to exclude a parent from this role. As for time-share plans, few judges venture beyond two choices: sole custody or joint custody. If the former is chosen, the noncustodial parent is usually given a boilerplate arrangement in which he or she has the child every other weekend, plus an overnight in the middle of those weeks when he or she does not have the child for the weekend. When complex time-share plans are awarded, they are almost always worked out by the parents and/or their attorneys, not by the data or the judge. Further, complex plans are usually based on parental convenience, not best interest, factors. Judges rarely venture beyond simplistic dispositional categories. This choice range has advantages in a research setting, decreasing hair-splitting arguments about how much better one parent is than the other. In real life, mental health professionals can and do offer complex plans (Kelly & Lamb, 2000), but this is currently considered controversial (Solomon & Biringen, 2001). Judges usually ignore these plans unless the two sides agree on their own to implement them.

PORT validity data collected between 1961 and 1997 consisted of 1381 cases. The sources of independent validity designations involved: (1) three observers watching, from behind a one-way

screen, each child and two parents interacting; (2) two psychologists who had access to family therapy notes and consultations with the family therapists over a 2–5-year time span; (3) scores derived from the BPS; and (4) psychologists' findings based on all clinical and life history data available to them, usually gathered over a multi-month period. The average percent of agreement between PORT suggestions for POC and those of the independent experts was 88%. The agreement rate between courtroom judges and the POCs selected by the PORT was 92%, although this is reported as information only and not as validity data, since PORT data may have influenced the judges. PORT validity data collected between 1997 and 2002 involved 127 cases. The independent validity experts were mental health professionals who had at least 8 months of contact with each involved family. They were instructed to use all sources of information including the observational format already described. Future validity was measured by comparing the PORT POCs at time point 1 with expert opinion carried out at time point 2, 8 months later. Future validity resulted in 89% agreement. Concurrent validity was estimated by comparing the PORT POC at time point 2 with the validity designations made at time point 2. This figure was 91% agreement. BPS validation from 1964 to 1997 was available for 2279 cases. The same validation sources were used as with the PORT, only here the family therapy data extended from 2 to 7 years (the validity designations were never based on less than 2 years' worth of data). The agreement rate between the BPS and the criterion experts was 88%. The agreement rate for courtroom judges was 93%. BPS validity data collected from 1997 to 2002 on 93 cases showed a future validity score of 87% and a concurrent validity score of 91%.

Test–retest reliability will be given only from the most recent data, since the time span was longer than those previously used. Between 1997 and 2002, on 127 cases, the PORT showed a stability in POC, over an 8-month span, of 97%. That is, 97% of the POCs remained stable over this time span. However, the test–retest reliability drops sharply as the so-called task difference

score (TDS) approaches 0 or 1 (a 21% chance that the POC will shift over an 8-month period). If the TDS is three or more, there is a 3% chance of shift. With the BPS, if the item difference score is 0, 1, 2, or 3, there is a 19% chance the POC will shift over 8 months. If the score is 4 or more, there is a 3% chance of shift. Three test patterns were identified that, when present, greatly suggest that there will be a shift in POC. It is a scientifically interesting issue as to whether they represent changes in the measured variables or errors of measurement.

PORT normative data gathered from 1961 to 1997 involved 797 girls and 784 boys. The mean age was 7.76 and the standard deviation (SD) was 0.17. The SES was low to high middle. There were 98% Caucasians in this sample and 2% all others. On data gathered between 1997 and 2002, there were 61 girls and 66 boys. The other numbers are all similar, except there were 8% non-Caucasians. For the BPS, on 2389 cases between 1964 and 1997, there were 1202 girls and 1187 boys. The mean age of the BPS sample was 8.94 and the SD was 2.40. All other data were similar to the PORT. Inter-rater reliability of PORT scoring was obtained from two samples of seminar attendees ($n=36$; $n=41$), in which more than half of the scorers had no prior experience with the PORT. Four different percent-of-agreement scores were obtained: (1) the points scored on task I (the most complex task); (2) the POC on task I; (3) the overall TDS score for all seven tasks; (4) the overall POC based on seven tasks. The percent-of-agreement rates, respectively, were: 74, 90, 82, and 92. No inter-rater data for the BPS were gathered, since scoring it is mechanical and requires only the ability to read Arabic numbers and to recognize when one is larger than another. It is also assumed that an evaluator can add and subtract numbers between 0 and 32.

The next research is the first in which PORT data were used with a group reference (Bricklin 2002). A consistent relationship between PORT signs and the adequacy of parenting was noted from PORTs collected over a 40-year span. Twenty-three hypotheses about them were developed. Following this, from the huge pool of data available, four experimental groups matched in age,

income, absence of ADHD signs, and age-correct grade placement were formed. Group I ($n=16$) consisted of children examined for minor reasons, mostly underachievement; none involved the quality of parenting. Group II ($n=34$) consisted of children whose parents were involved in mild custody disputes, centered on who could provide a better school, neighborhood, or extended family, or that the child had more friends at one place rather than the other. There were no concerns about parenting by either side or the evaluators. Group III ($n=40$) consisted of children whose parents were involved in continual conflict, characterized by ongoing hostility, often within the courtroom, for two or more years. The involved children, "caught in the middle," were used as "message carriers" to deliver scathing messages from one parent to the other or to involved mental health professionals (Doolittle & Deutsch 1999, pp. 425–440; Bricklin & Elliot, 2000, p. 501). Parental adequacy sinks to a serious low point when parents become so engaged, and the damage to children, whether from divorced or intact families, is alarmingly high (Hoppe, 1993, 1997; Hoppe & Kenney, 1994, 1995, 1997; Bricklin & Elliot, 1995, pp. 38–40; Bricklin & Elliot 2000, pp. 501–505). Group IV ($n=40$) consisted of children whose caretakers represented on the PORTs had either been threatened by the court with a possible termination of parental rights or actually had had their parental rights terminated in the past and/or were accused of substantiated abuse or neglect. In order to match the socioeconomic status of the parents in this group, and to match the intelligence of these children to those in other groups, the majority of these cases were derived from various private practices.

Seventeen of the 23 PORT signs yielded a probability of 0.05 or less so that the differential occurrences of the PORT signs among the groups could be random. Effect estimates were high. Several caveats are listed to show that the manifestations of one or even several of these signs should be interpreted currently only as red flags to launch expanded evaluations, since it is neither completely clear that the signs are additive nor the degree of interdependence among them known.

More information is available at www.barry-bricklinphd.com.

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Alcohol/Drug Abuse Issues in Child Custody Evaluations

David Gates

Concerns about the alcohol or drug use of a parent or a child are a frequent issue in child custody evaluations. Such concerns often require an assessment by an experienced alcohol/drug counselor. Given the conflictual nature of the cases that present for custody evaluations, it is necessary that the assessment process separate false accusations from patterns of use or misuse and/or addiction (Jones, 2009).

The use of most drugs other than marijuana has not changed appreciably over the past decade or has declined. In 2012, 6.8 million Americans aged 12 or older (or 2.6%) had used psychotherapeutic prescription drugs non-medically (without a prescription or in a manner or for a purpose not prescribed) in the past month. In addition, 1.1 million Americans (0.4%) had used hallucinogens (a category that includes ecstasy and lysergic acid diethylamide, LSD) in the past month. Cocaine use has gone down in the past few years, from 2007 to 2012; the number of current users aged 12 or older dropped from 2.1 to 1.7 million. Methamphetamine use has remained steady, from 530,000 current users in 2007 to 440,000 in 2012 (<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>).

The prevalence of alcohol/drug abuse in the USA continues to be a significant problem in families. More than 10% of the US children live

with a parent with an alcohol problem, according to a 2012 study by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012). In a 2012 study by the National Survey on Drug Use and Health, it was reported that an estimated 17 million Americans have an alcohol use disorders (AUD)—a medical term that includes both alcoholism and harmful drinking that does not reach the level of dependence (NSDUH, 2012). In families with adolescents, according to a 2012 National Institute on Alcohol Abuse and Alcoholism (NIAAA) survey, by age 15 more than 50% of teens have had at least one drink and about 9.3 million persons aged 12–20 reported drinking alcohol in the past month (NIAAA, 2014).

Researches into the effect of alcohol and drug abuse (AODA) patterns on specific parenting skills are scarce. Studies that directly examine the impact of alcohol/drug abuse on parenting are few and primarily focus on mothers who have significant addiction problems (Niccols et al., 2012; Suchman, 2004; Slesnick, 2014). In studies that examined the qualities of attachment between substance-abusing parents and their children, the results have been mixed (Leonard & Eiden, 2002; Kelley et al., 2010). The overall quality of parenting has been examined in substance-abusing families (Stanger et al., 2004; Young, 1997), with most of the studies on parenting focusing on the issue of neglect (Arria, 2012; Dunn et al., 2002; Guterman & Lee, 2005). Dunn et al. (2002) found that children who experience

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parental neglect, with or without parental alcohol or drug abuse, are at high risk for substance use disorder (SUD) themselves, suggesting that one of the effects of parental substance abuse on children appear to be partly mediated by their neglectful parenting.

The following sections of this chapter addresses the issues of the assessment of alcohol and drug abuse patterns including diagnostic interviewing and physical testing. The interface between alcohol/drug assessments and custody evaluations are explained, notably the impact on families of parental alcohol or substance abuse. Finally, there are sections on the treatment of alcohol/drug abuse as well as the con-commitment issue of mental health concerns.

Assessing AODA Patterns

Interviewing

Face-to-face interview interviewing is the foundation of AODA assessments. Different interviewers may indeed use different styles of interviewing, but in AODA assessments, it is important to strike a balance between accepting the information provided during interview with challenging that information at the same time. It would be expected in both child custody interviews as well as AODA interviews that the person being interviewed would want to portray themselves in a favorable light.

Standardized Testing

There are a variety of diagnostic tools available for AODA assessments. Frequently used instruments include the Alcohol Use Disorders Identification Test (AUDIT), the Michigan Alcoholism Screening Test (MAST), the Subtle Substance Abuse Screening Inventory (SSASI), and the National Council on Alcoholism's questionnaire. Researchers have provided overviews of the validity and usefulness of such instruments (Addiction Research Institute, 2014; Dawe et al., 2002). Diagnostic tests should ask questions regarding

both past and present use of alcohol and other substances. There should be specific questions about each potential drug of abuse including frequency, amount, method of administration, and of course, consequences. One of the skills of an experienced interviewer is the awareness of what symptoms are not being reported that would typically occur given the general picture presented in the interview. Although this lack of information is not evidence per se, it should lead the interviewer to pursue specific areas that are missing in the self-report, either by confronting what appears to be the client's denial or by pursuing other avenues of information such as collateral sources.

Physical Testing

The use of urine, hair, or blood for the purposes of diagnostic testing is typically used to confirm an individual's self-report. The simplest form of test is the dipstick that can be done in the office to quickly provide screening results for the purposes of preliminary assessment. Any positive readings on such a screening tool require a follow-up laboratory analysis of the sample. Laboratory assessments are able to confirm the presence of the suspected substances as well as to provide the levels at which the drug is present, which becomes very helpful in determining the truth or denial of the person being interviewed. Hair follicle analysis is typically useful to create a history of abuse or nonuse for individuals regarding opiates, amphetamines, cocaine, and marijuana (Gryzynski, 2014). Typically, hair follicle testing is useful between a 1- and 3-month time frame (Omega Laboratories, 2014). A recent development for testing for alcohol consumption has been to test for the presence of metabolites that result as alcohol is processed in the liver. For example, ethyl glucuronide (EtG) is a direct metabolite of alcohol. The presence of EtG in a urine sample indicates the use of alcohol within the past 3–4 days (Drug Testing Network, 2008). Another metabolite, carbohydrate deficient transferrin (%dCDT) is a biomarker for heavy

alcohol consumption (Medical University of South Carolina, 2014). Another marker is fatty acid ethyl esters (FAEEs) which are products of nonoxidative ethanol metabolism found in hair samples which indicate past heavy alcohol consumption (Auwarter et al., 2001). Sweat patch systems have also been used to track drinking or other drug use (cocaine, opiates) over time. The patch collects sweat continuously and when removed is analyzed by a certified laboratory (Alcpro, 2014). For on-site confirmation of real time alcohol use, a saliva strip test is an effective screening device (Redwood Toxicology, 2014).

Collaterals

Additional sources of information are necessary in the assessment of AODA patterns. To not utilize such resources results in an assessment that relies totally on the self-reporting of the individual being assessed. There is scant evidence that any interviewer is able to reliably determine truth or falsehood in a face-to-face interview (Bond & DePaulo, 2006; DePaulo, Kashy, Kirdendol, & Wyer, 1996; Virj, 2000). Therefore, other sources of information must be pursued. Whether those sources are other professionals such as a guardian ad litem, relatives of the person being assessed, therapists, or other professionals related to the case, their information is critical to either support or to challenge the self-reporting of the person being assessed. Standardized releases of information must be obtained from all parties before their information can be used in the report. In the case of informal contacts, such as family or close friends, such individuals must be informed that their information may be used in the report.

The Interface of AODA Issues in Child Custody Evaluations

In reviewing the literature of the effect of alcohol/drug abuse on parenting, the most notable results are found in studies that examine the relationship

of neglect on the parental bond and on the negative consequences for children. Parents who are preoccupied with their use/abuse of alcohol or other drugs may commonly demonstrate areas of neglect towards their children.

The impact of neglect is dependent upon the developmental stage of the child or children (Dunn et al., 2002). The developing brain is negatively affected by the lack of parental involvement. Researchers have also noted a strong link between parental depression and neglect (Lee, Taylor, & Bellamy, 2012; Turney, 2011). Indeed, an argument can be made that the impact of AODA patterns on neglect in families cannot be understood aside from other cofactors such as parental mental health, education, and poverty (Testa & Smith, 2009). Marsh, Ryan, Choi, and Testa (2006) found that only 8% of parents struggling with family reunification had only AODA issues as the primary cause of their difficulties.

Alcohol and drug issues present in child custody evaluations range from clear false accusations of one parent against the other to clear patterns of addiction in one or both parents. Past patterns of alcohol/drug abuse may also warrant assessment, even though they may not play a significant role in the present patterns of behavior. The results of an AODA assessment should provide interested parties with sufficient information and recommendations to determine necessary monitoring or treatment interventions.

False Accusations

In the attempt to gain advantage over the other parent, there are occasions when false accusations are made as to patterns of AODA. Typically, such accusations are built on some manner of evidence of past abuse or on a recent incident. In either case, it is important that an AODA assessment follow the same protocol regardless of the source of the concern regarding the individual's AODA patterns. It is necessary for the assessor to have a strong working knowledge of alcohol/drug issues to be able to conclude if the accusations are exaggerations or implausible in their very nature.

Present Patterns

Ongoing pattern of AODA will have negative consequences connected to those patterns. Interviewing, diagnostic tests, and contacting collateral sources will provide the evidence needed to reach conclusions and recommendations. The *Diagnostic Standardization Manual* (DSM)-V provides categories for alcohol/substance abuse and alcohol/substance dependency (American Psychiatric Association, 2013).

Past History

When the AODA patterns are historical, the assessment should focus on two areas. The first is to document the past patterns of AODA to determine the severity and features of the past alcohol/drug abuse and, secondly, the task is to focus on what methods the individual is using to prevent a return to those past patterns. An individual who has made significant changes in their AODA patterns over time should be able to clearly articulate the consequences that led to their need to change, the interventions that were required to change, and the methods that they currently employed to prevent relapsing back to those former patterns. Individuals must be able to provide documentation regarding the methods they use to prevent relapse.

Impact of AODA on the Family

Dysfunction in the Family System

AODA issues have significant impact on the family system. Frequently, it is not the direct effect of the alcohol/drug use that causes the most severe consequences, but rather the indirect effects of abuse, neglect, and the resulting lack of a secure attachment between parent and child (Slack et al., 2011). As was noted in a previous section, the impact of AODA on children will be dependent on their developmental stages. At the earliest stages of brain development, for example, fetal alcohol spectrum disorders (FASD), may result from the mother's use/abuse of alcohol or other drugs while pregnant. The fetus' developing brain is

highly sensitive to the insult of toxins such as alcohol (Memo, Gnato, Caminiti, Pichini, & Tarani, 2013; Warren, Hewitt, & Thomas, 2011; Young, 1997). The National Organization on Fetal Alcohol Syndrome (www.nofas.org) provides information on this subject. The impact of neglectful parenting on a child already suffering deficits from FASD would be significant (Leonard & Eiden, 2002).

Impaired Parenting Skills

The preoccupation, money/time, and use/abuse of substances will inevitably take away from the time a parent needs to be learning how to parent their particular child or children (Barnard & McKeganey, 2004). This neglect of the child's needs is compounded by the potential lack of skills developed by the parent (Niccols et al., 2012). Smeaton (2001) outlines ten areas of concern created by parental substance abuse: the effects of abuse, inappropriate parenting practices, exposure to toxic substances and inappropriate adult behavior, attachment problems, psychological problems, social isolation, poor educational attainment, offending behavior, early substance misuse, and separation from parents. Poor parenting skills have also been linked to adolescent alcohol/drug abuse (Macaulay, Griffin, Grone-wold, Williams, & Botvin, 2005). However, any family system needs to be examined for strengths as well as its weaknesses. Parents may have resources to improve the resilience in the family regardless of AODA issues. Such resilience in families may be defined as the protective factors that reduce the impact of parental alcohol abuse (Coyle et al., 2009). If such factors are present in the family system, they may ameliorate the impact of the AODA issues in the home.

Concomitant Issues

Mental Health

The combination of mental health issues with AODA issues is commonly referred to as a dual diagnosis. According to Padwa, Larkins,

Crevecoeur-McPhail, and Grella (2013), between 20 and 50% of clients receiving mental health treatment have had a SUD in their lifetime, and over half of those in substance abuse treatment have had a mental health disorder in their lifetime (Center for Substance Abuse Treatment, 2007). Programs that combine the treatment of AODA with mental health disorders report improved success (Sterling, Chi, & Hinman, 2011; Doaty, 2009). Though it is worrisome to prescribe medication to someone struggling with drug addiction, the effective use of psychiatric medications with alcohol-dependent patients has been documented (Elund & Harris, 2006).

Treatment of AODA

There are various levels of treatment for AODA issues. The level of treatment recommended following an assessment is based on the severity of symptoms, level of denial, prior history of treatment, openness to intervention, and social/cultural issues.

Inpatient

Inhospital treatment programs are designed to intervene first physically with the AODA client. A brief period of detoxification (1–3 days) is followed by a daily schedule of group therapy sessions, education sessions, and individual counseling. There is typically help offered to the families of clients to improve their understanding of both addiction and recovery. Introduction to 12-step programs is also part of the inpatient experience. The length of stay is, unfortunately, typically dependent on the client's insurance coverage. Therefore, inpatient stays now may range from 3 to no more than 20 days stay.

Intensive Outpatient Treatment Programs

Intensive outpatient treatment programs (IOP) were designed as an effective alternative to inpatient hospital stays. Such programs provide

typically 75 h of treatment in an outpatient setting meeting typically two to four times per week for several weeks. Sessions could be in the daytime or in the evening. Such a program design allows the client to continue in employment and the regular family activities while participating in treatment. Treatment consists of group therapy sessions, education sessions, and individual counseling sessions. Family programming may be offered as part of the program.

12 -Step Programs

The 12-step program of Alcoholics Anonymous continues to be an effective intervention and/or program of recovery for millions of alcoholics (AA.org). Researchers have consistently found that treatment outcomes following inpatient or outpatient treatment are considerably improved if the client continues his aftercare with regular attendance at 12-step meetings (Moos & Moos, 2004; Witbrodt et al., 2014).

Psychotherapy

Individual psychotherapy with a therapist trained in AODA issues may be effective in addressing not only the issues of recovery but also confounding issues of mental health, family, and legal issues. It is also possible that some individuals will not benefit from a group treatment setting as is common in inpatient and intensive outpatient treatment. Special needs individuals, such as those with significant mental health issues, those having difficulty in information processing, or other issues, may do best in an individual counseling situation.

Summary

Joint Parenting Agreements

In the final draft of the divorce paperwork, a joint parenting agreement can often be very useful in addressing AODA issues. For example, the joint parenting agreement may delineate the

requirement for a parent to remain abstinent from alcohol/drugs, work a documentable program of recovery, submit to various alcohol/drug testing procedures, or obtain initial treatment for AODA issues. For a parent already in recovery, a joint parenting agreement can delineate their need to provide documentation of ongoing recovery and describe the consequences of relapse.

Mediation

The use of mediation in families where there are AODA issues can address agreements in the areas of treatment, documentation, and testing. It will be necessary prior to mediation for a thorough alcohol/drug assessment to be conducted and for that information to be available to the mediator. It is unreasonable to expect the mediator to be a neutral party without such information. The typical patterns of denial, instability, and family dysfunction that result from AODA issues will undermine any well-intentioned agreements that come out of the mediation process.

Future Research

It will be helpful in the future for researchers to further examine the destabilization of family systems when one or both parents are struggling with AODA issues. There is clear evidence of neglect resulting from AODA patterns in families (Arria et al., 2012; Slesnick et al., 2014; Young, 2011). However, there are the confounding effects of mental health issues, notably depression, poverty, lack of education, and poor parenting models that may negatively affect parenting in families where there is substance abuse (Edlund & Harris, 2006; Slack et al., 2001; Tang, 2008). Further studies are needed to examine more specifically the impact of a parent's pattern of alcohol/drug abuse on their parenting skills. There is, of course, the further complication that each substance has its own culture, levels of impairment, legality/illegality, and specific biological consequences such that it is difficult to document specific patterns of child neglect based on sub-

stance abuse in general. Ideally, future studies need to examine the impact of particular drugs on parenting skills.

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Assessment of Mental Disorders in Custody Evaluations

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Questions of parental psychopathology may be directly addressed in anywhere from 26% (Horvath, Logan & Walker, 2002) to 61% (Ayoub, Deutsch & Maranganore, 1999) of child custody evaluations. There are no national data to tell us how many parents with mental illness have custody of their children (Fuhrmann & Zibbell, 2012), but we do know that having a severe psychiatric disorder increases the risk of losing custody (Joseph, Joshi, Lewin & Abrams, 1999). Research informs us that there are many risks to children who have a parent with mental illness, from difficulties with attachment and emotional regulation (Neuman, 2012; Radke-Yarrow, 1991) to social skill deficits, learning difficulties, developmental delays, substance use, anxiety, and somatic complaints (Nicholson, Biebel, Hinden, Henry & Stier, 2001; Beardslee, Versage & Gladstone, 1998). Teasing out genetic contributions from environmental ones is a confound to applying such research findings to matters of custody, and of course the universe of “mental illness” covers a wide range of disorders. Research also affirms the complex interplay between parental psychopathology, child characteristics, and social support that may either exacerbate or mitigate negative effects for children (Dishion & Patterson, 2006; Nicholson, et al., 2001). The challenge for the

custody evaluator, then, is to neither make too much nor too little of the presence of a mental disorder.

Diagnoses: Probative or Prejudicial?

The ultimate issue for all child custody evaluations is to assist in determining the “psychological best interest of the child” (APA, 2010). While this standard may be more or less operationalized depending upon where you practice, the psychological health of each parent is either explicitly identified or implied as a core component for consideration. (For a complete list of statutes codifying the “best interest” standard, visit The Child Welfare Information Gateway: https://www.childwelfare.gov/systemwide/laws_policies/statutes/best_interest.cfm). From fundamental concerns about abuse and neglect to more nuanced issues, if a mental disorder is present, it certainly needs to be considered for its impact on the child; but should it be labeled? As practice guidelines have continued to evolve (AAML, 2011; APA, 2010; AFCC, 2006), the merits of diagnosing parents in this venue have been challenged:

Evaluators recognize that the use of diagnostic labels can divert attention from the focus of the evaluation (namely, the functional abilities of the litigants whose disputes are before the court) and that such labels are often more prejudicial than probative. For these reasons, evaluators shall give careful consideration to the inclusion of

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diagnostic labels in their reports. In evaluating a litigant, where significant deficiencies are noted, evaluators shall specify the manner in which the noted deficiencies bear upon the issues before the court (AFCC, p. 13)

So, when parental psychopathology is identified, it is not conclusory but only the beginning of a considered analysis of its functional impact or potential impact on the life of the child (Fuhrmann & Zibell, 2012). That analysis is likely to inform the evaluator, in turn, as to the merit of a diagnostic label. Consider, for example, a father with an acknowledged history of dysthymia who has a long-standing relationship with a therapist and a psychiatrist for medication. He is candid in the custody evaluation and able to describe the ways in which he copes with his mood to address activities of daily living, including full-time employment and part-time parenting. He enjoys an affectionate bond with his children, is active in their extracurricular lives, but is not able to multitask like their mother. He meets his children's needs during the more limited time they are with him. In such a case, focusing upon the diagnosis of record would be less probative than describing the father's functional capacities and any identified limits, risks, or challenges.

In an alternate example, consider a mother with a documented history of bipolar disorder who disputes the diagnosis and is not compliant with medication management. She has experienced job losses due to alcohol abuse which she termed "self-medicating." She has temporarily lost custody of her son due to making recurrent unsubstantiated claims that the father sexually abused him. She describes a history plagued by the classic symptoms of mania and depression but claims it is only anxiety. Insight into the effect of her symptoms on parenting is poor; she is less than forthcoming in the interview, and test data suggest defensive responding while still revealing significant elevations for paranoid ideations. Here, a diagnostic label tied to recommendations for treatment may be more probative than prejudicial in consideration of the child's best interests.

Striking the Balance: What Is Relevant to This Evaluation?

As we are ordered to examine a child's parents and analyze their relative capacities, we must consider what is justifiable intrusion versus prurient prying. To strike that balance and serve the needs of the court, custody evaluators tailor their work to address the specific mental health concerns being raised in each given case. Ideally, the relevance issue is answered in the language of the court order and mental health concerns to be examined are specified. In that ideal world, the order provides the evaluator's framework and limits (Gould & Martindale, 2007). When a court order is less specific in its parameters, Gould & Martindale (2007) recommend establishing forensically relevant questions to be answered through consultation with the parties' representatives. I have found this practice to be extremely beneficial. It allows me to be responsive to the needs of the parents, their attorneys, and the court; it provides a road map to better select and defend my approach to data collection, conclusions, and recommendations; should there be any question of professional ethics or liability, I have documentation to support my efforts at establishing parameters and expectations.

It is possible that once the custody evaluation is underway, a heretofore unidentified issue could arise. A driving under the influence (DUI) arrest, for example, could raise new concerns for one parent about the other parent's alcohol use. Alternatively, someone (parent, child, collateral source) could report unanticipated symptoms or behavior to the evaluator. The ultimate guiding principle of relevance is that which assists in determining the best interest of the child (APA, 2010). However, if the concern falls outside the scope of the original order or agreement for evaluation, the AAML (2011) recommends that the custody evaluator "seek the approval of the court or of all attorneys prior to expanding the originally designated scope of the custody evaluation" (pp. 12–13). Such a practice is certainly prudent, though it would not supersede any ethical mandate with which it might collide, such as reporting suspected child abuse in accordance

with the law. But it is an excellent reminder of the balancing act between what we are asked to look at and what we may see when we do. Typically, however, orders and agreements will have framed questions of psychological functioning that provide the evaluator a suitable breadth to fit most circumstances.

What Expertise is Needed for This Evaluation?

Within the universe of potential mental disorders, there is a subset that will most typically arise in child custody work. Though not exhaustive, the list includes alcohol or other substance abuse, mood disorders (bipolar, depression, anxiety), sexual pathology or practices and their risks to children, proclivities toward violence, and personality disorders (Krueger, Weiss, Kaplan, Braunstein, & Wiener, 2013; Stahl, 2011; Gould & Martindale, 2007; Gould, 2006; Bow & Quinell, 2004). Other areas of concern may be neuropsychological or intellectual functioning (Archer, Stredny & Wheeler, 2013), perhaps related to head injury, aging, or other events affecting a parent's functioning. Certainly, trauma-related disorders may also be a cause for concern, whether for parents in the military (Seamone, 2012) or for any number of other situations. The DSM-5 introduces "hoarding" within the obsessive-compulsive disorders, and although I have not personally run across this concern in a custody evaluation, it would not surprise me as another contemporary focus.

The Association of Family and Conciliation Courts (AFCC) guidelines (2006) delineate areas of "expected training" (pp. 8–9) for all custody evaluators followed by areas of "specialized additional training" (p. 9) to address some of these areas, namely sexual abuse, alienation, relocation issues, substance abuse, domestic violence, child abuse more broadly, and the assessment of safety plans for both parents and children. Before embarking on an evaluation of specific psychopathology, then, one must have sufficient expertise to address that issue. What becomes challenging, of course, is defining how much training

is sufficient. While there is no absolute answer for that, evaluators are encouraged to seek peer consultation, refer to their ethical guidelines, and conduct research into the subject matter to assist in determining their preparedness (Fuhrmann & Zibbell, 2012; Gould & Martindale, 2007).

To Test or Not To Test, Is That the Question?

Practice guidelines make it clear that psychological testing is not required in custody evaluations (AAML, 2011; APA, 2010; AFCC, 2006). Yet more than any other mental health profession, psychologists are relied upon to conduct child custody evaluations (AAML, 2011). When psychologists evaluate, we are not only prone to use testing (Zelechowski, 2009; Bow & Quinell, 2004) but it is also what the courts and attorneys expect to see (Fuhrmann & Zibbell, 2012). While the use of a fairly popular subset of instruments will be discussed here, the debate rages on as to how appropriate their uses really are (Archer, et al., 2013; Stahl, 2011; Gould & Martindale, 2007; Ackerman, 2006). Nonetheless, testing represents such a community standard for psychologists (Ackerman, 2006), that should one *not* use testing, that decision will be subject to scrutiny as well. In my experience, psychological testing is beneficial when used in the manner described by Stahl (2011) and Gould (2006): to *generate hypotheses*. These hypotheses are then rejected or validated on the basis of other data, including interviews, records, collateral contacts, and behavioral observations (Stahl, 2011). Gould (2006) and Stahl (2011) both point out that objective testing can assist in protecting us from the error of confirmatory bias, providing data we may not always "like" that require us to consider what we may have missed.

Admissibility and Relevance

The Daubert standard for admissibility of scientific evidence sets out the following considerations for any theory or technique: (1) whether

the expert's theory can be or has been tested, (2) whether the theory has been subject to peer review and publication, (3) the known or potential rate of error of a technique or theory when applied, (4) the existence and maintenance of standards and controls, and (5) the degree to which the technique or theory has been generally accepted in the scientific community (Daubert v. Merrell Dow Pharmaceuticals, Inc., 1993). Published psychological tests with data on relevant norms, reliability, and validity will typically meet this standard (Archer, et al., 2013), thus making them an appealing aspect to custody evaluations. The next problem we encounter, however, is again that of relevance (Gould, 2006). An intelligence test, for example, may be scientifically admissible, but unless the question before the court has to do with the parent's intellectual capacity, it offers little to no assistance (Gould & Martindale, 2007). So how do we decide which tests to use? The AAML (2011) recommends that we consider:

- The test's usefulness and proper application
- The justification for its use in the specific evaluation
- Whether the test would be expected to meet jurisdictional criteria for admissibility
- How applicable the test data are to the matters before the court
- If we have knowledge of published norms applicable to custody litigants
- The test's reliability and validity
- The potential effects of other factors on test interpretation
- Any significant strengths and limitations of the procedures and interpretations

Novel applications of psychological testing in custody work garner special scrutiny within professional guidelines. The AAML (2011) notes:

If the validity of an assessment technique has not been established in the forensic context or setting in which it is being used, the custody evaluator should describe the strengths and limitations of any test results and explain the extrapolation of these data to the forensic context (p. 25).

So, while innovative applications may be defensible and admissible (not to mention beneficial), evaluators should anticipate the need to explain

such choices, recognizing both the merits and the shortcomings of a novel application. Having considered the general cautions which accompany the use of testing, there are specific measures which merit discussion because of their popularity, utility, and in some cases, their controversy. They fall into three major categories: personality testing, parenting assessment, and specialized concerns.

Personality Testing

Tried and True: The MMPI-2

Personality testing is the most popular category for use by custody evaluators (Stahl, 2011; Bow, Gould, Flens & Greenhut, 2006). Among the options, the Minnesota Multiphasic Personality Inventory (MMPI)-2 leads the pack both in use and investigations of its use among various relevant samples (Sellbom & Anderson, 2013; Bow, Flens & Gould, 2010). Bow et al. (2010) found that 98% of custody evaluators were using the MMPI-2 compared to a 63% rate of use for the Millon Clinical Multiaxial Inventory (MCMI)-III. In light of its rich history and relative lack of controversy, I will just focus on a few contemporary issues for the reader's consideration:

1. *Beware the K correction*: Sellbom & Anderson (2013) explain the history of the *K* correction and the long-standing concerns about its utility, especially in forensic settings. In nonclinical settings characterized by an incentive to under report (as in custody cases), the *K* correction attenuates and possibly eliminates the validity of the clinical scale scores (Sellbom, Fischler & Ben-Porath, 2007). Sellbom & Anderson (2013) write:

The MMPI-2's publisher recommends that in cases where the test-takers produce deviant scores on *K* (i.e., those cases when the *K* correction is likely to significantly alter Clinical Scale scores), the non-*K*-corrected profile be reviewed in order to determine the impact of the *K* correction. (p. 33)

2. *Look to the extended score report*: Sellbom & Anderson (2013) highlight the forensic

benefits of relying upon the extended score report for interpretation. First, it provides for both the *K* and non-*K*-corrected versions of the clinical scale scores for comparison. Moreover, it provides the content (Butcher, Graham, Williams & Ben-Porath, 1990), personality psychopathology (PSY)-5 (Harkness, McNulty & Ben-Porath, 1995), and Restructured Clinical (RC) Scales (Tellegen, Ben-Porath, McNulty, Arbisi, Graham, & Kaemmer, 2003), all of which have better internal consistency than the clinical scales (Sellbom & Anderson, 2013).

3. *Well-educated parents are a little inflated on L, K, and S:* Cooke (2010) determined that high scores (65–70 T) should not invalidate the MMPI-2 profiles of well-educated parents, and Sellbom & Anderson (2013) agree. An elevation greater than one standard deviation would still warrant suspicion, but otherwise the profile may still be treated as interpretable.
4. *Conduct your own interpretation:* Bow, Flens, Gould, & Greenhut, (2005) list five concerns with relying upon computer-generated interpretive reports of the MMPI-2. They include insufficient knowledge of the algorithms and decision rules employed (Otto, 2002), proprietary secrets which preclude us from knowing how the interpretive statements were developed and validated, abdication of responsibility to a third party (Otto, 2002), no consideration of setting effects, and no consideration of response style or gender bias issues. I have admittedly practiced like the 47% of custody evaluators (Bow, et al., 2005) who use an interpretive report. I considered the value of Butcher's expertise as the test's author and believed therefore in the greater defensibility of those interpretations. Ironically, reliance on Butcher's interpretations provided me with a false sense of security since I was leaving myself vulnerable to the aforementioned criticisms.

New Kid on the Block: The MMPI-2 RF

More recently, the MMPI-2 Restructured Form (MMPI-2 RF; Ben-Porath & Tellegen, 2008) has garnered favorable attention as an alternative to

the MMPI-2 (Ben-Porath, 2013). Its use in custody cases is still a young science and illustrative of the tension created as new clinical scales are applied in the forensic realm (Butcher & Williams, 2012). The MMPI-2 RF is shorter, consisting of 338 items. The nine RC Scales of the MMPI-2 (Tellegen, et al., 2003) provided the core of the MMPI-2-RF and are augmented by 33 substantive measures and 9 validity indicators (Ben-Porath, 2013). The test uses non-gendered norms based upon the same normative sample used for the MMPI-2 and its scale scores are standardized to be directly comparable to those of the MMPI-2 (Ben-Porath, 2013). The MMPI-2-RF has inspired a great deal of research interest across a range of samples leading to 160 publications in peer-reviewed journals by the close of 2012 (Ben-Porath, 2013). As a manualized, normed, and validated instrument derived from the MMPI-2, the MMPI-2-RF has been on a fast track for application in forensic settings in spite of its youth. Already, norms for a comparison group of custody litigants exist in the technical manual (Ben-Porath, 2013), and two articles have been published on the MMPI-2-RF's use in child custody matters (Archer, et al., 2012; Pinsoneault & Ezzo, 2012). Currently, using the MMPI-2-RF in lieu of other personality tests would be novel, but likely acceptable if interpreted against appropriate comparison samples.

Trending Favorably: The PAI

In 2001, Quinnell and Bow's survey of psychologists conducting custody evaluations indicated that The Personality Assessment Inventory (PAI; Morey, 1991) was less often utilized (7%), though it was considered suitable to meet the Daubert standard. Since then, the PAI has been increasing in popularity. In 2006, Bow et al., found the percentage of evaluators using it had jumped to 17.9%, and by 2008, Ackerman and Brey Pritzl discovered a 28% user rate (Ackerman & Pritzl, 2011). In his 2011 book on custody evaluations, Stahl noted that while the PAI was being used with increasing frequency, no norms existed specifically for child custody litigants. Since then, Hynan (2013) has provided the first data of that kind based upon 250 Chicago-area parents who

were administered the PAI as a component of their custody evaluations. Half of the sample was women, half men, and nearly all were Caucasian. Hynan did find some gender differences that had medium effect sizes, though with the exception of one scale (mania, or MAN), which was elevated more for men than women, and they were consistent with prevalence differences between the genders for disorders of anxiety (women) and antisocial features (men). Hynan's analysis also indicated that custody litigants as a whole scored higher on personal impression management (PIM) and a scale measuring interpersonal warmth and empathy (WRM), while scoring lower than the normative community sample on clinical scales. These data are not especially surprising for parents attempting to look their best and suggest that PAI interpretations will be hindered by issues of client defensiveness and "faking good" that plague similar instruments.

Controversy and the MCMI-III

Quinnell & Bow (2001) found that the MCMI-III and Rorschach–Exner system were the second (55%) and third (42%) most commonly used personality tests in custody evaluations behind the MMPI-2, in spite of significant controversy surrounding both of them. Criticisms of the MCMI-III include its norming on clinical and correctional samples, but not "normal" (Craig, 2013). Parents who are the subjects of a custody evaluation do not necessarily have any clinical history, and there is some debate as to whether the MCMI-III overpathologizes nonclinical groups (Widiger, 2001). McCann, Flens, Campagna, Colman, Lazzaro, & Connor (2001) examined the MCMI-III profiles of child custody litigants and found evidence of a gender bias wherein women scored significantly higher than men on histrionic and compulsive scales. Regardless, their findings overall did not support the overpathologizing concern. Another issue with the MCMI-III pertains to understanding its use of a *base rate score* (BR) as opposed to normalized distribution. The BR relies upon prevalence rates for various forms of psychopathology as Millon persuasively argues that these disorders are not normally distributed across the population (Craig, 2013). The

base rate approach is not considered a criticism of the MCMI, but rather a caution to evaluators to be familiar with the psychometrics and how they are different from those of the MMPI-2 or PAI. So on the one hand, the MCMI-III is met with controversy, and on the other, its theoretical underpinnings are largely incorporated in the Alternative DSM-5 Model for Personality Disorders (APA, 2013; Millon, 2011), thus signaling its potential future relevance. Craig (2013) points out that the "issue of whether or not the MCMI overpathologizes personality disorders continues to haunt this test, and additional research is needed with the MCMI-III to address this lingering question" (p. 191).

I have not utilized the MCMI-III in custody cases as a result of the criticisms. However, based on its clinical strengths, it may be useful for generating hypotheses with parents who have a known clinical history or for whom there are concerns about alcohol and drug abuse or interpersonal violence (Craig, 2013). It is incumbent upon evaluators using the MCMI-III to be mindful of the gender biases and judicious in those interpretations (McCann, et al., 2001).

Projective Yet Forensic? The Rorschach Interpretive Method

As a psychologist who learned the Exner system in the 1990s, I was never trained in, nor did I consider using, the Rorschach in a forensic application. Weiner (2013) acknowledges the apex of controversy at the turn of the millennium when the comprehensive system was trounced as "junk science" based on outdated norms and charges of overpathologizing, inadequate reliability, and questionable validity. The Quinnell & Bow (2001) survey does not provide data which may shed light on age or geography effects to further understand who was using the Rorschach in custody evaluations. Since that time, Exner and proponents of the Rorschach Inkblot Method (RIM) have provided new normative data (Exner, 2003; Exner, 2007) and research supporting the psychometric properties of the RIM (Weiner, 2013). When it comes to the question of admissibility in the courtroom, Meloy (2008) points out, "There has been no

Daubert challenge to the scientific status of the Rorschach in any state, federal, or military court of appeal since the US Supreme Court decision in 1993” (establishing the Daubert standard; p. 85). While it is neither a part of my practice nor have I seen it employed in custody evaluations in South Carolina, the RIM’s proponents point out the advantages of its use in forensic applications, including “cross-cultural applicability, its resistance to impression management, and the objectivity of a structural interpretive focus” (Weiner, 2013). Time will have to tell whether the RIM will become more or less accepted in forensic work. One issue is clear: It requires a significant amount of training and skill to employ reliably (Weiner, 2013).

Words of Advice

Bow et al. (2010, pp. 50–51) provided a list of recommendations based upon their survey findings about evaluators’ use of the MMPI-2 and MCMI-III. They provide good guidance to close this section on personality testing and may be extrapolated to testing in general. With slight paraphrase, they are as follows:

- Obtain prerequisite training before using any psychological test.
- Thoroughly read and understand the manual for each test.
- Be aware of the pertinent research regarding each test, including the review in *Buros Mental Measurements*.
- Only use officially published tests and protocols.
- Make sure the examinee’s reading level is commensurate with the reading level of the test, using a conservative estimate for the latter. For the MMPI-2 and MCMI-III, it is strongly recommended that an eighth-grade reading level be ascertained.
- Use the standard instructions for each test.
- Administer all objective tests in a quiet office setting, with frequent monitoring.
- Score objective tests via computer using approved programs.
- Verify data entry when inputting data via computer keypad.

- Use extended scoring programs rather than computer-generated interpretive reports.
- Follow your own empirically based interpretive decision rules, and clearly describe them in your report and any testimony.
- Address response style issues, particularly their possible impact on the findings.
- Use the significance cutoff score identified in the manual. For the MMPI-2, the *T* score is 65, whereas for the MCMI-III, the BR score is 75. When examiners deviate from these cutoff scores, they must provide a clear rationale and cite the relevant research to support their decision.
- Examiners need to be aware of context-specific norms and of *K* correction issues in defensive profiles.
- Descriptors about specific elevations or high-point pairs are reflective of group findings, not of a particular individual. Therefore, results should be explained as “Individuals with a similar elevation (or pattern) may exhibit the following...”
- Specific elevations or high-point pairs are reflective of dimensional rather than categorical descriptors.
- Remain within the limits of the data and avoid overinterpreting.
- Remember that test findings are used to generate and confirm hypotheses and should never be used in isolation. Testing is only one component of a forensic evaluation.

Parenting Assessments

The Parenting Stress Index

Ackerman & Pritzl (2011) found that 65.7% of surveyed psychologists used the Parenting Stress Index (PSI-3rd Edition; Abidin, 1995) in their custody work. Though it was not developed for forensic purposes, it has proven to be useful and acceptable in that arena. According to its author, the PSI was designed to identify “potential dysfunctional parent-child relationships, and to identify children at risk for emotional and behavioral developmental problems” (Abidin,

Austin & Flens, 2013, p. 346). As such, it lends itself well thematically to the concerns of child custody evaluators. Furthermore, in considering the bridge to be built between identifying parental psychopathology and assessing its functional impact, the PSI is quite relevant. For example, while a general measure of depression will be more closely correlated with a parental diagnosis of depression, the PSI depression subscale is more predictive of parental behavior impacted by feelings of depression and guilt (Abidin, Austin & Flens, 2013).

The PSI provides scale scores divided into two domains: child characteristics and parent characteristics. Defensiveness is measured, and there is an optional life events stress scale to allow the evaluator to consider the parent–child relationship in the larger context of situational and exigent factors. The child domain measures four areas of temperament and learned behavior that can present challenges to parents. They are labeled as adaptability, distractibility/hyper, demandingness, and mood. The two remaining scales in the child domain reflect the parent’s thoughts and feelings in response to the child. They are identified as acceptability and reinforces parent (Abidin, et al., 2013).

In 2010, the PSI was re-normed to improve generalizability and psychometric issues (Abidin, et al., 2013). The new norms include fathers (who were not part of the original sample) and took into account children’s ages, which did produce a main effect (Abidin, et al., 2013). Other studies have provided supplemental norms, including for parents of young children with disabilities (Innocenti, Huh & Boyce, 1992). There are now preliminary norms for custody litigants (Abidin, et al., 2013). PSI elevations are associated with a range of relevant custody concerns, including issues with attachment, maladaptive parent–child transactions, and parental depression (Abidin, et al., 2013). Although this instrument is still in need of further examination in custody work, I have found it to be a helpful companion to other data in considering hypotheses for how parental stress and psychopathology is—or is not—impacting the parent–child relationship.

Parent–Child Relationship Inventory

Stahl (2011) recommends the use of the Parent–Child Relationship Inventory (PCRI; Gerard, 1994) for measuring parenting attitudes. Although I have yet to administer this measure, found that 42.9% of surveyed psychologists utilized it in custody work. Whereas the PSI-4 is designed for families with children from infancy to 12, the PCRI is normed for families with children 3–15. The test yields 7 scale scores measuring parental support, satisfaction with parenting, involvement, communication, limit setting, autonomy, and role orientation. Stahl (2011) has found that his population of parents often scores outside the normal range on at least one scale score, providing additional support for an issue or generation of new hypotheses. The PCRI does not include any sort of defensive responding scale, unfortunately (Stahl, 2011).

There are, of course, other parenting assessment measures as well as instruments which allow the parents to rate their perceptions of their children (e.g., the Achenbach System, ASEBA). I do think that within any evaluation where you are finding strong indicators of parental psychopathology, use of a parenting assessment is advisable to assist in examining the functional impact issue. Parent–child observations, the child’s own statements, and other collateral data will likely carry greater weight; however, the incorporation of an objective measure with relevant norms might refine your understanding of specific contributing factors as well recommendations.

Assessments of Specialized Concerns

Since it would be impossible to do justice in this chapter to the array of instruments which could be employed depending upon the issue at hand, it is probably more useful to redirect the reader to the guidelines referenced earlier from the AAML (2011) as well as Bow et al. (2010). Novel applications of clinical instruments may at times be appropriate depending upon the specialized concerns and available options. As Bow et al. (2010) recommend, The Buros Center for

Testing provides a mental measurements year-book as well as test reviews online to assist us in considering best test selections for each individual evaluation.

Dusting for Fingerprints: Records and Collaterals

Because parents in custody disputes tend to cast themselves in the most favorable light, clinical interviewing—like testing—is often challenged by denial or minimization of psychopathology. Records and collateral statements, then, become vital to a thorough evaluation of parental functioning. Records come in many forms in this day and age, providing at least four different “fingerprints” worthy of examination. First, photos, texts, e-mails, voice mails, tweets, posts, and other web-based data provide a social–interpersonal portrait that is often less guarded, more emotional, and potentially probative. Second, medical or clinical documents may yield more accurate self-reports of symptomatology that can be compared to interview data during the custody evaluation. Third, criminal and investigative records (e.g., arrests, child protective services records, private investigator’s reports) document behavior and serve to either corroborate or refute allegations. Fourth, affidavits, pleadings, and orders form a legal fingerprint that further informs us about parents’ concerns as well as their behavior in the midst of litigation. In aggregate, these records help us glean much more information about the parents’ natural functioning with each other, their children, others, and within themselves.

The fifth “fingerprint” may be developed from targeted questioning of collateral witnesses. As Stahl (2011) and others (Austin, 2002) point out, there are those closest to the parties who are in an ideal position to provide pertinent data about parental functioning. Unfortunately, they are also the most likely to have chosen sides and thus to provide biased information. Even so, I have found some value even in just considering the lengths some parties have gone—or not—to manage their loved ones’ talking points. Further, once those talking points have been issued, the

evaluator can sometimes get behind the approved message and on to more probative information. Of course, collateral informants may not be given any assurance of confidentiality, and hence they are free to determine how candid—or concealing—they will be. The second band of collaterals will include professionals with limited but focused perspectives: teachers, coaches, therapists, and medical providers all fall within this realm. While their data will be limited to their professional roles, they may have pertinent behavioral observations about parental functioning and can confirm or correct the self-reported histories of the parents. Here too, bias may be identified by the evaluator or by the informants themselves. Finally, there may be outlying collateral contacts who are questioned about some very specific element of history. These individuals may have little to no idea about how their knowledge fits into a custody context, nor do they have much or any investment in the outcome. As such, their information may be most reliable of all (Austin, 2002), though of narrow utility.

Finding the Nexus: Psychopathology and Parenting Attributes

If one or more parental mental disorder is identified, the vital question becomes how it is reflected in *parenting attributes*. As Fuhrmann & Zibbell (2012) put it, “There has to be a demonstrable nexus between the psychological state and parenting behavior” (p. 38). So, how do we determine if there is a nexus? What are these parenting attributes to be considered? Although there is no single established set, there is reasonable agreement about important parenting abilities to consider. Fuhrmann & Zibbell (2012) adapt a list from Gould & Martindale (2007), who organized parental capacities into 22 factors. Here, I have collapsed those factors into eight broader categories of parenting attributes, any of which may be negatively impacted by psychopathology. They are:

1. Bonding and attachment: the capacity to establish and maintain healthy relationships with others generally and the child specifically, including the management of clear boundaries,

nurturance of the child's positive self-image, and promotion of developmentally appropriate autonomy and individuation.

2. Self-sacrifice: the ability to accurately prioritize the child's needs, including when they supersede those of the parent.
3. Perception and action: accurately appraising and being responsive to the child's cognitive, educational, physical, emotional, social, and cultural needs, discerning individual strengths and deficits.
4. Communication: communicating effectively with the child and facilitating the child's development of narrative elaboration skills.
5. Role modeling: teaching and exemplifying prosocial behavior and values.
6. Authoritative parenting, including in matters of supervision and discipline.
7. Inclusiveness: encouraging the child's healthy relationship with the other parent and extended family members.
8. Cooperation: the capacity to negotiate constructively with the other parent, even in times of conflict.

If there is a disorder of thought, mood, personality, or impulse control, one or many of these parenting capacities may be affected. Fuhrmann & Zibbell (2012) further suggest the following factors are of the utmost importance in considering the parent's disorder: (1) the nature of the illness, (2) the parent's understanding of the disorder and compliance with treatment, (3) the availability and efficacy of treatment, and (4) the presence of supportive adults (p. 80). By evaluating these four factors while also considering the range of parental capacities, the evaluator is not only able to assemble a picture of present conditions but also able to enhance understanding of past events, future risks, and protective agents for the court's consideration.

What About Treatment Recommendations?

Professional consensus does not exist about the role of recommendations in child custody evaluations (AAML, 2011; APA, 2010; AFCC, 2006).

What is clear is that recommendations must be supported by the scope of the evaluation, data gathered, and conclusions drawn within the evaluation. It is my view that if we have utilized our evidence-based knowledge to reach a professional conclusion that (1) parental psychopathology is present and (2) it is negatively impacting parental functioning; we should not then withhold our knowledge of evidence-based solutions. Granted, some problems may be identified for which there is not sufficient science to recommend a particular solution. And even among the evidence-based and evidence-informed options, there remains plenty of unsettled science. Nonetheless, in the same manner that we acknowledge the limitations of our evaluation procedures or the data which diverge from our conclusions, we can similarly recognize the limitations to treatment recommendations while offering our knowledge about best practices.

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How to Assess for Domestic Violence

David Finn

Domestic violence (DV) is an often misunderstood dynamic. Because of this misunderstanding, it is incredibly difficult to assess, and one area in a child custody evaluation that often does not receive the scrutiny it deserves. The problem lies partly in semantics, partly in our biases, and partly in the dynamics of DV victims and perpetrators that influences how they tell us their story.

Understanding the Problem

In early 2007, the National Council of Juvenile and Family Court Judges together with the Association of Family and Conciliation Courts convened what would later become known as the Wingspread Conference. The purpose of that conference was to explore issues that have reduced the effectiveness of services to families in which DV has been identified or alleged. Key areas were addressed at that conference, including differentiation of DV; screening and triage; tailoring interventions to the specific family needs; balancing issues of child safety and parental access; and a recognition of the resources and roles of the family court (Van Steegh & Dalton, 2008). In many ways, this conference brought to the forefront the plethora of issues causing consternation in family violence assessment and intervention.

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Whether or not DV is alleged, it is an area that must be assessed in any contested custody matter. Failing to properly assess for domestic violence in any contested custody evaluation may result in a custodial recommendation that places children at further risk of emotional or physical harm. While parenting styles vary widely, parenting deficiencies identified in batterers include low warmth, coercive tactics, and rejection (Anderson & Cramer-Benjamin, 1999; Azar, 2002; Straus, 1983). Additional research has pointed to a correlation between spousal abuse and child abuse (Appel & Hoden, 1998; Edelson, 1999).

The importance of parents as role models cannot be underestimated. Simply stated, parents who use violence as a means to control or to resolve conflict are not modeling good behavior (Jaffe, Johnston, Crooks, & Bala, 2008). It is also essential to understand that DV, especially of the coercive controlling type, does not necessarily end after separation or divorce. The behaviors of an abusive parent that result in undermining of the other parent continue to have a strong impact on the continuing parent-child relationship (Bancroft & Silverman, 2002; Johnston, Walters, & Olesen, 2005). Perpetrators of coercive controlling violence can use ongoing litigation as a means of exercising further control over the victim years after the marriage has ended.

Children living in homes with violence are being shown that violence in relationships is acceptable if not inevitable. They are also

learning that violence has its rewards and can be an effective tool.

Research and theory have addressed the issue of aggression in children. Aggression in children is linked to coercive family interactions that are characterized by coercive interactions between children and parents as well as poor parental modeling (Patterson, 2002). When compared to their less aggressive peers, aggressive children believe it is difficult to inhibit aggression, expect positive outcomes for aggression, and are likely to misinterpret the behaviors of others as intentionally hostile (Perry, Perry, & Rasmussen, 1986).

The effects of DV on children, when seen in the aggregate, have significant negative effects in a variety of domains. Exposure to DV leads to higher risk of emotional and behavioral problems (Holt et al., 2008). Younger children may in fact be more vulnerable given their dependency issues (Gerwitz & Edleson, 2007). In fact, Sudermann and Jaffe (1999) referred to children's "exposure" to acts of DV to capture the impact on children living in homes with violence even when they do not personally witness specific acts of abuse.

Preschool-aged children exposed to DV had a higher level of post-traumatic stress disorder (PTSD; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002). Young children exposed to DV are also less able to regulate their emotions (Rigterink et al., 2010). In addition, older exposed children had higher levels of internalizing and externalizing behaviors (Moylan et al., 2010). Furthermore, adolescents report higher rates of PTSD symptoms and major depression (Zinzow et al., 2009) and exhibited avoidant attachment styles when exposed to DV (Becker and McCloskey, 2002).

Parenting limitations among victims of violence must also be understood. Although in extreme cases, the severity of these issues may suggest a battered woman is not a suitable custodial parent, the greater risk in not assessing for DV is in not identifying and addressing these issues. Just as important, not taking the context of these issues into account can lead to erroneous conclusions and recommendations.

These parenting issues include limitations in attentiveness and nurturing (Letourneau, Fidick & Willms, 2007); depression, anxiety, nightmares, flashbacks, crying, rage, less self-confidence, etc. (Vitanza, Vogel & Marshall, 1995); high levels of parenting stress (Zerk et al., 2009) and timid or indecisive parenting; and reduced social support (Letourneau et al., 2007). Other research looking at alcohol abuse demonstrates battered women abuse alcohol at a rate of 16 times more than non-battered peers (Stark and Flitcraft, 1988).

Unfortunately, custody evaluators are ill equipped to accurately evaluate for the presence of DV due to many factors including limitations in research (Adamsons & Parsley; Amato, 2000, 2010). Furthermore, there are common misperceptions that lead evaluators to underestimate its impact (Jaffee, Lemon, & Poisson, 2003; Logan, Walker, Jordan, & Horvath, 2002). One problem is the inherent difficulty in substantiating claims of DV (Johnson & Leone, 2005). Another problem may be inherent biases among custody evaluators, especially given difficult experiences with mothers in the context of the evaluation (Hardesty, Hans, Haselschwerdt, Khaw, & Grossman, 2010). In general, DV allegations are complex and multilayered and often require a differentiated response (Jaffe et al., 2008).

To begin, one must understand that DV is not a "one-size-fits-all" proposition. Four distinct variations of DV have been identified (Kelly & Johnson, 2008). These include common couples violence, separation instigated violence, violent resistance, and coercive controlling violence. In assessing DV, it is of vital importance to assess what type of violence exists. Violence of any kind is problematic, but each type has its own distinct implications and suggested interventions.

Although the four types of violence are reviewed briefly, the focus of the assessment section of this chapter is on assessing for coercive controlling violence. Additionally, references to victims are primarily female, and references to offenders are primarily male. This is consistent with the commonly held perception that men are much more capable of controlling their female partners' behaviors through fear and violence

than the opposite. Although women undoubtedly use violence in relationships, it is generally utilized for reasons different than male-perpetrated violence within the context of coercive controlling DV.

Common couples' violence, broadly defined, describes relationships in which both partners may resort to aggression during conflict. This may be the result of social learning or may be due to some other factors. In any case, the aggression is seen as an acceptable tool for dealing with conflict. In assessing this type of family, one must determine if the violence has extended to the children. Various risk factors may be addressed through anger management classes, parenting classes, and/or individual therapy.

The second type of violence, separation instigated, is violence that occurs at the time of the separation. There is no prior history of violence in this relationship. Taking from the stress–diathesis model, the coping skills of the partner who became violent have been overwhelmed by the stress of the separation. Perhaps, this is a person who, in a final act of desperation, grabbed the other in an effort to keep them from leaving. A police response in this type of situation, especially at the beginning of a divorce process, can result in an emergency order of protection and restricted access between the offender and the children. Keeping in mind that any violence is unacceptable, this particular type of violence probably is not systemic and does not require the same level of intervention as violence that is more deeply ingrained. Certainly, the reaction of the children must be assessed, and safety issues must be taken into account. To lump this in with violence that is more insidious or dangerously escalated could be a mistake.

The third type of violence, violent resistance, is more commonly referred to as self-defense. Again, I will repeat this to be clear—any violence is wrong. Reaching the wrong conclusions about perpetrator and victim, however, especially when looking at violent resistance, could have disastrous implications. This particular type of violence can occur within the context of coercive controlling violence, which will be described next. As such, it deserves additional attention.

Victims of violence are frightened but also angry. They may, at times, perpetrate an aggressive act towards the offender. This may be in a true moment of self-defense. The cycle of violence that occurs in relationships with coercive controlling violence includes a phase of tension building, an explosion, and then a honeymoon period. It is not beyond reason that a victim of this type of violence, feeling the tension and hoping for the honeymoon, may precipitate the explosion in order to get beyond it and to the honeymoon, where she once again experiences the man she wants to love. This is not to say that victims want to be victims. It is precisely the opposite. This is also not to say that victims want or deserve the victimization they receive. Nothing can be further from the truth. However, keeping in mind that victims are not just frightened but also angry aids in the understanding that they may trigger an aggressive act through their willful display of anger or defiance towards the perpetrator.

In any case, at these times, a woman may well cause an injury to her partner, subjecting her to arrest and a label of being domestically violent. While the law is and must be the same regardless of gender, a woman who is arrested for perpetrating a battery towards her partner may not embody risk factors that are a central focus in a child custody evaluation. If you are evaluating a woman who has been arrested for a domestic battery, you must assess the circumstances of this arrest as well as other associated history in order to fully determine whether or not she is a risk to the children and what type of intervention is indicated.

In order to assess this, an important distinction must be made between domestic battery and DV. Prior to making that distinction, I first discuss the fourth type of DV—coercive controlling violence—which will be the subject of the remainder of this chapter.

Coercive controlling violence, as broadly defined by Johnston and Kelly, is the type of violence that one typically refers to when describing DV. By differentiating this from other types of violence, the authors provided a vital service and quantum leap to our profession. Keep in mind that DV awareness had its origins in the victim

service movement and the term was likely first coined by advocates helping victims who were escaping a violent and controlling relationship. The label of “DV” became attached in these cases and, unfortunately, was used to label any type of violence in a relationship.

Coercive controlling violence is not an action. This is where semantics can be misleading. The image of “violence” that comes to mind is not the defining factor in a relationship based in what the Duluth project defined as “power and control.” We are predisposed to think of violence as an act, although in evaluating DV we must uncondition ourselves of this idea.

In a relationship with coercive controlling violence, the act of a battery (i.e., assault) is separate from the dynamics of violence, which are entirely about control. I like to describe this using an analogy that will be recognizable to anyone living in a cold weather climate as I do. The analogy I use is that domestic battery is to DV like a snowstorm is to winter. Think about it. A snowstorm is an event. However, it does not define the season. There are lots of variations in winter, and, in fact, some days can be quite pleasant. There are some winters where snowstorms are few and far between. This does not change the fact that it remains winter. In this regard, an assault is something that occurs within the context of coercive controlling DV. It does not, however, define it.

Coercive controlling DV, also referred to as intimate terrorism, is about *control*. The goal of the perpetrator’s behavior is to maintain control over the victim. It is not to batter her per se, as the goal may be for the perpetrator of common couples’ violence. Seen in this context, control over a victim of violence can be maintained from several inches or several continents away. A question such as “who were you with?” or “how much did you spend?” within the context of a coercive controlling relationship can be enough to strike fear in the heart of the victim. In fact, the mere anticipation of such a question can be enough to steer behavior in a direction that will follow the path of least resistance. Just *knowing* that there will be a consequence to pay for upsetting the “rules” established by the perpetrator is enough. These rules have become established

and enforced through a variety of behaviors—including emotional, psychological, and, in some cases, physical abuse.

Taken in this context, physical violence is one manifestation of coercive controlling DV. The absence of physical violence or the presence of violence defined by the parties as being minimal or even mutual does not in and of itself negate the possibility that DV may be present. It is for that reason that a careful assessment of DV is necessary in any child custody evaluation.

Before proceeding to a discussion of techniques and considerations for DV assessment, let me go back to a discussion of violent resistance. As you may recall, this defines violence that is perpetrated by a primary *victim* in an act of self-defense. To repeat yet again, any violence is by nature wrong and must be carefully assessed and, if necessary, factored into your ultimate recommendations. There is much peril, however, in reaching conclusions based *solely* upon an act of physical violence. If you equate *physical violence* to DV, you risk reaching the wrong conclusions and possibly placing the children in the care of the less healthy parent.

Keep in mind that DV and domestic battery are two *distinct* characteristics—in fact, acts of battery are not even *necessary* in order for one to gain and maintain control over another. In this context, a woman who strikes her spouse may, at the same time, be not only a *perpetrator* of a battery but also (if the facts bear out) a *victim* of DV. Chances are her use of violence is not used in an effort to maintain control but rather in a response to being controlled. Again, it is not acceptable for any person, man, or woman, to strike another. However, it is critical to understand that the use of violence within an intimate relationship does not, in and of itself, suggest that the person who used it is also the primary perpetrator of a coercive controlling DV. This too is true with regard to both individuals in the relationship.

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It is important to understand that assessing for DV takes the shape of a conversation, *not* a question. This is where many evaluations fall short.

While domestic battery is an event, DV is an ongoing dynamic. That dynamic cannot be assessed with simplistic and straightforward questions (i.e., Has there ever been violence in this relationship? Has there ever been hitting? Has he pushed you?)

When assessing for DV, I have found a few do's and don'ts. The later is a briefer conversation than the former, and I will begin there. For starters, do not merely ask if there is been any violence in the relationship. This question is a nonstarter, and it will understandably lead to a short-circuited violence assessment. There are several reasons for this, not the least of which is that custody litigants put their best foot forward and will deny violence at least in the context of being the perpetrator. You may get a laundry list of allegations about the other parent being violent which, absent corroboration, should not be taken as fact.

The other reason this basic question is a nonstarter has to do with the dynamics of DV itself. Perpetrators of DV tend to deny, minimize, and justify their use of violence. This is an important part of the psychological warfare of DV and often leaves victims guessing what actually happened versus what they are told and almost certainly want to believe. So to hear a perpetrator of DV tell you that they are not violent is not nearly good enough to reach a conclusion as to the absence of violence.

It is important to understand that victims, similar to perpetrators, often deny, minimize, and justify the violence in their relationship. It is not uncommon to hear a victim tell you there was just "a little bit of pushing" or, "it hasn't happened in years" or, "I was the one who usually started the arguments." I can only imagine that victims who find themselves trapped in an abusive relationship wish they were not there and, since leaving is often a process and not readily an option, escaping through denial becomes an attractive alternative. To the trained evaluator, this type of language from a custody litigant is an indicator that violence may be present and must be explored further.

It is also significant that the word "violence" conjures up images that are incongruent with

how people view themselves or their spouses. When we merely ask if there has been violence, the person answering the question will respond to their internal understanding of that term. Much like child abuse, perpetrators of DV often think of violence as what would have happened had their actions escalated. DV perpetrators do not see themselves as being violent, and indeed, in most cases, they are not. Likewise, victims of DV do not see their spouses as being violent. If merely asked whether or not he is violent, a victim may give a response that she believes is accurate even though, in the scope of DV, it is categorically incorrect.

Just like alcoholism, DV is not a past versus present dynamic. Physical violence that occurred years ago does not necessarily mean the DV is more historical than current. There is always the possibility there is more recent violence that is not being disclosed. There is also the possibility that the threat of violence has taken hold such that actual physical violence is not necessary for the perpetrator in order to maintain his control over the victim. Again, any indication of violence during any period perpetrated against any individual should be a red flag and prompt the need for further investigation.

There is also the issue of degrees of violence. In the context of coercive controlling DV, there can be no such distinctions. Much like turning on an incandescent light, DV is either present or absent. It is not possible to grade it on a continuum of less violence to more violence. There is certainly physical violence that, in some cases, is more severe than previously perpetrated physical violence. While physical violence typically escalates, it is conceivable that the more severe physical violence occurred prior to the less severe violence. The mere fact that a physically abusive spouse has not perpetrated physical abuse for years or the fact that a physically abusive spouse has done "nothing more" than a bit of pushing or shoving does not negate the presence of violence.

So if merely asking about violence is not enough, and with the understanding that corroborating the presence of DV often relies on the self-report of the perpetrator (who is given to deny, minimize, and justify their violence), what can

be done? This leads me back to the idea of DV assessment being a conversation over and above a question.

When I assess for DV, which I do in every custody case I am involved in, I do so by asking the following of both parents. My questions are direct but intentionally open-ended. To begin, I inquire as to typical areas of conflict in the relationship. What I am listening for are the areas consistent with the Duluth model of power and control. Are there arguments about money? If so, is there financial control? Are there arguments about freedom and, if so, is there isolation? Are there arguments about parenting and, if so, are there directives being given? This is the first very general component of my evaluation and leads to further discussion and questions.

It is important to point out that the mere presence of disagreement in areas consistent with identified dynamics of power and control does not, in and of itself, imply the presence of DV. It is important to inquire not just to the presence of these disagreements but the nature of the disagreements, how they are handled, and what actions have been taken in efforts to address these conflicts.

Unlike general violence or impulse dysregulation, there is usually a progression of violence in relationships marked by coercive controlling violence. I do not expect coercive controlling violence to begin with an incident of physical violence, and in fact, when this is what is alleged, it piques my suspicion that coercive controlling violence may not be the issue at hand.

So after asking about typical areas of disagreement and probing as a follow up to specific responses, I will next ask about violence that is generally considered to be "pre-battering." This includes a variety of behaviors that can best be summed up under the umbrella of verbal abuse. I ask if either party has been critical of the other and, if so, what the criticisms are about. As parents involved in contested custody litigation often come prepared to lodge their complaints against the other parent, the subject of these critiques has often been covered even prior to the specific DV assessment. The types of criticisms provide further information as to dynamics of power and

control. For example, parents will at times express criticism of how the other parent managed finances, their social life, and/or the children.

Being critical or judgmental alone does not, in and of itself, make one abusive. It is entirely conceivable for a judgmental person to keep these feelings to themselves or to assuage their dissatisfaction through engaging in extramarital affairs. What separates the abusive and controlling spouse from the merely disgruntled one is their efforts to monitor, control, and change the other parties' behavior.

In order to ascertain the degree to which this may be occurring, it is of critical importance to inquire as to what the critical parent does with their criticisms. How do they express these? In order to gain this information, you must ask directly. I am surprised at the degree to which parents will tell about their efforts to control the other parent without recognizing that they are engaging in controlling behaviors.

For example, when assessing for financial control, I will ask if either party has monitored the other's spending. Do they check credit card statements and other receipts? Do they question the other about their spending? Do they make the other party feel guilty? Do they force returns of items they do not believe are necessary?

Other areas that must be assessed at this juncture include jealousy. Jealousy, in the context of a coercive controlling DV relationship, can lead to efforts to isolate the victim of the violence. Again, in this arena, it is not enough to know that one spouse is jealous of the other. You must inquire as to how this jealousy is expressed. Does one spouse discourage the other from socializing? Has the other given up friendships due to this? Does one spouse discourage the other from spending time with his or her family? Does one spouse make the other feel guilty for socializing or make it impossible to do so by refusing to watch the children or by making social experiences un-enjoyable due to excessive phone calls, text messages, or questioning and accusations when the socializing spouse returns home.

Batterers are often insecure. This insecurity plays out in the form of jealousy. The actions one takes when jealous often bridge the gap between

beginning violence and pre-battering violence, which will be discussed shortly. Use of electronic surveillance is a common tactic of batterers. You should ask if either has attempted to investigate the other's activities by checking e-mails or text messages. Do they use the "find your I-phone" feature or other GPS monitoring to ascertain the whereabouts of the other spouse? Do they ever call numbers from the call log of the victim's phone to learn the identity of the caller?

With regard to behaviors displayed in the pre-battering violence phase, it is important to ask specifically about yelling, screaming, swearing, put downs, critical comments, and "hitting below the belt." Ancillary data for the tenor of one's comment towards the other can be found in the text messages, e-mails, Facebook pages, and other electronic communications parties provide for our review when conducting evaluations.

Again, no single pre-battering behavior is in and of itself abusive. Many people display these behaviors in isolation. Most of us have yelled or swore or been critical of others. These behaviors are not productive but not necessarily abusive either. What separates the abusive spouse from the boorish one is the intent of these behaviors. In a coercive controlling relationship, the intent of these pre-battering behaviors is to send a clear message to the other spouse that their behaviors must change.

When pre-battering violence is no longer sufficient to achieve the desired result, the coercive controlling batterer will step-up his actions to include behaviors that are physically demonstrative but that are also short of direct battering (i.e., hitting). These are referred to as *beginning violence*. These behaviors include physical actions such as slamming doors, pounding tables, punching walls, or destroying property. In this phase, batterers may also increase their use of physical intimidation, including standing in doorways to block their partner's ability to leave a room. They may also keep one's partner from entering a space. Again, these behaviors are designed to send a message to the victim to gain their compliance with the abuser's demands.

To assess pre-battering violence, you must ask the questions. Victims and batterers do not

necessarily see these behaviors as being violent. In fact, the great misnomer about DV is that many of these behaviors do not fit with our general understanding of the word "violence." Therefore, victims do not believe they are victims, and batterers do not believe they are battering.

In asking these questions, I take a non-assuming stance and ask about the presence of these actions regardless of who has initiated them. In the context of an evaluation of parental fitness, knowing *who* is doing *what* is important and may have an impact on the children. Stated differently, a woman engaged in these behaviors, even if they are not undertaken in an effort to exert control over her spouse, may be having an adverse impact on her children that must be understood.

As to the assessment, you must ask if either party has ever done anything physical even if it is not physically abusive in the manner that we understand abuse. Do items in the house ever get broken or destroyed during arguments? If so, whose items are broken? What items are destroyed? One of the misnomers of DV is that an abuser is "out of control" or having "anger management" problems. Interestingly, most abusers do not hit or break objects (or people) that they did not intend to. You might find that the property being destroyed is at best mutual (i.e., kitchen items) or at worst something that is important to the victim (i.e., a wedding gift or special keepsake).

You must ask if either has stood in the doorway or otherwise told the other that the argument is going to be finished even if one wants to leave. Has either partner prevented the other from leaving the room or entering the house? Does either spouse pound the table, slam the door, punch the wall, or otherwise destroy or damage property when upset? Has either ever thrown an item, whether or not it is thrown directly at the other person?

When these escalated yet still more subtle efforts at control fail to have the desired results, abusers will up the ante even more by becoming physically violent. If you take away nothing else from this chapter except this—you must understand that physical violence is a serious escalation of an already existing dynamic. DV, at

least the coercive controlling type, does not *begin* with physical violence. If it did, there would be no DV because no woman would tolerate being victimized in such a way. The reason DV works is that it is a slow, insidious process that is emotionally draining and mentally confusing. Add to that, the only person who sees it for what it is is the victim. Others do not see the man who is controlling and abusive. This contributes even further to the guilt and shame.

The other critical concept to understand for the evaluator is that *any* amount of violence is bad. If you have been a victim or a perpetrator and have used minimization or justification in your own life—do not apply this to the people you are evaluating. Victims *and* perpetrators minimize and deny violence. It is a survival skill. To wake up in the morning and look in the mirror, they must both buy into the notion that it was not *that* bad. You are the objective, neutral party. You must not be swayed by the version of the violence you will hear from those you are evaluating.

So when assessing for physical violence, which is the third of four degrees of severity in cases of DV, you must ask if there has *ever* been *any* amount of *unwanted* physical contact. At this juncture in the assessment, it does not matter *what* has occurred or *when* it occurred. You might be appointed post-decree, sometimes many years post-decree, only to find that the violence that was occurring pre-decree was not adequately assessed or treated. In those cases, you might find that the perpetrator's efforts to control the victim, admittedly by means *other than* physical violence, continue to explain the dynamic as it is effecting the continued functioning of the family.

So to begin this part of the assessment, you simply must ask. I ask in an open-ended manner as I do with all questions related to DV. I ask if it has occurred, and I ask who did what. When the parties you are assessing tell you what they did, believe them. A perpetrator who tells you he pushed his spouse after she started punching him is telling you about his actions, not hers. She may well have punched him, but she may well not have. In either case, you know he has used physical aggression towards her.

I ask if there is ever been any pushing or shoving, even if it seemed minor and even if it occurred long ago, even if it only happened just once. My objective is to know if there is *any* history of physical violence. I ask if there is ever been any punching, hair pulling, slapping, or kicking. I ask if either party has acted physically to defend themselves. Again, you might find a perpetrator admitting he has restrained the victim under the guise of self-defense. It may well have been a defensive action but then again maybe not. I think a reasonable defensive action when being attacked is to leave the house (if practical) and call the police. I find that many of the perpetrators I assess who claim to have acted out in self-defense have done neither.

Before moving on to the assessment of severe violence, perhaps this is a good place for a discussion of fabricated claims of DV. This is important to consider. Is a woman raising allegations of DV in order to gain an upper hand in a child custody dispute? This may well be the case and that is a possibility we must consider. Bear in mind a victim may be raising allegations of DV that simply cannot be corroborated. This *does not mean* her allegations are false or fabricated. This is an important distinction. An uncorroborated claim of DV does not mean that the violence did not occur. However, in some cases, it is possible or even likely that you are dealing with someone who is making false claims to gain what she hopes will be an advantage in the dispute.

You must understand that corroboration in respect to DV is difficult to come by. Furthermore, there is an important distinction between *domestic battery* and DV. The former can, at times, be corroborated with a police report or a hospital record. Many times it cannot. Sometimes you have a woman who has been arrested after perpetrating a *battery* who is, in the larger sense, a *victim* of DV. The distinctions are critical to understand in order to avoid reaching the wrong conclusion.

Now, back to the question at hand. If I am assessing a parent who is responding in the negative to questions of pre-battering or beginning violence but then claims one day to have been physically assaulted, I begin to question

if the claim may be fabricated. Why? Coercive controlling violence does not work that way. It may well be that parent is describing one of the other types of violence (i.e., situational couples violence or separation instigated violence) and that must be ferreted out in the assessment. To claim that one's spouse is controlling, however, absent any clear identification of *how* or *why* and then to say she was one day assaulted should pique your curiosity because it is, at best, atypical.

With coercive controlling violence, another phase is possible when the desired control is still not maintained with the use of the aforementioned physical violence. This phase is referred to as *severe violence*, and it is the fourth of four degrees of severity of DV.

Severe violence is marked by behaviors that have caused, or may cause, very serious physical injury or death. These include use of weapons or objects, strangling or choking, or threats of suicide or homicide. Again, as with all DV assessment, there is no substitute for asking these questions directly. Access to weapons represents a more severe risk factor, and you should ask if either parent has weapons or access to them. If weapons or an interest in weapons is present, is it a new interest or long-standing? Does one display weapons in a manner that is intimidating or otherwise sends a message with the intention of controlling the victim?

Threats of suicide and homicide must also be taken seriously. Suicide and homicide are sometimes threatened as tools to regain control over the victim. A suicidal threat may be used in the context of "please don't leave me" or "I cannot survive without you." It plays off the guilt of the victim as well as her sense of responsibility that is perhaps well engrained due to the blame she has been subject to. A threat of homicide is a different and obviously more aggressive tact. To a woman who has been threatened and has experienced physical violence, a homicidal threat may well be sufficient for maintaining her control and obedience. Regardless, any threat involving death to either party must be taken as a risk of severe violence. In order to know if this is present, you must remember to ask. Their failure to

tell does not absolve you of your responsibility to *inquire*.

Finally, sexual abuse is also a manifestation of severe violence in a relationship. Plainly and simply, this is no different than rape. Regardless of the context of a relationship, whether two complete strangers or a couple who has been married for 25 years, one does not have the right to sexual activity with the other absent their willingness and consent. Within the context of DV, perpetrators will often instill guilt or make threats that result in acquiescence to sex in place of willingness. Additionally, perpetrators of DV may force the victim into sexual activities she is not comfortable with (i.e., sex with third parties or going to a swingers group). In order to assess for sexual abuse, you cannot simply ask if there has been sexual abuse in the relationship as you will almost certainly receive a response in the negative. It is important to ask (both parties) if they think the other will say they have been forced to act sexually. You must also ask if either has agreed to sexual activity not out of willingness but out of fear of the other's response if the request had been denied.

Other Considerations

Those willing to believe DV exists have been accused of seeing DV everywhere. This should not be the case, and, in fact, in a child custody evaluation, there is simply no place for this. Our recommendations may well influence the lives of the litigants and their children for generations to come. Many of the parties we evaluate cannot afford to continue the litigation, and many times our recommendations will be a driving factor in the resolution of a contested custody dispute. To simply *believe* an alleged victim because you believe DV exists is irresponsible and should not be tolerated within the context of a child custody evaluation.

There are many times allegations of DV simply cannot be corroborated. When this occurs, you must simply conclude this to be the case. You can neither say it is occurring based *solely* on uncorroborated allegations nor can you say it

has not occurred based on uncorroborated allegations. If your local statutes direct you to investigate DV as do mine, a reasonable conclusion is something akin to stating there is no indication that DV is a factor at this time, or DV has been alleged but cannot be corroborated.

There are undoubtedly false claims of DV. These claims are suspicious at times because they do not follow the typical progression we see in cases of coercive controlling DV. When this occurs, you should consider other types of violence (i.e., separation instigated, common couples' violence, or violent resistance). You might also suspect the claims are intentionally false or simply conclude that the allegations cannot be corroborated.

While there may well be false claims of violence, it is undoubtedly true that there are false denials of actual violence. This is consistent with the dynamics of minimization and denial that occur in DV cases. You may have little to no information to rely on in reaching a conclusion as to DV being present. Again, this does not in and of itself negate the potential that it has occurred. In these cases, you must conclude that there are allegations although not enough information available on which to corroborate them.

Finally, in remembering that DV is about *control* and not about physical violence, it is important to assess for the presence of DV regardless of the status of the marriage or the amount of time since the parties have been in close physical proximity. Perpetrators of coercive controlling violence will use other means including intimidation, financial control, and the children to continue to exert their influence over the victim. These tactics may continue long after the marriage has ended. Therefore, whether you are evaluating a pre-decree petition or one that is 10 years post decree, the assessment for DV remains critical.

In addition to post-decree cases continuing to be effected by coercive controlling violence, new relationships can expose the children to a risk of harm if the new relationship involves behaviors on the DV continuum. In this regard, you should inquire as to the dynamics of new relationships if these indeed exist.

Is the assessment of DV foolproof? Unfortunately, no DV assessment is foolproof. These assessments will by nature be based to a very large degree on self-report. It is the exception and not the rule when the police are even involved. A police response does not always lead to an arrest, and, if it does, an arrest does not always result in a conviction. Using these as benchmarks may be misleading. However, as an insidious element that, if untreated, will have adverse impacts on the families we are entrusted to evaluate, it is a dynamic that deserves careful and expert scrutiny in any child custody evaluation.

Acknowledgments This chapter is dedicated to my parents who have been great role models, my wife and children (especially my little one who endured many brush offs when she wanted to play while I wrote), and finally my lifelong mentor and friend, Sandy Gordon Steibel Fields of blessed memory, whose life story is intricately woven into mine.

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Evaluating Allegations of Child Sexual Abuse in Custody Disputes

Kristine M. Jacquin and Audrey G. Masilla

Clinical psychologists most commonly hear allegations of child sexual abuse (CSA) from adult psychotherapy clients; in such situations, the veracity of the claim may be less important than the impact of the abuse memories on the client's current functioning. Similarly, child clinical psychologists may work with abused children, but only after the allegations have been assessed, and the psychologist's job is to help repair the damage. In contrast, a forensic psychologist may be called upon to evaluate the veracity of an allegation of current or recent CSA. Forensic psychological evaluations of CSA are particularly likely in custody disputes.

CSA is a serious problem that is associated with numerous negative psychological and behavioral consequences in children, such as externalizing behaviors and posttraumatic stress disorder (PTSD), and in adults, such as alcohol use problems, depression, PTSD, relationship and sexual problems, and risky sexual behaviors (e.g., see Berthelot, Godbout, Hébert, Goulet, & Bergeron et al., 2014; Kamsner & McCabe, 2000; Lamoureaux, Palmieri, Jackson, & Hobfoll, 2012; Phillips et al., 2014; Senn, Carey, & Coury-Doniger, 2012; Smith, Smith, & Grekin, 2014; Subica, 2013; Walker, Carey, Mohr, Stein, & Seedat, 2004). Identification of CSA may increase the likelihood of treatment for the victims

and legal consequences for the offenders; thus, it is essential to identify CSA when it happens. At the same time, false allegations harm the accuser, the accused, and others around them. Therefore, forensic psychologists asked to evaluate such allegations must be well prepared by understanding the challenges of evaluating CSA claims, the factors that may influence false allegations, and the relevant research that informs an evaluation. Each of these points is discussed in this chapter.

The Nature of the Problem

CSA is prevalent. Depending upon the study and the method used to assess accuracy, CSA prevalence estimates range from 6 to 62% of females and 3 to 31% of males (Peters, Wyatt, & Finkelhor, 1986). Walker and colleagues (2004) reviewed a set of methodologically similar studies on the prevalence of CSA among children in eight countries and concluded that 5.8–34% of girls and 2–11% of boys have been sexually abused. More recent studies have found similar rates of CSA in countries across the globe, ranging from 2 to 14.4% for females and 3 to 13.5% for males (Hamelin, Salomon, Cyr, Gueguen, & Lert, 2010; Han, Lee, Yoo, & Hong, 2011; Luo, Parish, & Laumann, 2008; Yen et al., 2008). A recent meta-analysis with 331 independent samples including almost 10 million participants across 6 continents yielded a global CSA prevalence estimate of 11.8% (Stoltenborgh, van IJzendoorn,

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Euser, & Bakermans-Kranenburg, 2011). Clearly, these figures indicate that CSA is a serious global problem.

CSA allegations also commonly co-occur with child custody disputes. Among child maltreatment (including CSA) investigations in Canada in a 3-month period, 12% of the families were engaged in a child custody dispute (Saini, Black, Fallon, & Marshall, 2013), indicating an overlap between maltreatment accusations and custody disagreements. Researchers have also examined custody disputes directly and found varying proportions of cases involving CSA allegations. Among contested custody cases, 2–48.6% involved CSA allegations (Brown, Frederico, Hewitt, & Sheehan, 2000; Johnston, Lee, Olesen, & Walters, 2005; Sorensen et al., 1995; Thoennes & Tjaden, 1990). The relationship of the child to the alleged perpetrator varied, with male caregivers accused more often than females. Specifically, 51–80% of CSA allegations were made against the father and 20–30% of the allegations were made against the mother, or mother and stepfather (Johnston et al. 2005; Sorensen et al. 1995; Thoennes & Tjaden, 1990).

Despite its prevalence, CSA is not as simple or easy to identify as one might imagine. A common assumption is that if a child makes an allegation of CSA, the claim must be true. However, false allegations do occur; research suggests that 5–35% of CSA allegations are untrue (Poole & Lindsay, 1998). In custody disputes, the rate of false allegations may be even higher. Research examining all forms of child maltreatment suggest that 50% of allegations made in custody disputes are unsubstantiated (Bala, Mitnick, Trocmé, & Houston, 2007; Brown, 2003; Johnston et al. 2005). In a study of 217,319 Canadian maltreatment investigations, those involving child custody disputes were significantly more likely than noncustody cases to be malicious false reports (Saini et al. 2013). When focused specifically on CSA, research indicates that one third to one half of allegations made in custody disputes are baseless, with a smaller proportion, 6–8.5%, that are judged to be malicious false allegations (Anthony & Watkeys, 1991; Johnston et al. 2005; Jones & McGraw, 1987; Thoennes & Tjaden,

1990; Trocmé & Bala, 2005). False allegations of child maltreatment may not be surprising given that participants in high-conflict custody situations sometimes attempt to manipulate mental health workers, judges, and others (Saini et al. 2012).

Because false reports generate suspicions about all reports, including those that are accurate, it is essential to be able to distinguish between the two. In addition, allegations of CSA are taken seriously by judges who make custody determinations. Research suggests that allegations may be sufficient to sway a judge to grant physical custody to the parent who was not accused of abuse, even if the abuse allegation was not substantiated (Sorensen et al. 1995). Indeed, the American Bar Association encourages judges to limit parental visitation if CSA allegations have “some reasonable basis” (Raubert, 2008, p. 134). Thus, the stakes are high in assessing the accuracy of a CSA allegation.

Challenges to Accurately Assessing CSA

Despite the high stakes, accurately assessing CSA is challenging. Some experts argue that it is quite difficult for professionals to successfully distinguish between true and false CSA allegations (e.g., see Herman, 2009), whereas others paint a more optimistic picture (e.g., see Everson, Sandoval, Berson, Crowson, & Robinson, 2012). The key in conducting an assessment of a CSA allegation is to follow the best practices in the field, which includes understanding the challenges involved in these cases, obtaining proper training and education, and knowing and applying the relevant research.

A number of factors make the accurate assessment of CSA challenging, including the base rate of false allegations, inaccurate judgments of professionals, variability in disclosure behaviors, no causal relationship between symptoms and true positive CSA, suggestibility, and the likelihood that typical CSA interview methods increase false reports. A psychologist’s knowledge of the research in this area can help the trier of fact

understand these challenges and make informed decisions regarding CSA allegations. A summary of relevant research is provided later in this chapter.

With all the challenges involved in assessing the accuracy of a CSA allegation, proper training is essential. Whether the forensic psychologist is conducting the initial CSA evaluation or is evaluating the accuracy of an existing allegation, such training should include: (a) graduate education in conducting and interpreting research, (b) graduate training in interview techniques, and (c) graduate education in normal child development (at all ages). The National Institute of Child Health and Human Development (NICHD) has developed guidelines in the assessment of CSA (Lamb, Hershkowitz, Orbach, & Esplin, 2008; Orbach, Hershkowitz, Lamb, Esplin, & Horowitz, 2000). Researchers have demonstrated that interviews using the NICHD protocol produce a greater quantity of accurate information about abuse (Brown & Lamb, 2009). Forensic psychologists who perform CSA evaluations or assess the accuracy of allegations should also become familiar with these guidelines and use the protocol when conducting interviews. In addition, professionals assessing CSA allegations should have a clear understanding of the research related to CSA, and should keep their research knowledge current. That said, there is some disagreement about the best practices for assessing the accuracy of an allegation (Faller & Everson, 2012), so keeping up with the current research and thought in the area is essential.

Some best practices are generally accepted by experts in the area (Kuenhle & Kirkpatrick, 2005; Poole, 2012). Specifically, in assessing allegations of CSA, the psychologist should: (1) gather information from multiple sources, (2) consider all reasonable hypotheses that could explain each facet of the allegation (e.g., the child's knowledge of sexual behavior), (3) consider the context of the allegation (e.g., custody dispute) and the nature of the allegation (e.g., spontaneous disclosure by the child), and (4) examine and present (in one's report and testimony) all evidence suggesting the allegation is true and all evidence indicating the allegation is false.

Essential Research for Assessing Allegations of Child Sexual Abuse

As described above, psychologists who evaluate CSA evaluations must know and apply the relevant research. The section below describes the most relevant research for assessing abuse allegations. The research describes factors that increase the likelihood of false reports (e.g., faulty interview tactics) as well as variables associated with true reports (e.g., emotional consistency). None of these variables conclusively proves that sexual abuse happened or did not happen. These and all other relevant case factors must be considered in combination.

Base Rate of False Allegations As discussed above, false allegations of CSA occur more than might be expected. For example, researchers believe that about 5–35% of allegations are untrue, and that the false reporting rate is as high as 50% in contested custody cases (Bala et al. 2007; Brown, 2003; Johnston et al. 2005; Poole & Lindsay, 1998). Given the base rate of false allegations, the evaluating psychologist must not assume that an allegation of CSA is accurate.

Experts testifying in CSA trials have been known to cite research indicating that false reports are rare; however, such research only refers to *intentional* false reports, which are less common than non-malicious untrue reports. Malicious false reports comprise 6–8.5% of CSA allegations made in custody disputes (Anthony & Watkeys, 1991; Johnston et al. 2005; Jones & McGraw, 1987; Thoennes & Tjaden, 1990; Trocmé & Bala, 2005). Thus, such reports are not rare, but they are less common than other forms of baseless CSA allegations. Some children may be motivated to make a false accusation due to anger at the accused, retribution, jealousy, a desire for attention, or because of psychological problems (McGleughlin, Meyer, & Baker, 1999). In addition, some children may be encouraged or coached by a parent, sibling, or another influential person to make a false report, especially in a high-conflict custody dispute (Saini et al. 2012). The prevalence of false reports shows that the context of the evaluation (e.g., custody dispute)

must be considered when evaluating an allegation of CSA.

The majority of false allegations seem to be unintentionally false; such reports may be particularly difficult to detect (Ornstein, Ceci, & Loftus, 1998). In these cases, the child may believe or may have come to believe that the CSA is real and that their report is accurate. Research has shown that it is fairly easy to develop a pseudomemory for an event that never happened (Ornstein et al. 1998), which means that a child could be reporting something untrue and not realize it (this is called source confusion; Garry, Manning, Loftus, & Sherman, 1996; Goff & Roediger, 1998). Sources of unintentional false reports are discussed below; the research in this area must be considered when evaluating an allegation of CSA.

Professionals are not Good at Detecting False Reports

Because some children may make a false report of CSA without realizing the report is false, it is perhaps not surprising that professionals are challenged in distinguishing true from false reports. This challenge is compounded by the fact that most mental health professionals, attorneys, judges, and parents assume that a child who makes an allegation of CSA must be telling the truth (Bruck, 2003). Professionals whose work involves CSA (e.g., judges, police officers, mental health workers, and CPS workers) are particularly likely to believe CSA allegations (Everson, Boat, Bourg, & Robertson, 1996). According to research, child protection interviewers only experience uncertainty about the validity of a CSA allegation when it is made in the context of a high-conflict custody dispute (Haskett, Wayland, Hutcheson, & Tavana, 1995; Saini et al. 2012).

Mental health professionals also tend to believe that they can tell if someone is lying, but research shows that the majority of individuals, including mental health professionals and police officers, perform no better than chance at detecting whether a child, even a young child, is lying, showing that even very young children can convincingly lie (Ekman & O'Sullivan, 1991; Vrij, Akehurst, Brown, & Mann, 2006). Research has shown that adults have particular difficulty

distinguishing false denials of an event from other false reports and from true reports (Block et al. 2012).

Most mental health professionals also believe that they can differentiate true from false CSA allegations. However, researchers have found high error rates among the mental health professionals who typically assess CSA allegations (i.e., child protection interviewers). In a review of relevant research, Herman (2005) reported a minimum error rate of 24%, and concluded that the actual error rate is likely much higher. Herman & Freitas (2010) found a median false positive error rate of 18% and a median false negative rate of 36%, with estimated individual error rates as high as 75%. Even the lowest among these error rates is considered high, particularly for assessing the accuracy of CSA allegations.

Some Children do not Initiate Disclosure

A common assumption about CSA is that victims of abuse will speak up, and tell someone what is happening. However, many sexually abused children do not spontaneously disclose the abuse (Alaggia, 2004; Hershkowitz, Orbach, Lamb, & Horowitz, 2006; Lamb & Edgar-Smith, 1994; London, Bruck, Ceci, & Shuman, 2005; London, Bruck, Ceci, & Shuman, 2007; Paine & Hansen, 2002; Smith et al. 2000). Smith and colleagues (2000) found that 28% of adult CSA victims reported not having disclosed prior to the research. Rates of disclosure reported by researchers tend to be higher when child victims are examined, perhaps because such research involves known cases of CSA (Hershkowitz, Lanes, & Lamb, 2007). Hershkowitz and colleagues (2007) found that 46.7% of children over 9 years of age spontaneously reported CSA, and 66.7% of children 9 years and younger made a spontaneous report. Rates also vary according to whether CSA was substantiated prior to the research. London and colleagues (2005) conducted a review of the literature on children's disclosures and found disclosure rates of 43–74% in nonsubstantiated cases and 76–96% in substantiated cases. A variety of other factors, such as cultural background and relationship to the perpetrator, may affect disclosure (London, Bruck, Wright, & Ceci, 2008).

Experts testifying in CSA trials sometimes misinterpret certain research in this area (e.g., Gonzales, Waterman, Kelly, McCord, & Oliveri, 1993; Sorenson & Snow, 1991) as meaning that abused children often *deny* abuse when asked. However, when those studies are carefully examined, they reveal two important points. First, children who may or may not have been abused (i.e., the abuse cannot be substantiated), who initially deny it, eventually come to say that they were abused. Second, children who definitely were abused (i.e., an adult witnessed the abuse directly or the abuser confessed) typically acknowledge what happened when asked directly (see also Bradley & Wood, 1996; Jones & McGraw, 1987). Overall, the research indicates that many children who were abused do not initiate disclosure and are never asked, and that some children who were not abused report abuse.

Children are Suggestible Another challenge in assessing the accuracy of a CSA allegation is that children are highly suggestible. Many people maintain the belief that only very young children are suggestible; however, research indicates children of all ages frequently answer suggestive questions in the direction of the suggestion (Finnila, Mahlberg, Santtila, Sandnabba, & Niemi, 2003; Frenda, Nichols, & Loftus, 2011; Leichtman & Ceci, 1995; Scullin, Kanaya, & Ceci, 2002). Furthermore, many professionals believe this is only true if the interviewer is intentionally trying to mislead or influence the child. In contrast, suggestibility can happen in very subtle ways, even when it is not intended (Bruck, 2003; Ceci, 2003; Principe & Ceci, 2002). Interviewers, parents, and other children may be the sources of suggestion (Principe & Ceci, 2002; Principe & Schindewolf, 2012).

Suggestion can lead to the development of pseudomemories, or false memories for an event that never happened. Research has shown that it is fairly easy to develop a pseudomemory for an event that never happened, even with relatively few suggestions (Loftus, Coan, & Pickrell, 1996; Loftus & Pickrell, 1995). Therefore, a child could make a false report of CSA without knowing the source of their

memory—suggestion or reality (Ceci, Loftus, Leichtman, & Bruck, 1994; Garry et al. 1996; Rudy & Goodman, 1991; Saywitz, Camparo, & Romanoff, 2010; Saywitz, Goodman, Nicholas, & Moan, 1991). Even adults can develop pseudomemories for childhood events that never happened (Hyman, Husband, & Billings, 1995; Loftus & Pickrell, 1995). Memories for stressful events, such as CSA, are particularly susceptible to modification from suggestions (Morgan, Southwick, Steffian, Hazlett, & Loftus, 2013). Children who have developed pseudomemories based on suggestion typically maintain their inaccurate reporting of events over long periods of time, regardless of efforts to restore the original and pre-suggestion memories (Bruck & Ceci, 2013; Ceci et al. 1994; Leichtman & Ceci, 1995; Zhu et al. 2012).

Children are Subjected to Repeated Interviews By the time a CSA allegation is evaluated by a forensic psychologist, the child has discussed the allegation with several individuals (Cross, Jones, Walsh, Simone, & Kolko, 2007; Poole & Lindsay, 1998). At a minimum, the child has discussed the allegations with the person who reported the abuse, the police, and/or Child Protective Services. Research has shown that repeated interviewing is problematic in that it increases the likelihood of inaccurate recall of events after only one prompt for recollection (Hershkowitz & Terner, 2007). By the third interview, approximately half of the child's responses are likely to be inaccurate (Bruck, 2003; Leichtman & Ceci, 1995). The introduction of false information can occur even if the child actually experienced CSA. When false information is introduced into an otherwise true report, the true and false elements may be difficult or impossible to distinguish (Bruck, Ceci, & Hembrooke, 2002; Scullin et al. 2002). The negative impact of repeated interviewing seems to occur regardless of whether the child talks to a parent or a professional or both; for example, talking to a parent about an allegation has been shown to increase inaccurate information in the subsequent forensic interview (Poole & Lindsay, 2001).

Problems with Typical CSA Interview Methods Research tells us that a child's spontaneous disclosure of inappropriate touching has a reasonable probability of being accurate. However, disclosures that occur after leading or suggestive questions are more likely to be completely false or contain false elements (e.g., the incorrect identity of the perpetrator). Younger children are more likely than older children to give false information when questioned (Lyon, Ahern, & Scurich, 2012). Given that interviews are a standard method of assessing CSA allegations, it is essential for evaluators to understand the research about interview methods.

Common CSA interview methods have been proven by research to increase false reports in even well-intentioned children, and increase inaccuracies regardless of who uses them—parents, police, child protection interviewers, and other children (Bruck, 2003; Bruck et al. 2006; Ceci, 2003; Kuehnle, 1996). For example, interviewers frequently use closed-ended (i.e., leading) questions or probes (e.g., “Tell me what your uncle did to you.”), which tend to produce less accurate or even blatantly inaccurate information (Cassel & Bjorklund, 1995; Ceci, 2003). In addition, having the “allegations are always true” bias leads interviewers to collect only confirmatory evidence (Bruck & Ceci, 2013). Similarly, child protection interviewers tend to reinforce answers consistent with abuse and not those inconsistent with abuse. When this practice is combined with leading questions, inaccuracies dramatically increase (Cassel & Bjorklund, 1995; Cunningham, 1988).

Interviewers who do not immediately hear evidence for abuse tend to continue the interview (i.e., a child who denies abuse is questioned more), which has been shown to increase suggestibility and false reports (Bruck, 2003; Bruck et al. 1997). If false information is repeatedly stated to a child (e.g., false statements about abuse occurring), the child is more likely to report that information later as part of their memory (Foster, Huthwaite, Yesberg, Garry, & Loftus, 2012). Similarly, repeating questions increases false reports (Bruck, 2003; Bruck et al. 1997; Poole & White, 1991, 1993). Children in CSA interview

situations may be pushed to answer questions even if they are uncertain; such forced answering significantly increases inaccurate responses (Bruck et al. 1997). Likewise, yes/no questions increase inaccurate responses (Laimon & Poole, 2008; Peterson & Bell, 1996; Peterson & Briggs, 1997; Poole & Lindsay, 1998). In child protection interviews, CSA interviewers frequently use anatomically detailed dolls and/or figure drawings when talking with a child. Such interview aides have been proven to be suggestive and increase false reports (Bruck, 2003; Bruck & Ceci, 2004; Bruck & Ceci Melnyk, 1997; Bruck et al. 2000; Lyon, Lamb, & Myers, 2009; Poole & Bruck, 2012; Williams, Wiener, & MacMillan, 2005).

Utilizing any of these interview methods alone will increase the probability of false reports; however, the likelihood of false allegations increases when multiple methods are used in combination (Bruck & Ceci, 2013; Bruck et al. 2006; Ceci et al. 1995). Regardless of the accuracy of the child's report, mental health professionals who routinely do abuse interviews frequently misremember what the child said or did in the interview and tend to present the information as much more indicative of abuse than is actually the case. They also misremember their own interview behavior (Ceci, 2003).

No Definitive Symptoms can be used to Prove Abuse Many mental health professionals assume that behavioral symptoms like nightmares, fear, temper tantrums, impulse control problems, interest in sex or sexuality, and masturbation are indicative of abuse. Such behavioral indicators are frequently the basis for referrals to Child Protective Services, particularly in the absence of an overt CSA allegation made by a child (Hlady & Gunter, 1990). Despite the assumed connection between these behavioral indicators and CSA, all of these so-called symptoms are normal at some ages and even when not developmentally normal, they can indicate many different problems (Bruck et al. 1998; Gardner, 2001; Kuehnle, 1996).

As stated early in this chapter, there are certain psychological and behavioral problems that are more common in children who were sexually abused. This association creates an argument

analogous to the one above. Specifically, mental health professionals sometimes argue that if a behavior or set of symptoms is common in sexually abused children, then that behavior or set of symptoms is proof of abuse. For example, the presence of a set of symptoms that has been called “child sexual abuse accommodation syndrome” (CSAAS; Summit, 1983, 1992) has been used to assert that a child was sexually abused (Sbraga & O’Donohue, 2003). Even though CSAAS cannot be used to reliably distinguish between true and false reports of sexual abuse, inaccurate conclusions may be drawn about this and other such syndromes or symptoms when base rates are not considered (Campbell, 1997, 1998; Myers, 1993, 2010).

Evaluators assessing CSA allegations should be aware of illogical conclusions drawn from misunderstandings about base rate. Base rate is the frequency of something in a certain group. The base rate of sexual abuse refers to the prevalence of sexual abuse in a certain group. The misinterpretation of base rates is best explained with an example (all numbers in this example are made up for the purpose of illustration). For the purpose of this example, assume that the base rate of sexual abuse for boys living in a particular area is 5%. If there are 20,000 boys living in this area, then the base rate of 5% means that of those 20,000 boys, 1000 have been sexually abused and 19,000 have not been sexually abused. Next, assume that 50% of sexually abused children show the signs of CSAAS and 10% of nonsexually abused children show the signs of CSAAS (in reality, all nonsexually abused children would show the “sign” of not disclosing sexual abuse, which is the key component of CSAAS). If these numbers are true, it means that sexually abused children are 5 times more likely to show the signs of CSAAS than nonsexually abused children. Although this information suggests that CSAAS is a “proof” of CSA, the base rates show the truth. Returning to the 1000 boys who have been sexually abused, 500 of them (50%) should show signs of CSAAS, so if we used CSAAS to determine who was abused, we would make the correct determination for 500 of the abused boys and the wrong determination for the other 500

abused boys. We would also expect 1900 of the nonsexually abused boys (10%) to show signs of CSAAS, so if we used CSAAS to determine who was abused, we would incorrectly label 1900 of the nonsexually abused boys as having been victims of abuse. Even if CSAAS was present in only 1% of nonsexually abused children, we would incorrectly label 190 nonsexually abused boys as victims of CSA. The “misinterpretation of base rates problem” demonstrates that even if a behavior or set of symptoms occurs more often in abused than non abused children, because many more children are not abused, most children who show the behavior or set of symptoms will not be CSA victims (Bridges, Faust, & Ahern, 2009; Faust, Bridges, & Ahern, 2009a, 2009b; Friedrich et al. 2001).

Sexual behaviors or descriptions of a sexual act are particularly likely to lead to concerns about CSA (Friedrich, 2005; Gardner, 2001). Although sexual behaviors and knowledge may be associated with sexual abuse, it is erroneous to assume that a child who talks about sex or describes a sexual act must have been abused (Gardner, 2001; Poole & Wolfe, 2009). Alternative explanations for sexual knowledge or behavior are that (1) the child may be using imagination, (2) the child may have witnessed sexual activity, or (3) the child may have been told about sex from another child. Good interviewing can distinguish between these alternative explanations. In general, imaginary, witnessed, or second-hand sexual knowledge tends to be lacking in detail or clearly implausible.

Sexual behaviors and descriptions should be considered in light of relevant base rates and developmental norms. For example, it is normal for children to engage in some sexual behaviors such as masturbation (Friedrich et al. 1998; Poole, 2012; Poole & Wolfe, 2009). In non-abused children, knowledge of sexual behavior and actual sexual behavior is generally consistent with developmental level. For example, it is normal for children ages 4–10 years to show interest in “playing doctor,” and looking at or manipulating their own or another child’s genitals, but it is not normal for children in this age range to show interest in touching an adults’ genitals (Gardner,

2001; Kuehnle, 1996). Therefore, evaluators of CSA allegations should compare the child's sexual knowledge or behavior to normal developmental levels and the relevant base rates (Everson & Faller, 2012).

In conclusion, CSA evaluators should remember that research has shown there is no single psychological or behavioral symptom or set of symptoms that can be used to prove a claim of sexual abuse (Bruck et al. 1998; Drach, Wientzen, & Ricci, 2001; Gratz & Orsillo, 2003; Hagen, 2003; Kendall-Tackett, Williams, & Finkelhor, 1993; Kuehnle & Kirkpatrick, 2005). Even physical symptoms may be absent, unclear, or indistinguishable from those in non-abused children (Bays & Chadwick, 1993; Berenson, 1998).

Plausibility of Abuse Occurring in the Context and Manner Described A forensic psychologist who assesses a CSA allegation should analyze the possibility of the abuse occurring the way in which it is described (Raskin & Esplin, 1991). For example, the evaluator may consider whether someone should have noticed the alleged abuse. If the abuser was a parent, it might not be unusual for the other parent to "not notice," particularly if that unobserving parent had been an abused child. However, it would be unusual if the alleged abuse was described as happening where it would definitely be noticed by others. In addition, depending upon the child's age, false reports may involve illogical or impossible details (Kuehnle, 1996; Raskin & Esplin, 1991).

Consistency When reviewing a child's allegations of abuse, the evaluator should consider the consistency of the child's statements. It is normal for a child's description of events or a series of events to change in the way it is told. In other words, a truthful child is not likely to use the exact same words each time a particular event is described (Bruck & Ceci, 2013; Ceci, 2003). However, it is *not* normal for the factual elements of an event description to change; such inconsistency suggests that the elements are not factual (Ceci, 2003; Raskin & Esplin, 1991; Steller & Koehnken, 1989).

Emotional State with Disclosure Mental health professionals frequently assume that if a child's disclosure is emotional, it must be true. However, research shows that false reports contain more emotionality than true reports (Bruck et al. 1998; Ceci, 2003; Jones & McGraw, 1987; Santtila, Roppola, & Niemi, 1999). Researchers have also found variations in emotional distress among abused children. For example, children who were abused but initially non-disclosing reported the lowest levels of distress compared to children who were not abused (intermediate distress) and those who had been abused and subsequently disclosed (highest levels of distress; Elliot & Briere, 1994).

Based on research, an evaluator should not view emotionality as a sign of truth but instead should assess the child's typical levels of emotionality. The evaluator also should not mistake a lack of emotionality for a false report. It is normal for children to express a wide range of emotions with regard to abuse. For example, a very young child may not recognize what happened as being wrong and therefore may express relatively neutral emotions during interviews (McGleughlin et al. 1999). Whatever the child's emotional state when discussing the abuse, it is normal for there to be a match between that state and the emotional state in general related to the abuser (Kuehnle & Kirkpatrick, 2005; McGleughlin et al. 1999). For example, if a child expresses intense fear when talking about alleged abuse, it would be normal for that child to be fearful of the abuser. Thus, evaluators of CSA allegations should examine the consistency or inconsistency in the child's emotional presentation.

Memory of Details The evaluator of a CSA claim should consider the child's memory for details about the abuse, and compare this level of detail to expectations based on developmental level. In general, memory for details of events varies according to the child's age, with greater details remembered more accurately as a child grows older (Battin, Ceci & Lust, 2012; Raskin & Esplin, 1991). Although the recall of younger children is less accurate and detailed compared to older children, younger children's true reports of

CSA have been shown to maintain accuracy and stability over relatively long time frames, so no conclusions should be drawn about the accuracy of a report based on the passage of time between the event and the disclosure (Bruck & Ceci, 2013; London, Bruck, & Melnyk, 2009; Peterson, 2002; Peterson, Moores, & White, 2001).

Memory details also vary according to whether the event being remembered actually happened. True events are remembered more clearly and with more details than imaginary events (Fremouw, Miller, and Nangle, 1995; Roberts & Lamb, 2010). Compared to imagined events, true events are remembered with more sensory details (e.g., sights, sounds, smells, tastes), more details about the setting and location, and more details about events that occurred before and after the target event (Fremouw et al. 1995; Johnson, Foley, Suengas, & Raye, 1988; Santtila et al. 1999). The research is inconclusive about accurate memory for certain details. For example, temporal markers have been associated with both true reports (Pathman, Larkina, Burch, & Bauer, 2013; Santtila et al. 1999; Strömwall & Granhag, 2005) and false reports (Ceci, 2003). For details such as when an event occurred, age is critical; Pathman et al. (2013) found that 8-year-olds were more accurate than younger children at remembering certain time details, such as the day of the week on which an event occurred.

In general, when considering the level of details in a child's report of CSA, the evaluator should compare not only to expectations based on research but also to the child's report of a known event. A child's memory for details should be similar across true events that occurred in a similar time period.

Conclusions

A forensic psychologist assessing the accuracy of a CSA allegation has a challenging task, particularly in custody cases because false claims are more common. The psychologist must evaluate factors that both support the allegation of CSA and suggest that the CSA claim may be false. Clinical judgment may be used, but should be

supported by research. When a thorough analysis is complete, the psychologist should present the findings to the attorneys and the fact finders (i.e., judge, jury). These findings should be provided with appropriate rationales and research support, as well as clear statements about the limitations of both research and clinical judgment.

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Part IV
Specialized Issues

Child Custody Evaluations: In Cases Where Parental Alienation Is Alleged

Demosthenes Lorandos and J. Michael Bone

Part One—Parent/Child Alienation and the Courts

There is nothing new about the alienation of a child's affections from a parent. Children have been alienated, brainwashed, estranged, kidnapped, and manipulated by family members for all of recorded history. The earliest reported case of a child's alienation from his parent began at the turn of the nineteenth century when Leonard Thomas De Manneville literally "snatched his nursing daughter from the breast of his wife..." (Wright, 2002). De Manneville was a French emigrant and his wife, Margaret Crompton, a woman of means and property. Just after their daughter was born, their marriage soured. Faced with English law at the time making divorce nearly impossible, Mrs. De Manneville complained of abuse and went to live with her mother. Prior to leaving, she made explicit provision for the father to have access to his child. Unhappy with this arrangement, Leonard seized the child and threatened to leave England, never to be seen again. Margaret filed an application with the Court of King's Bench for a writ of *habeas corpus* on behalf of the infant. She was summarily dismissed by Lord Ellenborough "...on the ground that that Court did not by its constitution possess any of

the delegated authority that exists in the King as *Parens Patriae*" (*King v. De Manneville*, 1804). She filed again in the Court of Chancery and the alienating father claimed she had no right to file at all due to the English law of *coverture*. Under *coverture*, husbands and wives could not sue one another because they were seen by the law as one entity (Abramowicz, 1999; Wright, 1999). At this time in England, mothers were not deemed to be the persons first in line to care for their own children. Under the 1660 *Abolition of Tenures Act*, fathers could name guardians other than the children's mothers, and the law would enforce that designation (Raithby, 1819). Margaret lost again and Lord Eldon of the Chancery Court held that on the basis of *coverture*, she lacked standing to bring a suit at all. Lord Eldon viewed leaving the child with the father as a means to force Margaret to return to his home and his treatment. Leonard had succeeded in alienating the little girl from her mother and her mother's family.

Another early case of the alienation of children from their parent found the romantic poet Percy Bysshe Shelley losing his bid to have his children returned to him from their maternal grandparents (*Shelley v. Westbrook*, 1817). It seems Shelley met and married Harriet Westbrook when he was 19 years of age and she was 16. Shelley was the heir of a landed family and Harriet the daughter of a wealthy shop owner. They separated 3 years later when the girl was 3 years old and Harriet was pregnant with their son. Shelley it seems had fallen in love with Mary Wollstonecraft Godwin, and Harriet and her children went to live with her fa-

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ther. They shut Shelley out of his children's lives. When Harriet drowned herself in the Serpentine in 1816, the family suppressed information about the suicide. When Shelley found out, he immediately married Mary, and the two petitioned the court for a return of his children from the wealthy Westbrooks. In this case, the alienating grandparents counter-petitioned the Chancery Court and began a calculated campaign of character assassination. They claimed in part that Shelley was a published atheist and an advocate of sexual freedom (Volokh, 2006) and therefore "immoral." In 1817, Lord Eldon explained that the father should form the "opinions and habits" of his children. Eldon expressed outrage over Shelley's conduct, "which he represents to himself and others, not as conduct to be considered as immoral, but to be recommended and observed in practice, and as worthy of approbation" (Doolittle, 2007). The alienation Harriet Westbrook began survived her suicide. Shelley never saw his children again.

In 1818, Lord Eldon of the Chancery Court presided over another alienation case (Stone, 1993). In the notorious *Westmeath* case, the parents were George Nugent, Earl of Westmeath, and Emily Cecil, daughter of the Marquess of Salisbury. They married in 1812, and their daughter Rosa was born in 1814. They separated in 1818 amidst allegations that George physically assaulted Emily and committed adultery. In a moment of largess, George entered into a contract with Emily that she would be the custodial parent of Rosa and their son who had just been born. In fact, George entered into two separate agreements with Emily that she would be the physical custodian of both children. While the ink was still drying on the agreements, George became convinced that Emily was poisoning the children and particularly Rosa against him, so he refused to return the children to Emily after a visitation. Emily sought a writ of *habeas corpus*, but Lord Eldon of the Chancery Court cited to coverture, refused to recognize the written agreements and awarded custody to George (*Earl of Westmeath v. Countess of Westmeath*, 1826). To improve upon his successful campaign to alienate the children from their mother, George then sent the children to Ireland where the boy died months later. In their grief, Emily and the Marquess of

Salisbury prevailed upon this alienating father to allow little Rosa to return to England. She was permitted to return with her mother, but when he returned to London, George accused Emily of having an affair with the Duke of Wellington and kept Rosa from her again. When Emily and her family asked the Court of Common Pleas for help, Justice Dallas followed ancient practice and declared that "the father is in point of law entitled to the custody of the child" (Wright, 2002). Again working to perfect his alienation scheme, George isolated Rosa from her mother by moving her to the country home of his friend, the Duke of Buckingham, where George instructed everyone in the household to prevent Emily from ever seeing or communicating with the child. In the midst of this successful alienation campaign, Emily forced her way into Rosa's new home, but Rosa, about age 11, refused to kiss her mother or even shake her hand. Emily later wrote that Rosa told her: "Papa and the Duke of Buckingham have pointed out what sort of woman you were. I never wish to see your face again" (Stone, 1993).

Just days after Lord Eldon sustained the Earl of Westmeath's alienation campaign, the court took up the case of Sarah and George Ball in 1827. In this matter, Sarah had obtained a divorce from George on the grounds of adultery, and George countered that Sarah "had endeavoured (*orig.*) to alienate the affections of the child from him" (*Ball v. Ball*, 1827). One witness testified by affidavit:

... that he was aware of the disputes between them; that she was of an extremely violent temper: and then he went on rather prophetically to declare, that she would exert every means to alienate the affections of the child from her father if she were under her care; that he had witnessed the conduct of the defendant to his daughter, which was very proper and affectionate; that the daughter was extremely fond of her father, who, deponent was convinced, would do everything in his power to make her happy (*id.*).

Lorandos chronicled the development of children's rights in American law (Lorandos, 1996) and described two early cases alleging the alienation of affections. In the 1844 case of *In re Barry*, a father whose daughter was given to the care of her maternal grandparents following her mother's untimely death, tried to get his in-laws

to return the girl. When they refused, the girl's father attempted to use a writ of *habeas corpus* and the courts to compel the grandparents to return his daughter. His plea was lost on jurisdictional grounds, and he never saw his daughter again. In the 1890 case of *In re Burrus*, a father used the courts to try to obtain the custody of his daughter from his former in-laws after the little girl's mother died of disease. In *Burrus*, the grandfather released the girl when served with a writ of *habeas corpus* by a district court but then retook the girl by force. When the district court imprisoned the grandfather for contempt, he made out a writ of *habeas corpus* to the US Supreme Court. In ordering the grandfathers release, the US Supreme Court held that the district court lacked the jurisdiction to make out its writ. The alienated father lost again.

In 2010, researchers Richard K. Stephens and Linda Gunsberg demonstrated with archival newspaper reports, numerous historic cases of parental alienation (PA; Stephens & Gunsberg, 2010). Using many newspaper reports of court proceedings, these researchers pointed out three variations denoting "parental alienation" that were used in two different New York City newspapers about a 1904 case; the mother alleged the father had alienated the child against her claiming he had: (1) "inoculated him with hatred" (*New York Times*), (2) "prejudiced him against her" (*New York Tribune*), and (3) "poisoned her child's mind against her" (*New York Tribune*). Stephens and Gunsberg illustrated two more notorious newspaper reported cases from more than 100 years ago with headlines like: "Wife has turned his children against him," (1912) and "Divorced man thinks child is influenced against him" (1914). Rand (2013) called upon the work of Isaacson (2008) to illustrate that even the smartest person alive can be victimized by alienation.

Albert Einstein met Maleva Maric when she was the only woman in Einstein's section at the Polytechnic in Zurich. They married and Maric bore Einstein two sons during their 10 years of marriage. During their separation and contentious divorce in 1914, Einstein wrote to his friend Heinrich Zangger, a professor of physiology at

University of Zurich, that Maric was "poisoning" the children against him and that, "My fine boy had been alienated from me... by my wife, who has a vengeful disposition" (Isaacson, 2008; Rand, 2013). To sidestep the alienation, Einstein agreed that Maric would have primary physical custody of the children, and Einstein would give her all the money that he anticipated receiving when he won the Nobel Prize. After the cash settlement, it was reported that the alienation was forestalled enough to allow Einstein to again have a relationship with his two sons.

In an October 23, 1923, Evansville, Indiana newspaper story, Stephens and Gunsberg describe a lawsuit in which Ethel Montgomery Crum, mother of a child who had repeatedly been prevented from seeing her and "—according to her assertions—had been deliberately alienated from her by both her ex-husband and her in-laws" was awarded a US\$ 25,000 settlement on the grounds of "alienation of affections" between parent and child. With a November 19, 1926, San Antonio, Texas headline "Mother Sobs as Court Hears Fight for S A Tot," Stephens and Gunsberg describe a child custody hearing where a husband testified that previous to his divorce, his wife had spitefully threatened to poison his daughter Terry's mind against him. She had told her husband: "I am going to teach Terry to hate every drop of blood in your body." A tragic story from the Oakland, California—Oakland Tribune on February 19, 1927, describes the outcome of the Sparks case (Stephens & Gunsberg, 2010). The story explains that after his divorce, Mr. Sparks reportedly taught his little daughter to condemn his estranged wife with the words: "You are not my mamma." The report goes on to explain that Mrs. Sparks found the experience unbearable, drank poison, and died from it. A 1935 Metro Goldwyn Mayer motion picture *O' Shaughnessy's Boy*, starring Wallace Beery and Jackie Cooper, grew out of a children's book, which described an alienation campaign. The book and motion picture told the story of a father's ultimately successful struggle to overcome the poisoning of his son's mind against him by the maternal aunt who had custody of the boy, and who had taught him to hate his father. Stephens and Gunsberg

(2010) use an August 13, 1941, Chicago newspaper photo story to illustrate another alienation example. A caption to one photo reads:

Attempting to hide from his mother as she pleaded for his custody, Robert Ware, 5, is shown taking refuge under a table in the chambers of Chicago Superior judge Oscar P. Nelson. The judge awarded custody of the boy to the mother Eula Ware of Dalton, Ga. and accused the divorced husband of poisoning the child's mind against his mother.

Using a June 16, 1950, newspaper photo story, Stephens and Gunsberg illustrate two generations of PA with another mother and daughter victimized by a repeat alienator. In the case of Ethel Martin and her daughter Arlene Starr Schneider, a maternal grandmother was determined by the court to have alienated the 10-year-old girl from the child's mother during a period when the girl was living with the maternal grandmother. In her testimony, the alienated parent revealed that when she was a child, she too had been alienated from her father by the same alienator. In an August 29, 1952, newspaper photo story, we learn of another grandmother alienator as a hysterical 9-year-old Marlene Matchan screams at her mother "Go away!" while her alienating grandmother looks on in the courtroom. The judge admonished the grandmother for "brutally poisoning the mind" of little Marlene against her mother. With a February 8, 1974, copy of the American Bar Association's (ABA) nationally syndicated column *Family Lawyer*, Stephens and Gunsberg illustrate PA described by the ABA as "poisoning the child's mind." The cover illustration depicts a mother pedagogically holding up a picture of "Dad" to a young child.

Before the work of mental health professionals concerning the alienation of a child's affections from one parent by another were understood by the courts in America, two early cases stand out. In the mid-1980s case of *Schutz v. Schutz*, Judge Richard Yale Feder noted Laurel Schutz' "...assiduous and unfortunately largely successful efforts both to secrete physically the parties' two daughters from their father and to poison their hearts and minds against him" (*Schutz v. Schutz*, 1988). Judge Feder went on to explain that with ample evidence he found:

...having observed the demeanor of the witnesses, having listened to the nuances of the testimony, having examined the exhibits and the pleadings, the Court has no doubt—not a reasonable one, not even an unreasonable one, or even a scintilla, shadow or peradventure of doubt—that the cause of the blind, brainwashed, bigoted belligerence of the children toward the Father grew from the soil nurtured, watered and tilled by the Mother. The Court is thoroughly convinced that the *Mother breached every duty she owed as the custodial parent* to the non-custodial parent of instilling love, respect and feeling in the children for their Father. *Worse, she slowly dripped poison into the minds of these children*, maybe even beyond the power of the Court to find the antidote. But the Court will try (Id. *emphasis added*).

In Fulton County, New York, near Shaker Mountain in the late 1980s, Family Court Judge David F. Jung sat through lengthy hearings in *Karen B. v. Clyde M.* (1991). In this case, the 4-year-old girl allegedly told her mother she had been abused by her father. The mother took the child to numerous health and social work professionals, many of whom testified in court that they found no evidence of abuse. When the first complaint was dismissed by the Department of Social Services due to no evidence, the mother waited 5 months and then began the process all over again. Among other witnesses, the evaluator and the child's law guardian testified that they believed the mother programmed her daughter to accuse the father of abuse so that she could gain custody. Judge Jung concluded:

In the opinion of this Court, any parent that would denigrate the other by casting the false aspersion of child sex abuse and involving the child as an instrument to achieve his/her selfish purpose is not fit to continue in the role of parent. *Like Medea, she is ready to sacrifice her child to accomplish her selfish goal.* (Id. *emphasis added*).

There are thousands of published cases where courts sanction parents for alienating the affections of their children from the other parent. Physicist Christian Dum surveyed alienation cases from around the globe (Dum, 2013), noting that courts all over the world found it to be a universal phenomenon. Lorandos (2013) surveyed published cases from Canada and the USA from 1985 through 2012 and examined 2746 cases in which PA was discussed. Cases were removed

from the sort if they did not contain at least one of the following two criteria: (1) an independent evaluating expert testified on the subject of PA, whether or not the expert found alienation or, (2) the court found on any basis that there was PA whether or not there was expert testimony. In the sort, the parties, their children, their therapists, their children's therapists, their attorneys, guardians ad litem, child advocates, mediators, parenting coordinators, custody conciliators, law enforcement officers, or child protective services (CPS) personnel were *not* considered "experts." No testimony on PA by any of these persons qualified a case for inclusion. Further, if the court did no more than speculate concerning alienation, or if the court's action was to appoint an expert to examine the extent to which there may be alienation, the case was not included for further review. After this sorting process, 482 cases were reviewed again in depth. Each case was scrutinized for description of background facts, clarity of the findings of fact, reliance on statutory and case precedent, and availability of the case in the public domain. The annotated cases were divided into target parent mother and target parent father groupings. From this sort, 30 cases from the USA and 30 cases from Canada, equally divided among target parent mother and target parent father, were selected and described in detail. Needless to say, the alienation of a child from one parent due to the influence of the other parent, or some other source, has been a potential part of family life, since families began. The notion that PA is a recent phenomenon, or even more absurdly, that it does not exist, is clearly contradicted by the historical record.

Part Two: Basic Research in Parent/Child Alienation

The Contours and Effect of High-Conflict Divorce and PA

It is estimated that in Western cultures, more than 90% of people are married at least once before the age of 50, and of those marriages, 40–50% end in divorce (American Psychological Association,

2014). Most of these marriages and remarriages produce children who experience the divorce process along with their parents. After a divorce, most couples move on in their life and exhibit a transition from an involved relationship to one in which they are able to focus on their personal well-being and the well-being of their children (Ahrons, 2004; Kelly, 2000; Saini, 2012). While conflict is normal during divorce, in a minority of divorce cases, the conflict never seems to end. These are classified as high-conflict divorces, and they make up approximately 10–20% of all divorces in the USA (Kelly & Emery, 2003; Ravitz, 2011; Saini, 2012). We are defining *high-conflict* divorce cases as those that last for over 2 years and where the relationship between the spouses is characterized by a high degree of anger, hostility and distrust, intensive custody litigation, and ongoing difficulty in communicating about the care of their children (Johnston & Campbell, 1988; Johnson & Roseby, 1997; Cohen & Levite, 2012). Often the family court system is left to make decisions that they are not equipped or educated to make (Galatzer-Levy & Kraus, 1999). One of the reasons for this is that these high-conflict cases take up 90% of the family court time and can be exhausting (Stahl, 1999a).

A number of researchers have described the behaviors or external markers that are commonly observed in high-conflict divorce/custody cases:

- Verbal acts, such as abusive language, threatening violence.
- Physical acts, such as slamming doors, throwing things, or endangering each other.
- Actual or alleged domestic violence.
- Actual or alleged child sexual abuse.
- Child experiencing emotional endangerment.
- A history of access denial.
- Family dysfunction, such as substance abuse, severe psychopathology.
- Involvement of child welfare agencies in the dispute.
- Several or frequent changes in attorneys.
- The unusual number of times the case goes to court.
- The length of time it takes for the case to be settled.

- The large number of documents, such as diaries and affidavits, that have been collected (Garrity & Baris, 1997; Stewart, 2001; Gilmore, 2004; Johnston, Roseby, & Kuehnle, 2009).

Divorce of any kind is a tragedy for parents and children, but a high-conflict divorce can literally destroy people. Long-term effects on the children, parents, and extended family and friends can be devastating. A high-conflict divorce is considered an adverse childhood event, similar in effects to physical, sexual, and other types of child abuse. High levels of conflict between parents during and after a divorce have significant impact on the psychological functioning and development of a child (Stover, 2013). Children exposed to their parents' high-conflict custody disputes experience significant trauma, stress, depression, social isolation, academic challenges, suicidal tendencies, aggressive behaviors, and self-harm (Bream & Buchanan, 2003; Dalton, Carbon, & Olesen, 2003; Fotheringham, Dunbar, & Hensley, 2013; Jaffe, Crooks, & Poisson, 2003; Kelly & Emery, 2003).

Child abuse and parental divorce has been linked to increased adverse long-term mental health outcomes (Afifi, Boman, Fleisher, & Saareen, 2009), increased prescription medication use (Anda, Brown, Felitti, Bremner, & Giles, 2007), an increase in frequent headaches during adulthood (Anda, Tietjen, Schulman, Felitti, & Croft, 2010), public health issues such as smoking, early pregnancies (Anda, Butchart, Felitti, & Brown, 2010), increased suicide attempts (Dube et al. 2001), autoimmune disease in adulthood (Dube et al., 2009), psychological distress (Henning, Leitenberg, Coffey, Bennett, & Jankowski, 1997), and even earlier death (Felitti et al., 1998; Goldstein, 2013).

The long-term effects of conflict on children was described in a study of 297 parents and their now married children (Amato & Booth, 2001). The researchers found that parents' marital conflict during the child's early adolescence was significantly associated with the children's own marital conflict, as well as unhappiness, less interaction, and more problems in their marriages. Amato (2006) also found that offspring from in-

tact, high-discord families experienced problems similar to individuals from divorced families, including greater discord in their own marriages, less social support, and lower levels of psychological well-being.

Grych (2005) found that witnessing parental conflict resulted in a greater likelihood of being abusive toward romantic partners in adolescence, higher divorce rates, and higher rates of maladjustment as adults. High conflict is associated with harsh, coercive, and rejecting parenting (Hetherington & Clingempeel, 1992) and inconsistent or harsh discipline (Buehler & Gerard, 2002). For these reasons, some studies found that children were better off on multiple outcomes if parents in high-conflict marriages divorced rather than remain married (Amato & Booth, 1997 as cited in Amato, 2000; Amato, Loomis, & Booth, 1995).

Make no mistake; the effects of PA can be lethal. A number of years ago, a senior and very-well-informed psychologist was treating an alienated young man for severe depression. In the process of the treatment, it became clear that this young man had been alienated from his father when his parents separated and divorced some 15 years earlier. In the process of his treatment for depression, he reconnected with his heretofore-alienated father. In so doing, he began to realize that the many negative things he had not only believed but also acted upon about his father were simply untrue. The effect of this insight was overwhelming and disorienting. His sense of his betrayal of his father was so profound that he simply could not tolerate it and integrate it with his old sense of self. As a result of these dizzying revelations, he summarily committed suicide.

Evaluators in high-conflict cases must remember that post-divorce parental conflict most negatively affects children when the children are involved directly. Family process variables, including the quality of the child's relationship with each parent and parenting competence, in addition to the level of parental conflict and the child's involvement in that conflict, play a role in children's functioning post divorce (Ayoub, Deutsch, & Maraganore, 1999; Johnston, 2006). Because the two people on whom they rely for

security and accurate understanding of the world differ in how they view the child and the child's needs, children are more likely to have difficulty trusting or making accurate perceptions, interpretations, and attributions (Johnston & Roseby, 1997). One study found that when parents were involved in a high level of conflict with their former spouse, but did not directly involve the children in the dispute, their children had more moderate psychological effects, such as a tendency toward adjustment problems and depression and anxiety. When these children were compared with those whose parents did involve them directly in the dispute—as is the case with PA—the effects were for these children to have more significant behavioral problems, suggesting that children are deeply affected when they are active agents within their parents conflict (Amato, 2006; Buchanan, Maccoby, & Dornbusch, 1996; Hetherington, 1999; Lee, 2002). One way to think about this is to consider that these children very likely saw themselves as being coconspirators in the betrayal of one of their parents.

When children are asked to carry hostile messages from one parent to another, are exposed to negative and belittling comments about the other parent, or are forbidden from mentioning the other parent, they are placed in loyalty conflicts which result in significant stress (Grych, 2005; Kelly & Emery, 2003). Cummings, Goeke-Morey, and Papp (2001) describe this kind of involvement in hostile disputes between parents as “destructive conflict.”

Reports of increased behavior problems in children who are involved in their parents' dispute suggest that children are deeply affected when they attempt to actively intervene in their parent' conflict (Amato & Afifi, 2006; Buchanan et al. 1996; Hetherington, 1999; Lee, 2002). When compared to children whose parents were highly conflictual but did not engage the children in their struggle, those children who were the messengers were more likely to be depressed and anxious (Buchanan, Maccoby, & Dornbusch, 1991) and to have adjustment problems (Buehler et al. 1997).

Research informs that one parent's denigration of and pressure on the child to withdraw

from the other parent can lead to confusion, self-denigration, or denigration of one parent and a complete rejection of an otherwise reasonably good parent. (Cummings, Goeke-Morey, & Papp, 2001; Grych, Harold, & Miles, 2003; Grych, 2005). We remind the reader that within the subset of what has been referred to as high-conflict divorce, there is a smaller subset of these divorces wherein the child becomes directly involved in their parents' divorce and in so doing becomes estranged from a parent.

Research: Identification— Enmeshment—Alienation and Parental Brainwashing

In 1973, in Stockholm, Sweden, the Kreditbanken Bank was robbed. The robbers held captive several bank employees for 6 days while attempts were made to negotiate with police. During this period, the bank employees became emotionally attached to their captors. In so doing, they refused assistance at one point from government sources, sang their captors' praises, defended them, and even refused to participate in their criminal prosecution, all of this after they were released from their ordeal. This phenomenon became referred to as the *Stockholm Syndrome*, and it was pointed to as an expression of, among other things, their having identified with their aggressors. The point germane to this discussion is that these bank employees, all adults and strangers to their captors prior to the robbery, developed a profound change in their thinking and their emotional experience of their captivity and their captors. This change moved from fear to affection. By terms of common parlance, they became brainwashed. When we consider this phenomenon—adult stranger to adult stranger—and then consider the same dynamic expressed between a child and a parent with uninhibited access to their own child, it becomes easier to accept the power of this influence to change another's thinking and emotional experience.

Enmeshment is a term common to family therapy popularized by the work of Salvador Minuchin (1974). Minuchin described the lack of

clear ego boundaries between family members which produced a form of fusion; a condition that interfered with the development of a clear sense of self apart from the family, while still being a part of the family. One may conceptualize this problem as a form of being too close, where identity fusion between parent and child is merged, wherein it is difficult to tell where one begins and the other leaves off. In this unhealthy dynamic, the child is unable to establish a clear identity apart from the parent, to the degree that actions of the child appear (to the child) to significantly impact the apparent well-being of the parent whom the child is held captive to and enmeshed. This pathological level of enmeshment represents a potential role reversal subsuming the child's own identity and needs into those of the parent. Under these conditions, such an enmeshed parent-child relationship, results in a pathological level of dependency and a retardation of the process of individuation within the child. In other words, enmeshment between parent and child is on the opposite end of the spectrum from individuation where a child is taught to be self-reliant and independent. "Individuation" describes the results deriving from ideal parenting wherein the child is encouraged to be their own unique experiment in nature, to actively explore the world, and to develop their talents to their fullest. Pathological enmeshment is its opposite.

In one notable study, adolescents from homes where enmeshment was present demonstrated limitations in their coping abilities and in their development of a personal identity (Perosa & Perosa, 1993). Under these conditions, dating relationships tend to be restricted, and limitations in career exploration or development may also follow from the negative impact of parent-child enmeshment (Fullinwider & Jacobvitz, 1993). Clearly, this pathological situation has the potential to transmit damaging messages and unhealthy family relations from one generation to the next and beyond. It is also clear that divorce can accelerate and increase the level of enmeshment present between parent and child (Isaacs, 1987). Indeed, what is referred to as a fear-based or enmeshed relationship between the alienating parent and the alienated child, is identified as one

consistent factor in the detection of the presence of PA (Bone & Walsh, 1999). Without it, Bone and Walsh argue, one cannot have PA, as it is this pathological enmeshment that is the centerpiece of the PA dynamic. It is simply a necessary ingredient.

Evaluators Leona Kopetski and Claire Purcell conducted approximately 600 child custody evaluations (CCEs) in Colorado from 1975-1995. They were designated the Family and Children's Evaluation Team by their courts in Colorado. In the course of their 600 evaluations, the team found that 20% of their cases involved a form of "psycho-social pathology" (Kopetski, 1998a) exhibited by parents who managed their internal conflicts by transforming them into "interpersonal conflict," leading to a kind of forced estrangement (Kopetski, 1998b). This internal dynamic, otherwise known as "projection" is a common defense found in individuals with certain personality disorders. Kopetski published her research in 1998 and explained that "like many forms of psychological pathology," the forced estrangement they observed "... occurs when there is an unfortunate 'fit' between the interpersonal psychological dynamics of an individual and a cultural opportunity for living out [that] pathology in an interpersonal setting" (Kopetski, 1998a). The interpersonal setting most frequently identified by the Family and Children's Evaluation Team as being a catalyst for the forced estrangement they observed was the context of a "divorce process" (Kopetski, 1998a).

The Family and Children's Evaluation Team's findings and observations concerning the detrimental effects of the "forced estrangement" they observed on children and parents were developed in the 1970s and 1980s prior to other researchers' publications on the subject (Kopetski, Rand, & Rand, 2006). Kopetski reported (Kopetski, 1998a, b; Kopetski et al. 2006) that the underpinnings of the Colorado Family and Children's Evaluation Team's conclusions on PA developed out of her utilization of John Bowlby's (1973) "treatment for school phobia as a model for custody and visitation recommendations in the alienation cases she evaluated."

By the time their research was published, the Colorado Family and Children's Evaluation Team came to call the phenomena they were observing "parental alienation." They observed that "alienating parents enforce their agenda by aligning with intrinsically sound theories or causes, then accusing the parent to be alienated of behavior that violates the tenets of those theories or causes" for "the pathological purpose of alienating a child from the other parent" (Kopetski, 1998a). They noted that usefulness of the cause was not determined by its content "but by the amount of emotion and action that can be generated when there is an accusation that the tenets... of the cause have been violated" (Kopetski, 1998a). This helped to "blur the boundaries so that questions that need to be raised...are treated as though the validity of the cause itself is being questioned" (Kopetski, 1998a).

The team reported that it was important to understand and identify the underlying psychosocial pathology of alienating parents they observed. To that end, they characterized parents who alienated their children as follows:

- "Obsessively preoccupied with the shortcomings of others."
 - "Evidence of an abnormal grieving process such that there is a preponderance of anger and an absence of sadness in reaction to the loss of the marital partner."
 - "Reliance on defenses (such as splitting: 'I am good, you are bad') against psychological pain that result in externalizing...unacceptable feelings...so that more painful internal conflict is transformed into less painful interpersonal conflict."
 - "Family history in which there is an absence of awareness of normal ambivalence and conflict about parents, enmeshment, or failure to differentiate and emancipate from parents; or a family culture in which splitting or externalizing is a prominent feature."
 - "A narcissistic or paranoid orientation to interactions and relationships with others, usually as the result of a personality disorder" wherein relationships "are maintained by identification, rather than mutual appreciation and enjoyment of differences" and when others disagree they feel "abandoned, betrayed, and often rageful" (Kopetski, 1998b).
- As a result of these characteristics reasoned the team, alienating parents create the following observable family dynamics:
- "... the relationship between the child and the alienating parent is disturbed" (Kopetski, 1998b).
 - "The child's need for a relationship with two parents is not recognized..." (Kopetski, 1998a).
 - "The alienating parent shares with the child a distorted, essentially negative perception of the parent to be alienated" (Kopetski, 1998a).
- When these family dynamics are present, the team found that alienated children of all ages suffer the following effects:
- symptoms of anxious attachment or separation
 - unusual distress during transitions from one parent to the other
 - sleep disturbances
 - regressions in achievement of regulation of bodily functions
 - failure to achieve expected levels of impulse control
 - "disorganization"
 - "inability to attend school with resultant lowered grades"
 - "social isolation"
 - "moodiness"
 - "often emancipate prematurely from adult control"
 - "becoming defiant and rigid"
 - problems with self-concept and self-esteem resulting from being "overvalued in ways that are detrimental and undervalued in ways that would be helpful"
 - problems with "reality testing" resulting from the alienated child mirroring the psychosocial pathology of the alienating parent who is "fixed and rigid in their opinions and ideas" and actively rejects "any information that does not confirm their ideas"
 - problems with developing appropriate responses to grief and loss of significant others as a result of the loss of an alienated parent within an environment where there is "no help with sadness and grieving" (Kopetski, 1998b).

The team also found that the alienated parent exhibited psychological symptoms that were “more or less characteristic” (Kopetski, 1998b). These symptoms she listed as follows:

- History of being passive
- Overly accommodating
- Emotionally constricted
- Engages in self-questioning when criticized
- Psychological distress in the form of depression and anxiety (Kopetski, 1998b).

The Clawar and Rivlin Studies

After reviewing 700 cases of family counseling, mediation, and forensic evaluation, Stanley Clawar and Brynne Rivlin (1991) published their research. Describing the parental conduct they observed as *brainwashing*, they identified and described the techniques these brainwashing parents used:

- denying and not acknowledging the social existence of the other parent
- attacking something about the character, lifestyle, past, present, or future of the target parent
- discussing visitation arrangements with the child, thus pressuring the child to make a choice; failing to inform the other parent of educational, social, and religious functions, thus communicating that the other parent lacks importance
- creating or exaggerating differences between themselves and the other parent in front of the children
- asking the children to ally their sympathies and support with the alienating parent; making moral judgments regarding the target parent’s values, lifestyle, friends, and so on
- implicitly or explicitly threatening to withdraw affection if the child expresses a desire to be with the other parent
- creating the belief that the other parent is not sincere in his or her love for the child
- creating the belief that the other parent is unable to properly care for the child and convincing the child to doubt his or her ability to perceive reality.

Collating their research, Clawar and Rivlin (1991) found that in their sample, the most com-

mon motivational factors for parents who brainwashed and then held their children *hostage* were:

- Revenge
- Self-righteousness
- Fear of losing the child
- Sense of past history
- Proprietary perspective
- Jealousy
- Child support
- Loss of identity
- Out of sight, out of mind
- Self-protection
- Maintaining the marital/adult relationship through conflict
- Power, influence, control, and domination

As a New York child psychiatrist called in to many high-conflict cases, Richard Gardner began to codify the behaviors of the parents he observed. Choosing to eschew the dramatic sobriquet “*brainwashing* parents,” Gardner described what he called the *PA syndrome*. (Gardner, 1985, 1992; Gardner, Sauber, & Lorandos, 2006). In 1992, Gardner gave many examples of alienating strategies he had observed in conducting CCEs. Gardner wrote that mothers alienated children against their fathers by repeatedly vilifying the father with derogatory names, destroying every item in the house that might remind the children of the father’s existence, frequently complaining about how little money the father provided, exaggerating the father’s minor psychological problems, and interfering with the father’s visitation schedule. Gardner wrote that fathers alienated children against their mothers by failing to encourage the children to spend time with the mother, by physically protecting the child from the imagined dangers associated with the mother, by concocting a sex-abuse allegation against the mother’s live-in boyfriend, by seductive maneuvers, such as frequently cuddling and hugging the children, by criticizing the mother for “never working a day in her life,” and by developing secret codes with the children who were used in the service of hurting the mother. When Gardner first described what he called the *parental alienation syndrome*, he was referring to the driving dynamics as being fear, with the child being fear-

ful of displeasing the alienating or favored parent in a variety of ways (Gardner, 1998). He went on to opine that the behaviors of the alienated child could include identification with the aggressor, fear of displeasing the favored parent, fear of being abandoned by the alienating parent, and so on. The crucible of this attachment thought Gardner was a “pathological enmeshment” between the alienating parent and the alienated child discussed above.

In 2001, Gardner and psychologist S. Richard Sauber assembled a group of more than 30 researchers from Israel, Europe, Canada, Australia, and the USA. This group worked to collate and describe findings from hundreds of researchers from more than 20 countries concerning the phenomena some called enmeshment, others brainwashing, and still others described a syndrome of PA. This work (Gardner et al., 2006) comprised 34 chapters and more than 450 pages of research and commentary on the high-conflict family dysfunction they began to call “child abuse.”

More recently, Amy Baker (2007) studied adults who reported being alienated from one of their parents as children. She asked the subjects to describe the strategies that the alienating parent had used to bring about the alienation. Baker found that 40% or more of her adult subjects reported the following alienating strategies when they were children: general bad-mouthing of the target parent by the alienating parent, limiting contact with the target parent, expressing anger and withdrawal of love following visitation with the target parent, forcing the child to choose one parent over the other, bad-mouthing specifically to create the impression that the target parent is dangerous, and confiding in the child about adult relationships.

In 2010, Baker published the results of a collaborative study between the Vincent J. Fontana Center for Child Protection and New York University (Baker, 2010) which revealed that about 28% of adults in a community sample (i.e., not selected because of a precondition related to divorce or custody) reported that when they were children, one parent tried to turn them against the other. These data are striking, in that a significant

portion of the sample was probably raised in an intact family. The proportion of the sample that reported that they had been exposed to PA strategies was higher in the subsample of individuals who had been raised by a stepparent, at 44%. One potential conclusion to be drawn from this is that the phenomenon of what family therapists call “triangulation,” wherein person A speaks badly (and perhaps falsely) to person B about person C, influencing person B to think negatively about person C, is very common. Every schoolchild knows that this phenomenon of triangulation is part of life on the playground and easily within the reach of all.

Canadian researchers Barbara Jo Fidler and Nicholas Bala (2010b) reported that clinical observations, case reviews, and qualitative as well as empirical studies indicated that alienated children may exhibit:

- Poor reality testing
- Illogical cognitive operations
- Simplistic and rigid information processing
- Inaccurate or distorted interpersonal perceptions
- Disturbed and compromised interpersonal functioning
- Self-hatred
- Low self-esteem or inflated self-esteem or omnipotence
- Pseudo-maturity
- Gender identity problems
- Poor differentiation of self (enmeshment)
- Aggression and conduct disorders
- Disregard for social norms and authority
- Poor impulse control
- Emotional constriction, passivity, or dependency
- Lack of remorse or guilt

Fidler and Bala have followed their 2010b publication with a 2012 text, *Children Who Resist Postseparation Parental Contact: A Differential Approach for Legal and Mental Health Professionals* (Fidler, Bala, & Saini, 2012).

Child psychiatrist William Bernet researched the process of differential diagnosis of estrangement and alienation with colleagues from many

developed countries (Bernet, 2010). He pointed out that there has been a significant increase over the past two decades in the number of cases explicitly raising “alienation” issues in the courts of Canada and the USA. Surveying the literature of the past 50 years, Bernet and colleagues (2010) made a strong case that many researchers or groups described the phenomenon of PA independently in the 1980s and 1990s. Bernet and his colleagues noted that in 2003, Johnston reported on an “alignment” study. She defined alignment as the “child’s behavioral and verbal preference for one parent with varying degrees of overt or covert negativity toward other parent.” She found that 15 % of children in a community sample of divorcing families and 21 % in contested custody cases experienced either “some” or “much” alignment with one parent or the other. Bernet’s group (Bernet, 2010) calculated Johnston’s percentages using the raw data Johnston described and found that 18 % of the children in the community sample and 27 % in the contested custody cases experienced some degree of alignment. As Bernet (2010) and his colleagues put it:

We agree with Johnston, who stated that *parental alienation constitutes child abuse*. She said, “With respect to the parents’ need for mandated treatment, we argue that alienating behavior by parents is a malignant form of emotional abuse of children that needs to be corrected, whether a parent agrees or not. A growing body of literature on the adverse effects of parents’ psychological control, also called ‘intrusive parenting,’ supports this contention (emphasis added).

Cognizant of the Fontana Center and New York University study (Baker, 2010), Bernet and his collaborators (Bernet, 2010) estimate that approximately 25 % of children involved in custody disputes manifest PA. These data, wrote the *DSM-5/ICD-11* team, yielded a prevalence of 1 %, or about 740,000 children and adolescents in the USA. For comparison purposes, Bernet asserted that this prevalence is about the same as the prevalence of autism spectrum disorders among children and adolescents in the USA.

In their follow-up volume to the classic ABA-sponsored study, *Children Held Hostage*, Clawar and Rivlin (2013) provided an updated list of the

most common potential effects of the brainwashing they observed in children:

- Loneliness
- Conflict with parents
- Depression
- Sleep problems
- Substance abuse
- Speech problems
- Sexual promiscuity
- Poor body image
- Poor eating habits
- Eating disorders
- Weight loss/weight gain
- Disheveled living space
- Poor executive function (disorganization)
- Diminished activity
- Psychosomatic distortions
- Feelings of isolation
- Increased use of technology as an escape
- Lack of friends
- Sibling conflict (including violence)
- Heightened fantasy life
- Diminished attention span
- Social identity problem
- Regressive behaviors
- Anxiety
- Conflicts in peer relationships
- School dysfunction
- Memory loss

They point out that—not unlike the human immune system and disease—in the case of PA “...we find similar outcomes in terms of degree; but no matter how resilient, no child is totally impervious to its harmful effects” (Clawar & Rivlin, 2013). In this follow-up study, now composed of more than a 1000 cases, Clawar & Rivlin built on their 1991 research and reported that the most common detection factors for the brainwashing they found by percentage of cases were:

1. Restrictions on permission to love or be loved 91 %
2. Inappropriate and unnecessary information 87 %
3. Comparative martyr role 81 %
4. Character assault 75 %
5. Contradictory statements 73 %
6. Use of indirect statements 68 %
7. Anxiety arousal 62 %

8. Good parent versus bad parent 57%
9. Collusion or one-sided alliance 55%
10. Scripted views 55%

Two months after Clawar and Rivlin's second edition to their 1991 text was published, *Parental Alienation: The Handbook for Mental Health and Legal Professionals* (Lorandos, Bernet, & Sauber, 2013) was released. This work involved researchers, experts, attorneys, and jurists from Brazil, Canada, Germany, and the USA. The 14 contributors pulled together more than 1000 bibliographic entries concerning PA from more than 30 countries; surveyed more than 2000 court case opinions from the USA and Canada describing PA and published these materials with 25 sample motions on a supplemental CD-ROM with the text. The text discusses hundreds of published PA cases from Canada and the USA. Detailed scientific data on the phenomena, its differential diagnosis, and interventions were described by the contributors as well.

Personality Factors in Brainwashing and Alienating Parents

Research literature consistently documents that psychopathology and personality disorders are present in a significant proportion of high-conflict parents in litigation over custody or access (Friedman, 2004; Siegel & Langford, 1998). Research has documented that psychological disturbance—including histrionic, paranoid, borderline, and narcissistic personality disorders or characteristics as well as psychosis, suicidal behavior, and substance abuse—are common among alienating parents (Johnston, Walters, & Olesen, 2005; Rand, 1997a, b; Turkat, 1999; Warshak, 2010). Researchers explain that alienating parents tend to be rigidly defended and moralistic. These alienators perceive themselves to be flawless, and virtuous, and they externalize responsibility onto others. They lack insight into their own behavior and the impact their behavior has on others (Bagby, Nicholson, Buis, Radovanovic, & Fidler, 1999; Bathurst, Gottfried, & Gottfried, 1997; Siegel, 1996).

Further, research into parents who brainwash and alienate their children manifest psychological disturbances including histrionic, paranoid, and narcissistic personality disorders as well as psychosis, suicidal behavior, and substance abuse. (Baker, 2006; Clawar & Rivlin, 1991; Gardner, 1992; Hoppe & Kenney, 1994; Kopetski, 1998a, b; Johnston & Campbell, 1988; Johnston et al. 2005; Lampel, 1996; Siegel & Langford, 1998; Rand, 1997a, b; Racusin, Copans, & Mills, 1994; Turkat, 1994, 1999; Warshak, 2010).

One of the most common findings concerning parents who engage in alienating behavior in a systematic manner, is that they are seen to have a significantly higher chance of suffering from borderline personality disorder (BPD; Stepp, Whalen, Pikonis, Hipwell, & Levine, 2012). In addition, there is evidence that children of BPD parents are at significant risk of developing BPD themselves as well (Macfie, 2009; Stepp, 2012; Stepp et al., 2012). In other words, one could argue with some credibility that growing up in a parentally alienated environment acts potentially as a training ground for the development of severe personality disorders. When one considers some of the symptomatic characteristics of alienated children—lack of empathy, cruelty to others, lack of ambivalence (black and white thinking regarding the actions of others), wholesale and casual lying—the parallels are striking. Taken even further, when one considers that individuals with BPD have a lifetime risk of completed suicide of up to 10%, with the risk of attempted suicide being much higher, the seriousness of this condition is further underscored (Soloff & Chiappetta, 2012). When we consider that the risk of suicide in the general population is about 1% (Minino, Murphy, Xu, & Kochanek, 2011), it is clear that individuals with BPD are at a much greater risk for suicide than the general population (Miller, 2013). When one considers the interlocking facts of the high incidence of BPD in alienating parents, the intergenerational passing on of BPD from parent to offspring, and the statistical lethality, it stands to reason that this intersection of personality disorder and pathological alienation must be taken seriously.

It is noteworthy that the maladaptive personality traits of alienating parents have been consistently identified through objective psychological evaluation materials. Concerning the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), Siegel and Langford (1998) wrote, "The present study is an attempt to gain understanding of parents who engage in alienating tactics through a statistical examination of their MMPI-2 validity scales." They tested 16 female subjects who met the criteria for classification as alienating parents and 18 female subjects who were considered non-alienating parents. The authors concluded that the hypothesis was confirmed for elevation in the K and F scales in alienating parents, indicating that they are more likely to complete MMPI-2 questions in a defensive manner, striving to appear as flawless as possible. It was also concluded that parents who engage in alienating behaviors are more likely than other parents to use the psychological defenses of denial and projection, which are also associated with this validity scale pattern.

Gordon, Stoffey, and Bottinelli (2008) examined the MMPI-2 data of 76 cases where PA was found and 82 custody cases (controls) where PA was not present. They found that mothers and fathers who were alienators had much higher scores on measures of psychological dysfunction, that is, test scores that indicated primitive defenses such as splitting and projective identification. Two different MMPI-2 indexes were used to measure these primitive defenses: $L+K - F$ and $(L+Pa+Sc) - (By+Pt)$. The first index ($L+K - F$) identifies persistent defensiveness. Elevations on this index would be expected in those cases of parents viewing themselves as an "all good parent," while condemning the former spouse as an "all bad parent." The second index ($[L+Pa+Sc] - [Hy+Pt]$) is the Goldberg index (Goldberg, 1965). The Goldberg Index is a regression equation score that is the T score of $(Lie+Paranoia+Schizophrenia) - (Hysteria+Psychasthenia)$. Those high pathology scores were much more prevalent in the alienator group, whereas the scores for the target parents were most like the scores of the control parents. Gordon et al. (2008) concluded that their overall study strongly

supported the definitions of PA Gardner put forward in 2006 (Gardner et al. 2006).

Estrangement and Alienation with Other Etiology

The competent evaluator must remember that *alienating behavior* refers to attempts by one parent to undermine or eliminate the relationship between the child and the other parent. It refers to parental actions and attitudes, which whether conscious or unconscious, and whether successful or unsuccessful, nonetheless are present and persistent (Kelly & Johnston, 2001). The child who experiences alienation is sometimes referred to by the adjective *alienated*, which *does not* necessarily mean that someone intentionally alienated the child from a parent. That is to say, alienation can occur without intentional alienating behavior.

Part Three: How- to Basics

Assessing the Best Interests of the Children

Given the substantial damage that PA can cause, it is critical that it be diagnosed early on and accurately. Given that this question is raised within the intersection of mental health and family law, such diagnosis is typically made by court-appointed custody evaluators. These evaluations are complex psychological assessments that evaluate the parents as individuals, the child individually, as well as the parent-child relationships. The sources of data for this evaluative process are multiple and typically enormous in volume. The various strategies involved in such evaluations have evolved over time, and the details of this history are not the subject of this chapter. Suffice it to say that there is agreement that the concept of the best interest of the child is the proper focus of such evaluations. Consideration of the wishes and well-being of the parent have little or no place in the evaluation, the sole focus being on what is best for the children. There are

several extant and detailed discussion–descriptions of custody evaluations that go far beyond the scope of this chapter which outline this evolution (Gould & Martindale, 2007; Birnbaum, Fidler, & Kavassalis, 2007; Stahl, 1994, 1999b). The specific focus for this discussion, however, is the subset of custody evaluations wherein PA is suspected and assessed.

In cases where PA is being evaluated or is suspected, there is a common element: the child(ren) are resistant to or refuse to see one parent and are closely aligned with the other. The evaluator's role is to determine the cause of this alignment and then to potentially make recommendations to the court as to the best interest of the child. When children either refuse to see or are resistant to seeing a parent, assuming that a prior relationship existed between the child and the parent, such behavior derives from two basic sources. The first, termed “estrangement,” comes from negative, neglectful, abusive, or otherwise objectionable behavior on the part of that parent, toward that child. Estranged children do not wish to see that parent due to that parent's past behavior, resulting in that child being frightened of them or angry at them. The second possibility, termed “alienation,” results from the child being resistant to or refusing to see that parent, not due to that parent's actions but rather due to the other parent's improper influence. Alienated children show very strong sentiments about not wishing to see that parent and are often bereft of explanation as to why. The mission of the custody evaluator in this situation is to consider these two competing hypotheses—estrangement versus alienation—and to elicit data that test both hypotheses. If properly done, the result and outcome should unfold directly from the data. The purpose of this section is to alert the reader as to what to be aware of in eliciting these data, either as an attorney representing a client or as a forensic psychologist called upon to perform such an evaluation.

States are nearly unanimous in their agreement that the best interests of the child involve joint custody (American Law Institute, 2002), and this view has been supported by empirical research indicating that children fare better in the

post-divorce environment with either joint custody or substantial contact with the noncustodial parent (Emery, 1999). Put another way, it is widely accepted that children have more favorable adjustment to their parent's divorce and have fewer psychological problems from it, when they have a strong attachment to both parents. Obviously, such attachment is premised on the child having ongoing contact with both of their parents. Both the American Academy of Child and Adolescent Psychiatry (Herman et al., 1997) and American Law Institute's (ALI) Principles of the Law of Family Dissolution (American Law Institute, 2002) recommend assessing parent–child attachment when defining the “best interest of the child.” The ALI Principles of the Law of Family Dissolution (2002) highlights that the primary objective when determining custody placements is to serve the child's best interests.

Given the complexity of custody evaluations, it would seem reasonable that there would be rules and standards to be followed in the performance of these complicated tasks. Virtually, all of the models and guidelines to be discussed below are in agreement that any such evaluation must be based in the scientific method and be empirically validated with scientific principles (Gould & Martindale, 2007). As Gould and Martindale write, “Science is characterized by its utilization of methods that help reduce or eliminate the inherent bias of casual, unfiltered impressions based on personal belief and expectation. Scientific methods also help reduce bias attributable to professional beliefs and expectations” (Gould & Martindale, 2007). They go on to delineate between a “clinical evaluation” and a “forensic evaluation,” with the CCE being an example of the latter. By contrast, the clinical evaluation derives from the treatment process where the clinician is acting as an advocate for the client. In so doing, the therapist accepts rather uncritically the patient's view of things, “meeting the patient where they are,” as therapists often say. The forensic evaluation on the other hand, is not based on advocacy and unconditional acceptance but rather developing neutral, unbiased scientific information to be conveyed to the court very often, in the form of recommendations as to what is in

the child's best interest. In an effort to protect this level of objectivity and avoid bias, several guidelines have been developed to aid in the performance of the CCE and protect its objectivity.

The American Psychological Association published such guidelines for the performance of custody evaluations in 1994 and then revised them in 2010. As the revised guidelines state "Guidelines differ from Standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Guidelines are aspirational in intent" (American Psychological Association, 2010). These 2010 guidelines are divided into three categories: Purpose of the CCE, preparing for the CCE, and conducting the CCE. It is clear that the goal of the various guidelines is to stress the scientific foundation of the evaluation and the importance of following the basic principles of science to reduce subjectivity. It is also clear that clinical judgment is to be used by the evaluator in performing the evaluation. Hence, the principles are guidelines and not standards. With this, we can see that there is sensitivity to establishing some sort of balance in both maintaining a foundation in science while still giving the evaluator the freedom to exercise his or her clinical judgment. Related to the custody guidelines, the American Psychological Association also maintains *Specialty Guidelines for Forensic Psychologists*, first published in 1991 and then updated and revised in 2013. These guidelines are, like the custody guidelines, aspirational in nature.

We note that the CCE guidelines state that "comprehensive child custody evaluations generally require an evaluation of all parents or guardians and children, as well as observations of interactions between them." Gould and Stahl (2000) clarify the importance of this requirement when they write, "We can think of no defensible position in which an evaluator does not directly observe parent-child interactions when conducting a child custody evaluation." Stahl (1994) recommends home visits for children 5 years of age and younger due in part to concerns about the child's comfort level in the office. He also referred to getting "a qualitative feel for the differ-

ences between parents" and the type of situation that they provide for the young child.

The Association of Family and Conciliation Courts (AFCC), a multidisciplinary body of judges, attorneys, and forensic evaluators, concerns itself with advancing best practice models to aid the family court in its difficult task of deciding custody and visitation issues. In so doing, they published their own standards, "Model Standards for Practice for Child Custody Evaluation," which represents perhaps the most detailed and fleshed-out set of guidelines (AFCC, 2006). In both the AFCC's previously published standards as well as its newest draft, the group insists that evaluators observe parents and children in interactions together as part of gathering useful data from a variety of sources and in multiple ways (AFCC, 1995, 2006). While this may seem obvious, the fact that it had to be stated so clearly is evidence of the wildly inconsistent manner in which custody evaluations had been performed in the past.

Furthermore, an understanding of pathological enmeshment is especially important to our topic of custody evaluations in cases where PA is present, since the relationship between the alienating or favored parent and the alienated child is one of pathological enmeshment. If an evaluator is not clear on this, he or she may easily misinterpret the close "appearing" relationship between the favored parent and the child as being simply close and healthy, when, in fact, it is actually pathologically enmeshed. The evaluator must be equipped to evaluate this relationship closely. To do this, the evaluator must be mindful of the language usage, nonverbal communication, and lockstep similarity between the parent and the child's stories. This is best done in both individual sessions with the child and then in joint sessions with the child and the favored parent. In addition, testing the child's ability to have a different point of view from the parent is also helpful. The point is, that the competent evaluator in a PA case must have this information and these tools "on board" to discern between a healthy and close parent-child relationship and a pathologically enmeshed one. They can look very much

alike on the surface, but are very nearly at opposite end of a spectrum internally.

Evaluator's Role

In high-conflict custody cases, attempting to aid the court in its determination of the best interests of the children can be a thankless task.

Evaluators must be cognizant of the interactive dynamics: (1) between the parents, (2) between each parent and the children, (3) between the children and their siblings, (4) between the parents and the children's network of social support (stepparents, grandparents, friends, parents of friends, school personnel, etc.), and (5) between the parents and their communities. The use of multiple interviews, among the interested parties as well as collateral interviews is essential.

Evaluators must remember that repeated interviews of the children with significant members of their social support network are *de rigueur*, as the content of the child's presentation, language, and behavior may be very much influenced by those they happen to be with at the moment. This is especially important when claims of PA are being evaluated. Alienated children, within the context of a joint session with the alienating parent, will be deferential and in search of direction from that parent as to how to answer a question. They will be careful not to respond in a manner that the alienating parent would find troubling. Conversely, that same alienated child, when with the targeted parent, will be dismissive, angry, rude, and in no way concerned about that targeted parent's response to their answers. In other words, the alienated child's demeanor and behavior will be very nearly opposite depending on which parent they happen to be with at the time.

In high-conflict cases, especially when claims of PA are being evaluated, the child's sense of themselves and their histories—the stories they tell about themselves and their parents—must be carefully scrutinized, as these stories are where themes of alienation will be found. Sauber and Worenklein (2012) have addressed the pertinent and unique issues involved in conducting a custody evaluation in alienation cases, particularly the

need to dispel false allegations with credible evidence. Evaluators must be careful to trace ideas, stories, and allegations back to their origins. In this sense, the CCE resembles more an investigation than a psychological evaluation. In order to determine the truthfulness of a given story, the evaluator is obligated to track down the factual information. One of the authors of this chapter found themselves on the phone with a bank in another state to determine if, as the father had alleged, his former wife had robbed it of all funds. A phone call to the specific bank revealed that this allegation was simply untrue. Further, such investigative calls and detective work exposed other untruths, revealing the theme of false allegations against what ended up being the targeted parent. Failure to act in this investigative manner—to track down the truth—would not have revealed this important information.

Rumors may have their origins in real or imagined happenings and must be carefully investigated in like manner. The evaluator considering them must engage in this investigative process—to track down the truth—or risk inadvertently supporting a false allegation. An allegation against a parent who is not followed up on and investigated has, by default, its own life, and tends to be considered to have some validity. Evaluators who, albeit inadvertently, perpetuate false information by failing to investigate the facts contribute to, rather than alleviate, a family's distress. In so doing, they become part of the problem (Greenburg, Gould, Gould-Saltman, & Stahl, 2003; Stahl, 2003). Unfortunately, this is very common in CCEs.

Evaluators must also be cognizant of the interactive dynamics between the parents, between each parent and the children, between the children and their siblings, between the parents and the children's network of social support (stepparents, grandparents, friends, parents of friends, school personnel, etc.), and between the parents and their communities. The use of multiple interviews among the interested parties as well as collateral interviews is essential, as these interviews often serve to confirm or disconfirm a hypothesis about the dynamics of the family. For example, it is generally suspected to only hear negative in-

formation about a parent, from only the possibly alienated child and his or her cohorts. Corroboration of these negative allegations about a parent should be sought from neutral sources, not just within the potentially alienated child's environment. Repeated interviews of the children with significant members of their social support network may be very important, in that they provide a field where this corroboration or disproof may be found. It cannot be stressed enough that the evaluator must perform these investigative duties in order to determine the truth or falseness of one parent's allegations against the other. Failure to do so is tantamount to malpractice.

It cannot be repeated too frequently, that the evaluator must be clear that in alienation scenarios, the alienating parent generally holds strongly negative views of the rejected parent, characterizing that parent as toxic or dangerous or unable to appropriately care for the child. It is important for the evaluator to keep in mind that the alienating parent may or may not believe their false allegations about the other parent. Alienating parents, who tend to believe the distortions that they report about the other parent, do so very genuinely and earnestly, since they believe their own distortions. In addition, the alienating parent does not often see the value of the relationship between the child and the rejected parent. They may not only feel this way but also recognize that it is unwise to say this to the evaluator. They, therefore, may give lip service to the other parent's qualities, but their comments will be hollow and without example.

Alienating parents tend to have difficulty separating their own feelings from those of the child (Johnston et al., 2005 *referring to their study of alignment*). This blurring of boundaries is typically an expression of the pathological enmeshment found within PA cases. That is, the alienating parent will be angry with the other parent, and he/she will project this anger onto the child, truly not realizing they are doing so. This projected anger will be absorbed by the child who eventually will become alienated because of it. Generally, when a parent is focused on his or her anger at the other parent, children are more likely to experience increased hostility, inconsistent

discipline, or withdrawal by the parent (Grych, 2005). However, when this anger and hostility exists within the context of alienation, the damage is much greater to the child. Under this scenario, the child tends to merge with the alienating parent as a survival mechanism, and the evaluator must be aware of this dynamic and be able to identify it. This again, goes back to the concept of pathological enmeshment which is axiomatic to the alienating parent–alienated child relationship. One can simply not have alienation without it.

But who are the alienators, and what do they do? In the past, Gardner was accused of asserting that mothers were the most common alienators. This is and was untrue. Hobbs (2006) asserted that alienators can be parents of either gender. Both parents are capable of being alienating parents and most estimates are that the ratio is about evenly divided at 50:50 (Gardner, 1992). Be it the mother or the father, when the alienating parent engages in alienating behavior, such behavior is manifested by attacks on the other parent through the child. As the child sits in this “conduit” position, they become alienated. Baker and Fine (2013) outline 17 empirically validated behaviors engaged in by alienating parents. All of the specific behaviors ranging from “bad-mouthing” the targeted parent to the child, to withholding the child from the targeted parent, to telling the child that the targeted parent does not love them, to telling the child that the targeted parent is dangerous, and all other inappropriate actions; all have the effect of falsely vilifying the targeted parent and using those false allegations to separate them from the child. All have the effect of denigrating the relationship between the targeted parent and the child and all are premised on portraying the targeted parent in very negative ways. All of these behaviors constitute some sort of negative allegation against the targeted parent that the child is exposed to and then infused with. These allegations are obviously intended not only to hurt the target parent but also to manipulate others into believing the same negative image of the targeted parent that the child is exposed to.

This then has the effect of expanding the number of voices in a growing chorus against the targeted parent. The result will be that the targeted

parent will begin to feel shunned by, for example, the children's school personnel, when they had been warmly welcomed before. It may take the form of the targeted parent no longer getting information about the medical care of their child from the doctor's office and being told that only the "other parent" should be given this information. The list of examples can go on extensively. The point is that the targeted parent begins to feel themselves being treated in cool and aloof ways when such was not the case before. It is important for the evaluator to take the "temperature" of this environment of rejection and vilification that the targeted parent now feels. Again, the competent evaluator will investigate this change and speak to those who have begun to reject or shun the targeted parent in order to discover the source of the change of attitude. In cases of alienation, the evaluator will find that the source ultimately leads back to the alienating parent, either directly or indirectly. In such cases, the evaluator will find that those collateral sources did rarely if ever observe anything directly, but were told of troubling events.

When the targeted parent begins to experience this sort of generalized rejection, for reasons unrelated to any actions of their own, it is common for the targeted parent to react with emotion, often with expressions of anger and confusion. Whatever the reaction, the targeted parent is at risk of having their reaction taken as not an exception to their normal behavior, but as emblematic of that parent. Consequently, if the alienated father goes to the child's school and is upset by the school's resistance to speaking to the teacher or counselor, and then raises his voice in protest over this unreasonable response, his raised voice is then misinterpreted by the school personnel who begin to think to themselves, "Oh, I see why this child does not want to see his father. He has an anger problem." In this way, the alienation process continues to grow and evolve. It is the evaluator's job to capture this process. The only way to do this is through speaking to the school personnel to determine the source of negative information.

Johnston and Roseby (1997) describe this process as "sabotage," in that the false vilifica-

tion of the targeted parent directly sabotages and damages the child's view of that parent. In other words, the alienating parent may not even be aware that their animus toward the other parent and its expression has a directly damaging effect on the child's relationship with that other parent. Furthermore, when a child does become alienated from a parent to the degree that they lose that parent in their life, that loss is and will be devastating to that child's well-being (McLanahan & Sandefur, 1994).

Observing and Interviewing: Some Basic Research Findings

During the course of the evaluation, the evaluator will have multiple opportunities to speak to the child(ren), both alone and presumably with each parent. Very often, alienated children will have been interviewed by other adults about rumors or stories concerning the targeted parent. Examples of this would be the child who has been interviewed by a Child Protective Team or a therapist. It is important for the evaluator to be aware of these prior interactions, since they may impact the content of what the child is saying. Children usually bring preconceived notions about communicating with adults based on their experiences with adults, whom they naturally experience as sources of authority. These implicit conversational rules—developmentally driven—will impact a child's understanding and language. For example, younger children tend to assume that adults are honest and sincere and that a speaker's comments are always congruent with his or her true beliefs and purpose (Grice, 1975; Demorest, Meyer, Phelps, Gardner, & Winner, 1984). Children learn at a very young age (2–3 years) that conversation is an interactive, cooperative exchange between people that involves a discernible pattern of one person asking a question and the other providing an answer (Bloom, 1991). Children by the age of 2 years also believe that they should begin speaking immediately after their conversational partner has stopped doing so (Bloom, Rocissano, & Hood, 1976). When an

adult repeatedly questions a child about a specific topic or an event, the child is likely to assume that the adult knows the correct answer to the question. When the child observes that an adult is asking the same question repeatedly, the child is likely to interpret the interaction as the child having provided the wrong answer. Under these circumstances, the child is very likely to produce a different answer to the repeated question, in an effort to get the "right answer" (Siegal, Waters, & Dinwiddy, 1988). A competent evaluator will understand and be able to explain that: "Young children interpret adult questions such as 'Are you sure?' or 'What about this one?' as a cue that their first answer must have been incorrect and that they should produce a different response" (Ricci, Beal, & Dekle, 1996).

Of perhaps even more concern are experimental findings that children are likely to attempt to provide answers to unanswerable questions posed by adults (Hughes & Grieve, 1980). Many times, the descriptions made by alienated children are virtually impossible as they violate the laws of physics. In addition, the adult may overestimate the child's ability to accurately communicate information to an adult (Asher, 1976). Hughes and Grieve asked 5 and 8 year olds a series of "bizarre" questions (i.e., questions that did not permit direct answers, such as "Is milk bigger than water?" and "Is red heavier than yellow?") and discovered that children of both age groups frequently provided answers to such questions. Perry, McAuliff, Tam, and Claycomb (1995) and Carter, Bottoms, and Levine (1996) have also done empirical research that yielded findings mirroring those of the Hughes and Grieve study. Both groups of researchers observed that children of various ages often attempt to answer questions that contain linguistically complex language features (e.g., double negatives, multiple parts, difficult vocabulary) that clearly exceed children's developmental capabilities. Within the context of alienation, the evaluator must be familiar with these subtleties of language and age-appropriate communication abilities. When children become alienated, they come to believe things that did not occur and often simply echo language that

they have heard from adults. For example, a very young child may say that they were "molested" but when asked what that means, be unable to provide an answer, making it highly suggestive that this is something they overheard or were even told directly. The subtopic of the evaluation of sex-abuse allegations is addressed below.

Given the significant influence that adult interviewers potentially have over child interviewees, it is important for the evaluator/interviewer to create as nonthreatening an environment as possible. One basic way to achieve this goal is to begin the interview by simply describing what will happen during the interview. In language a child can understand, interviewers should explain the purpose of the interview and stress that they are asking questions because they do not know the answers. Interviewers should remind children that they are not being questioned because they did something wrong or because they are in trouble, but because the interviewer needs the child's help and input. Framing the task as a cooperative endeavor to discover the truth minimizes the confrontational nature of the interview, thus reducing children's worry about answering and expressing their lack of understanding or knowledge. Interviewers should ensure the child understands that there are no right or wrong answers as long as the child is telling the truth. Children should be encouraged throughout the interview to ask for clarification when they do not understand a question or something the interview has said. Finally, the interviewer should frame questions in open-ended ways, in an effort to avoid influencing the child's answer. For example, if there is concern that a father might have abused a child, the interviewer should pose a question more like, "How are things with your dad?" rather than "Did your daddy hurt you?" The latter, overly leading question, directs the child's attention to basically a yes or no answer. This kind of over-narrowing tends to make the child search for the "right answer" and is much less likely to provide useful and valid information.

Empirical research has revealed a trade-off between the amount and the accuracy of information obtained via open- versus close-ended

questions. Open-ended questions tend to yield highly accurate, although somewhat limited, accounts from children (Dent & Stephenson, 1979; Hutcheson, Baxter, Telfer, & Warden, 1995). Researchers Yael Orbach and Michael Lamb (2001) documented that:

Option posing, yes/no, and suggestive questions subvert children's competency, foster acquiescence to misleading information, and increase the retrieval of erroneous information.... Option posing utterances...focus the child's attention on details or aspects of the alleged incident that the child has not previously mentioned.

Research has examined children's memories for a wide variety of events, ranging from fairly innocuous incidents such as playing games with an unfamiliar confederate (Goodman & Reed, 1986) or performing and imagining various activities (Gordon, Jens, Shaddock, & Watson, 1991) to more serious events, such as participating in pediatric examinations (Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993; Steward & Steward, 1996), visiting the dentist (Vandermaas, Hess, & Baker-Ward, 1993), or receiving venipuncture or inoculations (Goodman, Hirschman, Hepps, & Rudy, 1991). This research has consistently documented children's tendency to accurately, but incompletely, report events in response to open-ended and free-recall questions. In contrast, studies examining the effects of close-ended questions on children's reports show that this type of question typically elicits more complete and thorough, yet less accurate, accounts than open-ended question do (King & Yuille, 1987; Dent, 1992). The additional information gained by using close-ended questions often comes at the cost of decreased accuracy.

For these reasons, most researchers agree that interviewers should strive to maximize the use of open-ended questions when interviewing children. Others (e.g., **Content excluded** Steward & Steward, 1996) have recommended that when more specific, directive questions are used during an interview, they should be followed by open-ended prompts to help shift the child back to the free-recall response style (Lamb et al., 1996). Moreover, if a professional combines the open and close-ended question-

ing strategies, every effort should be made to let the child relate the information in his or her own words *before* posing more specific, close-ended questions.

We emphasize the concerns about questioning for several reasons. First, evaluators must be aware of and conversant with current research concerning the manner in which parents can influence children's memories. Second, because brainwashing and PA involves manipulation, evaluators must be familiar with current research concerning suggestibility. Finally, we emphasize the issue of questioning because evaluators will often be asked to assess children who have been in therapy and, in this regard, a competent evaluator must know how various therapies for children can be deleterious and how memory modifications occur in adult-child interactions.

Parental Influences on Children's Memory

What children "remember" changes dramatically under parental questioning. Memory, in the most general sense for adults as well as for children, is more akin to being a constructed estimate of the past than it is to being a recording of the past (Schacter, 2002). This is counterintuitive since memory certainly feels more like a recording than a construct, but there is a great deal of research that shows otherwise. The consequence of this constructive process is that memory is quite malleable and even arbitrary. This is vitally important for the evaluator to understand in investigating the content of what a child is describing as being a memory.

Adults and especially parents have a great influence over how a child remembers events. Anxious parents can have their memory seriously impacted. For example, it has been shown that, "...maternal over reporting of anxious symptoms was related systematically to the level of maternal anxiety" (Frick, Silverthorn, & Evans, 1994). Parents, their friends, and others in the community can likewise have an impact on how a child remembers an event. For example, if an alienated child's alienating parent is effective in

convincing other parents of some event that has been distorted and portrayed in a negative manner, these other adults who have begun to believe the distortion, will have an impact on the child's memory of the event. For example, suppose that a child was upset and tearful at a given event, and the target parent was seen holding her in an effort to appropriately comfort her. Then suppose further that this actual comforting exchange between father and daughter was later described by the alienating parent as the little girl being tearful because she was afraid of her father. Then suppose after that, the child conveyed this myth within her community of friends and parents. The result of this group influence could likely be that the child began to believe the distortions leading to her actually describing herself as being afraid of her father. The evaluator must be conversant with this phenomenon of influence within the child's recollection of events.

Pipe and Wilson (1994) found that children may conceal information from an authority figure that they have been asked to keep secret by an adult. Further, there is an evidence that children may be more likely to keep secret serious transgressions, perhaps because of the negative consequences that would result from their revelation (e.g., Bottoms, Goodman, Schwartz-Kenney, & Thomas, 2002; Talwar, Lee, Bala, & Lindsay, 2004). In other words, the cautions that the evaluator/interviewer must be sensitive to, in order to avoid contaminating a child's answer, are precisely the same influences that parents and other adults impact children with every day.

To add to the dizzying evidence that objective reporting of any event is subject to enormous influences, and is therefore easily subject to distortion, there is also research that parents are not "able to accurately recall whether [statements] were the child's own words or if her statement is a reconstruction of a conversation in which the child provided one-word answers to a series of direct and possibly leading questions from the mother" (Bruck, Ceci, & Francoeur, 1999). A competent evaluator must be familiar with this research, very often to be able to explain it to the court. One final example of such research can be found in Debra Poole and Stephen Lind-

say's stunning report of the "Mr. Science" (1995) experiments where parents merely suggested a behavior that Mr. Science *may* have performed when in fact he did not. The fact that the parents stated that an event *may* have occurred was enough to impact the child's description and presumably their memory of this event that never occurred. In this series of experiments, the researchers plainly stated that "Misinformation provided by parents is an extremely powerful contaminant of preschoolers' testimonies" (Poole & Lindsay, 1995). Familiarity with this kind of research can be very helpful to the court when trying to understand how and why a child may be describing events that simply did not happen.

Basic Suggestibility Research and Evaluators

In high-conflict custody cases, the competent evaluator must be familiar with concepts like confirmatory bias, the repeated question effect, and source monitoring error as well as other cognitive errors. Familiarity with these concepts requires that the evaluator should have on hand standard references in the field of suggestibility, such as Ceci, Toglia, & Ross, 1987; Wakefield & Underwager, 1990; Ceci, Ross, & Toglia, 1989; Doris, 1991; Ceci & Bruck, 1993, 1995; Johnson, 1993; Bruck & Ceci, 1997; Loftus, 1997; Poole & Lamb, 1998; Campbell, 1998; Hyman, 1999; Ceci & Friedman, 2000; Kuehnle & Connell, 2009. The susceptibility to recollection and memory manipulation is called *suggestibility* and can be defined as the degree to which the encoding, storage, retrieval, and reporting of events can be influenced by a range of internal and external factors that can be present before or after the event. Recently, Miller (2013) authored an excellent discussion of the various cognitive errors, biases, and other sources of clinical error as it applies specifically to PA cases. Perhaps the classic volume on the subject of children's description of events alleging abuse is *Jeopardy in the Courtroom* (Ceci & Bruck, 1995). In this book which was developed for a lay audience, Stephen Ceci and Maggie Bruck point out that adults may tilt

the odds toward false disclosures for two reasons. First, the presence of extra adults, all of whom share the same beliefs about what may have transpired, may induce a child to join them. Second, extra adults multiply the number of questions that the child is asked about the same theme, “Tell us how you were sexually abused.” (Ceci & Bruck, 1995). Among others, Ceci and Bruck use infamous interviews like those conducted by Lou Fonolleras in the Margaret Kelly Michaels case and Kee MacFarlane in the McMartin Preschool case to illustrate what interviewers should never do.

A competent evaluator should be prepared to inform the trier of fact about the standard reported experiments in child suggestibility such as:

- The Mousetrap study (Ceci, Huffman, & Smith, 1994)
- The Sam Stone study (Leichtman & Ceci, 1995)
- The Simon Says study (Lepore & SESCO, 1994)

These three experiments are discussed for lay audiences in Stephen J. Ceci and Maggie Bruck’s *Jeopardy in the Courtroom: A Scientific Analysis of Children’s Testimony* (Ceci & Bruck, 1995).

Why is all of this necessary? It is necessary because in high-conflict custody disputes, the evaluator will be faced with parents who intentionally try to persuade their children that the other parent is unfit or otherwise unsuitable as a parent. As we have described, empirical evidence strongly suggests that children do incorporate parental suggestions into their memory for events, essentially contaminating and changing them (Poole & Lindsay, 1995). We remind that the evaluator should be concerned about one parent coaching a child to lie about the actions of the other parent. Research has demonstrated that under laboratory conditions, some children deliberately will tell a falsehood to an adult (i.e., that they played with a toy they had never touched) when asked to do so by another adult (Tate, Warren, & Hess, 1992). This evidence points to the extremely sensitive nature of adult—especially parental—influence onto the child’s sense of reality and their reported memories of it.

Source monitoring, intelligence, and memory are often cited as predictors of individual differences in suggestibility and are included in many models of false memory development (Bruck & Ceci, 1997; Hyman, 1999; Johnson, 1993; Loftus, 1997). In addition, findings regarding the relationship among self-confidence, self-esteem, and suggestibility are relatively consistent. Children with higher self-confidence (Vrij & Bush, 2000) and higher self-esteem (Baxter, Jackson, & Bain, 2003; Gudjonsson & Sigurdsson, 2003; Peiffer & Trull, 2000) as adults are less likely to acquiesce to suggestion. When these findings are applied to children within the context of PA, the protective effects of intelligence and high self-esteem are mitigated. When children are in an alienator’s environment, they are systematically encouraged to *not* think for themselves. They are actually punished, threatened, or rejected for doing so. The net effect of this eventually overwhelms even the brightest and most confident. Therefore, while the protective effects of intelligence and self-esteem are at work in children in normal environments, such appears to be much less the case with alienation. Anyone who has worked extensively in the field of PA can describe many very bright and self-confident (appearing) children who have nonetheless been manipulated and become alienated.

Therapy in High-Conflict Cases and Therapist Modifications

The issue of therapy manipulated by brainwashing and alienating parents and the modifications of memory that can occur must likewise be understood. A competent evaluator must be able to describe memory interference and explain the effects of therapy and modifications of reality within the child, by interviewers and therapists. Take, for example, the child who has not been abused by a parent, but who nonetheless is taken for therapy for the alleged (but false) abuse. At first, the child’s denial that any such abuse happened may well be met with the therapist asking repeated questions about the alleged abuse. This,

of course, would send the message to the child that they got the answer wrong. In the repeated question environment, the child may eventually respond with “I don’t know...maybe.” The naive therapist then takes this as a confirmation, and it is fed back to the child as a validation. Therefore, in a later session, the therapist may say something like “you told me that this happened” which then further commits the child to the false accusation. With the passage of time, and a number of sessions, the child is likely to believe that such abuse—originally denied—did in fact occur. At this point, the child has become delusional. With respect to the kind of therapy, children in these cases may be forced into counseling by a brain-washing/alienating parent, Campbell (1992b) explained:

A play therapist can profoundly distort the memory of a child by suggesting interpretations of what the child supposedly encountered or experienced. In response to the therapist’s influence, children accept these interpretations as legitimate. They then resort to their imaginations—though convinced they are searching their memories—inventing anecdotes of past events which appear to validate the therapist’s interpretations.

Ceci and Bruck (1995) point out that when children who have not been abused are subjected to treatment as if they had been abused, great harm is done to the child. Such treatment has the effect of interjecting a false belief in the child that they had been abused when in fact they had not. In so doing, the child’s reality testing is further damaged. They point out, referring to the inappropriate therapy following a false-positive evaluation for sexual abuse, “You do harm to the child because you don’t help the child to distinguish between what is possible, what is real, what is not real; what is a fantasy and what is real.... So a lot of these children got worse in the course of treatment” (Ceci & Bruck, 1995). Further, regarding the employment of any therapy or evaluative interviews on a child who may or may not have been abused, they point out that therapy and all interaction with the child should be restricted to coping strategies. Other therapeutic enterprises, such as the use of fantasy induction, imagery, and

so-called memory work, should be saved for after the legal resolution. (Ceci & Bruck, 1995).

“Modification” is a form of suggestive questioning in which the interviewer contradicts or incorrectly restates what the child just said. Research makes clear that “Children frequently agree with interviewers who either reword their statements in a way that changes their meaning or who claim that the children made statements they did not make” (Warren, Woodall, Hunt, & Perry, 1996). When reviewing actual forensic interviews, these researchers found 93.9% of them overflowing with such modifications based on interviewer rewording. In a follow-up study, Warren and Marsil found that this form of suggestive questioning “may be equally or even more detrimental to children’s testimonial veracity than leading questions” (Warren & Marsil, 2002). Citing a high rate of modifications by police and forensic interviewers and a low rate of disagreement from children in actual interviews, researchers Hunt and Borgida explained that these “commonly used interviewing techniques can have serious, deleterious effects on children’s testimony” (Hunt & Borgida, 2001). Memory researcher Elizabeth Loftus has repeatedly demonstrated that when people do not have an original memory, they can and do accept misinformation and adopt it as their own recollection of events (Loftus & Hoffman, 1989).

Observations and Interviews with Collaterals

With a good grasp for research findings concerning parental influences, suggestibility, and the potential impact of therapy and therapist modifications, the evaluator will be better prepared for observations in natural settings. To those ends, there are tools which an evaluator may choose to use. The Home Observation for Measurement of the Environment (HOME) is a well-researched and frequently cited environmental process measure initially designed specifically to sample certain aspects of the quality and quantity of social, emotional, and cognitive support available to

3–6-year-old children in their home (Bradley & Caldwell, 1979; Linver, Brooks-Gunn, & Kohen, 2002). The HOME was later expanded to address issues through mid-adolescence (Totsika & Sylva, 2004). Because any home observation is labor intensive, Frankenburg and Coons (1986) developed the Home Screening Questionnaire based on the HOME but completed in the office by parents. There was adequate validity and reliability for this measure, especially for toddlers, when compared to the HOME. As a result, about 85% of the issues that put an infant or toddler at risk were successfully identified by the less expansive questionnaire. These tools, while available, are rarely used in custody evaluations. We mention them as potential aid to the natural setting interviews which must be completed.

Interviews with collaterals are of the utmost importance in these evaluations. This cannot be stressed enough. Sadly, this is a component of custody evaluations that are often done more as an afterthought than as an essential tool of investigation and corroboration. As with all forensic evaluation, comparison of the history gathered from interviewing the parties with data from collateral sources who observed the family at other times and in other contexts can be extremely informative regarding alienation and abuse. In particular, observed interaction between parent and child should be compared to observations made prior to the parents' separation. In cases of alienation, the evaluator must be very sensitive to the collateral's source of information. Specifically, did they witness this with their own eyes and ears, or were they told about it by a third party? While it may seem obvious that this would be carefully discerned, one must be aware of the fact that alienating parents are expert at convincing collateral sources of an event to the degree that the collateral witness portrays him or herself as being a witness—actually witnessing the event—when close questioning reveals that they were not actual witnesses. In the author's experience, these collateral sources are very often duped into conveying this misinformation and are not even aware of it until they are asked directly.

We reiterate, alienating parents often do not recognize that their behavior is problematic or

even that they are engaging in behaviors that influence the child. Research has demonstrated that parents of severely alienated children have a very high incidence of Axis II personality disorder, specifically borderline and narcissistic personality disorder (Lorandos, 2013). One common characteristic of these personality disorders is that these individuals have a deficit in their ability to critique or to even view their own behavior. As a consequence, if one cannot “step outside” of oneself and critique one's own behavior, wrongdoing always appears to be due to the actions of others. Consequently, persons with these personality disorders are notorious victims and have great difficulty taking responsibility for their own behavior. They simply cannot see it. As a result, they commonly exhibit these behaviors during observations of the parent with the child and when confronted with it, they will often deny what they had just said, and do so with great credibility. An alienating parent's behaviors may take the form of direct statements to the child about the inadequacies of the other parent, telling the child to be sure to tell the evaluator about some negative aspect of the other parent, and manifesting approving gestures when the child says negative things about the other parent. Sometimes these interactions are sufficiently subtle that they are best observed and documented through video recordings.

Standardized Testing in High-Conflict Custody Cases

Some evaluators and researchers hold that the use of a psychological test battery makes it possible to obtain data that sheds light on a large number of personality, cognitive, emotional, and other dimensions at one point in time. Consequently, the use of psychological testing in CCEs is very often considered a standard procedure among these psychologists (Ackerman & Ackerman, 1997; Bow & Quinnell, 2001; Quinnell & Bow, 2001). A number of studies have looked at assessment methodology in the child custody context in terms of the use of psychological tests (Ackerman & Ackerman, 1997; Bow & Quinnell,

2001; Horvath, Logan, & Walker, 2002; Karras & Berry, 1985; Keilin & Bloom, 1986; Quinnell & Bow, 2001) The tests used in custody evaluation are of two kinds: tests primarily designed to evaluate psychological qualities whose results are applied to custody issues, and tests designed primarily to address custody issues. While the frequency of use of specific psychological tests has been challenged (Hagen & Castagna, 2001), their continued use remains common. However, in its *Model Standards of Practice for CCE*, the AFCC (2006) declares:

The use of formal assessment instruments is not always necessary. Where those who are legally permitted to administer and score psychological assessment instruments elect not to do so, they shall recognize that they may be called upon to articulate the basis for that decision. (Model Standard 6.1)

Proponents of standardized measures like Meyer et al. (2001) explain that the use of a psychological test battery provides an empirically based set of data that allow for more precise measurement of individual characteristics than is usually obtained from interviews alone. However, other reviewers have suggested that there are few psychometrically sound assessment instruments and strategies in this field (Emery, Otto, & O'Donohue, 2005; O'Donohue & Bradley, 1999; Otto, Edens, & Barcus, 2000). As Otto et al. (2000) noted, a common error is to use psychological tests that do not address psycho-legal issues directly relevant to the child custody questions. The argument could be made that no readily available standardized measure picked for use in a high-conflict custody case can meet appropriate use criteria. For example, Heilbrun (1995) gives eight criteria that tests should meet in order to be used in a CCE: The test must (1) be commercially available; (2) have a published manual describing development, psychometric properties, and procedures for administration; (3) be peer reviewed in professional journals; (4) have ongoing research exploring its usefulness (validity); (5) have test-retest reliability that is at least 0.80; (6) be relevant to the legal issues or the psychological construct underlying a legal issue; (7) be administered in a standard-

ized fashion; and (8) have measures of response style. Hurley, Huscroft-D'Angelo, Tout, Griffith, and Epstein (2013) established criteria for validity and response bias and conducted an analysis of 164 measures ostensibly designed to assess parenting skills. Of the 164 assessment tools they reviewed, the team looked very closely at 25 measures which met many of their criteria, noting that only 5 of the 164 measures met 7 or more of their 10 criteria. They gave their top ratings to the Child Abuse Potential Inventory (CAPI), the Alabama Parenting Measure (APM), the Parenting Alliance Measure (PAM), the Parenting Scale, and the Parent-Child Relationship Inventory (PCRI). Curiously, only the CAPI and the PCRI had response bias measures.

Indeed, other commentators have criticized the use of standardized measure in custody evaluations (Brodzinsky, 1993; Grisso, 1986, 2003; Melton, Petrila, Poythress, & Slobogin, 1997). Criticism focused on the selection of inappropriate tests and the use of psychological test data to develop diagnostic impressions that were misleading, pejorative, or invalid (Grisso, 1986). Other criticisms pointed to overutilization of psychological tests without psycho-legal relevance (Brodzinsky, 1993; Melton et al., 1997). Recently, professional debates have raged over the use of surveys (Ackerman & Pritzl, 2011, 2012; Martindale & Bow, 2007; Martindale, Tippins, Ben-Porath, Wittmann, & Austin, 2012) as well as use or misuse of the ubiquitous MMPI (Ben-Porath & Flens, 2012; Butcher & Williams, 2012). Certainly, use of any survey or psychometric measure in a high-conflict child custody case must be done with the American Psychological Association's Guidelines for CCEs in Divorce Proceedings (American Psychological Association, 2010). Specialty Guidelines for Forensic Psychology (American Psychological Association, 2013) and the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2010).

Another approach which focuses more on the relationships within a family, blends observation with standardized measures developed by Bricklin and Elliot (2006). These researchers have spent decades scrutinizing children's sense of

their relationships with others. Their work with their Perceptions of Relations Test (PORT) provides a detailed and ever-expanding database of children caught in high-conflict custody cases. However, even with the avalanche of data generated in such tests, credible critics find fault with their claims (Heinze & Grisso, 1996; Melton et al., 1997; Krauss & Sales, 2000; Otto & Heilbrun, 2002). For the evaluator who chooses to use standardized measures, certainly actuarial approaches are more scientifically credible and tend to avoid the errors that come from personal opinions masquerading as scientific knowledge (Meehl, 1996). These approaches are increasingly preferred in legal contexts. It is also asserted that objective psychological measures, such as the ubiquitous MMPI-2, have immediate utility in high-conflict contexts as demonstrated by Gordon et al. (2008) as well as by Hoppe and Kenny (1994) and Siegel and Langford (1998).

In addition to assessing possible pathology, objective measures and standardized structured interview methods lend themselves to the assessment of a parent's positive abilities. These are often neglected, yet it is these capacities that account for most of what parents provide for their children (Bornstein, 2002). They should be of paramount importance in determining parenting arrangements. Recently, increasingly sophisticated methods have become available for measuring human strengths (Peterson & Seligman, 2004). There is a growing body of literature on the use of objective measures to assess *emotional intelligence*. This has been defined as,

Distinct from executive function and refers to the effectiveness in understanding one's emotions and of others, the effectiveness in managing these emotions in relationships, and being able to facilitate the emotional and cognitive demands of the situation effectively. (Posthuma, 2014)

Canadian clinical and forensic psychologist Allan Posthuma has argued for the assessment of *emotional intelligence (E.I)* in custody cases and emphasizes the use of the new *Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)*; Posthuma, Siegel, & Goldstein, 2011; Posthuma, 2014). This measure has recently become available to psychologists and shows promise in un-

derstanding high-conflict litigants from an alternative perspective. Also, the research of Jude Cassidy and colleagues concerning the measurement of attachment, the Preschool Assessment of Attachment, or the Adult Attachment Interview, may be of value to the evaluator (Cassidy & Shaver, 2008). In this vein, the child's sense of acceptance by his or her parents has been extensively researched by Ronald Rohner (2004). This research has lent itself to the development of the Rohner Parental Acceptance-Rejection Questionnaire (Rohner & Khaleque, 2005); which may have application in demonstrating a child's sense of acceptance by the alienating parent and rejection from the target parent.

For this host of reasons and concerns, and being fully cognizant of the debate concerning the validity and reliability of psychological tests in custody matters, we nonetheless advocate for the use of standardized measures as a compliment to fact finding via document review, observation, and interviewing. However, we add this caveat: Testing should be used only for hypothesis generation, and it should **never** be used as a confirmation of a hypothesis. Even the most rigorously studied objective test, the MMPI 2, cautions that the results should be used to generate hypotheses, which should then be confirmed or disconfirmed by other sources.

Evaluating Alleged Claims of Sexual Abuse

The circumstance where children's perceptions of relations, multiple interviews, and the use of psychological measures are put to the strictest test is in the evaluation of *child sexual abuse* allegations (CSAs). As Campbell (2013) describes in detail, one of the earliest reviews of CSA related to custody and visitation disputes was reported by Blush and Ross (1987). Gordon Blush and Karol Ross worked in a clinic that operated as an arm of a family court in the 1980s. They began to track complaints and motions brought to the court in high-conflict cases. In reviewing the court file for any particular case, they learned to identify what issues provoked parental disputes

between the parties and when those disputes originated. Blush and Ross' "sexual allegations in divorce (SAID) syndrome" directed evaluators to carefully assess the background and history of a couple before any allegations of sexual abuse developed. Campbell (2013) explained that by carefully reviewing the legal history predating any CSA allegations, the evaluators may identify how escalating exchanges between the disputing parents could have triggered CSA allegations. In their SAID syndrome article, Blush and Ross (1987) emphasized the necessity of considering the timing of the allegations. Were the allegations timed in such a manner that they gave the accusing parent significantly greater power and influence? In response to CSA, for example, a Department of Social Services would often pursue an alienator's agenda by blocking the target parent's visitation.

Blush and Ross (1987) and Campbell (1992a) referred to factors they identified as "Sequence–Escalation–Timing" (SET) factors when reviewing the background and history of any particular case. SET factors direct evaluators to look at the context in which allegations occurred. Disputes related to child support, costs of activities such as sports, music lessons, special camps, etc., could have led to escalation and retaliation. Acrimonious exchanges also involve requests to modify visitation, or petitions to relocate or tend to occur when a romantic adult partner enters the children's lives. Campbell (1992a) pointed out that SET factors create situations that are misinterpreted, because of relaxed thresholds of disbelief. These relaxed thresholds may develop into CSA allegations, which are driven by rumor formation and dissemination.

Psychologist researcher Hollida Wakefield and Lutheran minister turned clinical psychologist, Ralph Underwager, taught that the "natural history" (origin, timing, and nature) of a child abuse allegation must be examined (Wakefield & Underwager, 1990, 1991). While they focused primarily on sexual abuse accusations, their strategy is applicable to other forms of alleged abuse as well. They provided preliminary guidelines for the determination of true versus false accu-

sations. They defined factors behind false allegations of sexual abuse, including the character of the accuser, the persons who aid and in many cases abet the accuser, and the use of leading or manipulative questioning. A competent evaluator should be mindful of the list Wakefield and Underwager (1990, 1991) provided to differentiate between real and false allegations; they suggested the fact finder examine the:

- Origin of the disclosure
- Timing of the allegations
- Age of the child
- Behavior of the accusing parent
- Nature of the allegations
- Characteristics of the child's statement
- Personality characteristics of the parties involved
- Behavior of the professionals involved

The Differential Diagnosis of PA

Child psychiatrists William Bernet and Bradley Freeman (2013) have developed a detailed instructional work on the *Psychosocial Assessment of Contact Refusal*. These psychiatrists provide a great deal of details and a carefully worked out decision tree for the differential diagnosis of parent–child estrangement due to PA versus estrangement because of mental illness, child abuse, delusional disorder, and other social factors. Their ground for a determination of PA is the 2013 adaption of Gardner's original criteria. In 1985 and again in 1992 and 2006, Gardner wrote that children with PA manifested some or all of eight characteristic behaviors. Gardner's eight criteria for the diagnosis of PA were adapted and reissued by Lorandos, Bernet, and Sauber in 2013 (Lorandos et al., 2013) as:

Criteria for the Diagnosis of PA

For the diagnosis of PA, the child must manifest the following two behaviors:

- Campaign of denigration against the target parent. The child often presents complaints in

a litany, some trivial, many false or irrational. The child often denies ever having experienced good times with the target parent when that is clearly not the case. Alienated children are likely to eschew the potential for reconciliation.

- Frivolous rationalizations for the child's criticism of the target parent. The child's reactions of hatred or disdain are unjustified and disproportionate to the circumstances they describe. They may claim to be fearful, but they do so easily and without typical fear reactions.
- Lack of ambivalence. The child manifests all-or-none thinking, idealizing the alienating parent and devaluing the target parent.
- Independent thinker phenomenon. The child proudly states the decision to reject the target parent is his or her own, not influenced by the alienating parent.
- Reflexive support of the alienating parent against the target parent. The child immediately and automatically takes the alienating parent's side in a disagreement.
- Absence of guilt over exploitation and mistreatment of the target parent. The child may be oppositional, rude, disrespectful, and even violent toward the target parent and shows little or no remorse for those behaviors.
- Borrowed scenarios. The child makes rehearsed statements that are identical to those made by the alienating parent. Younger siblings may mimic what they have heard their older sibling say. They usually are unable to elaborate on the details of the events they allege.
- Spread of the child's animosity toward the target parent's extended family. Expressed feelings and hatred often include the extended family or friends of the target parent, even when the child has had little or no contact with them. Occasionally, the child's hatred extends to pets of the target parent. (Adapted from Lorandos et al., 2013)

Also, the child must manifest two or more of the following six attitudes and behaviors:

When these criteria are reliably used—and the data support their use—the findings of PA can be confidently made.

Part Four: Presentation to the Attorneys and the Court

Once the evaluator has carefully reviewed the guidelines for conducting CCEs; completed the proper informed consent forms with the subjects of the evaluation; developed a familiarity with the basic research into the dynamics and personalities involved in high-conflict custody cases; obtained and reviewed basic research on enmeshment, parental influences on recollection, suggestibility, and therapist modifications of memory; solicited and reviewed relevant documentation; engaged in detailed interviewing with parents, children, parents with children, and in the natural parenting settings; thoroughly investigated competing claims of deleterious parenting or undue influence; engaged in relevant and material collateral interviews; used objective psychological tests as indicated by the standards of practice and hypotheses concerning psychological pathology; become thoroughly familiar with the research into the differential diagnosis of estrangement, contact refusal, and/or alienation; and reviewed the relevant case and statutory law concerning how the fact finder must determine the *best interests of the child*, it is time to develop a written and verbal presentation to the attorneys and the court.

Know Your Audience—Lawyers and Judges

The competent custody evaluator must know his or her audience. A substantial body of research exists on the personality characteristics of attorneys and law students. Research informs that attorneys tend to be more logical in their decision-making than members of the general population (Daicoff, 1996). This same research compared attorneys to the general population and found that attorneys and law students tend to be uniformly less interested in people, in emotions, and in interpersonal concerns (Daicoff, 1996). Other researchers found that although many attorneys have good social skills, most show low interest in emotions or others' feelings (Shneidman, 1984).

Solkoff (1968) found that the lowest ranked law students tended to obtain higher humanitarian scores. In fact, altruistic concerns were a motivating factor for no more than 20% of entering law students (Anderson, Western, Boreham, 1973; Stevens, 1973; Hedegard, 1979). In an extensive study of the personality types of law students, Miller (1967) reported that the personality type that is most prevalent in law school is typically “dependable and practical with a realistic respect for facts, who absorbs and remembers great numbers of facts and is able to cite cases to support his evaluations, and who emphasizes analysis, logic and decisiveness.” And the least common personality type in law school belongs to the type of person who is “concerned chiefly with people, who values harmonious human contacts, is friendly, tactful, sympathetic, and loyal, who is warmed by approval and bothered by indifference and who tends to idealize what he admires” (Id.).

It is *lawyers* who become judges. What do researchers have to say about lawyers when they take the bench? Posner (2010) points out that politics, ideology, and strategic concerns infuse judicial decision-making. Commenting that the law is shot through with politics, Posner used Bayesian decision theory to explain that judges clearly possess preconceptions that influence their decision-making (Posner, 2010). Posner went on to comment that “judges are not moral or intellectual giants (alas)... They are all-too-human workers, responding as other workers do to the conditions of the labor market in which they work” (Id.). Researcher Laura Langer (2002) explained that judges are “... rational actors who pursue at least two goals: (1) translating their sincere preferences into public policy, and (2) retaining their seat on the bench.” The competent custody evaluator must recognize as Marjorie Silver (2004) explained, many judges fear being transformed into glorified social workers without any training.

As if this were not bad enough, recent analysis of judicial decision-making is chilling. Michigan trial court Judge Donald E. Shelton graduated from the University of Michigan Law School and began his career in 1970 as a staff attorney, for

the US Army Judge Advocate, in Germany. He then served as an attorney for the litigation division of the US Army in Washington, DC, and then as a small-town mayor and trial lawyer. In 1990, he was elected to the trial court bench where he served for 24 years. Shelton earned a master’s degree in criminology and criminal justice in 2007 and a PhD in judicial studies in 2010. During his graduate study, Shelton researched juror and judicial decision-making in court trials (Shelton, Kim, & Barak, 2006; Shelton, 2010, 2012). In his 2012 analysis of juror and judicial decision-making, Shelton drew on the work of many commentators on science in the courtroom and quoted Faigman, Saks, Sanders, and Cheng (2013–2014) for the proposition that “...judicial decisions for the most part *do not indicate that the judges, trial or appellate, weighed the scientific validity of the proffered evidence in any meaningful way*” (Shelton, 2012 *emphasis added*).

Know Your Audience: Alienators and Target Parents

With respect to alienating parents, in the sections above we provide the reader with more than 40 citations to peer-reviewed literature concerning their behavior and personality traits. Notable among alienator behavioral issues are: psychosocial pathology; forced estrangement; obsessive preoccupation; reliance on the defense of splitting; a narcissistic or paranoid orientation (Kopetski, 1998a, 1998b); revenge—self-righteousness—power, and control issues (Clawar & Rivlin, 1991); bad-mouthing; limiting contact; forcing a child to choose; creating the impression the target parent is dangerous (Baker, 2007); psychological disturbances including histrionic, paranoid, and narcissistic personality disorders, as well as psychosis, suicidal behavior, and substance abuse (Baker, 2006; Clawar & Rivlin, 1991; Gardner, 1992; Hoppe & Kenney, 1994; Kopetski, 1998a, b; Johnston & Campbell, 1988; Johnston et al. 2005; Lampel, 1996; Siegel & Langford, 1998; Rand, 1997a, b; Racusin & Copans, & Mills, 1994; Turkat, 1994, 1999; Warshak, 2010); and so on. But what about the

target parents? What does the research tell us about them?

Working in high-conflict custody cases with and without indications of PA, Wakefield and Underwager (1990) compared data concerning the personalities of 72 parents who made false accusations of sexual abuse and 103 falsely accused parents to each other and to a group of 67 parents who were involved in custody disputes but without allegations of sexual abuse (controls). According to the data, the falsely accusing parents were much more likely than were the target parents or the controls, to have a personality disorder such as histrionic, borderline, passive-aggressive, or paranoid. While only a fourth of the sample of falsely accusing parents presented scores arguably in the normal range, the target parents and controls were significantly different. Almost all of the individuals in the custody control group and in the falsely accused group were seen as normal. Statistical analysis reached significance on F and F–K MMPI scales. (See also Bernet, 2006). Among their 600 evaluations, the Colorado Family and Children’s Evaluation Team found traits and behaviors of target parents they termed more or less characteristic. These symptoms were: a history of being passive, overly accommodating and emotionally constricted, as well as a pattern of engaging in self-questioning when criticized and psychological distress in the form of depression and anxiety (Kopetski, 1998b).

With this in mind, Gordon et al. (2008) worked to test numerous hypotheses concerning a target parent’s complicity or involvement in the origin or PA. Gardner insisted that the degree of rejection of the target parent by the child is not justified by the target parents’ behaviors (Gardner, 1998, 2006). However, in their reformulation of PA syndrome (PAS), Kelly and Johnston (2001) suggested a family systems model would find more involvement of the target parent in the onset of PAS symptomatic behaviors. Sensitive to this contrast, Gordon et al. (2008) thoroughly analyzed their data with these competing views in mind. They reported that their results showed strong support for a test of Gardner’s definition of PAS and the critical role of the target parent. They explained:

We predicted that, for both our measures of primitive defenses $L + K - F$ and $(L + Pa + Sc) - (Hy + Pt)$, the target parents (mothers and fathers) should be no different from the control parents (mothers and fathers), but score lower in both measures in comparison to the alienating. Overall both the target parents and the control parents had lower mean scores as compared to the alienating parents in the use of primitive defenses.

We found evidence of primitive defenses in the alienating parents, but for most of our groups, we did not find significant evidence of primitive defenses in the target parents. (Gordon et al., 2008)

When closely examining the Kelly and Johnston 2001 reformulation, that “target parents should be higher in the use of primitive defenses than the control parents in $L + K - F$ and $(L + Pa + Sc) - (Hy + Pt)$, but less than the alienating parents;” Gordon, Stoffey & Bottinelli were blunt: “we did not find support for this.”

The evaluator would be wise to remember that in the high-conflict/PA context, it is not only the borderline, or narcissistic or histrionic *alienating* parents who are difficult. Imagine being the recipient of months or years of slander, accusations, and manipulation, all the while seeing your children emotionally abused by this difficult process. We have seen that it can happen to even the smartest person in the world (Isaacson, 2008; Rand, 2013). Even staggering wealth is no protection from the vagaries of PA. Here are some examples:

Jeffrey Koons is probably the wealthiest multimedia artist alive today. In 1991, Koons married the Hungarian-born Ilona Staller who was a naturalized Italian. She was famous in her own right as pornography star “La Cicciolina,” who for 5 years pursued a career as a member of the Italian Parliament. Court records indicate that as a condition to the June 1991 marriage, Staller swore: “she would never again engage in pornography or participate in the commercial sex industry” (*Koons v. Koons*, 1994a). Koons and Staller had a son, Ludwig, in 1992, and, when the child was 1 year of age, Staller took the child to Italy. In December 1993, when Koons learned that “La Cicciolina” left the infant in Italy to perform her porn act in Ecuador, South America, he immediately traveled to Italy to gain custody of his son. Koons filed for divorce in New York,

the parties' legal residence and amidst numerous cross allegations, fights over jurisdiction, and court-ordered psychiatric evaluations, the trial court made a final determination the following year. In his findings, Justice David B. Saxe of the New York Supreme Court explained:

I decide and find that the best interests of Ludwig will be served by awarding custody of Ludwig to plaintiff Jeffrey L. Koons, because plaintiff is a fit custodian for Ludwig and defendant is a less fit custodian for Ludwig, in that: plaintiff is a loving, devoted and effective father; defendant has failed to provide adequately for Ludwig's intellectual, moral or social development; *defendant is a life-long pornographer and has exposed Ludwig to pornography and to pornographers in a manner that is contrary to his welfare*; defendant has abducted Ludwig from his New York home and has interfered with his relationship with plaintiff; *defendant has exploited Ludwig in the media and exposed him to excessive media attention*, all of which is contrary to Ludwig's best interests. (*Koons v. Koons*, 1994b *emphasis added*)

Since "La Cicciolina" abducted Ludwig and restarted her pornography career, Koons told *Art News* that he had spent nearly US\$ 4 million "trying to regain custody [and] directing his lawyers to 'leave no stones unturned'" in that quest. Imagine what a target parent must feel after participating in all of the court-ordered evaluations and guardian ad litem investigations, only to have his son exposed to pornographers and made a focus of a media circus? Anxiety, depression, and anger over a situation should not be confused with who target parents really are.

Other target parents make their consternation known in dramatic ways. Websites, blogs, and books describing displeasure with our family law system as deeply flawed are increasingly available. For example, when actors Kim Basinger and Alec Baldwin divorced, Baldwin described his travail in detail (Baldwin, 2008). In his personal account, Baldwin offered: "To be pulled into the American family law system in most states is like being tied to the back of a pickup truck and dragged down a gravel road late at night.... No one can hear your cries and complaints, and it is not over until they say it is over." He went on to offer: "the professionals who arrive on the scene

often are there to prolong the bleeding, not to stop it." He continued: "the problem lies not only with antagonistic lawyers who perpetuate conflict, but also with the judges who sit idly by and do nothing to rein them in." He wrote about his own lawyers and their failure to educate him as to what he should expect: "They provided little information, and even much of that was irrelevant to the questions I asked. They were inside a system, an inefficient, corrupt, amoral system, and they wanted to be left to work that system with as little interference from me as possible." And Baldwin spared no ink to describe the numerous judges he appeared before:

The judges are like pit bosses in Vegas casinos... Their job is to make sure everybody stays at the table and keeps gambling...the judges in Los Angeles do not have the guts to stand up to the rapacious lawyers who line their pockets at the expense of men and women victimized by this very real syndrome... They are corrupt, inefficient, lazy, stupid—they're the most God-awful people. (Baldwin, 2008).

The competent evaluator must realize that the pain and consternation of PA cases lives on and on and on. Witness the recent trauma of American actor, writer, director Woody Allen (2014; Rabinowitz, 2014). Several weeks after Allen received the Golden Globe award for lifetime achievement, *New York Times* reporter Nicholas Kristof (2014) decided to re-publicize a 21-year-old nightmare. In his column in the *Times*, Sunday Review section, Kristof published what he claimed was a portion of a letter from Allen's now adult, adopted daughter Dylan. The column described in emotional terms the allegation that Allen had sexually abused the child in the early 1990s. Allen wrote an eloquent reply which was published the following Sunday. Conservative American Journalist and Pulitzer Prize winner Dorothy Rabinowitz responded to Kristof's screed as well. Rabinowitz, who was repeatedly nominated for Pulitzer's and won one for her reporting on the terrible false sex-abuse trials of the 1980s and 1990s (Rabinowitz, 2003), decried the "deadly power of a child sex-abuse accusation." Rabinowitz noted that:

After Mia Farrow accused Mr. Allen of molesting Dylan, Connecticut police called on the Child Sex Abuse Clinic at Yale-New Haven Hospital to investigate. The investigators' conclusion was indisputably clear: Dylan had not been sexually abused by Woody Allen. She had made the accusation, the investigators said, either as a response to stress or because her mother had coached her to do so, or a combination of both. (*emphasis added*)

Witnessing the public raging of Ms. Farrow's daughter Dylan and the "costs exacted by a lifetime of such belief," Rabinowitz (2003) concluded by explaining:

For no one, perhaps, is the importance of keeping alive the charge of guilt greater than the person who was, as a child, part of a famous child sex-abuse case built on false charges. These children, reinforced again and again in the truth of the accusation, would believe as adults that their horrific victimization early in life has caused them psychic injury of untold depths.

Imagine the helplessness and despair of a target parent, suffering the wounds of a terrible child custody battle with judges as Shelton (2012) says, who do not really weigh the scientific validity of proffered evidence in any meaningful way. Imagine the target parent suffering through a family law system many describe as corrupt and broken (Baldwin, 2008; Barden, 2013). What was it Baldwin wrote?

To be pulled into the American family law system in most states is like being tied to the back of a pickup truck and dragged down a gravel road late at night... No one can hear your cries and complaints, and it is not over until they say it is over. (Baldwin, 2008).

This is your audience; don't forget it.

Know Your Audience: Complaints Will Be Filed

Is it any wonder that in the high-conflict child custody arena, we find the most frequent licensing complaints and lawsuits? In 1998, Glassman reported that vulnerability to ethics complaints remains an occupational hazard for the private practitioner who engages in custody evaluations. Kirkland and Kirkland (2001) surveyed the

61-member boards of the Association of State and Provincial Psychology Boards (ASPPB) about the number and category of child custody complaints in the previous decade. They report that psychologists who accept work in this area "are extremely likely to also encounter the anguish of defending a related licensure complaint." (Kirkland & Kirkland, 2001 *emphasis added*). Zimmerman et al. (2009) concluded bluntly that "practice in domestic relations psychology, such as divorce and custody assessment and testimony, is a high-risk venture for incurring ethics complaints and law suits." Bow, Gottlieb, Siegel, and Noble (2010) studied licensing board complaints among psychologists. They concluded that a high number of participants had been subject to licensing board complaints. None of these studies concentrated on mental health professionals in high-conflict cases. Imagine the incidence and prevalence of complaints in this arena.

Two recent illustrations from high-conflict/PA cases are instructive. Both of these cases are well known to the authors. Both occurred in California (where author Lorandos is doubly licensed as a psychologist and an attorney). Both concluded in 2013, and the authors will endeavor to disguise the identities of the parties to avoid further traumatizing the participants. First a caveat: For the past 12 years, appellate cases reporting on expertise from the behavioral sciences have been obtained from every state and every federal district, reviewed, and described (Campbell & Lorandos, 2001–2013). In each yearly update, the *Frye* standard cases and the *Daubert* standard cases involving expertise from the behavioral sciences have been analyzed, distilled, and used for training in cross-examination technique. In each year, these researchers have given a tongue-in-cheek award for the jurisdiction with the most problematic expert evidence analyses and precedents. California state courts are, far and away, the most problematic of any court in any jurisdiction every year. The essential reason for the ridiculous state of expert evidence law in California is that the California Supreme Court chooses to remain stuck in a view of science and its processes that is 100 years out of date. In a state with the most difficult bar examination to pass, and some of the

best law schools on earth, California is stuck in the 1927 *Frye* standard. Reliability, particularly inter-rater reliability and validity—face validity, concurrent validity, content validity, construct validity, criterion validity, ecological validity, external validity, and predictive validity—are concepts wholly unrepresented in California state courts. It is the rare judge indeed, who even tries to take testimony about or tries to understand these concepts.

The first illustrative case involved a target parent father and an alienating mother who had remarried into wealth. With seemingly limitless financial resources, this alienator violated order after order, was held in contempt again and again, and yet did everything in her power to cut the children's father out of their lives. The psychologist involved was specifically appointed by the family court judge and despite this psychologist's best efforts, the alienating mother simply refused to comply with reasonable and court-ordered father-child interactions. In the process of many, many months of work, another winning strategy of this alienator was to simply refuse to pay the court-appointed psychologist. When the alienator threatened to complain to the California Board of Psychology, the family court judge and the more reasonable of the attorneys in the case informed her that it was a long-standing and even published practice of the courts and the Board to eschew complaints about mental health professionals working under court order and closely supervised by the court. Indeed, this alienator was sanctioned for her conduct in this regard. Undaunted, and with access to great wealth, this alienator went on a campaign to destroy the court's appointed psychologist. When she finally succeeded in aligning herself with special interest groups in California and circumventing the long-standing practice of the Board to keep hands off court-appointed psychologists working closely with the court and under the court's supervision, the family court judge and the chief judge of the county both turned their backs on the psychologist. Remember, the psychologist worked hard to help the target parent father save his children from the wrath of the alienator and was left unpaid. Thus, resources to defend against

the licensing board complaint the alienator with her seemingly limitless financial resources was able to pursue were unavailable. After years of defending against this alienator, against falsified evidence and the overwhelming power of the California Board of Psychology, this psychologist was at the brink of bankruptcy; so refused to renew the psychology license and chose another career path.

The second illustrative case involved a target parent mother and an alienating father with significant mental health issues. In this case, the psychologist worked as a court-appointed expert to aid the court in reunifying the mother with the child the father had kept from her. Prior to the appointment of this psychologist, three mental health professionals had expressed concern over the alienating father's mental health and behavior. When the court-appointed psychologist attempted the reunification therapy ordered by the family court, the alienating father began a defamatory campaign against the psychologist which included radio interviews, personal blog sites, complaints, and rants against the psychologist on *rightsformothers.com* and other interest group websites. The alienating father expressed outrage at the family court's domestic violence restraining orders against him and at the psychologist's opinion, and, after one of the children told the psychologist, the alienator told both children that their mother was to be killed, that he was a danger to his ex-wife and children. This merely caused the alienator to redouble his efforts. He made false sexual-abuse allegations against his ex-wife's father and, over 2 more years, this alienator made constant allegations in the media and on websites and blogs, as well as to the Federal Bureau of Investigation (FBI) and the licensing boards about the court-appointed psychologist. This alienating father forced litigation through the family court, was sanctioned almost US\$ 200,000 over time, and went up to the California Court of Appeals many times. As the Court of Appeals kept sustaining the trial court's orders, he doubled down on his efforts against the court-appointed psychologist accusing this expert of extortion, slavery, being a representative of the Klan, lying under oath, being a patho-

logical liar, and prescribing medication without a license. This alienator enlisted the aid of numerous disgruntled California custody litigants and their websites and then published the home address of the psychologist. Again, the family court was of little or no help in restraining this alienator and of no help in dealing with the specious police, FBI, and Board complaints. The family court left the psychologist out in the cold. After 2 years of abuse, defamation, and cyber stalking by this alienating father, the psychologist filed a lawsuit. After almost 3 more years of battling this alienator in and out of the civil courts and up and back from the Court of Appeals, the courts ruled that the psychologist's lawsuit would not be dismissed as the alienator demanded. He settled for hundreds of thousands of dollars on the eve of trial.

There are two takeaways for custody evaluators in high-conflict/PA cases. The first is that it is foolish to rely on the family court judge you serve to protect you from rabid alienators. This of course is ludicrous public policy. If licensed, mental health professionals will not be protected from histrionic alienators, the pool of available evaluators willing to speak out to stop the abuse of parental brainwashing and PA will dry up. *Hint: the alienators know this.* The second takeaway, especially in places like California, involves the lunatics trying to take over the asylum.

After 40 years of involvement in licensing board complaints with psychiatrists, psychologists, licensed mental health counselors, and social workers, we (Lorandos) can say that the world in which licensing board complaints are processed is not the realm of dispassionate science or objective adjudication. In most states, the judicial officers who handle the trial of a board complaint are lawyers with no specialized training in science whatsoever. One day the hearing officer will be dealing with complaints for the Board of Dry Cleaning, and the next for the Board of Psychology or the Board of Medicine. The prosecutors of complaints for the Boards are typically junior associates from the state attorney general's office and their advancement is based wholly upon winning cases. They do not like emotions, they do not participate in humani-

tarian endeavors, and they do not like you. Their positions are informed more by the political philosophy and policy of their office than they are by science. Remember, lawyers and judges have little or no education in science. And even when they say they understand it, they do not. (Kovera & McAuliff, 2000; Gatowski et al., 2001). As with Sex Offender Registration Act (SORA) litigation, their experts are usually ill-informed, quasi-ethical hacks who are in it for the money, and they do not like you either. These junior associates from the state attorney general's office and the Attorneys General as well, are easily manipulated by special interest groups. Here is an example:

James Beall is a morbidly obese, professional politician from San Jose, California. He has been in government service since serving on the San Jose City Planning Commission before being elected to the San Jose City Council. He has been in the California Assembly and recently, became a California state senator. In 2009, Beall collaborated with several groups of "children's advocates"—primarily special interest groups like California Protective Parents Association, Child Abuse Solutions, Children's Civil Rights Union, Courageous Kids Network, Mothers in Crisis Coalition and a group of women who call themselves the "Center for Judicial Excellence" to introduce California Assembly Bill 612. This bill would make law that "PA evidence, be barred from the judge's consideration when determining what custody arrangement would appear to be in the children's best interests." Further, Beall, his collaborators, and his bill exclaimed that PA was not scientific. Fortunately, for critical thinkers, scientists, and folks, who have to work to protect children every day, the California Psychological Association wrote to the legislature that Beall's bill "ignores the 'significant scientific and agreed-upon knowledge base of the last 30 years on children who are alienated.'" In addition to the California Psychological Association, opposition to this bill came from The American Academy of Matrimonial Lawyers, the Association of Certified Family Law Specialists, the Association of Family and Conciliation Courts, the California Judges Association, the Family Law Section of

the California State Bar, and numerous other groups. The second takeaway is that hearings in licensing complaints and in lawsuits for violations of the standard of care, are informed more by special interest groups and upwardly grasping young associate state's attorney generals than they are by dispassionate science or objective adjudication. If or when a complaint is made about an evaluator in a high-conflict/PA case, it would be foolish to trust the licensing board.

Interaction with the Court: Reports and Testimony

A competent evaluator must be steadfast in the syntax used in reports and testimony. Evaluators should never say, "So and so *is*..." or, "Analysis of test responses indicates that So and so *will*..." Experts who pontificate that a particular person *is* this or that, or this particular person *will* do this or that, are drifting too far from shore. The data reviewed can only be compared to a particular person or a situation, and there are limits to the validity and reliability of any comparison. Admittedly, the more and better data an evaluator has, the better the comparison of a particular person or circumstance to *what the research tells us*. An ethical evaluator will always describe the limits of the data and the range of error in comparisons and predictions.

When preparing to testify about the documents reviewed, interviews, testing if any, data, report and conclusions, the evaluator should review and have highlighted copies of the relevant professional guidelines. These should be taken to court or to meetings with the attorneys and parties. In addition, the evaluator should also bring highlighted, dog-eared copies of at least:

- Clawar, S. S., & Rivlin, B. V. (1991). *Children Held Hostage: Dealing with Programmed and Brainwashed Children*. Washington, DC: American Bar Association Section of Family Law.
- Gardner, R. Sauber, S. R. & Lorandos, D. (Eds.). (2006). *The International Handbook of Parental Alienation Syndrome: Conceptual, Clinical and Legal Considerations*. Springfield, IL: Charles C Thomas Publisher.
- Baker, A. J. L. (2007). *Adult Children of Parental Alienation Syndrome: Breaking the Ties that Bind*. New York: W.W. Norton & Co.
- Fidler, B. & Bala, N. (Eds.). (2010a). Special Issue on Alienated Children in Divorce and Separation: Emerging Approaches for Families and Courts. *Family Court Review*, 48(1), 1–240.
- Bernet, W. (2010). *Parental Alienation, DSM-5, and ICD-11*. Springfield, IL: Charles C. Thomas Publisher.
- Clawar, S. S., & Rivlin, B. V. (2013). *Children Held Hostage Second Edition: Identifying Brainwashed Children, Presenting a Case and Crafting Solutions*. Washington, DC: American Bar Association Section of Family Law.
- Lorandos, D., Bernet, W., & Sauber, S. R. (Eds.). (2013). *Parental Alienation: Handbook for Mental Health and Legal Professionals*. Springfield, IL: Charles C. Thomas Publisher.

So what should an evaluator ask for? A competent evaluator will start at the beginning with an interim report asking the court for direct and immediate action. Justice Martinson of British Columbia (2010) argues that courts are "...publicly funded institutions that exist to serve the public. They must be accountable to the public." And yet, one of the most frequent complaints parents make regarding their custody litigation is that repeated violations of orders go unpunished, with some parents making a mockery of the court's authority. Writing from the perspective of the courts, Justice Martinson (2010), argued that:

While professionals may not agree on the exact nature of alienation or on what the best responses should be, it is crystal clear that in alienation and other high-conflict cases the stakes for children are extremely high. They can be seriously harmed. The longer the problem continues, the more harmful the situation can become and the more difficult it will be to resolve. Not only does the alienating behavior and the conflict associated with it cause harm, but the court process itself may exacerbate the conflict, placing the children in the middle and affecting their lives on a daily basis in highly destructive ways. There are also long term adverse consequences for children including but not limited to difficulty forming and maintaining healthy relationships, depression, suicide, substance abuse, antisocial behavior, enmeshment, and low self-esteem.

According to Kelly (2010),

A significant number of these parents have come to believe that noncompliance with court orders, whether for facilitating contact between the child and the rejected parent or attending divorce education classes or therapy, brings no negative consequences.

Justice Martinson (2010) offered that the trial process must be carefully managed. The negative, destructive behaviors of alienators often become more pronounced during the trial, as parents see trial as a means for achieving vindication. Judge Michele Lowrance (2010, 2013) of Chicago stresses the corrosive power of anger in these circumstances and offers many recommendations to redirect it. Sauber (2006) pointed out that the court has the power and the influence, more so than the mental health professional: "... so the education, coaching, and threats of a judge can be a prime motivator for change." Many times in these circumstances, children adapt quickly to firm court orders. This was a phenomena documented in the Clawar and Rivlin study (1991). When "a powerful third party (or parties) enters the scene and *imposes a settlement*" wrote Pruitt & Kim (2004), conflict de-escalation is often an immediate result.

Bala, Fidler, Goldberg, and Houston (2007), speaking about the importance of case management in the alienation context, wrote:

It is important for judges to take control of alienation cases, to limit the possibility of manipulating the court process by the parents, and to ensure a firm and quick response to violations of court orders. These are cases for which judicial case management is especially appropriate. Given the need for timely assessment and intervention, judges should ensure that assessments are completed in a reasonable time (say 90–120 days). Further, cases that cannot be settled should be brought to trial as soon as possible after completion of the assessment, so that it does not become stale and require an update.

This view is reinforced in Fidler, Bala, Birnbaum, & Kavassalis (2008), where the authors emphasize the importance of early identification, case management, and post-judgment control. As Sullivan and Kelly (2001) exclaimed more than a decade ago:

A clear mandate for support, with a threat of court sanctions if alienating behavior persists, is essential to the intervention process. These sanctions may include financial payments or enforcement of an order that the aligned parent's primary legal or physical custody is conditional on supporting therapy and facilitating reasonable access.

Here are the steps Justice Martinson (2010) recommended as necessary in order to maintain the focus on the best interests of the children and move the case to a resolution in a just, timely, and affordable way:

- early identification of the high-conflict cases
- early identification of the issues that need to be resolved
- setting, right at the start, firm rules about the expected conduct of the parents toward the litigation, the children, and each other, both in and out of the courtroom; advising them that there will be consequences if they do not comply and spelling out what the consequences will be and, then, if necessary following through with appropriate sanctions
- setting a time frame within which the case must be concluded that ensures that the case will be resolved in a timely manner, through either judicial or other dispute resolution processes or after a trial
- setting a schedule within the time frame for all the steps that must be taken before a solution can be reached including any necessary psychological or other assessments, or, where permissible and appropriate, therapeutic intervention
- sticking to the time limits; not permitting changes to the schedule unless there would be a miscarriage of justice not to do so
- putting temporary (interim) court orders in place relating to the care and financial security of the children, and in doing so:
 - limiting the number of interim applications to the ones that are required to move the case to the resolution stage
 - monitoring the nature of the evidence that is presented to make sure that it focuses on the issues, is not inflammatory and/or irrelevant, and does not inappropriately involve the children

- ensuring that any court orders that are made are specific, clear and comprehensive
- ensuring that the temporary orders are followed

When writing the report and preparing for expert testimony, the evaluator should stick closely to the jurisdiction's law with respect to the *best interests of the child*. That is to say, every jurisdiction has statutory and case law which describes the jurisdiction's interpretation of the decisional factors that should make up a judge's decision about the parents and their children. The competent evaluator will build a report template with these statutes and interpretative case law and fit their data, opinions, and conclusions into that framework. When the data indicate that reunification should be ordered, Sauber (2013) provides a detailed analysis and plan for the implementation of reintegrative and reunification counseling. In mild cases of estrangement and alienation, Darnall (2013) offers expert insight into differential diagnosis and treatment planning. Where brainwashing and alienation has clearly taken hold of parent-child relations, Canadian psychologist Abe Worenklein (2013) provides insight and guidance for the amelioration of these important relationships. When the brainwashing and alienation are intractable and severe, psychologist Richard Warshak (2013) offers many insights and alternatives for intervention and remediation.

There is an assumption that in severe cases, all or most children are likely to be traumatized or go into crisis when separated from the alienating parent. Although we do not have empirical studies for this particular population, comparing alienated children who were separated with those who were not separated from their favored parent, Bernet and colleagues (Bernet, 2010) offered that examination of the child protection literature may be instructive. Research from retrospective studies and clinical anecdotes reported by many seasoned clinicians, wrote Bernet, has suggested that, for the most part, the suspected trauma is short lived if it occurs at all.

The evaluator should seek a resolution that provides long-term stability and financial security for the children and significantly reduces

conflict. To address this problem Justice Martinson (2010) reasoned the trial judge must do two things. First, clearly explain in the judgment what the basis of the custody decision was, and, second, issue orders that are detailed, comprehensive, and clear. She argued that courts must enforce their orders because if the order was intended to promote the best interests of a child, its violation is contrary to the child's best interests. Judge Martinson argued that enforcement of the court's decision is critical to the process.

To facilitate a transition from the polarized environment of an alienator, Warshak (2010) recommended that rather than assessing the relative blame of each parent for the children's difficulties, the court could simply determine that alienator contact is likely to interfere with the children's improvement.

Expert Testimony: Critical Thinking and Junk Science

Numerous analyses of judicial thinking and science literacy (Kovera & McAuliff, 2000; Gatowski et al., 2001; Shelton, 2006, 2010, 2012) caution that although they *think* they understand science, for the most part, judges are undereducated, ill informed, and get little or no help from their state and federal judicial training institutes. When we fess up to the fact that we are living in the *Fox News Generation*, we recognize that critical thinking with respect to the behavioral sciences is woefully lacking in our society in general and our family court system in particular (Barden, 2013). We must face some startling and sobering facts: For every 5 h of cable news, 1 min is devoted to science; 46% of Americans believe the earth is less than 10,000 years old, and the number of newspapers with science sections has shrunk by two thirds in the past 20 years (Mooney & Kirshenbaum, 2009). Richard Hofstadter's *Anti-Intellectualism in American Life* (1963) won the Pulitzer Prize in 1964. Charles Freeman's *The Closing of the Western Mind* (2002) cogently demonstrates how over time, dogma replaced

critical thinking and exploration in the new world. Al Gore's *New York Times* bestseller: *The Assault on Reason* (2007) documents how the marketplace of ideas has been slowly corrupted by the politics of fear, secrecy, cronyism, and blind faith. Picking up where Richard Hofstadter left off, Susan Jacoby's *The Age of American Unreason* (2008) carefully analyzes "junk thought" in America; tracing it to "a pervasive malaise fostered by the mass media, triumphalist religious fundamentalism, mediocre public education, a dearth of fair-minded public intellectuals...and a lazy and credulous public." In *Unscientific America: How Scientific Illiteracy Threatens Our Future*, best-selling author Chris Mooney and scientist Sheril Kirshenbaum (2009) argue that religious ideologues, a weak education system, science-phobic politicians, and the corporate media have collaborated to create a dangerous state of science illiteracy. In *Idiot America: How Stupidity Became a Virtue in the Land of the Free*; *Boston Globe* staff writer Charles Pierce (2010) uses humor and *Fox News* examples to explain "The Three Great Premises" of idiot America:

1. Any theory is valid if it sells books, soaks up ratings, or otherwise moves units.
2. Anything can be true if someone says it loudly enough.
3. Fact is that which enough people believe. Truth is determined by how fervently they believe it (Pierce, 2010).

These "Three Great Premises" have immediate utility when trying to understand and discuss the opinions and testimony of the *PA detractors* (Lorandos, 2006). Why? Because Gardner's explication of PAS was lauded by some and criticized by others. It was Gardner's description of false sexual-abuse allegations as a tactic that found him pilloried. The ad hominem attacks and shoddy scholarship that characterized Gardner's critics in the two decades that followed his 1985 paper is well illustrated by three examples. Child custody evaluators in high-conflict cases should be aware of the kind of scholarship and testimony alienators will bring against them.

Kathleen Coulborn Faller

The criticisms of social worker Kathleen Faller (1998, 2000) with respect to Gardner and his formulation of PAS seemed to be based on Faller's lack of methodological awareness and a frank desire to mislead readers. She began her 2000 review by citing a 1995 article she wrote with student social worker Ellen DeVoe (Faller & DeVoe, 1995). The purpose for citing this particular work was to refute Gardner's proposition that in the highly charged atmosphere of child custody litigation, many allegations of child sexual abuse appeared to be fabricated. A close look at Faller and DeVoe's 1995 study revealed serious methodological problems. It seemed that in the mid-1990s, Kathleen Faller and her "Faller Group" developed a reputation for wildly skewed and improper methodology replete with leading questions and forced focus on the genitals of anatomically detailed dolls. A special panel of the Michigan courts was created to review Faller's work (*Bielaska v. Orley*, 1996) and found their work to be "suggestive," "coercive," "untrustworthy," "unreliable," and "replete with leading questions," including questioning that "presumes the existence of fact." The analysis she offered in her Gardner criticisms, was worthy of the same adjectives (Warshak, 2003; Lorandos, 2006).

Tony Hobbs is a researcher and teacher at Keele University in England, an associate fellow of the British Psychological Society, and a chartered psychologist. Hobbs (2006) described the impact of Faller's shoddy scholarship on the treatment of children in the courts of the UK. Hobbs pointed to the impact of a 2000 report by Claire Sturge and Danya Glaser, which relied solely on Faller's criticism of Gardner. He explained that in their report, Sturge and Glaser (2000) made reference to only Faller's specious work about PA and, with no critical analysis whatsoever, used it to support a denial that PA existed. Foolishly, Sturge and Glaser overlooked the 200-year history of PA cases in English law. Hobbs argued that these specially commissioned experts gave the court no indication whatsoever of the existence of a large PA research literature,

or of the many judicial decisions in England and other countries successfully based on it. Unfortunately, argued Hobbs, although Sturge and Glaser failed to mention these crucial facts, the sole article on which they relied had itself already been significantly discredited just a short time later in the very same journal in which it had been published. He argued that the national significance of the Sturge and Glaser report should not be underestimated, because the entire Family Division of the Court of Appeal, the Lord Chancellor's Children's Act Sub-Committee, and the government itself via the Lord Chancellor were not made aware of the increasing global scientific and judicial recognition and acceptance of PA and PA syndrome. "This was a direct result of their bona fide trusted experts' serious failure to provide the relevant comprehensive and impartial review required." Hobbs went on to explain that:

What is of particularly crucial relevance to the UK's recognition and management of PAS subsequent to Sturge and Glaser's findings on PAS, is that the 1998 Human Rights Act came into force throughout the UK in October 2000. Since that time, all domestic legislation and previous precedent case law must be construed in accordance with the enacted portions of the 1950 European Convention on Human Rights, and, of course, in accordance with the judgments of the European Court of Human Rights. (Hobbs, 2006).

Consequently, argued Hobbs, because the Chancellor was not made aware of the significant research in PA, the acceptance and recognition of strategies to aid families and children caught in the process was delayed in the UK.

Carol Bruch

In 2001, Carol Bruch described herself as a "research professor of law." (Bruch, 2001). Yet her work relied upon newspaper articles and nine citations to Faller's material to support her arguments. In her criticism of Gardner's formulation of PAS, Bruch wrote that it is "deeply troubling" when one confronts an "overwhelming absence of careful analysis and attention to scientific rigor" (Bruch, 2001). Curiously, Bruch ignored 200 years of case precedent concerning parents alienating children from another parent, and two decades of careful, peer-reviewed research

from the behavioral sciences, to rely on Kathleen Faller and newspaper articles. In so doing, she ignored the research described above and years of hard scholarship by the likes of E. Mavis Hetherington or Michael Lamb or Emery or Cox or the interdisciplinary work: *Legal and Mental Health Perspectives on Custody Law: A Desk Book for Judges* (Benedek & Levy, 1998). In an article true to the "Three Premises" of *Idiot America*, Bruch seemed to use hyperbole as a substitute for clear thinking. Bruch also relied on a "study" by Karen Winner. Ms. Winner is a private investigator and author of an issue book for women. Winner "investigates" and lectures on such topics as: How women are subjected to "dirty tricks" by opposing lawyers and discriminated against by "prejudiced judges." Winner maintained a business and website, *The Justice Seekers, Inc.*, where she advertised:

Need an expert to debunk the fraudulent diagnosis, "Parental Alienation Syndrome?" Need an expert to evaluate whether your divorce lawyer has engaged in business practices that put his or her financial interests above the client's welfare? This small but growing list is a free public service to help litigants in divorce and custody cases find the experts they need. Check back periodically to see new additions. *Courtesy of the Justice Seekers, Inc.* (Winner, 2002).

This demonstrates the quality of critical thinking and analysis by Carol Bruch, the "research professor of law," who argued that it is "deeply troubling" when one confronts an "overwhelming absence of careful analysis and attention to scientific rigor."

With respect to the significant shortcomings in scholarship by ideologues like Faller and Bruch, Canadian researchers Fidler and Bala (2010a) explained that "feminist advocates" claim they are acting in the name of helping women. Fidler and Bala reasoned that in this way, shoddy scholarship does a great disservice to the many mothers who are unjustifiably alienated from their children, often by abusive men. These Canadian researchers went on to point out that hyperbole instead of scholarship does a great disservice to the children caught in an alienation scenario.

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Why Do This Work?

Why risk ethics complaints and lawsuits? Why suffer through the harangues of alienators? Why work so hard to understand the science and work doubly hard to explain it to less than science literate jurists? Why? Because if we know anything, we know that family-of-origin relations influence future relationships and life adjustment. This premise is the foundation of many schools of developmental psychology. Studies are accumulating exponentially which document long-term psychological damage associated with alienation and estrangement. Wallerstein (Wallerstein & Blakeslee, 1989) exclaimed “I have seen a great deal of evidence that Medea-like anger severely injures children at every age.”

She added:

When one or both parents act the Medea role, children are affected for years to come. Some grow up with warped consciences, having learned how to manipulate people as the result of their parents’ behavior. Some grow up with enormous rage, having understood that they were used as weapons. Some grow up guilty, with low self-esteem and recurrent depression....

In 1996, Kenneth Waldron and David Joanis described the long-term deleterious effects of PAS on the children. They argued that in the PA context, children learn that “hostile, obnoxious behavior is acceptable in relationships and that deceit and manipulation are a normal part of relationships.”

Philip Stahl (2003) reported that:

When children are caught up in the midst of this conflict and become alienated, the emotional response can be devastating to the child’s development. The degree of damage to the child’s psyche will vary depending on the intensity of the alienation and the age and vulnerability of the child. However, the impact is never benign because of the fact of the child’s distortions and confusions.

In 2005, Johnston et al. wrote that alienated children:

are likely to be more troubled—more emotionally dependent, less socially competent, have problematic self-esteem (either low or defensively high), poor reality testing, lack the capacity for ambivalence, and are prone to enmeshment or splitting in relations with others.

Amy Baker (2005, 2007) studied adults who had experienced PA as children. She conducted a retrospective, qualitative study in which she conducted semi-structured interviews of 38 adults who had been child victims of PA. She identified several problematic areas in these subjects: high rates of low self-esteem to a point of self-hatred, significant episodes of depression in 70% of the subjects; a lack of trust in themselves and in other people, and alienation from their own children in 50% of the subjects, which suggests that PA is multigenerational. Approximately, one third of the sample reported having had serious problems with drugs or alcohol during adolescence, using such substances to cope with painful feelings arising from loss and parental conflict. Baker found that these adults, victimized as children, had difficulty trusting that anyone would ever love them. Two thirds had been divorced once and one quarter more than once. Baker's respondents reported that they became angry and resentful about being emotionally manipulated and controlled. They reported that this negatively affected their relationship with the alienating parent. About half of Baker's sample reported that they had become alienated from their own children. Baker reported that while most of the adults distinctly recalled *claiming* during childhood that they hated or feared their rejected parent and on some level did have negative feelings, they did not want that parent to walk away from them and secretly hoped someone would realize that they did not mean what they said. Clawar and Rivlin (1991) reported this same secret longing.

Writing from the perspective of the courts, Canadian Justice Martinson (2010), argued that:

While professionals may not agree on the exact nature of alienation or on what the best responses should be, it is crystal clear that in alienation and other high-conflict cases the stakes for children are extremely high. They can be seriously harmed. The longer the problem continues, the more harmful the situation can become and the more difficult it will be to resolve... There are also long term adverse consequences for children including but not limited to difficulty forming and maintaining healthy relationships, depression, suicide, substance abuse, antisocial behavior, enmeshment, and low self-esteem.

In their follow-up volume to the classic ABA-sponsored study, *Children Held Hostage*, Clawar and Rivlin (2013) provided an updated list of the most common potential effects of the brainwashing they observed in children:

- Loneliness
- Conflict with parents
- Depression
- Sleep problems
- Substance abuse
- Speech problems
- Sexual promiscuity
- Poor body image
- Poor eating habits
- Eating disorders
- Weight loss/weight gain
- Disheveled living space
- Poor executive function (disorganization)
- Diminished activity
- Psychosomatic distortions
- Feelings of isolation
- Increased use of technology as an escape
- Lack of friends
- Sibling conflict (including violence)
- Heightened fantasy life
- Diminished attention span
- Social identity problem
- Regressive behaviors
- Anxiety
- Conflicts in peer relationships
- School dysfunction
- Memory loss

They point out that—not unlike the human immune system and disease—in the case of PA “... we find similar outcomes in terms of degree; but no matter how resilient, *no child is totally impervious to its harmful effects.*” (Clawar & Rivlin, 2013 emphasis added).

Why do we do this work? We do it because we wish to save children from the terrible effects of PA.

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Relocation Evaluations in Child Custody Disputes

Audrey G. Masilla and Kristine M. Jacquin

Child custody has been and will always be a complex matter for both the court system making decisions and the psychologists evaluating families. When parents are proceeding through divorce and/or separation hearings, it is hopeful that both can amicably work out the situational elements pertaining to their children (e.g., location, schools, residence, or visitation). However, it is likely that disagreements pertaining to such matters are the stimuli resulting in a forensic psychologist being asked to conduct evaluations to aid in the decision-making process. Although each child custody case has various elements embedded within it that are largely dependent on the particular family under evaluation, relocation evaluations are specific components that must not be overlooked. For a variety of reasons (e.g., job or family), it is likely that a large number of postdivorce custodial parents will move within a few years of their divorce settlement and custody determination (Elrod, 2006).

Usually, the justification provided for relocation is based on parental wants and needs and is likely not primarily framed in a way constituting the best interest of the child. More often than not, the parents leave the child's wishes out of the equation while they seek a solution to a disagreement or to improve a situation (for one or both parties; Lott, 2006). Therefore, it is up to

the forensic psychologist to ensure that all information relevant to the child is presented to the court to inform comprehensive decision making and to provide safeguards so the best interests of the child are met. As such, relocation evaluations, though underutilized, are an important element in ensuring the best interests of the child are met.

Legal Approaches to Relocation Evaluations

Although some custody disputes end amicably, relocation is an inherent and challenging aspect some families experience after the dissolve of a marriage and/or separation. Usually, the legal system is involved when one parent issues a relocation request and the nonmoving parent objects to the relocation of his or her child. In the USA, the specificity of relocation law is determined by individual state statute, creating little consistency across states (Gould & Martindale 2013). Currently, there are no unified protocols to follow referencing decisions involving the relocation of minors. Instead, each state adopts its own standards and procedures for consideration in the relocation of minor children. The one consistency in the USA is that the legal system attempts to resolve relocation disputes with regard to the "best interest of the child" standard (Elrod, 2006). Some jurisdictions like DuPage County, a large suburban county in the Western suburbs of Illinois not only evaluate best interest standards but also require that the evaluator and judge in-

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investigate factors specific to removal. These include the rationale for the move, the rationale for the opposition to the move, the direct and indirect benefits to the child or children, and the likelihood that a reasonable visitation schedule can be implemented for the noncustodial parent.

The “best interest of the child” is an overarching standard most states adhere to in determining the treatment, well-being, and care of a minor child. However, in a number of states, there is no concrete definition or criteria for determining best interest (Child Welfare Information Gateway, 2013). Duggan (2007) argues that due to the lack of protocol and predictive data suggesting accuracy of decision-making factors, judges do not have the means necessary or the information required to make accurate decisions about a child’s best interests in relocation cases. Duggan also asserts there are no data suggesting the decisions the judges are currently making regarding children and relocation are better than chance (e.g., better for the child compared to detrimental to the child). Therefore, in essence, Duggan (2007) is suggesting the decision makers responsible for determining the best interest of the child in relocation cases are just as accurate as flipping a coin and making a bet.

When conducting relocation evaluations, another intrinsic difficulty is with the ambiguity of the presumptions held within differing states and their presiding courts. For example, one state may maintain the assumption that the best interest of the child is to relocate while other states hold the assumption the best interest of the child is to maintain in his or her current residence. Others, of course, attempt to approach each case without biases toward a preconceived conclusion.

Regarding specific state statutes, only 37 states have adopted a specific relocation standard in their case law beyond that of best interest of the child standard, which includes a list of factors that are to be evaluated in such cases (Atkinson, 2010). Therefore, after the court has evaluated factors relevant to the relocation request (with or without specific criteria), the ultimate decision is deduced as to whether or not the child is allowed to relocate with the requesting parent (Gould &

Martindale 2013). However, it is important to note that states differ with respect to proving “benefit.” For example, the relocation is likely to benefit the requesting parent; however, some states require that proof be established that the same benefit be extended to the child (Atkinson, 2010).

In child custody situations specifically regarding requests for relocation, the burden of proof is distinctive compared to many other court proceedings. For example, in a variety of states, the parent requesting relocation holds the initial burden of proof. This burden of proof is met with the requesting parent proving circumstance (i.e., reason for relocation). However, the state in which the relocation request is submitted dictates what constitutes legitimate reasons for relocating. Therefore, it is essential to evaluate those criteria per the specific state of residence. After the requesting party has established his or her circumstance that makes the move beneficial, the burden of proof then shifts to the nonmoving parent. As such, the nonmoving parent has the burden to prove that the relocation is not in the best interest of the child (Elrod, 2006).

When a relocation request is issued proceeding custody arrangements (e.g., after a divorce), it is likely the relocation request will not be the only element to be revised and/or renegotiated. For example, time the child spends with the left-behind parent, custody arrangements, fees (e.g., attorney’s fees), transportation, visitation, and potential loss of child support during long-term visitation or living arrangement, etc. may warrant the potential for modification. Therefore, a relocation request and evaluation is not an isolated event and is often only a single element inherent within child custody disputes and issues.

The Relocation Evaluation

In relocation evaluations, the forensic psychologist’s primary task is to evaluate and holistically describe the situational context while also making short and long-term predictions pertaining to both sides of the argument (e.g., relocating vs.

not relocating) for the child's best interest. Austin, Pruett, Kirkpatrick, Flens, & Gould, (2013) state, "the evaluator's role is to help the court visualize what life will be like for the child while living in varying living arrangements" (p. 488). In order to make these short-term and long-term predictions, the forensic psychologist must use the most relevant information gathered from the relocation evaluation (Austin et al., 2013).

Like other forensic evaluations, collateral information should be gathered via sources such as, schools, teachers, family members, etc. (Austin & Gould, 2008; Lott, 2006). These sources of collateral information are essential and aid the evaluator in providing a thorough assessment to provide the court with the best possible information. Shear & Drozd (2013) suggest that when a forensic psychologist or evaluator conducts a relocation evaluation he or she must: "(1) gather relevant data in reliable ways, using multiple methods, (2) analyze the data in light of social science knowledge, (3) explain the risks and benefits associated with each of the three possible outcomes—child moves with the relocating parent, child stays with the remaining parent, or parents decide to live in the same community, and (4) address specific provisions and safeguards for each of those three plans that will enhance the changes of a good outcome" (p. 334). One aspect that should be included within a relocation evaluation should be an assessment of potential harm and a proposed parenting plan. The parenting plan should be constructed utilizing the standard of the least degree of harm possible associated with the potential changes of the parent-child relationship (Austin & Gould, 2008).

Although the factors differ depending on the residing state as to what will be evaluated in the decision-making process, a variety of evaluative factors overlap across states. For example, Atkinson (2010) frames the factors under evaluation based on the most stringent of the states—Alabama. In essence, if the forensic psychologist conducting a relocation evaluation maintains the integrity of the most stringent state evaluative

factors and/or "best interest" analysis while integrating important and essential elements from psychological theory, research, and the residing state statutes, it will likely result in a thorough evaluation. The 17 statutory evaluative factors listed below are adapted from Atkinson (2010, p. 566). The "best interest analysis" and questions the forensic psychologist should seek to answer based on the legal evaluative factors include:

1. What is the quality of the child's relationship (e.g., nature, duration, involvement, etc.) with each parent and persons living with the family?
2. How much will the relocation impact the child based on age and development (e.g., emotional, educational, physical, etc.)?
3. How much time will the child spend traveling between residences? Will this travel time impact the child?
4. What is the cost associated with providing alternative means to communicate (e.g., phone bills, Internet, etc.) with the nonmoving parent and left-behind family members?
5. Is the relocation conducive to maintaining the relationship between the child and the nonmoving parent in terms of feasibility accounted for by general visitation?
6. What is the preference of the child?
7. What are the pros and cons associated with relocating versus modifying the custody arrangement? What is the lesser of the two evils?
8. What are the current visitation and custody arrangements? Have both parents complied with these arrangements? Has visitation been allowed with the nonmoving parent? Is the nonmoving parent involved with meeting the time allocated with the child per the custody agreement?
9. Has the parent requesting the relocation demonstrated conduct against the maintenance of relationship between the child and the non-moving parent?

10. How likely is the parent requesting the relocation to comply with the modified visitation agreement with the nonmoving parent?
11. Will the relocation enhance the quality of life for the child?
12. Does the new residence provide a support system for the parent requesting relocation and the child?
13. Is the relocation request indicative of relocation to a foreign country?
14. What is the stability of the family unit for both the parent requesting relocation and the nonmoving parent?
15. What are the reasons each parent both supports and opposes the relocation request?
16. Is there a history of family violence in the family unit, including the parent requesting relocation and the nonmoving parent?
17. What are extraneous and additional factors that will aid the decision-making process?

A variety of additional factors should be evaluated by the forensic psychologist in relocation evaluations to increase understanding of the family dynamics and to ensure that all relevant information is provided for the courts to make the best possible decision for the child. For example, it is essential to evaluate the motives of both the parent seeking to relocate and the parent opposing the relocation request, the quality of the relationship the child has with both parents, the frequency of contact the child has with both parents, the familial history of violence and family violence, the potential for an increase in the overall quality of life for the child and requesting parent upon relocating, the likelihood that the restructured visitation and custody arrangement will maintain the quality of relationship between the child and the left-behind parent, the feasibility of whether or not the nonmoving parent can relocate to the same area as the child, and the risk of whether the requesting parent would relocate regardless if the request for removal is denied (Atkinson, 2010).

When evaluating children of divorce, some researchers have found that relocation of the children is associated with negative outcomes (e.g., distress, poorer relationship with nonmoving parent, problems health; Frabricius & Braver,

2008). In this research study, when evaluating risk factors in those children that relocate post-divorce, the relocation request in and of itself constitutes, if granted, a potential risk factor for negative consequences in children. However, when children and families are involved, it is difficult to generalize such results to every situation and family. For example, knowing that the custodial parent is likely to benefit (e.g., overall well-being, employment, or social support) from the granting of the relocation request, the child may be relocating to an environment that is overall healthier. Therefore, while it is essential for the forensic psychologist and/or evaluator to reference and apply the relevant research to the relocation evaluation and to base his or her statements/judgments in documented and empirical research, it is also essential to acknowledge that each family is different, complete with distinct circumstances, personalities, situational factors, etc. As such, it is important to maintain flexibility and have the ability to adapt to varying contexts and information because families and the issues within them are not happening within the context of a laboratory experiment. The people who are under evaluation are real people with real lives, real futures, and real children.

Particularly in child custody situations, Warshak (2003) suggests there are both payoffs and pitfalls when listening to children while also acknowledging the controversy pertaining to this topic. For example, evaluating the wishes of children has been stated in relocation law as well as in models to follow regarding relocation evaluations. However, while the information the child provides can enlighten the situation, depending on their developmental level, there are many elements that may impede the child's judgment. Nearly all literature concerning child custody relocation evaluations suggest that typically the "voice of the child" is overlooked and that the children hold little if no power in the consequence or product of their parent's decision. The children should have the opportunity to voice their wishes to the evaluator; however, how that information is interpreted should be construed within the developmental level (and age) of the child. In the context of a custody dispute, there

are a variety of reasons a child may verbalize or may not divulge a particularly important piece of information. These reasons include, “parental pressure, loyalty conflicts, inhibitions, limitations in perspective and articulation” (Warshak, 2013, p. 373). Therefore, the evaluator should evaluate those elements in lieu of the child’s request and statements.

With all forensic and/or psychological evaluations, avoiding biases is an essential component to a comprehensive and utilitarian report. However, Stahl (2008) suggests there are various biases that may bring themselves to light on relocation evaluations when the evaluator is not cognizant and aware that they exist. For example, gender bias (e.g., mothers should always have custody of the children, male children should always be in close proximity to their father), cultural bias (e.g., making decisions and recommendations based on the culture of the parents), using research to support one’s biases (e.g., only citing and referencing research that is in support of one’s recommendations or opinions), primacy or recency bias (e.g., the saliency of the evaluator’s memory leans to the first and last things that were said in an evaluation), confirmatory bias (e.g., the evaluator searching for data and evidence to support or not support a position without paying attention to other variables and information), using psychological test data to support an opinion rather than using the data to generate hypotheses, “the truth lies somewhere in the middle” bias (e.g., holding the belief that each person within the conflict has contributed to that conflict equally), “Atilla the Hun doesn’t marry mother Teresa” bias (e.g., holding the assumption that psychologically healthy persons do not marry psychologically unhealthy persons), and the “for the move or against the move” bias (e.g., approaching the evaluation with the preconceived belief that relocating is good or relocating is bad) are all biases that should be personally recognized and considered within the relocation evaluator before approaching the task of evaluating the request.

Stahl (2008) makes recommendations for the forensic evaluator when conducting child custody relocation evaluations. First, he suggests that

the evaluators “should avoid making recommendations on the ultimate issue” (p. 119). Instead, the evaluator should provide relevant familial data from both sides (e.g., familial data, advantages, and disadvantages in support of the move; familial data, advantages, and disadvantages not in support of the move) in order to address the psycho-legal question and to present the information based in empirical literature. It is important to note that within this evaluation, an analysis of risk factors is also an important element to include. As with all forensic evaluations, the analysis of this information should also be set within the particular state’s case law and, in the case of relocation evaluations, within the factors deemed important to evaluate within the particular state of issuance. Finally, it is essential to always remember that the ultimate decision is not left up to the evaluator. Instead, the evaluator’s task is to inform the court on a variety of factors so the court can make the best possible solution for the family in question (Shear & Drozd, 2013).

In a particularly interesting discussion, Austin (2000a, 2000b) proposes certain criteria and factors that should not be evaluated in a relocation evaluation due to potential biases and prejudices toward the parent requester. For example, in the event the relocation request was denied, the evaluator should not make assumptions about whether the parent would stay in their current place of residence or relocate. The American Academy of Matrimonial Lawyers (1998) suggests that this evaluative term leaves the relocation requester open to unwarranted biases in their evaluation and a potentially biased resolution. Also, Austin (2000a, 2000b) suggests there is a preference seen within the current court systems in allowing the custodial parent to have the opportunity to relocate as they wish. The forensic psychologist and/or expert witness should only speak in terms of risk instead of solely on the issue of relocation. This particular suggestion seems appropriate considering the lack of cohesiveness in evaluative measures pertaining to relocation evaluation between states. Also, as previously described, the assumptions that some courts hold pertaining to best interest (e.g., to move, not to move) differ; therefore, taking these assumptions out of

the equation and focusing on risk seems to be the best possible solution to the current problem.

Relocation Evaluation Models

While each state has varying factors the court is required to evaluate in making relocation decisions, there have been a variety of models presented in the literature for the psychologist to consider when conducting such evaluations. For example, Lott (2006) proposes a guideline model for conducting relocation evaluations when applying particular issues to relevant state law. In saying this, it would seem that Lott (2006) has taken the constructs that overlap between states evaluative factors and has presented a “place to start” for the psychological examiner.

First, Lott (2006) suggests starting by evaluating the developmental level and stage of the child. She states, “The best placement depends in large part on who the child is as an individual” (p. 130). Because children grow and develop rapidly, thus changing who they are as individuals, it is important to evaluate the possibility of future development as well as where the child is presently. Lott (2006) suggests the second step in conducting a relocation evaluation is a thorough assessment pertaining to the needs of the child. As such, because needs are highly individualistic, the needs assessment should follow suit. Furthermore, this assessment should encompass all aspects of a person such as emotional needs, physical needs, educational needs, mental health needs, or special needs. Thirdly, Lott (2006) proposes holistically evaluating the evidence to each potential placement. For example, she explains that “fit” has a lot to do with quality of life, and, in a relocation situation, the child has two options (1) the child can move with the requesting parent or (2) the custody arrangement can be modified so the child can stay in the current community with the nonmoving parent. However, it is essential to evaluate all aspects of “fit” as they pertain to developmental level, needs, and extraneous variables that promote best interest of the child. Fourth, Lott (2006) recommends that location

should be evaluated to determine whether that location is conducive to the previous three steps. The final step involves developing a parenting plan based on the decision of whether or not the child will relocate with the requesting parent. This plan includes specific components related to time frames for visitation, activities, shared child-rearing practices, and travel.

While Lott’s (2006) model provides the first step in (2006) the evaluative nature of child custody issues of relocation, other researchers suggest that approaching the evaluation in a risk reduction manner is most appropriate. For example, Austin (2000a, 2000b) suggests that the primary goal of the evaluator and the court system is to instill and promote stability in children who have already experienced instability due to a rupture in their family system (e.g., divorce). Nevertheless, Austin suggests that while forensic evaluators are tasked to evaluate general factors relevant to a relocation request (e.g., wishes of one parent), a relocation request is in essence a request to renegotiate all that was previously negotiated in the custody/divorce decree. Moreover, forensic evaluators are therefore required to evaluate those relevant factors specific to the request (e.g., reason for the move). However, Austin’s model differs in that he constructed it via violence prediction and divorce literature to serve as a predictive model of risk assessment to be utilized in child custody relocation evaluations.

In Austin’s model, the risk factors of “age of the child, geographic distance, recency since divorce, child post-divorce adjustment, child individual resources, involvement with the non-custodial parent, psychological status of both parents, involvement in the ‘old’ community, and conflict between parents” are utilized collectively to provide an overall prediction of risk and potential harm to the child (Austin, 2000a, 2000b, p. 67). Utilizing the above-stated risk factors, it is the task of the forensic psychologist to predict the probability and degree of harm associated with relocating with the requesting parent, change in custody arrangement if the relocation request is denied, and if there is no change in custody or residence (e.g., denial of relocation request; Aus-

tin, 2000). Overall, it is also important to evaluate the various factors relevant to relocation in terms of risk, which include child development, distance, pre-location involvement, history of familial conflict, gender, temperament, parental contribution, and loss/gain of capital resources (Gould & Martindale 2013).

Special Circumstances: International Child Relocation

Relocation evaluations within child custody disputes can become quite involved and complex. One aspect that may increase the intricacies of the evaluation and subsequent recommendations is a parent's request to relocate to a foreign country. Custody determinations made within the US are not always recognized in foreign countries. For example, while the Uniform Child Custody Jurisdiction and Enforcement Act enforced within the USA typically recognizes custody orders from other countries, it is likely that if the child relocated outside of the USA, the US custody orders will not be recognized (Morley, 2013).

Increased complications arise when a custody order has been determined, yet one parent resides in the USA and the other in a foreign country. For example, a determination and evaluation could take place within a custody dispute regarding whether or not a parent is permitted to visit a foreign country with a child or permanently relocate to a foreign country with the child (Morley, 2013). This situational context is even more challenging when the "left behind" parent objects to the relocation or visit to any country other than the home country of the child and/or parents.

Because of the complex nature of foreign relocation, and what will and will not be recognized in US courts, Morley (2013) asserts that when foreign visitation or relocation is probable, it is essential for those forensic psychologists conducting relocation evaluations to be knowledgeable and take into consideration whether the country under question recognizes and enforces the US custody agreements. This knowledge pertaining to the US law for relocations to foreign

countries is vital in order to maintain the safety of and reduce the potential consequences for both the child and the left-behind parent. However, regardless of whether the forensic psychologist and/or the US court system is cognizant and knowledgeable to the applicability of the US custody determinations in foreign locations, it is impossible to evaluate the true risk to the child (or left-behind parent) or the potential experiences that may take place until he or she is residing in the country of request.

Nevertheless, Morley (2013) suggests that various elements usually included within a foreign custody relocation agreement include a specified date of return that is nonnegotiable without written approval via the left-behind parent, posted bond (e.g., money) to ensure compliance with the US custody order, and acquisition of a mirror order (e.g., mirror order from foreign country) in advance and at the expense of the parenting requesting movement of the child. When dealing with mirror orders, (1) the verbiage used in the order may not transfer meaning accurately across cultures, (2) the receiving country may not uphold the order, (3) the order can be modified by the resident of that particular country, and (4) not all countries will provide a mirror order.

While international relocation evaluations maintain a multitude of intricacies and complexities necessary to navigate, Morley (2013) provides recommendations for custody evaluators that deal with such international relocation evaluations, which include being cognizant of the varying laws between foreign countries pertaining to client-specific factors, determining if the country of relocation is in collaboration of the Hague Abduction Convention, acknowledging that foreign countries may not uphold a US custody order, consulting with an expert in international family law, providing safeguards for travel and visits to foreign lands, recommending a mirror order (if possible), and, if the determined recommendation is that the child not relocate, providing recommendations for safeguarding the denial situation (see Morley 2013 for full list regarding international visitation and relocation).

While integrating the information from the variety of sources listed above to ensure a meaningful analysis of the family situation, it is also essential for the evaluator to provide (beyond that of a domestic relocation evaluation) the court with an analysis of social, cultural, and geographical settings from both the place of current residence and the destination location (Shear & Drozd, 2013). Finally, because international child relocation evaluations are considered high-risk evaluations, it is essential to include a comprehensive analysis and evaluation of risk and risk factors (Shear & Drozd, 2013).

Other Considerations

As we discuss relocation evaluations as it pertains to the “best interest of the child standard” it is important for forensic psychologists conducting the evaluation to consider extraneous elements pertinent to the child and his or her experience. For example, because relocation evaluations usually occur after the dissolution of a marriage, there are environmental stressors already occurring (e.g., divorce) that are likely to affect the child. Therefore, it is important to consider the primary variables that preceded the relocation request and how the child is adjusting to such changes. Researchers have identified that divorce can put a child at risk for diminished psychosocial adjustment as well as diminished academic functioning (Potter, 2010). While the children of divorce may be at risk for these factors, forensic psychologists conducting a relocation evaluation must evaluate the elements pertinent to the actual divorce such as parenting practices, conflict, finances, parent–child relationship, among other variables that may affect the actual impact of the divorce on the particular child. Risk is a variable that is highly individualized when applied to persons with extremely different circumstances.

Residential relocation has been found to be a risk factor for children of divorce; however, it should not be used as the sole determinant for the basis of a recommendation (Austin, 2008a; Austin, 2008b). Research has also evaluated parental relocation proceeding divorce as well as

the negative long-term effects of such relocation due to preexisting parental conflict and domestic violence. Because relationship violence is particularly common, it is assumed that conflict and violence may thwart and motivate one of the parents to submit a relocation request. The research indicated that when violence and conflict was controlled for, children who relocated still continued to show negative outcomes (Fabricius & Braver, 2006). In addition, research has been conducted on young adult and adult children of divorce who relocated in order to evaluate the potential long-term consequences of relocation after divorce. Some research suggests that the outcomes for children are better when the child is allocated to spend equal time with both parents (Fabricius, 2003). Likewise, outcomes were better in those children when both parents supported such equality in time spent with the other parent (Fabricius, 2003).

Because the literature on the subject of relocation requests is not particularly robust in terms of the effects of child custody relocation on children post divorce, it is particularly important to evaluate and apply the literature from other areas of psychology that are well developed, such as developmental psychology and parent–child relationships. Also, for those forensic psychologists conducting relocation evaluations, one element that may take precedence in the recommendation section of the report is that of a parenting plan. These parenting plans are specific and tailored to the individual family. Parenting plans are particularly useful when the child is moving to another community; therefore, a long-distance parenting plan would be useful in the event the court grants the relocation request.

It is the hope that the courts as well as the forensic evaluators are seeking, via the relocation request, to preserve stability in the child’s life while, at the same time, maintaining the relationship and continuity of the nonmoving parent (Austin, 2000a, 2000b). However, there are situations where stability and continuity of the parent–child relationship is not in the best interest of the child (e.g., violence). Therefore, it is essential for the forensic psychologist to ensure that a holistic evaluation and investigation of all factors

relevant to the child's life are taken into consideration before providing a recommendation.

Conclusions

Overall, relocation evaluations are high risk, intricate, and complex. Family dynamics are, in and of themselves, a collaboration of a multitude of factors all working together (or against each other) to produce the product of what we term "family." Therefore, in a relocation evaluation, the task of a forensic psychologist or evaluator will follow suit of those delicate and complex family dynamics. It is essential to ensure the evaluation is comprehensive and considers state guidelines, case law, and the American Psychological Association's standards of practice. These evaluations are not cookie cutter; therefore, each one will have a multitude of elements and factors that need to be addressed and evaluated. All relocation evaluations must include a thorough and in-depth assessment because the opinions the evaluator makes and the conclusions of the evaluation have an extraordinarily large impact on the child's life, his or her family, and their future.

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Impact of Conflicted Child Custody on School, Behavioral, and Social Outcomes: An Ecological Approach

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Children involved in conflicted child custody litigation may be at risk for low school achievement, behavioral problems, and difficulties in social interactions. They may feel that their parents are rejecting or abandoning them. In addition, the children may feel guilty and blame themselves for the divorce and subsequent child custody litigation. In other instances, they may be unhappy with different aspects of the child custody arrangements such as joint custody or the visitation arrangement. Children can experience behavioral difficulties when they feel that their custodial preferences are not considered.

Parents in stressful child custody litigation frequently engage in parental alienation in which they repeatedly denigrate their partner in order to reduce or eliminate their children's identification with and attachment to their partner (Lorandos, 2014; Fidler & Bala, 2010). Parental alienation may be achieved by brainwashing and indoctrinating their children into believing negative qualities about one of their parents. In addition, the children involved contribute to the denigration of the target parents. Children's susceptibility to parental alienation may increase if the children have adjustment problems.

Under these circumstances, these children may become apathetic, become withdrawn, develop

low self-esteem, and become anxious and depressed. As a result of these and other problems, they may lose interest in school activities, their grades, extracurricular activities, and their future career goals. Moreover, children in these conflicted child custody cases may develop other behavioral problems, psychosocial disorders, and impaired relations with their peers and friends. Children in these stressful child custody cases may run away from home, become truant, and engage in other forms of juvenile delinquency (Morewitz, forthcoming, 2015).

This chapter analyzes the impact of child custody arrangements, impaired family functioning, parental distress, family structure, individual vulnerability factors, degree of resilience in coping, school characteristics, and community factors on children's educational, behavioral, and social outcomes.

Impact of Child Custody Arrangements

To what extent can the type of child custody arrangement affect children's educational, behavioral, and social outcomes? What effects do the social and demographic characteristics have on children?

Investigations of different types of child custody arrangements reveal different results. Some studies have shown that joint custody can promote positive social and educational adjustment of children (Bauserman, 2002; Gunnoe & Braver, 2001).

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In a meta-analytic review, Bauserman (2002) reported that joint child custody arrangements are associated with positive child adjustment. Studies revealed that parents in joint custody arrangements had less conflict in the past and currently compared to parents in sole custody arrangements. Bauserman (2002) suggests that children may be better able to enjoy positive interactions with both parents in joint child custody arrangements.

Gunnoe and Braver (2001) discovered that children in families with joint child custody had fewer adjustment problems based on a sample of 52 families with sole maternal custody and 26 families with joint custody 2 years after divorce. In addition to fewer child adjustment problems, families with joint custody had more father-child visitation and more rapid development of new partner relationships among the mothers. In terms of negative outcomes, the researchers found that mothers were less satisfied with joint custody arrangements.

In contrast, Johnston, Kline, and Tschann (1989) studied 100 families involved in joint custody and visitation disputes to assess children's adjustment and parental conflict. The researchers discovered that greater access to both parents was linked to greater behavioral and emotional problems among the children.

In other instances, joint custody arrangements may not produce differences in children's adjustment. For example, Pearson and Thoennes (1990), based on a reanalysis of divorced parents, did not find a relationship between the type of custody arrangement and children's adjustment.

Gender and age factors may affect children's educational, behavioral, and social outcomes associated with different child custody arrangements (Shiller, 1986; Johnston, Kline, & Tschann, 1989). Gender and age differences in child developmental stages and processes may affect children's responses to different types of child custody arrangements. Boys between 6 and 11 years of age may particularly benefit from joint custody arrangements because of their need for bonding and love from both parents. For example, Shiller (1986) obtained ratings from parents and teachers in a study of families with boys aged 6–11 in joint child custody and maternal physical custody

to assess child adjustment 1–6 years after their parents had separated. Shiller (1986) discovered that boys in joint custody had less behavioral problems than boys in maternal physical custody. The investigation also demonstrated that parents with joint custody also had more benefits than parents with maternal physical custody.

Different child custody arrangements may have an increased likelihood of re-litigation, which can lead to behavioral difficulties among children involved in this re-litigation. Ash and Guyer (1986) assessed re-litigation after contested custody, visitation, and child support. The investigators discovered that maternal custody arrangements had a higher rate of re-litigation regarding child support than did paternal custody and joint custody. With regard to re-litigation of custody, joint custody controls had about the same rate of re-litigation as the paternal custody and maternal custody controls. More research is needed to evaluate the impact of different types, frequency, and severity of re-litigation on children's educational, behavioral, and social functioning.

Children in high-conflict child custody litigation may experience a variety of behavioral problems when they believe that their custodial preferences are not taken into account.

Effects of Impaired Family Processes

Contested child custody disputes frequently occur in the context of different types of domestic violence such as stalking, violence against pregnant women, parental child kidnappings, and individuals' use of death threats against their partners and their children (Morewitz, 2003, 2004, 2008; Morewitz, forthcoming, 2014). For example, Morewitz (2004) discovered that child custody cases were a cause of domestic violence in 19% of the cases involving pregnant women and 19% of the nonpregnant women.

Different types of domestic violence and other dysfunctional family dynamics and patterns such as parental alienation, inadequate parenting styles, ineffective parent-child communication, role conflict, and role strain increase the likelihood that children involved in custody will have

problems achieving academic success, behavioral problems, and impaired social difficulties (Parke et al., 2004; Goldstein & Morewitz, 2011; Morewitz, 2003, 2004, 2008, 2014; Morewitz, forthcoming, 2014; Hetherington et al., 1998; Johnston et al., 1987).

School Grades

Impaired family dynamics can lead to various problems and disorders such as low self-esteem, depression, suicidal behaviors, attention-deficit hyperactivity disorder (ADHD), conduct disorder, and oppositional defiant disorder that result in poor grades and other adverse school outcomes (Goldstein & Morewitz, 2011). Children in high-conflict child custody litigation are especially at risk for developing these problems.

Adjustment Disorder with Depressed Mood

Children and adolescents who are exposed to severe stressors such as the major disruption of social and family functioning and changes in financial situation associated with contested child custody cases are at risk to suffer depressive symptoms, including adjustment disorder with depressed mood (Goldstein & Morewitz, 2011; Johnston et al., 1987). In cases of adjustment disorder with depressed mood, the child or adolescent may experience depressed mood, tearfulness, and feelings of hopelessness.

Major Depressive Disorder

A major depressive disorder (MDD) is a depressive disorder that involves significant distress and a major disruption in social, family, educational, and work activities. A child or adolescent can develop an MDD in response to a stressful situation such as a high-conflict child custody dispute. Children or adolescents who suffer an MDD may exhibit depressed mood, irritability, recurring thoughts of death, and suicidal ideation.

Depressive Disorder Not Otherwise Specified

Many adolescents with depressive symptoms and substantial impairment in functioning do not have an MDD (Goldstein & Morewitz, 2011). They meet the criteria for a depressive disorder not otherwise specified. They may be under diagnosed and not treated.

Attention-Deficit Hyperactivity Disorder

Children and adolescents in stressful parental disruption such as contested child custody litigation are at risk of developing ADHD. Children and adolescents may respond to these stresses by developing ADHD (Goldstein & Morewitz, 2011). In a survey of child psychiatrists who prepared medical certificates in child visitation and child custody disputes, Andritzky (2003) discovered that school problems/attention-deficit disorder (ADD) were frequently documented in the medical certificates.

ADHD and post-traumatic stress disorder (PTSD) are prevalent among sexually and physically abused children (Goldstein & Morewitz, 2011; Weinstein et al., 2000; Ford et al., 2000). Children in stressful custody litigation or other situations involving parental disruption who have been abused are at increased risk for developing ADHD (Goldstein & Morewitz, 2011; Cohen et al., 2002). For example, Cohen et al. (2002) discovered that adolescents who experience both parental marital disruption and physical abuse have a 15-fold lifetime risk of developing ADHD.

Conduct Disorder and Oppositional Defiant Disorder

Children and adolescents who act aggressively and show anger inappropriately may be diagnosed with a conduct disorder (CD; Goldstein & Morewitz, 2011). Oppositional defiant disorder, which is a less severe type of CD, involves recurring displays of hostility, disobedience to

authority, and negative behaviors such as violating rules and being vindictive. Children and adolescents with CD frequently have a history of ODD. However, children with ODD do not necessarily develop CD.

Children and adolescents may be diagnosed with ADHD and comorbid ODD/CD. In an investigation of family functioning and psychosocial characteristics of children who were diagnosed with ADHD and ADHD with comorbid ODD/CD, Kilic and Sener (2005) discovered that children with ADHD and coexisting ODD/CD displayed dysfunctional behavior.

Young people with a CD may be suffering from co-occurring mental disorders such as substance abuse, anxiety, and depression (Boylan et al., 2007; Turgay, 2005).

Impaired family dynamics and family conflict such as contested child custody litigation may increase the risk that a child or adolescent will develop a CD (Goldstein & Morewitz, 2011). Poor parent-child relationships may increase the risk of CD in children and adolescents (Conner, 1998–2000). Parents who exhibit aggressive and coercive behaviors, use harsh discipline, and exhibit poor parenting styles also increase the likelihood that children and adolescents will develop a CD (Conner, 1998–2000; Cunningham & Boyle, 2002).

Other Behavioral and Somatic Problems

Children in contested child custody and child visitation disputes who witness domestic violence can have substantial behavioral and psychosocial problems that require treatment (Morewitz, 2004; Smith, Berthelsen, & O'Connor, 1997). Children who witness domestic violence engage in juvenile delinquency and may have stress-related problems such as sleep problems and bed-wetting episodes and exhibit clinging and fretful behaviors. The stress and trauma associated with being exposed to domestic violence can result in low school grades and other difficulties in school (Morewitz, 2004; Lemmey, McFarlane, Wilson et al., 2001).

In addition to witnessing domestic violence, children in stressful child custody cases may themselves be physically, sexually, and emotionally abused by their families and other family members (Morewitz, 2008, 2003, 2004). These victims of abuse can develop a wide range of behavioral problems.

Children in contested child custody cases are also at risk of being kidnapped by a parent (Morewitz, 2004, 2008; Morewitz, forthcoming, 2014). Children who are the victims of parent-child kidnappings for long periods of time may develop behavioral problems that result in poor school grades (Morewitz, 2004; Morewitz, forthcoming 2014). Abducted children will also miss school for long periods of time.

Children in high-conflict child custody cases may run away from home in response to the stress of these family conflicts (Morewitz, forthcoming, 2015). Some children may run away frequently, and the more frequent and long duration of the runaway episodes, the more likely the runaway children will miss school and suffer adverse school outcomes, get arrested, and develop sexually transmitted infections, including HIV.

At times, one of the parents in child custody disputes may stalk their partners and children, resulting in behavioral difficulties and poor school grades for the children who have been stalked (Morewitz, 2003).

Parents and children in stressful child custody cases may also be the victims of death threats in the context of domestic violence (Morewitz, 2008). For example, Morewitz (2008) found that 25% of violent incidents against victims of death threats were associated with child custody disputes. Clearly, there is likely to be an impact on the child and their school functioning in these situations.

Children are often the victims of a combination of violent and harassing behaviors such as death threats, stalking, and parental child kidnappings (Morewitz, 2008, 2003). In Morewitz (2008), death threat victims were more than two times likely to be threatened with abductions than non-death threat victims. These forms of domestic violence can cause children to have behavioral

problems and school difficulties, including poor school grades.

Children and adolescents in stressful child custody disputes may become withdrawn and exhibit noncommunicative behavior (Johnston et al., 1987). They may also develop somatic complaints in response to contested child custody cases. In one investigation of ongoing parental disputes over child custody, the degree to which children were involved in the conflict, the extent of role reversal between child and parent, and the rate of verbal and physical aggression were associated with children's adverse behaviors such as their withdrawn and noncommunicative behaviors.

Children's Interest in School Achievement

Children in contested child custody litigation who are exposed to family dysfunction such as child abuse, death threats, parental child kidnappings, and spouse violence are less likely to take an interest in succeeding in school. In response to these impaired family dynamics and patterns, children may develop ADHD, CD, ODD, depression, and various other stress-related problems that reduce their interest in achieving high grades and other positive school outcomes.

Other School Outcomes

In response to the trauma of high-conflict child custody disputes, students can form negative perceptions about their school. They may be overwhelmed with the parental conflict so that they are unable to become involved with their school's culture. As a result, they may be less inclined to participate in extracurricular activities. Likewise, in response to severe child custody disputes, students may develop poor relationships with their teachers, coaches, and others in authority. Students in these high-conflict child custody disputes may miss school frequently due to negative attitudes toward school and/or difficulties in child custody and visitation arrangements. Being

tardy to school is also a frequent outcome. Furthermore, children in contested child custody disputes may be more likely to run away from home to escape the ongoing conflict, leading to missed school days, decreased participation in extracurricular activities, and higher school dropout rates.

Peers/Friends

Children in high-conflict child custody disputes, domestic violence incidents, and other situations involving extensive parental and family conflict are more likely to exhibit aggressive behaviors, which can lead to reduced acceptance by peers (Johnston et al., 1987; Johnston et al., 1989; Ladd & Burgess, 1999). For example, in a study of children from kindergarten through the second grade, Ladd and Burgess (1999) showed that aggressive behavior among children predicted persistent problems in being accepted by peers.

Children and adolescents involved in contested child custody disputes who develop behavioral difficulties may be more likely to join their peers in delinquent activities. Some may respond to the stresses and trauma of stressful child custody disputes by running away from home, which leads to their participation in juvenile delinquency (Morewitz, forthcoming, 2015).

Teacher–Child Relationships

Child custody disputes characterized by high levels of conflict can promote behavioral problems such as aggressive behaviors (Johnston et al., 1987), leading to disrupted teacher–child interactions (Ladd & Burgess, 1999). For example, Ladd and Burgess (1999) demonstrated that aggressive behavior among students in kindergarten through the second grade increased the likelihood of high-conflict teacher–child interactions.

Impaired teacher–child relations, in turn, increase the risk of lower school grades and adverse behavioral outcomes (Hamre & Pianta, 2001). For example, Hamre and Piant (2001) discovered that teacher–child interactions characterized by a high degree of conflict and dependency in kindergarten

resulted in lower school performance and behavioral difficulties through eighth grade.

Children involved in contested child custody litigation may be particularly at risk for disrupted teacher–child relationships. Children in these child custody contests may have difficulty obeying authority figures such as teachers. These children may lack motivation and interest in school, leading to adverse teacher–child interactions. Moreover, other social and behavioral difficulties associated with stressful child custody cases such as increased risk of juvenile delinquency, anxiety, and depression, may disrupt teacher–child interactions.

Impact of Distress Among Parents

Parents who are experiencing distress are more likely to have children who are undergoing academic, behavioral, and social difficulties (Goldstein & Morewitz, 2011; Johnston et al., 1987). For example, parents involved in the process of parental alienation experience significant stress, and there is an increased likelihood that their children also experience this stress.

Impact of Family Structure

The type and nature of family structure may increase the likelihood that children in high-conflict child custody cases will have school problems, behavioral issues, and obstacles in forming positive relations with peers. For example, families headed by a single parent may have low socioeconomic status (SES) and problems in providing effective educational experiences for children (Hetherington et al., 1998; Patterson et al., 1990). Children in single-parent households who are involved in conflicted child custody litigation may be especially at risk for developing behavioral difficulties and impaired peer relations.

Other aspects of family structure can influence children's school, behavioral, and social outcomes. Children and adolescents who live in cohabiting families may face more school, behavioral, and social difficulties than those liv-

ing in married families. Teens who are living in cohabiting stepfamilies may suffer from more disadvantage than those living in married stepfamilies (Manning & Lamb, 2003).

Children's Risk Factors, Vulnerability, Protective Factors, and Resilience

Children's individual characteristics such as their risk factors, vulnerability, protective factors, and capacity for resilience may affect the extent to which children will encounter school problems, behavioral issues, and barriers in peer dynamics (Hetherington et al., 1998). Low-SES children in contested child custody cases may face substantial obstacles in succeeding in school, having effective social interactions with peers, and following behavioral norms (Hetherington et al., 1998; Patterson et al., 1990). In addition, children with other social and cognitive characteristics such as learning disabilities are at increased risk for school problems such as low school grades and low motivation to succeed in school.

In addition, demographic factors such as the age, race/ethnicity, and immigration status of children and their parents may affect school outcomes, behavioral problems, and social interactions (Parke et al., 2004). For example, Ramirez (2003) discussed the difficulties of achieving parental school involvement among some Latino immigrant parents. Ethnic, cultural, and immigration factors can affect the academic success, behavior, and social patterns of children involved in conflicted child custody litigation.

School Characteristics

Various school characteristics, such as available school resources, school size, school policies and procedures, the effectiveness of teachers and principals, teacher–child relationships, and parent–teacher involvement, impact children's school performance, behavioral patterns, and social interactions. Children in high-conflict child custody cases may be especially at risk for various educational and social difficulties.

Research has focused on factors associated with low-performing schools such as the SES of students in the schools, per capita spending per pupil, school size, number and quality of computers and computer hardware and software used in student learning, teacher salaries, and teacher preparation and background.

School Grades

Children involved in conflicted child custody may be more likely to earn poor grades due to adverse school characteristics. Children in stressful child custody litigation may need increased monitoring of their grades and other indicators of school performance. Schools without resources such as qualified teachers and counseling staff may be less able to monitor children who have school and social difficulties because of their involvement in child custody disputes. Research indicates that school size has mixed effects on the school grades of children. For example, schools with large school enrollment may not be able to give individualized attention to these children, resulting in their lower school grades. However, other investigations did not find adverse academic outcomes for students in larger enrollment schools (Gardner et al., December 1999–January 2000). Nonetheless, children exposed to severe conflict, impaired family functioning, and other problems may be especially vulnerable to the negative effects of adverse school characteristics.

Children's Interest in School Achievement

In high-conflict child custody cases, children may become less interested in getting good school grades and succeeding in other school activities such as preparing for standardized school achievement tests, especially in disputed child custody cases that involve parental alienation. School characteristics such as teacher effectiveness and per student expenditures can influence the extent to which children in conflicted child custody litigation will develop and maintain in-

terest in achieving school success. Moreover, children in schools with larger student enrollment may not get the individualized attention that can help them develop and maintain their interest in school achievement.

Students' Views Toward Their School

Similarly, students in high-conflict child custody litigation may be more likely to develop negative perceptions of their school, especially in child custody cases characterized by intense parental conflict and parental alienation. School characteristics such as the quality and preparation of teachers and teacher motivation and effective curriculum can influence views toward school among students involved in child custody cases. Schools that do not have the resources such as qualified and motivated teachers and adequate curriculum may be especially detrimental to students in conflicted child custody cases since their views toward schools may be adversely affected by parental conflict and parental alienation.

School with larger student enrollment can influence student views toward their school. Students in large-enrollment schools may “feel lost” and therefore not identify with their school. In large-size schools, students who are in conflicted child custody litigation may develop even worse views toward their school.

Students' overall satisfaction also may be influenced by school size. Gardner et al. (December 1999–January 2000) reviewed studies and discovered that small-size schools tended to have students who exhibited higher levels of satisfaction than large-size schools. Children in highly contested child custody cases may have lower overall satisfaction.

Students' Views Toward Their Teachers and Coaches

School characteristics such as school size, increased salaries for teachers and coaches, the quality of the teachers and coaches, teacher/coach salaries, and the motivation level of teach-

ers and coaches may affect the degree to which students develop positive views toward their teachers and coaches. Students may form negative views toward their teachers and coaches if the children are in conflicted child custody, and their negative views toward teachers and coaches may be worsened by school conditions.

Schools with large school size reduce the likelihood that students will know their teachers and coaches on a personal level. As a result, the students in large-size schools may be less likely to form positive views of them. Students in conflicted child custody may form adverse views of their parents and other in positions of authority such as teachers and coaches. Resentment toward their parents who are in conflicted child custody can translate into resentment toward other authority figures such as teachers and parents.

School Attendance/Completion

School factors such as attendance policies and procedures, school truancy rates, organizational strategies and policies toward school truancy, and school size may affect students' attendance at school. Schools with lax attendance policies and procedures may increase the rates of school absenteeism. Similarly, schools with ineffective school truancy policies and procedures may increase the likelihood that students will be truant.

Children in stressful child custody may be at risk of higher rates of absenteeism in schools that are deficient in their school attendance policies and procedures and lack the personnel and other resources necessary to implement these school attendance policies and procedures. Schools with effective computer software and hardware for monitoring school absenteeism should be better able to respond to high rates of school absenteeism.

Children involved in child custody may have higher rates of school absenteeism. They may miss school for a variety of child custody-related issues. Parents may violate visitation rules or have scheduling problems that lead to unintentional failure to comply with visitation rules, resulting in school absenteeism. Children who have

to go to court for child custody hearings also may have to miss more school time than children not involved in child custody litigation.

Other school factors may influence rates of school absenteeism. For example, According to Gardner et al. (December 1999–January 2000), small-size schools have lower school absenteeism rates than large-size schools.

Children in conflicted child custody may be at risk for dropping out of school. School factors such as school size and the presence and quality of school dropout prevention programs can affect school dropout rates among children in general and among children involved in conflicted child custody. For example, according to Gardner et al. (December 1999–January 2000), research indicates that small-size schools have lower school dropout rates than larger enrollment schools. Children in stressful child custody litigation may be especially at risk for dropping out of school in large-size schools.

Students' Participation in Extracurricular Activities

School factors can influence students' participation in extracurricular activities in general as well as the participation of children in conflicted child custody. Schools with limited resources, for example, personnel, equipment, and space for extracurricular activities will reduce the chances that students will engage in extracurricular activities. Students who cannot participate in their preferred extracurricular activities because of limited school resources may become discouraged and not want to participate in less preferred extracurricular activities.

School size is another factor that may affect students' participation in extracurricular activities. According to Gardner et al. (December 1999–January 2000), schools with smaller enrollment have students with higher rates of participation in extracurricular activities than school with higher enrollment.

Children in conflicted child custody litigation may be especially limited in their participation in extracurricular activities. The children in these

cases may not have the time to participate in extracurricular programs because of their child custody arrangements, scheduling, and attendance at court hearings.

Children in stressful child custody litigation may be less motivated to participate in extracurricular activities because they are dealing with the trauma associated with fears of parental abandonment and loss and other aspects of family dysfunction associated with conflicted child custody.

Limited school resources and other related school factors that limit students' participation in extracurricular activities will further hamper the participation of children in conflicted child custody. Even if these children want to participate in extracurricular programs, they may not be able to because their preferred programs have been cut or substantially curtailed.

Children's Behavioral Problems

School factors such as the quality of teacher–child relationships and the availability of school counselors, and school safety resources and policies and procedures can impact children's academic success, behavioral patterns, and peer relations (Hamre & Pianta, 2001; Ladd & Burgess, 1999).

Teacher–child relationships can affect student achievement in general (Hamre & Pianta, 2001) and may affect student learning outcomes among children in stressful child custody cases. For example, impaired teacher–child interactions involving children in contested child custody cases can reduce the likelihood that the teachers will provide what is needed for these children.

Peers/Friends

Adverse school characteristics such as problems in school safety can lead to problems among school peers and friends. For example, schools that are the target of school shootings, death threats, and other forms of violence increase the risk that students will carry weapons to these at-risk schools (Morewitz, 2008).

Multiple Schools Attended

Children in stressful child custody disputes may change schools frequently in response to changes in child custody arrangements. These children may then face obstacles in making new friends and encounter the stress of losing friends as a result of changing schools frequently.

Community/State/SES Conditions

Various community and state characteristics such as such the presence of social values, SES level, gang activity, illicit drug use, violence, racial/ethnic discrimination, and level of social disorganization can negatively affect students' educational, behavioral, and social functioning, especially among children in conflicted child custody cases.

The functional level of local communities can also influence children's school achievement, behavioral issues, and peer relations (Coleman & Hoffer, 1987). In an investigation of 1015 public and private schools, Coleman and Hoffer (1987) demonstrated that strong communities can reinforce the teaching activities of teachers. They classify functional communities as those in which the values of the communities are interwoven with the goals of the school. The researchers suggest that Catholic high schools are part of functional communities in that the children learn values in school that are also consistent with those learned at home and in religious organizations. In contrast, chaotic and excessively bureaucratic schools do not have values consistent with functional communities, leading to lower parental involvement in schools and difficulties for students to achieve high levels of school achievement. Parents often recognize the importance of the values of hard work and respect for teachers and will place their children in schools that emphasize these cherished values.

Criminal gang activity in school and in the community, school death threats, bullying, fighting, domestic violence, and other forms of violence can worsen students' fears about school safety. Domestic violence incidents, such as stalking by parents, can spill over into school

settings, leading to safety problems for students, teachers, and other school personnel (Morewitz, 2003). Students who are fearful about their safety both inside school and off-campus may have difficulty concentrating on their school work and have lower school grades as a consequence (Morewitz, 2008). Students may become very anxious and respond to threats to their safety by bringing weapons to school (Morewitz, 2008). Threats to student safety may worsen the performance of students in high-conflict child custody cases. For example, students may be less able to concentrate on their schoolwork, leading to lower school performance. Likewise, stalking incidents in work settings can lead to reduced concentration and productivity among stalking victims and other workers exposed to the stalking (Morewitz, 2003).

The presence of criminal gangs in the local community, bullying, and other forms of violence can discourage students from seeking high levels of school achievement. When faced with the prospects of being killed, kidnapped, injured, or harmed in other ways by criminal gangs and peers, children may lose interest in doing well in school. These children may feel that their own career options are to join a gang and participate in criminal activity. Children may also lose interest in their school and participating in school-related activities because gang members are in and around the school.

The high prevalence of illicit drug activity in local communities and other criminal enterprises can also interfere with student performance, leading to lower school grades. The high prevalence of illicit drug activity leads children to become initiated into illicit drug subculture and consequently they become addicted to illicit drugs. Participation in this illicit drug subculture can reduce or eliminate students' interest in school achievement.

Communities characterized by adverse characteristics such as violence, gang activity, and illicit drug activity can lead to behavioral problems among students living in these dysfunctional communities. Students involved in high-conflict child custody disputes who live in these

high-risk communities are especially vulnerable to behavioral problems.

Children living in low-SES communities can have greater educational, behavioral, and social difficulties (Dornbusch et al., 1991; Johnston et al., 1989), and children in conflicted child custody cases may be especially at risk. Low-SES communities do not foster the development of educational programs that increase student interest in schools and school achievement. In addition, low-SES communities tend not to have sufficient facilities for sports and physical activity that can impair children's physical, educational, behavioral, and social development. Furthermore, children in low-SES communities do not have access to healthy nutrition, which can impair their health, academic, and social/behavioral development.

These community and neighborhood characteristics and resulting outcomes for children and adolescents are affected by a variety of factors such as regulation by states, market competition, and professional associations (Arum, 2000; Card & Payne, 2002). Teacher organizations, for example, can alter the effects of community conditions on student learning outcomes. Similarly, state aid to school districts can affect the impact of community characteristics on student achievement outcomes.

In a study of state aid to school districts, Card and Payne (2002) discovered that state aid to school districts can reduce spending inequality, resulting in a narrowing of test scores among students in different SES groups.

Communities that promote resilience among at-risk children can help them overcome community/SES, family, and school barriers to academic success and positive social interactions. Community involvement can enhance school attendance, especially among children involved in contested child custody who may miss school because of their participation in court proceedings and problems in child custody arrangements (Epstein & Sheldon, 2002). Communities that support and encourage the development and expansion of after-school programs can improve school attendance for children involved in contested child custody cases.

Evaluation of Family, School, and Community Factors in Child Custody Cases

Child custody experts should incorporate family, school, and community issues in their child custody evaluations. Using field observations, interviews, and analysis of school records, census data, and other reports and documentation, child custody experts can assess the suitability of child custody arrangements and the effects of family, school, and community conditions on the child's school, behavioral, family, and social/peer functioning.

For example, to assess the severity of domestic violence, the Conflict Tactical Scale can be used (Strauss 1979). Scales and questionnaires concerning with the effectiveness of schools should also be used. Census data and questionnaires and scales assessing individual, family, and community characteristics such as the SES of families can be very useful in determining the best interest of the child in child custody disputes (U.S. Census Bureau, no date).

Increasingly, school-level assessment data are available to the public. For example, individuals can obtain from the US Department of Education a CD-ROM containing assessment scores for 80,000 public schools (Lopez, 2002). Child custody experts should integrate these and other data sources into their assessments.

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A Methodology Primer for Conducting Bonding Studies in Child Custody Evaluations: Integration with Neuroscience

Michael J. Perrotti

Introduction

The genesis of this chapter stemmed from this writer's concern with the issue of many psychologists seeking knowledge as to methodologies for conducting bonding studies. The state of research in the area of attachment is accelerating substantially. Cutting-edge research on neural patterns and bonding pathologies is presented in this chapter. This adds an exciting dimension to data from historical approaches on bonding and/or expands the horizon of assessment.

As a clinical and forensic neuropsychologist, I developed an interest in investigating the neuropsychological connections between the child and mother in the bonding study context. Ainsworth et al. (1978) speaks of internal representations and imprinting of these in the infant. Internal representations (neuronal connections) are made of caretaker and nurturing activity by the infant. Dutton (1998) presents data on activation of past bonding dysfunction and how it is expressed in present behaviors. This research is cutting edge and places bonding study protocols clearly in the realm of neuroscience. Research by George and West (2012) on attachment and neural patterns as measured in real time using the Adult Attachment Projective Picture System (AAP) in the MRI scanner is presented.

A second focus of the chapter is on presenting methodology for objective scoring of parent-child attachments. Bonding behaviors must be translated by objective scoring into attachment categories, for example, disorganized or secure. The author presents scoring systems such as Cassidy-Marvin (C-M) to categorize and score attachment behaviors. Scoring systems are crucial for interpretation of data. The author has evaluated numerous custody evaluations, many of which contain a brief sample of behaviors observed between parent-child in the bonding study. The problem with a brief period of observation between a parent and child is that it is poorly representative of the strength and quality of the parent-child bond. Protocols are presented to provide a more representative sample of parent-child interactions.

In the chapter, a third focus is the use of developmentally anchored assessment with respect to bonding studies. This entails presentation of developmentally specific scoring systems, for example, C-M scoring system for preschool populations and evaluation of scoring systems. Specific scoring systems for specific populations are proposed as well as how to translate parent-child behaviors into descriptive bonding categories, for example, disorganized or secure.

A fourth focus is on the use of structured interactions with developmentally specific tasks. The Marschak Interaction Method (MIM) is presented. Intake interviews with the MIM focus on choosing developmental tasks for parent and child. The tasks are chosen along four dimen-

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sions of structure, engagement, nurture, and challenge. Tasks are chosen to address historical problems in the parent–child dyad. Tasks are also chosen to be developmentally matched to various age groups and to “test” parenting abilities with a child. Protocols for use by psychologists conducting bonding studies in custody evaluations are presented.

A fifth focus is on data collection methods. Meticulous recording of verbal, nonverbal, and/or tactile behaviors are crucial. This provides a comprehensive database from which to draw interpretations of parent–child relationships.

It is hoped that this material will enable the psychologist conducting bonding studies in custody evaluations to utilize a comprehensive multimodal model integrated with neuroscience.

Survey of the Literature with Respect to Attachment Measurement

Crittendon, Claussen and Kozłowska (2007) note that there is significant variance in application of alternate methods of classifying attachment. This survey will attempt to present a review of evidence-based methodology in bonding studies.

Attachment Typologies

Strange Situation Ainsworth, Blehar, Waters and Wall (1978). Ainsworth’s Strange Situation is the gold standard for the assessment of attachment in infancy.

Type B Well-adjusted infants in safe homes: secure classification

Type A Infants whose negative affect is rejected: anxious–avoidant classification.

Type C Infants with inconsistently sensitive mothers: anxious–ambivalent classification.

Egeland and Sroufe (1981) and Cicchetti and Barnett (1991) note that significant numbers of

abused and neglected infants were incorrectly classified as secure.

Analysis of strange situation videotapes resulted in expansion of the Ainsworth method, that is, adding the A/C classification (Crittendon, 1985a, b) and the disorganized category (Main & Solomon, 1986).

Application of the Crittendon method and Main and Solomon method found that maltreated infants are never securely attached to their mothers (Barnett, Ganibran & Cicchetti, 1999; Carlson, Cicchetti, Barnett & Braunwald, 1989; Crittendon, 1985a, b; Vondra, Hommerding & Shaw, 1999).

Crittendon, Claussen and Kozłowska (2007) assessed whether there was internal consistency or significant error variance with respect to attachment classification methods. Do they yield similar results? Are they replicable?

Three methods were evaluated:

- Ainsworth infancy method with A/C classification extended to preschool children
- C–M method with dominant (D)/controlling (Cassidy, Marvin & MacArthur Consortium on Attachment in the Preschool Years 1989–1992)
- Preschool assessment of attachment (PAA) with A/C & five new patterns (Crittendon, 1992a, b)
- Family systems perspective

Cassidy–Marvin Method The outcome of studies using C–M method in middle class, normative samples is that children classified as secure were better adjusted than anxiously attached children. They were more compliant and had better emotional regulation and positive affect in the school years as contrasted with insecure children (Berlin, Cassidy, & Belsky, 1955; NICHD Early Childcare Research Network, 2001; Turner, 1991; Stevenson-Hinde & Shouldice, 1990).

Not surprisingly, among anxiously attached children, D/controlling children had the most behavioral problems at school.

Using the C–M method, a large proportion of type D/controlling parent–child conflicts were classified as type B in preschool years (NICHD, 2001).

It is important to recognize that attachment classification methods are inconsistent when one looks at the samples, which are studied. All studies using the C–M method reported a high amount of at-risk children who were assessed as securely attached (Cicchetti & Barnett 1991; Marcovitch et al., 1997). Moreover, no significant differences among attachment groups were found in behavior problems on the Child Behavior Checklist (CBCL).

Preschool Assessment of Attachment

The PAA used the Dynamic–Maturational Model (DMM) of attachment (Crittendon, 2006).

In middle class, normative samples using the PAA, securely attached children had the highest Bayley Developmental Quotients (DQ) and showed the best conflict resolution skills at 4 years of age. Coercive (type C) children had the worst outcomes with respect to conflict resolution (Zach, 2000; Ziegenhain, Muller & Raugh (1996).

In high-risk populations, length and severity of deprivation and maternal depression were associated with atypical anxious attachment (A3, A4, C3, C4, A/C, and 0). This is an important consideration with assessment of mothers with depression.

The PAA yielded a clear secure/anxious discriminant function as relates to maternal

depression, contributing to poor functioning overall. PAA classifications appear more clearly defined and identify risks more accurately. The PAA was found to be the most valid measure of attachment for 2–5-year-old maltreated children.

Survey of Methodologies in Conducting Bonding Studies in Child Custody Evaluations

A menu of protocols for conducting bonding studies is presented. Evaluations of each of the approaches are discussed along with limitations of each method.

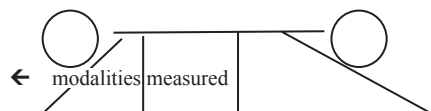
Observational

One approach used by psychologists is to simply observe parent and child in the office setting. The limitations of this method are that this method provides a very limited sample of behavior. Another limitation is that this method is unstructured. A positive aspect of this method is that it is a great method to amass raw data on sensory, nonverbal, and verbal interactions of parent and child. It is important to consider context and circumstances with sensory data, for example, is the child emotionally muted with a controlling/dominant mother.

Multi-Modality Sensory Approach

Multi-Modality Sensory Approach

Parent	Child
Kinesthetic	Eye Contact
Postural	Approach-Avoidance
Tactile	



Dyer's Protocol

Dyer's (1999) protocol permits the parties to assimilate to the observation situation and then to utilize a passive technique to elicit spontaneous interaction. Dyer (1999) also provides a protocol for a post-bonding study interview measuring parental response to the child which is measured on the dimensions of reassurance, provision of comfort, attunement with the child's feelings, and validation of the child's feelings. This protocol permits the psychologist to assess the effects of separation of parent and child. Assessment of strategies to reengage the child is also studied. Is the parent hovering? Controlling? Permits separation? Dyer (1999) also addresses the interface of the parent and the child's background and history. For example, a child with prior loss or abandonment has special needs that the parental figure may or may not be able to provide.

Structured Models

Structured models in bonding studies are those which provide developmentally germane tasks for a child–parent dyad. Advantages of structured models are:

1. Participation in concrete tasks provokes typical patterns of interaction to emerge.
2. Interactional behaviors are outside of awareness of the child or adult, leaving little use for direct questions. These interactional behaviors can be assessed via developmentally specific tasks.
3. Identifies strength and coping skills, for example, can the mother engage an oppositional child in a cooperative task.
 - Methods that are developmental task specific; tasks can be chosen to focus on specific problem areas.
 - Tasks can be chosen to address specific research problems.
 - Tasks can be standardized to facilitate comparisons between groups. These protocols also assist the custody evaluator in replication of methodology of a bonding study.

Structured Assessment of Attachment and Marschak Interaction Method (MIM)

The MIM, in contrast to the Ainsworth Strange Situation protocol for use with toddlers (12–18 months old), assesses a more comprehensive and wide-spectrum construct, viz., the overall quality and nature of the relationship between a parent and child. The MIM is oriented to children of all ages (not just toddlers). Thus, the MIM is not used to determine the attachment category. It contributes to a more dynamic bonding study.

Structured Assessment Models

Whitten (1994) cites MIM as an example of a structured means of assessing attachment in children from neonate to adolescence. With the MIM, the adult and child are observed as they perform a series of tasks together.

Marschak's original model, that is, the Controlled Interaction Schedule (CIS) was borrowed from observational techniques of infants and small children. In one study, Meltzoff and Moore (1977) conducted work on early imitation of facial gestures. MIM items administered to children aged 1 month through toddler were selected from protocols such as Gesell Developmental Schedules (GDS) (1925), Cattell (1940), and the Buehler and Hetzer (1961) Infant Tests. The MIM, in contrast to these other protocols, focuses not on individual but on interactional aspects of the adult and the child.

The MIM has been found useful in clinical assessment of parent–child relationships and parent–stepchild relationships as well as placement with foster or adoptive parents. The MIM yields valuable information about the manner in which two parents interact when relating to their child, as well as how two or more siblings can effect different responses on the same set of parents. There have been beneficial results with parents and adult children, which have enhanced relationships through application of facts learned in the study. The MIM has also proved useful with teachers and childcare workers in addressing

problems with children in their care. The MIM evaluates partners in a dyad on the dimensions of promoting attachment, alertness to environment, guiding goal-directed behavior, and assisting in overcoming tensions.

Many clinicians simply observe the parent and child in a typical attachment scenario in child custody evaluations. Structured bonding assessments such as the MIM are a remedy to this problem via structured developmental tasks and evaluate parent–child interaction as follows:

for the most part, but have been shown to change during transition periods and developmental maturation (Conger, Bryant & Brennom, 2004). Life conflicts such as divorce or other family conflicts can adversely impact sibling relationships. This is supported by the congruence hypothesis which states that children’s relationships will mirror that of parent and child (Boer, Goedhart & Trefers, 1992).

Sibling attachment is of particular importance in dependency court matters where decisions are

DIMENSION	PARENT CONTRIBUTION
Structure	<ul style="list-style-type: none"> • Structured environment? • Provide limit setting? • Co-regulate child’s experience? • Promote healthy interaction? • Soothing behaviors for child • Provides appropriate limits and co-regulates the child’s experience • Provides challenges that promote competence, pleasure & mastery

← **Data on Parenting for Custody Evaluations**

Goldstein, Freud and Solnit (1979) note that it is important that experts do not rely solely on the child’s preferences. He also argues against relying on overt actions or allegiances due to their inconsistency. Dyer (1999) argues that this is not true in all situations. He notes that in foster and adoptive children, the child may display inconsistent attachment behaviors while still choosing to move forward with an adoption.

The value of interviews declines when children are aware of the danger to the stability of their placement that can be created by contacts with the birth parents and probing by interviewers.

Sibling Attachment

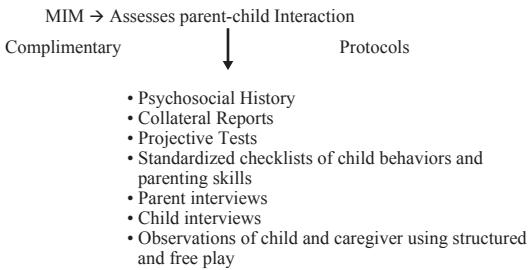
Shumaker, Miller, Ortiz and Deutch (2011) note that sibling attachment is important to a child’s development. Sibling relationships are consistent

pending as concerns the issue of keeping siblings together. There is the ever-present issue of object loss and depression if the siblings are separated. Moreover, the integrity of the family unit is endangered by separation.

Reliability and Validity

There is a lack of consistency with bonding studies. Each practitioner appears to use their own individual procedures in conducting bonding studies. Many studies are simply observing the parent and child in a bonding scenario. However, this individuality of approaches can be a source of error variance. There is low inter-rater reliability and poor internal consistency in evaluating these methods. This has adverse effects at the administration and interpretation levels. This is why structured standardized models are a remedy to this problem.

Comprehensiveness of Attachment Assessment Using MIM



Contemporaneous Methodologies for Bonding Studies

Mart (2003), in addressing bonding assessments, cites Milchman (2000) in noting that most experts conducting bonding assessments erroneously equate bonding with friendly interactions. Mart (2003) argues that a positive interaction is not evidence of attachment, for example, an acquiescent child with a domineering, controlling parent.

Common Errors in Conducting Bonding Studies

Some common errors in bonding studies are as follows:

- Positive interaction is not evidence of attachment
 - A child enjoying contact with a parent in a clinician's office is not evidence of attachment
- Dyer (1999) recommends that bonding studies should include:
- An interview with parents and/or caretaker of child in order to obtain background information
 - An observation of the child with adults
 - An interview with the child
 - A thorough review of all information available regarding history of the child

Dyer (1999) suggests that evaluators focus on sensory modalities and observation of frequency and nature of physical contact. Other foci of interest are ability of the parent to effectively engage the child as well as respond to the child's needs. Other important nonverbal channels are eye contact, initial smiling as well as the child's reaction to transitory separations during the course of the joint interview.

Behavior and affect pre- and post-contact with the caretaker are also significant areas of examination. This is a crucial area to assess, especially in terms of comparison of the custodial and non-custodial parent-child interaction.

Although Mart (2003) notes that it is difficult to measure bonding in any way other than observational and longitudinal studies, contemporary investigators such as George and West (2012) have developed an intriguing instrument to assess bonding via a projective picture system viz, the AAP. This system recognizes and highlights the critical area of emotional adjustment of individuals and attachment pathologies.

Adult Attachment Projective Picture System

The AAP is predicated on narrative descriptions of experience as stemming from subjective constructions of lives guided by internalized mental representations. The hallmark of disorganized attachment is the child's experience of abandonment and unavailability by the attachment figure (George & Solomon, 2008; Solomon, George & De Jong, 1995). This scenario leaves the child feeling helpless and vulnerable and having to take responsibility for his/her own attachment needs.

Drawing from these theoretical bases, the AAP picture stimuli depict attachment availability via:

1. Drawing figures in dyads (dyadic pictures)
2. Individuals alone (alone pictures)
3. Provides characters depicting childhood → senescence (Ainsworth 1989; Bowlby, 1969/1982).

AAP Tasks

1. Eight line drawings
2. Characters reflecting diverse culture, gender, and age

Administrative Protocol

1. Projective free response
2. Semi-structured interview protocol

AAP and Neuroimaging Correlates

Unresolved Attachment	→	Increased activation right-inferior frontal cortex and left occipital cortex; left superior - temporal gyrus, head of left caudate nucleus and bilateral medial temporal lobe areas, more activation of limbic areas vs. organized subjects
Main Effect	→	Increased activation of attachment system (right inferior frontal and left occipital areas)
AAP Stimulus Pictures	→	activate attachment distress

AAP Validity

- Inter-judge reliability = 89% agreement in 4 group classifications (secure, dismissing, pre-occupied, unresolved; $\kappa=0.89, p < .000$)
- 97% Agreement (secure vs. insecure classification; $\kappa=0.73, p < 0.000$)
- 92% AAP convergent agreement for four group classification ($\kappa=0.89, p < .000$)
- 97% convergent agreement (secure vs. insecure group; $\kappa=0.80, p < .000$)
- Significant agreement with adult attachment interview (AAI; George, Kaplan & Main, 1985), the gold standard assessment on adult attachment research.

Attachment Coherence

The attachment activation neural patterns of the AAP have important parallels in the work of Dut-

ton (1998) who uses the term “attachment rage.” This refers to a dynamic interplay between past psychological issues such as abandonment and the “triggering” of violence by the female terminating the relationship with the male.

A unique feature of the AAP is the development and use of normative and traumatic markers. Buchheim et al. (2008a) demonstrated card pull of selective stimuli on the AAP, anxiety evoked by pictures of individuals alone. This response was given by individuals with borderline personality disorder (BPD). Patterns of traumatic dysregulation were found in an inpatient

psychiatric program. The “aloneness” in certain pictorial stimuli of the AAP triggers dysregulated attachment activation and dysregulation. This reflects the distress of individuals with BPD concerning being alone. The themes of severe abuse, entrapment, and suicide reveal insights into better understanding of the bond between mother and child. These themes are captured by the AAP pictorial stimuli.

Buchheim et al. (2006) also conducted fMRI research to examine attachment-related brain activation patterns. The postulate is that the mother–infant relationship regulates the neurological systems of the infant. Buchheim & George (2012) noted that in particular, the orbitofrontal cortex is crucial for emotional regulation. Dysfunction in this area is related to impairment of planning, organizing behaviors, and impulse control.

Lemche et al. (2006) note that in neurobiological research and attachment, attachment security is related to reaction time difference between neutral and stressful conditions in a conceptual priming task. The neutral-prime condition paired nonsense statements with self or other directed

statements. The stress-prime paired relationship connected self or other directed statements.

Benetti et al. (2010) described attachment style studies assessing neural patterns associated with real or imagined separations and loss of attachment figures. Benetti et al. (2010) also found a relationship between higher gray matter volume loss and avoidance ratings to attachment figures. An interaction was found between avoidant attachment and loss and gray matter volume in the left cerebellum.

Research on neuroscience also discusses the labeling of the mother's response to their babies and maternal attachment. George and Solomon's research (2008) was a research paradigm in which mothers were presented with visual images (e.g., pictures, video clips) of their children in a MRI scanner. Mothering was found to be associated with specific hypothalamic–midbrain–limbic–paralimbic–cortical circuit activation patterns. The AAI (George, Kaplan & Main, 1984, 1985, 1996) was administered during pregnancy. Subjects were classified into secure, dismissing, and preoccupied groups. Mothers judged secure showed greater activation of brain reward systems (e.g., ventral striatum, oxytocin-associated hypothalamus/pituitary region). Oxytocin response level 7 months after physical contact with infants was significantly higher in secure versus insecure mothers and was positively correlated with brain activation patterns measured in the MRI scanner.

Fraedrich, Lakatos and Spangler (2010) examined the relation between adult attachment status and neural face processes and brain asymmetry. In a sample of 17 mothers, women judged secure showed stronger reactions to infant's faces

versus mothers judged as insecure. The studies of Arsalidou, Barbeau, Bayless and Taylor (2010) and Ramasubbu (2007–2010) demonstrated activation in prefrontal and cingulate gyrus consistent with implicated rates of mother–infant interactions, personal familiarity, and emotional and self-relevant processing.

Adult attachment studies reported by George and West (2012) demonstrate the correlation between neural correlates of intimate emotional states related to specific brain areas.

These studies substantially expand the horizon of domains assessed in bonding studies. George and West's (2012) data show that unresolved and preoccupied attachment groups are subject to instability. These studies conducting in "real time" in the MRI scanner point to the strong emergence of the neurobiological domain in attachment studies as a focus of assessments for psychologists. Subjects are placed in the scanner with goggles enabling presentation of AAP pictorial stimuli. Brain activation patterns are measured. George and West (2012) presented research demonstrating that subjects can speak in a scanner (verbalize AAP stories) and fMRI brain activation patterns can be measured.

Specialist Assessment Guide

Some investigators have provided guides for assessment of attachment and bonding. The Department of Human Services (DHS) Protective Services for children and young people (1992) presents the following factors to be considered in an attachment assessment.

Factors to be considered in an attachment assessment

Child	Factor	Issues
	Any significant separations/disruptions from parents/primary caretakers?	Circumstances of the separation/disruption Why? For how long? Who cared for the child?
	What was the quality of care received from primary caretaker?	According to caretakers, child, family members, professionals, and your own observations
	What is the child's experience of care?	Model of care stable, reliable, or unreliable? What are the child's expectations of being looked after? How does the child get his/her needs met? How does the caretaker respond to the child?
	How old is the child?	<6 months, 6–12 months, 1–2 years, 2–4 years, etc.
	What stage of development is he/she at?	Any developmental difficulties?
	What is the nature of the child's interaction with primary caretaker?	Refer to attachment typology and associated behaviors table above
	How does the child relate to other adults?	Social skills and interpersonal development
	How does the child relate to other children?	Cooperative play
	How does the child respond when separated from caretaker?	Emotional stability; ego strength; anxiety
	Before, during, after contact with caretaker	Pre- and post-bonding study variables
	How does the child respond when reunited with caretaker?	Strength and quality of bond; dependency
Parents	Factor	Issues
	Any history of or current mental illness?	Children with depressed mothers are more likely to develop insecure attachments (Rutter, p. 558)
	Have parents experienced any significant losses?	Children of parents with a history of loss and/or trauma are more inclined to form disorganized attachments (McIntosh)
	Is there substance abuse?	Unpredictable or unreliable caregiving can also create attachment difficulties for children
	Is there a history of or current domestic violence?	Children exposed to domestic violence are four times more likely to have attachment disorders. (McIntosh)
	What is the parent's capacity to reflect on the child's experience?	Is it reality based? Sensitive? Flexible/ accommodating?
	How does a parent act on separation from the child?	Does she respond appropriately, in a timely manner?
	How does a parent act on reunion with the child?	All-encompassing; positively reinforcing?
Significant others	Factor	Issue
	Are there any other significant people in the child's life?	Who are they? What is their meaning to the child? Does the child see them often? When? Under what circumstances? Does the child believe visitation contacts occur often enough? Physical distance from noncustodial parent
	Has the child been in an out of home placement?	What is the quality of relationships the child has formed in this placement? How does this compare/contrast with the relationship with his/her parents? <i>A child may form more secure attachments with substitute caretakers than with the parents. This shows they have the capacity to do so.</i>

DHS Protective Services (1992) also notes behavioral indicators to be used with information about child's history and placements.

Sample of Behavioral Indicators to Be Considered

- Persistent detachment
- Distancing and isolation
- Attention seeking
- Tendency to form multiple shallow relationships and failure to distinguish between casual acquaintances and long-term relationships.
- Aggressive behavior

Kenny (2014) provides useful information on methodology of bonding studies—including history taking, establishing developmental age, behaviors to be documented, projective techniques, parent–child observation, and report writing.

Choosing a Valid Assessment Instrument on Measuring Attachment

Crittendon, Claussen, and Kozłowska (2007) conducted a comparative study on choice of a valid assessment of attachment for clinical use.

Assessment instruments studied were:

- Ainsworth extended method
- C–M Method
- PAA

There was limited evidence for validity of the C–M method. Some maltreated children would have been incorrectly identified and intervention would not have been offered. Many adequately reared children would have been considered disorganized. It was recommended that findings be replicated with a larger sample size. With respect to the PAA, further studies are needed to determine if specific unusual classifications moderate the need for differential forms of treatment.

A Multifactorial, Comprehensive Methodology and Protocols for Assessment of Strength and Quality of Attachment

A well-designed bonding study in a custody evaluation needs to provide a representative sample of parent–child behaviors related to attachment. Thus, this writer recommends a multifactorial approach with multiple data sets, that is, parent and child individual and interactive interviews and attachment inventories. I would suggest that a multifactorial model for conducting bonding studies be employed. This would encompass the following components:

- Developmentally anchored attachment foci and interpretation
- Measurement of pre- and post-bonding study behaviors with substitute caretakers to compare study results to baseline
- Measuring neurobiology in attachments (AAP)—interactive components and mental health of parent
- Neurobiological correlates of bonding abnormalities
- Objective scoring system
- Measurement of multichannel sensory expression
- Measurement of attachment via inventories
- Pictorial representations and attachment
- Attachment analysis and parental alienation
- Models of attachment
- Using attachment measures in an fMRI environment
- Normative and traumatic markers (AAP “alone” pictorial representations trigger BPD traits)
- Trauma history of parental figures

Initial Bonding Study Setting

- It is recommended that a rapport building session be conducted with the child. It is important to tell the child that they are the center of the evaluation process and that everyone is working together for the child's best interests.

- Ideally, an intake interview with the parents should be conducted first. The interview is conducted with the MIM structured protocol. The intake interview is of assistance in choosing developmental tasks from the MIM. The following in part is prescribed by the MIM protocol.
- The interview should provide information about:
 - a. Reason for referral—How does the parent view the bonding study?
 - b. Developmental, attachment, and medical history of the child
 - c. Any information on trauma and multiple caretakers—situation and context with caretakers
 - d. Sibling relationships
 - e. Parental expectations of child
 - f. Parent’s family history and attitudes about parenting and attachment e.g., how do the parents and the child express affection.

First MIM Session:

- Conducted with one child and one adult at a time
- Child who feels most comfortable should be scheduled first
- Structured developmental activities are conducted, for example, dress each other up in hats, feed each other
- Instructions are given on cards relating to the following categories:
- Structure **S**
- Engagement **E**
- Nurture **N**
- Challenge **C**

Examples N → Apply lotion to each other
 E → Parent builds structure with blocks and asks child to “build one like mine” → Tests parental engagement skills with oppositional child.

The author’s approach to bonding studies is to insert “Structure” at every stage of the process. In this fashion, the procedures can be replicated by another psychologist.

Choice of Tasks In the MIM, 7–10 selected tasks are chosen in four dimensions of structure, engagement, nurture, and challenge. Tasks should also be chosen to test hypotheses from the initial interview; for example, if the child is oppositional, then an engagement task should be selected.

Examiners Role and Function

The examiner in bonding studies should be relatively unobtrusive. The following schema is recommended:

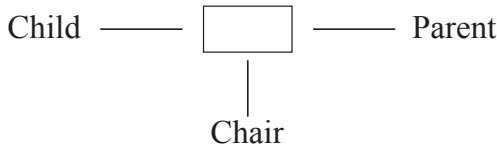
Examiner

- Data Collection
- Note Taking
- Behavioral Observations
- Observation
- Cooperative Task
 - Kinesthetic
 - Tactile
 - Non-verbal
 - Eye-contact
- Variables noted:
 - Sustained eye contact?
 - Frequency of tactile contact?
 - Approach-avoidance behaviors

MIM Physical Setting

- Younger children
- Older children
- Videotaping recommended

Parent and child may sit on floor



long and sustained are tactile contacts? Quality of contacts is assessed, for example, avoidant, averted eye contact. Integrating behaviors? This entails taking detailed notes on parent–child interactive behaviors. Jernberg(1991), in describing the MIM, provides useful shorthand symbols to record behavioral interactions.

MIM Instructions for Parents

- Parents are told that the session is part of a diagnostic procedure during which they and the child will play specific games together.
- Parents are told that the focus is on observing how their child responds to a variety of activities and how they typically interact with each other.
- Check for allergies and food preferences for appropriate lotion and food choices.

Data Scoring

It is crucial to provide objective scoring of behaviors observed during the bonding study. Many clinicians write up a narrative with superficial interpretation, for example, “mom and Sally played well together.” This does a disservice to the rich behavioral data on attachment in the bonding study recommended by the author. Scoring systems noted earlier in the chapter may be utilized and are ideal in that they are developmentally based.

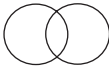
Data Recording

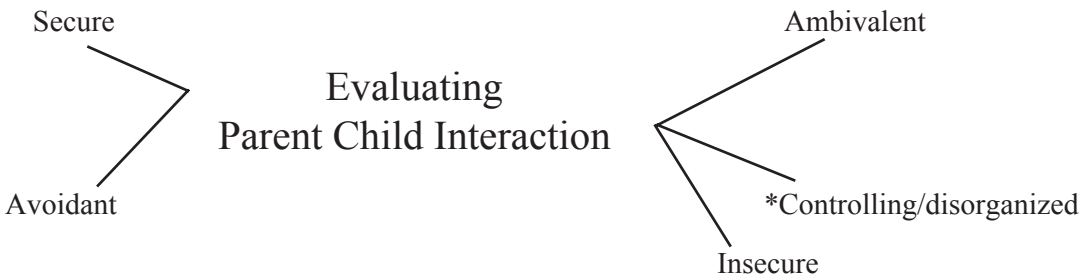
The author places great emphasis on meticulous recording of verbal and nonverbal behavior. How

A schema and protocol for data gathering, scoring, and interpretation proposed by the author is as follows:

Illustrative Scoring Systems

<p><u>Interview & Rapport Building Phase</u></p> <ul style="list-style-type: none"> • Developmental history • Child interview and assessment • Parent interview and assessment 	<p><u>Data Collection</u></p> <ul style="list-style-type: none"> • Structured developmental tasks • Observation and data recording <ul style="list-style-type: none"> • Kinesthetic • Non-verbal • Eye contact • Positional change (towards-away, proximity-distant) • Tactile • Structured Inventories (AAP) (AHI) • Multiple data streams 	<p><u>Scoring</u></p> <ul style="list-style-type: none"> • Developmentally anchored scoring system <ul style="list-style-type: none"> • Kinesthetic • Non-verbal • Eye contact • Positional 	<p>Integration of interview and historical information and Bonding Study data</p>
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Group	Cassidy-Marvin	PAA	Main-Cassidy
B	<p><u>Secure</u></p> <ul style="list-style-type: none"> • Parent used as secure base • Reunion behavior -open, warm, interactive, mutually satisfying 	<p><u>Secure/Balanced</u></p> <ul style="list-style-type: none"> • Intimate, open direct expression of feelings, needs • Cooperative mode in managing conflict 	<p><u>Secure</u></p> <ul style="list-style-type: none"> • Reunion Behavior open, confident, intimate • Reciprocal positive dialogue
A	<p><u>Avoidant</u></p> <ul style="list-style-type: none"> • Detached, avoidant of physical or emotional closeness–fragile bond 	<p><u>Defended</u></p> <ul style="list-style-type: none"> • Reduces emotional involvement • Play and exploration to avoid closeness and interaction 	<p><u>Avoidant</u></p> <ul style="list-style-type: none"> • Minimizes opportunities to bond
C	<p><u>Ambivalent</u></p> <ul style="list-style-type: none"> • Resists separation – enmeshed  <ul style="list-style-type: none"> • Reunion characterized by childlike, infantilized behavior 	<p><u>Coercive</u></p> <ul style="list-style-type: none"> • Maximizes emotional involvement with parent • Magnifies problem and conflict 	<p><u>Ambivalent</u></p> <ul style="list-style-type: none"> • Increased intimacy and dependency in parent; reunion: ambivalent, subtle anger, infantilized childlike
D	<p><u>Controlling/Disorganized</u></p> <ul style="list-style-type: none"> • punitive caregiving, over-determining. 		<p><u>Controlling</u></p> <ul style="list-style-type: none"> • Role reversal; punitive (over-determining) or caregiving (falsely positive)
A/C		<p><u>Defended/Coercive</u></p> <ul style="list-style-type: none"> • Defended and coercive behaviors 	
A/D		<p><u>Anxious Depressed</u></p> <ul style="list-style-type: none"> • Dysphoric; marked distress, panic 	
IO or U	<p><u>Insecure/Other</u></p> <ul style="list-style-type: none"> • Mix of insecure not Blending into other groups 	<p><u>Insecure/Other</u></p> <ul style="list-style-type: none"> • Mix of insecure indices, lack of organized behavior with parent 	<p><u>Unclassifiable</u></p> <ul style="list-style-type: none"> • Mix of insecure indices not corresponding to other groups



**Seen with Parental alienation behaviors*

1. Cassidy & Shaver (1999)

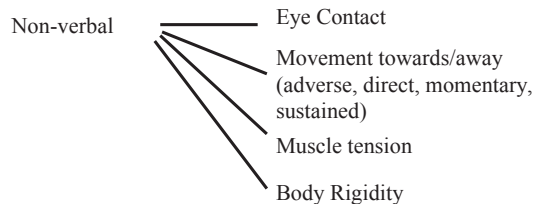
Special Applications

The custody evaluator may be called upon to evaluate a parent and child in a custodial facility wherein the parent is seeking restoration of parental rights. For example, the author was called upon to conduct a bonding study of parent–child dyad in a custodial facility, when one parent had had their parental rights terminated. In these situations, a child is brought to a facility by surrogate caretakers. Data collection begins *before* the bonding study with observation of child and caretakers: Data are collected for a baseline, behavior separation and when reunited.

of procedures. It is crucial to have a structured interaction within the child–parent dyad. The interaction may be rated in the following domains:

Sensory

- Kinesthetic—touch, demonstration of affection, parental nurturance of child, momentary/sustained touch?



Phases of Bonding Assessments

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
<i>Pre-bonding study</i>	Observation of child with caretakers	Separation of child from caretakers	Bonding study in facility	Reunion with caretakers
Arrival of child with surrogate caretakers				

The evaluator assesses separation behaviors (pre-bonding study), bonding study behaviors, and reunion behaviors with caretakers.

Interpretation of Data

Data interpretation should be developmentally specific. The MIM is utilized as part of the matrix

Parent–Child Interaction Dimension

Rating Factors

- Communicative play and dialogue
- Expressing love
- Setting limits
- Sensitivity to child’s expressive needs
- Facilitate autonomy
- Support self-esteem
- Avoid aversive controls
- Accurately perceive child’s needs
- Parental comfort in interacting with child
- Comfort of child interacting with parent
- Parent enables the child to express feelings

Multidimensional Soring Systems

Marschak Interaction Method

It is desirable to quantify bonding study results so that exact, descriptive data can be provided to the court. The MIM is scored via a four-point Likert Scale. Developmental tasks are scored in the domains of engagement, challenge, structure, and nurture. Developmental tasks measuring each of the dimensions are presented in the parent–child dyad.

Structured Inventories

There are quantitative scoring systems for the Attachment History Inventory (AHI). Scoring methods can be utilized to yield a quantitative score on secure bond and to classify subjects into attachment categories—secure, insecure, avoidant, and disorganized.

Coding Systems

The AAP, developed by George and West (2012), provides a coding and classification system for projective pictorial stimuli. There are three content dimensions:

- *Agency of self*: Integrated and functional forms of agency.
- *Connectedness and synchrony*: Relates to attachment and reciprocal intimate relationships.
- *Personal experience*: Distinguishes between distinct and amorphous multiple representations of self.

Multiple Data Sources

The reliability and validity of bonding studies in child custody is enhanced by the use of multiple sources of data:

Phase 1 Interviews of collaterals

Phase 2:

- Rapport building
- Initial intake interview (child)
- Initial intake interview (parent–child)

Phase 3 Bonding study

- Structured tasks (MIM)
- Unstructured
- Structured tasks

Conclusions

Bonding studies in child custody are at times, to the author's dismay, not used at all. This then leaves the evaluator with subjective assessment of adversarial parents in high-conflict divorce. On the other hand, bonding studies are misused. Friendly interactions are at times incorrectly interpreted as indicating positive attachment. This may reflect ingratiating behaviors.

An emphasis of the chapter is that a bonding study is much more than a brief unstructured session with parent and child. Discussions of objective scoring systems as well as use of structured developmental tasks such as the MIM address the problem of representation of the bonding study.

A multifactorial approach is key to conducting a reliable and valid bonding study.

Bonding Study Essentials

- Intake interviews
- Record reviews of baseline behaviors of child
- Collateral parties reports
- Developmentally appropriate scoring
- Assessment of dynamics of parent–child in context of developmental tasks (MIM)
- Projective pictures (attachment representation)
- Frequency, intensity, and quality of sensory contacts of parent–child
- Attachment inventories (AAI; George & Solomon, 1996).
- Developmental tasks

Structured methods and standardized methods are crucial in order for another psychologist to

attempt to replicate results. This is particularly important in second opinion evaluations of custody evaluations.

Findings of the bonding study need to be integrated with the custody evaluation to address the main tenet of what is in the best interest of the child. The strength and quality of the bond are intricately related to this area. Thus, methods for conducting bonding studies need to be standardized, intensive, and comprehensive. Output of the bonding study is related to comprehensive inputs and methods.

There is a pressing need for a comprehensive protocol for use in bonding studies. The need for psychologists to identify bonding pathologies and dysfunctional parent-child bonds is an equally significant need. Gardner, Sauber and Lorandos (2006) identify overdetermining, enmeshment patterns in bonding in the area of parental alienation. Development in these children proceeds in their lives towards lack of identity, no employment, and lack of self-esteem. It is a trend demanding professional intervention.

It is the hope of the author that this material will contribute towards early detection of dysfunction bonds. Bonding abnormalities produce personality disorders in later life. As a result, the appropriate assessment of bonding is vital and a call to action for more in-depth, meaningful, comprehensive bonding studies in custody evaluations. Our children deserve no less.

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Cults, Extremist Movements, and the Child Custody Evaluation: Pitfalls and Strategies

Steve K. D. Eichel

The potential for extreme harm in cults¹ is, sadly, well documented. Two-hundred and seventy-eight children perished in Jonestown in 1978; all but three were ruled homicides², almost all killed by their parents or legal guardians. Of the 11 Move members who died in their 1985 confrontation with Philadelphia police, 5 were children. During the siege and subsequent destruction of David Koresh's Branch Davidian cult compound in Waco, Texas, 28 children died. The removal of over 400 children from the Fundamentalist Latter Day Saints (FLDS) compound near Eldorado, Texas, was eventually described as a debacle for the Texas Child Protective Services department (Slevin, 2008; Winslow, 2014); all but a few were eventually returned to their FLDS families. Warren Jeffs, who is serving a life sentence after being convicted of child sexual abuse, is reported to still be leading his cult from his prison cell.

¹ Most specialists eschew the term "cult" in favor of more accurate and descriptive terms such as "high demand group" (HDG), "extremist movement" or, at a minimum, "destructive cult" to distinguish them from benign, harmless and typically loose-knit groups such as the "Elvis cult" or a "surfing cult." However, in an effort to keep this manuscript simple, the author employs the term "cult" to mean an HDG or destructive cult, unless otherwise stated.

² According to the Guyanese court which had jurisdiction in the matter, as reported in The New York Times, 12/12/1978.

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Ironically, part of the motivation behind these confrontations was the local, state or federal government's concern for the welfare of the children in these groups.

Less dramatic but arguably more heinous and "common" are the periodic reports³ of children who die unnecessarily because their parents' group (usually but not limited to fundamentalist Christian sects) is opposed to "secular" medical care under any circumstances (Hall, 2013; Stauth, 2013). In my experience as a cult specialist and psychologist, I have never heard of an adult who died after undergoing "faith healing"; unlike their young charges, these adults are able to and often do clandestinely obtain medical care (Hall, 2013).

In a *New York Times* op-ed column, cult expert and former member Lois Kendall (2013) put it very bluntly when she noted that "...the practices and structure of some sects [and cults] mean that children are growing up in an environment where they may be at risk of medical, physical, emotional or educational neglect, psychological maltreatment, and sometimes abuse in every sense of that word, even death." Importantly, she warns not to overgeneralize, because "every sect is different and the experiences of children in sects differ."

³ Massachusetts Citizens for Children maintains a record of these cases, based on reports from sources including CHILd, Inc. and the American Academy of Pediatrics, as of 4/14/2014 at http://www.masskids.org/index.php?option=com_content&id=161&Itemid=165.

Awareness of a parent's involvement in an extremist or cultic movement needs to be a major factor in a custody evaluation because these groups typically function as closed, often physically isolated, societies which resist outside help or intervention and may often oppose any investigation of possible child abuse. The incidence of child abuse and/or neglect is higher (compared to the general population) in many of these groups. They typically promote an absolutist ideology that may provide a rationalization for child abuse and neglect by dictating harsh physical discipline of children and/or the rejection of medical intervention. Extremist and cultic groups use religious/political/psychological beliefs to justify their ideology and reclusive nature. By limiting interaction with members of mainstream society (e.g., members may not visit doctors or mental health professionals; children may attend group-run schools), they can close off the normal means by which authorities learn about child abuse and neglect. Some religious cults have brazenly invoked the First Amendment to avoid scrutiny or curtail investigative efforts (Hamilton, 2007).

Cults, Extremism, and Extremist Cults: Concepts and Definitions

Defining the Difficult to Define

Ever since they began to command attention and concern (in the late 1960s and early 1970s), there has been significant debate and disagreement over what constitutes a [destructive] "cult" (high-demand group, HDG). The term "cult" has religious, sociological, and social/clinical psychological definitions; some may overlap but none are identical. Sociologists of religion Stark and Bainbridge (1996), define a cult as "a religious or other social group with deviant and novel beliefs and practices" (p. 124). By this definition, in the early 1960s committed Beatles' fans constituted a cult. Rutgers sociologist Benjamin Zablocki highlighted the key elements of cults by defining them as an ideological organization held together by charismatic relationships and demanding total commitment (Zablocki & Robbins, 2001).

Social psychologist Alexandra Stein (2009) offered the following definition of a destructive/totalistic cult: "A useful definition of a cult builds on the work of Lifton, Singer, Arendt and others and encompasses the following five points:

- The group is led by a charismatic and authoritarian leader
- It has a closed, steeply hierarchical inner structure
- The group adheres to an exclusive or total belief system
- Processes of coercive persuasion (or brainwashing) are used to retain followers
- Followers are exploited"

Louis Jolyon West, a psychiatrist who once worked on the Central Intelligence Agency (CIA)-funded programs to study "mind control," defined a (totalistic) cult as "a group or movement exhibiting a great or excessive devotion or dedication to some person, idea, or thing, and employing unethical, manipulative or coercive techniques of persuasion and control (e.g., isolation from former friends and family, debilitation, use of special methods to heighten suggestibility and subservience, powerful group pressure, information management, promotion of total dependency on the group and fear of leaving it, suspension of individuality and critical judgment, and so on, designed to advance the goals of the group's leaders, to the possible or actual detriment of members, their families, or the community" (p. 271).

When I am conducting an evaluation, I consider three factors, all of which need to be present, before I determine a group is a cult. These are: Does the group have a *cultic structure*, does it employ *cultic processes*, and does the person I am evaluating demonstrate a *cultic relationship* with the group? (See Fig. 1.) All are necessary conditions before I will label a group a cult, although the presence of any one of these factors may compromise an individual's ability to be a competent parent.

Cultic Structure Cults typically have a rigid hierarchical structure, with an acknowledged leader who has a very unique quality (e.g., unique

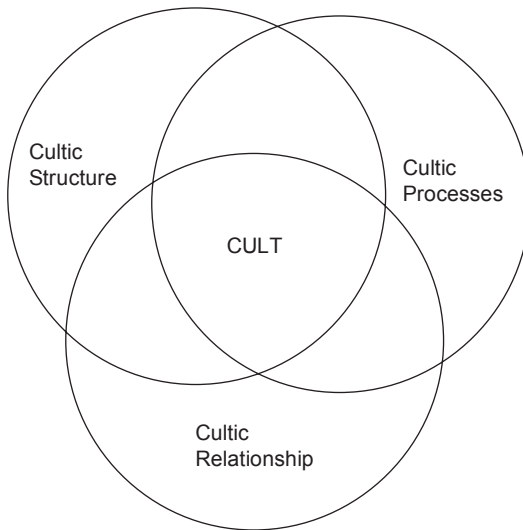


Fig. 1 Three dimensions of cults

spiritual abilities, unique guru or teacher status, special and unique knowledge or skills, actual divinity) and whose knowledge, wisdom, skill and/or leadership is ultimately unquestionable. Typically, cult leaders are male although there have been some female leaders, especially of smaller cults, and/or cults based (albeit often loosely) on Eastern philosophies. Zablocki's definition uses the term "charismatic," and that is almost universally true in my own experience. Some cults also have an "inner circle," a small subgroup of individuals chosen or acknowledged by the leader, which may or may not also include the leader's chosen successor. This inner circle is often privy to knowledge that is withheld from the general or "average" member, and may have power and privileges not enjoyed by the general membership.

Cultic Processes A great deal has been written about the various psychosocial processes that can be labeled "cultic." Although cult experts vary greatly in their utilization of terms like "brainwashing" or "mind control," most agree that cults engage in some form of what psychiatrist Robert Jay Lifton (see Table 1) termed "thought reform" (Lifton, 1961, 1991), psychologist Margaret Singer referred to as "the systematic manipulation of social and psychological influ-

ence" (Singer, 1982; Singer & Lalich, 1996) or what sociologist Janja Lalich later refined in her description of "bounded choice" (Lalich, 2004a; Lalich, 2004b), which expands on both Lifton and Singer. Lalich described bounded choice as the illusion of choice created by a cultic environment that in fact is severely limited as a result of cultic influence. Systems (groups) that utilize bounded choice exhibit common characteristics on four dimensions: Charismatic authority, a transcendent belief system, systems of control and systems of influence (see Table 2).

Cultic Relationship It is an established fact that not all people exposed to cultic processes within a cultic structure will become members of a cult. For a broad range of reasons, a significant number of potential recruits will never join, or will join for a relatively brief amount of time and then leave.⁴ The process of becoming a cult member involves, at some point, an active (if bounded) choice on the part of the recruit and an active engagement in a cultic relationship with the group's membership and leader. Psychologist Michael Langone modified Farber, Harlow and West's (Farber et. al., 1956) description of the "DDD [Debility, Dependency, Dread] Syndrome" in brainwashing; according to Langone, the cultic relationship involves *deception* on the part of the cult hierarchy and the induction of *dependency* and *dread* in members (Langone, 1993). The latter term refers to what sociologists sometimes call "exit costs," the intense fear of personal and/or social doom (e.g., eternal damnation, causing others to suffer) that the member would suffer should he or she leave the group. The FBI's report on "Project Megiddo" (Federal Bureau of Investigation, 1999) quoted Singer and Lalich: a cultic relationship refers to "one in which a person intentionally induces others to become totally or nearly totally dependent on

⁴ A number of "walk-aways" (people who leave cults on their own, without an intervention or subsequent counseling) will nevertheless continue to manifest some of the beliefs, behaviors and psychological sequelae of people actively involved in a cultic group (sometimes referred to as "floating"). Walk-aways may also be more vulnerable to subsequent cultic influence and even "cult-hopping" (Dubrow-Eichel & Dubrow-Eichel, 1988).

Table 1 Lifton's criteria for totalist groups (e.g., cults)

Thought reform process	Description
Milieu control	This involves the control of information and communication both within the environment and, ultimately, within the individual, resulting in a significant degree of isolation from society at large
Mystical manipulation	There is manipulation of experiences that appear spontaneous but in fact were planned and orchestrated by the group or its leaders in order to demonstrate divine authority or spiritual advancement or some special gift or talent that will then allow the leader to reinterpret events, scripture, and experiences as he or she wishes
Demand for purity	The world is viewed as black and white and the members are constantly exhorted to conform to the ideology of the group and strive for perfection. The induction of guilt and/or shame is a powerful control device used here
Confession	Sins, as defined by the group, are to be confessed either to a personal monitor or publicly to the group. There is no confidentiality; members' "sins," "attitudes," and "faults" are discussed and exploited by the leaders
Sacred science	The group's doctrine or ideology is considered to be the ultimate Truth, beyond all questioning or dispute. Truth is not to be found outside the group. The leader, as the spokesperson for God or for all humanity, is likewise above criticism
Loading the language	The group interprets or uses words and phrases in new ways so that often the outside world does not understand. This jargon consists of thought-terminating clichés, which serve to alter members' thought processes to conform to the group's way of thinking
Doctrine over person	Member's personal experiences are subordinated to the sacred science and any contrary experiences must be denied or reinterpreted to fit the ideology of the group
Dispensing of existence	The group has the prerogative to decide who has the right to exist and who does not. This is usually not literal but means that those in the outside world are not saved, unenlightened, unconscious and they must be converted to the group's ideology. If they do not join the group or are critical of the group, then they must be rejected by the members. Thus, the outside world loses all credibility. In conjunction, should any member leave the group, he or she must be rejected also

Table 2 Lalich's cultic dimensions

Dimension	Description
Charismatic authority	This is the emotional bond between leader and followers. It lends legitimacy to the leader and grants authority to his or her actions while at the same time justifying and reinforcing followers' responses to the leader and/or the leader's ideas and goals. The relational aspect of charisma is the hook that links a devotee to a leader and/or his or her ideas
Transcendent belief system	This is the overarching ideology that binds adherents to the group and keeps them behaving according to the group's rules and norms. It is transcendent because it offers a total explanation of past, present, and future, including a path to salvation. Most important, the leader/group also specifies the exact methodology (or recipe) for the personal transformation necessary to qualify one to travel on that path
Systems of control	This is the network of acknowledged, or visible, regulatory mechanisms that guide the operation of the group. It includes the overt rules, regulations, and procedures that guide and control members' behavior
Systems of influence	This is the network of interactions and social influence residing in the group's social relations. This is the human interaction and group culture from which members learn to adapt their thoughts, attitudes, and behaviors in relation to their new beliefs

him or her for almost all major life decisions, and inculcates in these followers a belief that he or she has some special talent, gift, or knowledge” (Singer & Lalich, 1996, p. 7).

The concept of an “extremist” movement (whether religious, political, psychological or other) is also difficult to define. Most major religions have orthodox, monastic (or in the case of Protestantism, fundamentalist) subgroups; should a monk who has taken a vow of silence and subjects himself to harsh physical conditions be considered an “extremist”? All three Abrahamic faiths celebrate extreme faith and martyrdom. If a parent expresses “personal extremism”—extremist beliefs independent of being involved in a group (or with a controlling individual)—I evaluate that aspect of the parent’s psychological makeup the same way I would evaluate any unusual belief: Does it impact on the individual’s ability to competently parent, and if so, how? A parent who believes in demons is one thing; a parent who interprets child misbehavior as evidence of demonic possession and then subjects his or her child to exorcism is an entirely different matter. These days, political extremism may be almost as common as religious extremism; as with extreme religious beliefs, having radical political views may or may not impact on parenting. Parents who “infect” their children with bizarre political conspiracy theories and thereby inculcate a strongly paranoid view of the world demand close scrutiny (unfortunately at the risk of being labeled part of “the conspiracy”). Again, separating beliefs from overt behaviors from potential behaviors becomes the evaluator’s conundrum. Personal extremism is often (but not always) an indication of broader underlying psychopathology. When extremist views or behaviors are an issue, it becomes important to determine if the extremist parent is following or involved with an authoritarian figure or leader. This is often the case. I evaluated one family in which a parent was involved with an extremist self-proclaimed philosopher who mixed radical libertarian politics with a dubious form of self-help psychology in which his wife (a therapist whose license to practice had been revoked) “counseled” families to separate from each other because “all families

are infected with statist and corporatist ideas and are therefore dysfunctional.” What made this situation unique at the time was the fact that the parent had never had a face-to-face encounter with the “philosopher” or any of his followers; this leader had developed a large following entirely on the internet. In fact, he was an early example of what some have identified as an “internet-based cult leader” (Eichel, Dubrow-Marshall & Dubrow-Marshall, 2011).

While extremist movements and cultic groups run the gamut of belief systems and causes, they typically fall into one of these categories:

- Religious
 - Bible or scripture based
 - Fundamentalist/literalist (Christian, Jewish, Islamic, Hindu, Buddhist, etc.)
- Political
 - Radical/revolutionary (left-wing, right-wing, anarchist/libertarian)
 - Christian identity movement (can also be a considered hybrid religious/political)
- Marketing (e.g., multilevel marketing, often incorporates religious or “New Age” beliefs and practices)
- Therapy
- “New Age” (can combine elements of Eastern religion/philosophy, spiritualism, pop psychology, ancient healing arts, Gnosticism; can also be considered hybrid self-help/religious)
- Hybrid
 - self-help/religious
 - political/therapeutic
 - religious/political

In the USA, the most common extremist or cultic movements are those that can be categorized as fundamentalist Christian and/or Bible based.

What the Evaluator Needs to Consider

No custody evaluator is an expert in every possible issue that impacts on parenting. The Association of Family and Conciliation Courts (2006) published custody evaluation guidelines note that “...special issues such as allegations of domestic

violence, substance abuse, alienating behaviors, sexual abuse; relocation requests; and, sexual orientation issues require specialized knowledge and training. Evaluators shall only conduct assessments in areas in which they are competent” (p. 16). I view custody evaluations that involve cult-related issues similarly to those that involve possible neurological impairments in a parent. Evaluators who lack expertise in neuropsychology should involve an expert whenever possible.

As a psychologist with expertise in both custody evaluations and the psychology of cultic movements, I am called periodically to evaluate a family or consult with an evaluator in which, typically, one of the divorced or divorcing spouses has left a cult while the other remains involved. The inevitable questions involve to what degree, if any, does a parent’s involvement in a religious, spiritual, self-help, political, or marketing “cult” have a detrimental impact on the development of children and/or competent parenting by the former spouse who remains involved in the group? Since the vast majority of cultic groups are relatively small, unknown and unstudied, little or no reliable information may be readily available about it, which places the added but unavoidable burden on the evaluator of engaging in what amounts to investigative work. The evaluator’s inquiries into the purported cult may be the first time the group has ever come under any kind of scrutiny.

Over the years, I have developed a general outline of how to conduct a custody evaluation when cultic involvement is suspected. I typically begin with well-recognized and standard procedures, as outlined by both the American Psychological Association’s (2009) “Guidelines for Child Custody Evaluations in Family Law Proceedings” and the Association of Family and Conciliation Courts’ (2006) “Model Standards of Practice for Child Custody Evaluation.” Both documents call for, among other things, clarity about the scope of the evaluation, use of multiple data gathering methods (empirically based whenever possible) and sources, balance in assessment procedures, formal evaluation of the children and the parent–child interaction, and use of collateral information (interviews with others who have

personal knowledge of the parents, children and parent–child interactions).

In extremist/cult-related cases, the custody evaluator needs to be versed in social and group psychology as well as family, child and developmental psychology. Among the issues that will need to be assessed are:

1. The group structure (group boundaries, group/power hierarchy, are there any checks and balances). How rigid are the group’s boundaries? How does power flow (in cults, it is always from top down)? Are there any checks and balances against abuse of power? Is there any mechanism for critical feedback to the leadership, and if so, is that feedback seriously considered and what are the consequences (if any) for the criticizing member? Are members’ personal boundaries violated by those higher up in the group’s hierarchy?
2. Methods utilized by the group to affect changes in beliefs, emotions, behavior and personality. To what extent does the group use deceptive methods (e.g., “bait and hook,” false testimonials, hidden obligations and responsibilities)? Does the group employ group pressure for the purpose of obtaining conformity (“groupthink”)? Does the group over-employ hypnotic, quasi-hypnotic or other “trance-inducing” methods such as guided imagery, initiation rituals, repetitive prayer and/or movement (e.g., trance dancing) or formal hypnosis? Does the group encourage or discourage critical reasoning, and does it allow and even encourage time away from the group so the new recruit can critically consider his/her commitment? Does the group overtly or covertly control the flow of information so as to limit the new recruit’s exposure to knowledge that might question or contradict the group’s beliefs, philosophy, or dogma?
3. Prior to exposure to and involvement in the extremist/cultic group⁵, how different (if at

⁵ Keep in mind that the cult-affected parent may have been born into his/her group (“second generation”), so there may not be a “pre-cult” personality.

Table 3 “Thought reform” themes in cults

Conditions (Singer, 1982)	Themes (Lifton, 1961)	Stages (Schein, 1961)
1. Keep the person unaware of what is going on and the changes taking place		1. Unfreezing
2. Control the person’s time and, if possible, physical environment	1. Milieu control	
3. Create a sense of powerlessness, covert fear, and dependency	2. Loading the language	
4. Suppress much of the person’s old behavior and attitudes	3. Demand for purity	
	4. Confession	
5. Instill new behavior and attitudes	5. Mystical manipulation	2. Changing
	6. Doctrine over person	
6. Put forth a closed system of logic; allow no real input or criticism	7. Sacred science	3. Refreezing
	8. Dispensing of existence	

all) were the parent’s beliefs, behaviors, and personality (i.e., “pre-cult” personality)? Do people close to the member report sudden, drastic and/or unusual or unexpected changes in the member’s behavior and personal characteristics (even if the changes seem “positive” or “for the better”)? Has the member’s emotional expressiveness changed, either by expanding or contracting significantly?

The evaluator will typically need to engage a range of information sources (in addition to one or both parents), including collateral witnesses, internet information, current and former members, cult experts, and at times public and/or private investigations. Using these information sources, I assess the group in question using the criteria established by Lifton, Singer and Lalich (as delineated in Tables 1 and 2), and consider it in terms of the change process (“thought reform” themes) summarized in Table 3.

Isaac Bonewits (1979, 2001), an amateur yet respected researcher of esoteric religions, developed his “Bonewits Cult Danger Evaluation Frame (BCDEF)”. Using a 1 (Low) to 10 (High) Likert-like rating scale, the BCDEF was utilized to great effect by mathematician/psychologist Elliot Benjamin (2013) in his experiential analysis of dozens of “new religions,” including some that met the criteria for a totalist/extremist cult. Although I have only utilized the BCDEF once, I found it a useful framework for evaluating a

group’s degree of extremism and/or cult-like behavior and have reproduced it in Table 4⁶ below.

Formal testing can occasionally provide hints as to a parent’s possible cult involvement. Studies on “pre-cult” or “in-cult” personality patterns have been poorly designed and were typically conducted by sociologists or social scientists unfamiliar with clinical psychology measures. Some research was carried out under cult-influenced conditions or under cult scrutiny; they rarely utilized standardized comprehensive measures, for example, often opting to use cult-approved or experimental measures that typically do not have adequate validity indices or other ways of accounting for impression-management. Psychologist Paul Martin and his colleagues conducted one of the few formal studies of people who very recently left cultic groups, prior to any rehabilitation. Among other measures, they utilized the first edition of the Millon Multiaxial Clinical Inventory (MCMI), a highly regarded and well-researched personality inventory that is also often used in custody evaluations. They found members scored high (at clinically significant levels) on measure of anxiety, depression, dependency and occasionally dissociation (Martin, Langone, Dole, & Wiltrout, 1992). To my knowledge, these results are the only reported “baseline” profiles

⁶ The Bonewits Cult Danger Evaluation Frame is in the public domain; see the References section for a downloading link.

Table 4 Bonewits cult danger evaluation frame

BDCEF factor	Factor description
Internal control	Amount of internal political and social power exercised by leader(s) over members; lack of clearly defined organizational rights for members
External control	Amount of external political and social influence desired or obtained; emphasis on directing member's external political and social behavior
Wisdom/knowledge claimed by leader(s)	Amount of infallibility declared or implied about decisions or doctrinal/scriptural interpretations; number and degree of unverified and/or unverifiable credentials claimed
Wisdom/knowledge credited to leader(s) by members	Amount of trust in decisions or doctrinal/scriptural interpretations made by leader(s); amount of hostility by members towards internal or external critics and/or towards verification efforts
Dogma	Rigidity of reality concepts taught; amount of doctrinal inflexibility or "fundamentalism;" hostility towards relativism and situationalism
Recruiting	Emphasis put on attracting new members; amount of proselytizing; requirement for all members to bring in new ones
Front groups	Number of subsidiary groups using different names from that of main group, especially when connections are hidden
Wealth	Amount of money and/or property desired or obtained by group; emphasis on member's donations; economic lifestyle of leader(s) compared to ordinary members
Sexual manipulation of members	Amount of control exercised over sexuality of members (by leader or leaders of non-tantric groups) in terms of sexual orientation, behavior, and/or choice of partners
Sexual favoritism	Advancement or preferential treatment dependent upon sexual activity with the leader(s) of non-tantric groups
Censorship	Amount of control over members' access to outside opinions on group, its doctrines or leader(s)
Isolation	Amount of effort to keep members from communicating with nonmembers, including family, friends and lovers
Dropout control	Intensity of efforts directed at preventing or returning dropouts
Violence	Amount of approval when used by or for the group, its doctrines or leader(s)
Paranoia	Amount of fear concerning real or imagined enemies; exaggeration of perceived power of opponents; prevalence of conspiracy theories
Grimness	Amount of disapproval concerning jokes about the group, its doctrines or its leader(s)
Surrender of Will	Amount of emphasis on members not having to be responsible for personal decisions; degree of individual disempowerment created by the group, its doctrines or its leader(s)
Hypocrisy	Amount of approval for actions which the group officially considers immoral or unethical, when done by or for the group, its doctrines or leader(s); willingness to violate the group's declared principles for political, psychological, social, economic, military, or other gain

of cult members.⁷ In my clinical experience, current cult members typically score significantly high on measures of self-righteousness and rigid value systems, such as the Minnesota Multiphasic Personality Inventory (MMPI) "L" Scale. In

over half the cult-related cases with which I have utilized established personality measure (MMPI, MCMI, or Personality Assessment Inventory), the profiles were so skewed by the cult-involved parent's self-righteousness and/or rigidity as to render them invalid.

⁷ It is important to note that the majority of Martin's subject pool were members of Bible-based or fundamentalist Christian movements and cults

Case Examples⁸

The Mother, “Jesus,” and the “Apostle”

In early 2012, I was contacted by a New Jersey judge who was given my name by a colleague who was familiar with both my custody work and my familiarity with cultic movements. This was unusual; I am rarely contacted directly by a judge but in this instance the attorneys involved apparently did not know how to proceed and asked for the court’s guidance. The issue involved a divorced couple with one child, a 4-year-old girl. The parents had both shared custody (both legal and physical). Since they lived fairly close to each other, the parents and child enjoyed a fairly conflict-free and logistically easy 50% (every other week) physical custody arrangement. However, the situation changed when the father learned that mom had become involved with a small cult led by a man who proclaimed himself to be the reincarnation of Jesus Christ. Of great concern to the father was that “Jesus” and his followers (apostles and disciples) had purchased a large tract of land on an isolated jungle island in the South Pacific. There, they cleared a large swath of the jungle (in the shape of a cross) and built a compound where “Jesus” and his apostles and disciples lived when they were not traveling throughout the Western world raising money through various workshops and lectures, for which they charged a fee, and direct appeals to new converts for large donations. The father was concerned that (1) mother might kidnap their daughter and move to the compound and/or (2) the daughter would be “brainwashed” into becoming a disciple of “Jesus.”

Prior to the judge contacting me, the father had become aware that his ex-wife had been “chosen” by “Jesus” to marry a New Zealander who was the reincarnation of the apostle Paul;

this man was on his way to New Jersey to meet the mother and spend a week or two with her in her house (while the daughter was also there). The father had filed for and obtained an emergency order in which he had sole custody of his daughter while “Paul” was in the USA.

Because the issues were somewhat circumscribed, and father had no objection to mother having shared legal and physical custody as long as she was not “brainwashed into a cult,” the judge’s order specified that my assessment was limited to the court’s question regarding (1) the nature of mother’s alleged involvement with (the “Jesus” cult) and (2) the nature of any alleged exposure of young (daughter) to any of the teachings associated with this controversial religion, and (3) any recommendations directly indicated by the answers to the first two questions.

As a result, “my evaluation of the parents was limited to their history and personality factors that are directly relevant to the court’s question, and was conducted after consultation...with both parents’ attorneys of record. I first interviewed and tested father [on specific date] for 3 h; I next interviewed and tested mother [on specific date] for 3 h. In addition to completing a number of background forms and questionnaires and participating in a clinical interview, both parents completed two objective personality measures, the Personality Assessment Inventory (PAI) and the Millon Clinical Multiaxial Inventory, third Edition (MCMI-III). I also visited [daughter] at her mother’s home [on specific date] and spent an hour with her, which included about 45 min unsupervised, alone in her room. My choice of meeting in [mother’s] home was deliberate, for reasons that are explained later in this report. Finally, I spoke with [mother’s] therapist...”

Although I was aware of this particular “Jesus” cult, I consulted several lay and professional cult experts with whom I am familiar through my involvement with the International Cultic Studies Association (ICSA).⁹ I believe this information

⁸ In the two case examples I present, identifying information (e.g., names, genders, ages and locations) has been changed to safeguard the privacy of individuals involved. Information about the two groups involved has also been disguised to prevent ready identification; in fact, in describing each group I have sometimes combined information from a number of different groups I have investigated as part of a custody evaluation.

⁹ According to its official mission statement, the International Cultic Studies Association (ICSA), of which I am currently President, “provides information on cults, cultic groups, psychological manipulation, psychological abuse,

is vital to conducting these kinds of evaluations because they allow a familiarity with the group's unique structure, belief systems, "language" and concepts, thereby allowing me to make an educated assessment of a parent's level of involvement and indoctrination.

Formal testing of both parents was unremarkable. Both parents engaged in impression management, which is typical for parents engaged in any custody-related evaluation; neither parent's denial, rigidity or lack of insight rose to the level of threatening the validity of the test results. Neither parent demonstrated significant psychopathology. Mother's post-divorce history was significant. She had pursued several spiritual interests that are generally and roughly classified as "New Age." These included relying on crystals for healing power, involvement in a number of vaguely spiritualistic workshops and programs, and an ongoing relationship with a licensed therapist who was her friend and a "channel" for contacting and communicating with both deceased spirits and past lives. Mother's friend had been her therapist in the past, but no longer saw her in therapy (although she did charge her for "channeling" sessions); she was also the one who introduced mother to the teachings of "Jesus" and with whom she then shared a room when they both traveled to San Diego to spend 5 days in a workshop led by "Jesus" and his "apostles." Mother was enamored enough with "Jesus" to pledge him a significant amount of money, and was consequently excited when another workshop was scheduled for a New Jersey town near her home; this workshop coincided with and was one of the reasons for "Paul's" visit. Offering her home to her declared soul mate would also bring down his travel expenses.

spiritual abuse, brainwashing, mind control, thought reform, abusive churches, high-demand groups, extremism, totalistic groups, new religious movements, alternative and mainstream religions, group dynamics, exit counseling, recovery, and practical suggestions for those affected by or interested in these subjects." The experts I consulted with included one prominent professor of religion and sociology, and one highly experienced lay consultant ("exit counselor") who specializes in Bible-based and neo-Christian cultic groups.

Several important events happened following the initial emergency order. "Paul" declared that he and the mother should get married when he arrived in the USA, as this was the wish of "Jesus." Mother became panicked at this idea, but was spared a confrontation when at the last minute, for reasons not explained, "Paul" backed out of the trip altogether ("So there really was no reason for the emergency order," mother told me). Secondly, mother—who by virtue of her stated commitment and sizable donation of money was now brought into the "inner circle" of the cult—became distraught when she shared meals with "Jesus" and a small contingent of his "apostles." At every meal, "all they talked about was money and how to expand their mission, mostly to get more money." Moreover, she found "Jesus" to be somewhat obnoxious, judgmental and arrogant, and he "used a lot of swear words, which didn't sound like something the real Jesus would do." He was also strongly opposed to gay rights and gay marriage, which bothered her significantly as she was very comfortable with the significant proportion of gay, lesbian and bisexual friends who were drawn to the same "New Age" programs and workshops she attended. By the end of the workshop, mom was no longer believing in "Jesus."

Interviews with collaterals, including mother's therapist, confirmed this story. When I next met with mother and daughter in their home, I looked carefully for any outward signs of continued involvement with "Jesus." There were none. Her own books contained a range of titles, including some familiar "New Age" ones, but there were no books by "Jesus." Mom had given them away. Her daughter's playroom and bedroom were devoid of any spiritual or religious objects or books; I only saw age-appropriate play materials, toys and books. The daughter was clearly bright and very verbal. I spent about 30 min in casual play and conversation with her until it seemed she was reasonably comfortable with me. In my report to the court, I noted:

After it was clear that young [daughter] was comfortable with me, I asked if her mom or dad ever talked to her about God. She replied, "It's not nice to say 'oh my God.'" I asked her who told him that,

and she said “mommy and daddy.” I then asked her if it was permissible to say other things about God, like ‘Thank you, God,’ and young [daughter] said “Yes.” She told me that she goes to church but that neither mom nor dad talk to her about God or Jesus.

I felt troubled by mom’s lack of curiosity regarding how and why she became involved with this “Jesus” cult. In addition, I was concerned about her unquestioned exposure to other New Age-oriented people and processes that tend to violate personal and professional boundaries (e.g., a former therapist who is now a friend and “channeler”) and overvalue subjective experience. When I spoke with her therapist, I was told that they were exploring this issue from what I consider a “standard” psychological point of view that tends to emphasize individual factors, such as unresolved childhood conflicts and longings, over social influence and other more situational factors. Research on cult involvement has not found a particular personality pattern that predisposes people to becoming involved with cults; rather, temporary and situations factors (e.g., being in a life-stage transition period, suffering a major loss) predominate over individual personality factors. Only a few individual factors have been found in studies: recruits tend to have slightly above-average intelligence, to be idealistic, and to be ideas-oriented.

In my Conclusions section, I reported that mother no longer seemed involved with the “Jesus” cult and was not entering into a relationship with “Paul.” I warned that “the ongoing relationship between [mother] and [therapist friend], a licensed professional counselor, at least gives the appearance of crossing professional boundaries and possibly engaging in a dual relationship, which would be an ethical violation....for the purpose of this evaluation, I mention my concern about [this relationship] because—in addition to mother’s tendency toward highly unusual experiences and interpersonal submissiveness—it is additional evidence of a possible vulnerability to potentially harmful New Age-oriented movements and groups that extends beyond the one specific group...”

I did not feel an extension of the emergency order or a change in custody were warranted. I ended my report with a list of both recommendations (in line with traditional court recommendations about custody) as well as suggestions (these went beyond a traditional court order). My recommendations were:

1. For the foreseeable future, young [daughter] should continue to have no contact with [“Jesus”] or anyone associated with this group.
2. Nothing in this evaluation should be construed as suggesting that [mother] otherwise lacks appropriate parenting skills; nothing in this evaluation should be construed as suggesting a need for additional custody-related protective measures, such as limiting visitation or requiring that it be supervised.
3. Research on child development prior to adolescence strongly suggests that children benefit more from exposure to one religion, or in the case of interfaith marriages, two at most; any more runs the risk of introducing unnecessary conflict and confusion. I suggest that young (daughter’s) exposure to religion be limited to one faith. Given the backgrounds of both her parents and extended family, it makes sense for that faith to be Catholicism.

My suggestions were:

1. I suggest that, at this time, the young [daughter] not be exposed to any beliefs or practices that are generally considered “New Age” spiritualities and/or therapies, including use of crystals, so-called energy medicines, Reiki, channeling, past-life regression, tarot, etc., until such time when she is capable of a critical understanding of the potential benefits as well as possible harm in these beliefs and practices.
2. [For mother]: Enrollment in a college-level course (online or otherwise) in a scientific approach to comparative religion. The vast majority of theologians and clergy from all major religious traditions with whom I have spoken over the years clearly state that the exploration

of faith should include rather than exclude a critical, intellectual study of the world's major religions.

3. Consider attending the next annual meeting of the International Cultic Studies Association (ICSA), which is in [place and date]. I suggest that both father and mother attend parts of this conference as a means of gaining scientific, objective information about cultic practices and structures.¹⁰
4. As an alternative to suggestions 1 and 2, I suggest consulting, for the purpose of gaining information, with a recognized expert in the cultic aspects of some New Age and neo-Christian movements. [Name] is one such recognized expert.
5. It may be useful to allow a follow-up evaluation at the end of 2012 or early 2013 to assess the impact of the above recommendations and suggestions (assuming the court chooses to order them) and to determine the degree of compliance.

Father "Ascending"

In 2006 I was retained by "Jane Smith," mother of a boy Johnny (8) and Betsy (10), to engage the family in a custody evaluation subsequent to her ex-husband's continuing involvement in a group I will refer to as "the ascending circle" (TAC). The couple met and became involved (and later married) while pursuing advanced training in TAC. However, Ms. Smith left the group after her mother died, leaving a sizeable inheritance, and she began to be strongly pressured to donate her inheritance "for the good of TAC and raising planetary consciousness." Leaving TAC was the primary factor for the subsequent dissolution of their marriage. Ms. Smith was convinced TAC was a "brainwashing cult" that was potentially harmful to their two children.

The ascending circle appeared to be one of many thousands estimated spiritualist groups (some of which are cults, others are not) that exist in the USA, largely outside of any media attention. I could find very little information about this group other than a rather primitive website and a few online comments made by former members, which were generally very critical, and were typically followed by dozens of favorable comments, presumably by current members. I spoke with Ms. Smith's attorney and explained that I only perform evaluations that are mutually agreed upon or court-ordered. Ms. Smith's attorney filed a motion to have a court-ordered evaluation performed, and specifically named me as the preferred evaluator given my experience with cultic groups; the father ("Jim Smith") and his attorney did not object.

In extremist/cult-related cases, I make it clear that, depending on the level of a parent's involvement with a suspected cultic group, I may be evaluating the group as well as the parents. My reasoning is similar to the generally accepted proposition that all non-parental significant caretakers or custodians (e.g., grandparents providing ongoing childcare), especially of very young children, be included in a typical custody evaluation. When there is evidence that a parent is deeply involved with, and perhaps obedient to, a group or a group leader, I argue that this third party (the group and/or its leader) in essence functions *in loco parentis* on a consistent basis, and thus can have a profound impact on a child's immediate safety, general well-being and development.

In this matter, in addition to the standard custody evaluation, I felt it was important to get as thorough an understanding of TAC as possible. Both parents were fairly open and forthcoming with material about the group. While on the surface this may seem surprising (especially on father's part), I have found that those who are deeply involved in a cultic group often believe so strongly that they have the absolute truth, that they harbor little or no fear of me finding out anything negative. Some even harbor the fantasy of that by exposing me to as much information as I want, they will convert me. I obtained information about TAC in several ways. As mentioned,

¹⁰ In the interest of full disclosure, I am the current President of the Board of Directors of the International Cultic Studies Association (ICSA). This is an unpaid position. I have no financial interest in ICSA or any of its meetings, conferences or publications.

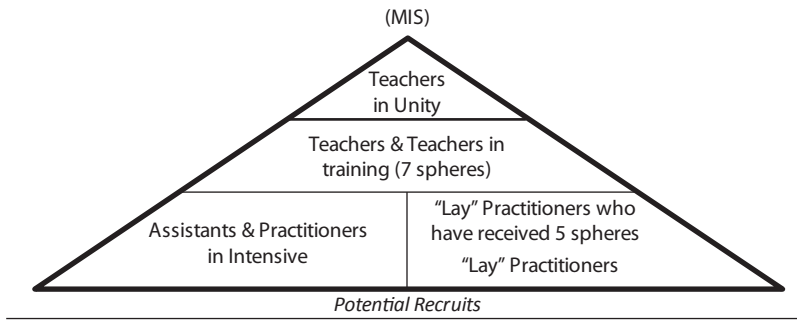


Fig. 2 Hierarchical structure of the ascending circle

both parents spent a total of about 4 h combined telling me about TAC from their different perspectives. Second, there was some information about TAC's beliefs and philosophy online. Third, both parents gave me a list of people with past (mother's list) or present (father's list) involvement in TAC; I spoke with three people from each parent's list to obtain collateral information. Through my own network, I was able to locate one Philadelphia-based interventionist ("exit counselor") who had worked with a TAC-affected family and knew a great deal about the organization's leader, structure and indoctrination processes. Finally, I asked for and received permission to attend one of their workshops (called "Intensives"), so I was able to obtain some firsthand experience with the group, albeit at a very introductory level¹¹.

My custody evaluation report contained a long appendix in which I presented detailed findings about TAC. These included a section on the "promises" of the group, in which I described how and why recruits may be initially attracted to TAC; I then went into a lengthy description of the group's hierarchy, which ranges from the lowest level ("lay practitioner") to advanced lay practitioners, to assistant practitioners, to "ascended" teachers and teachers-in-training, to the highest level, "teachers in Unity" (the inner core

of the TAC) and finally, the leader, who had declared himself an "Ascended Master" in direct communication with all prior ascended masters (everyone from Plato to Buddha to Christ). I outlined how a recruit becomes a lay practitioner (through initiation, and a pledge of continuing financial support through attendance at paid lectures and workshops) and then a teacher (this involves living full-time at a TAC-owned property, and contributing all outside earnings to the group as well as paying for "lessons" to become a teacher). Teachers in Unity live on the small, main campus owned by TAC and have ongoing, usually daily contact with Mr. M.I.S., the Ascended Master. Figure 2 depicts the hierarchical structure of TAC.

The practice of "ascending," which I described in my report as involving "extended meditation that is similar to, and largely copied from, transcendental meditationTM." In addition,

Essentially, the Attitudes are mantras that are silently chanted to oneself, initially for 20 min at a time and later for several hours. Eyes may be open or closed. Ascenders are told there are five Spheres to master (actually there are seven, but the last two can only be learned on campus) and four Attitudes per Sphere. Attitudes are stated to be based on Praise, Gratitude and Love. In Spheres 6 and 7, however, there are more than 4 Attitudes. When Ascending, one "introduces" the Attitude, in a manner that, again, is very similar to the way the TM mantra is "gently introduced" during TM. The goal is to "float to the center of Self." When the Ascender realizes he/she is drifting or thinking, he/she gently reintroduces the Attitude. "Lay Practitioners" are encouraged to Ascend for 20 min three times per day (total 1 hour). Teachers are expected to Ascend at least 2 hours three times per day (total

¹¹ Some cultic groups recruit new members by having open or quasi-open (by invitation only) public meetings, lectures or workshops. These are usually closely (and deceptively) engineered to provide a very superficial and highly positive view of the group.

6 hours), and are encouraged to Ascend as much as possible (8–16 hours is common)...

When utilized for extended periods of time [TM, ascension] and related forms of meditation can become stupefying. A major study that involved 2000 members of TM found the adverse effects of TM included anxiety, confusion, frustration and depression; moreover, these adverse effects were directly correlated to the length (duration) of meditation, so much so that the researchers concluded that “the data raise serious doubts about the innocuous nature of TM.

All collaterals reported quasi-hypnotic experiences while practicing ascension, which seemed to leave them in highly suggestible states during subsequent lectures and classes; I considered this a form of indoctrination. In addition, I found the induction and manipulation of shame was a primary controlling emotion in TAC. In my report, I wrote:

According to my sources, the single most damaging component in the [TAC] program of thought reform is the inculcation and manipulation of *dread*. “Dread” refers to guilt, shame and fear (and combinations thereof). In sharp contrast to [TAC’s] public statements about being nonjudgmental and unconditional in their love, my sources found Teacher training, and especially the meetings, to be highly judgmental. Trainees were strongly admonished not to bring concerns and problems to individuals, but rather to bring them to the daily meetings for “processing.” There, the concerns or problems became fodder for a group process that often left [member] h in tears. A great deal of the focus was on being detached (from money and from people) and giving [TAC] your complete, undivided and unquestioned devotion. Any problems a trainee encountered were squarely placed on that trainee. Meetings were often extremely humiliating. For example, [member] was criticized at length for inculcating “an attitude of poverty” because she used a tea bag twice. My sources were generally agreed that [TAC] routinely employed fear as a means of controlling trainees, by threatening that they would never achieve enlightenment unless they complied with “the program.”

Through my interviews, I discovered that children were expected to begin to learn “ascension” at ages as young as 3 p.m., and were introduced to TAC doctrine in cult-run pre- and after-school programs. When they were unable to remain still and quiet for extended periods of time, they were removed from the meditation room (and their parents) to a locked “quiet room” where they

might remain for minutes or even hours until they were “tranquil” and “open to ascension.” They were taught to treat non-TAC children as “toxic.” Although they did not condone spanking or other forms of corporal punishment, they encouraged and practiced a highly controversial form of “therapeutic holding” developed by “attachment therapists.” These methods, which involve forcibly restraining children by holding, tickling and even smothering them in an effort to encourage “attachment” to adults have been discredited by most mental health organizations and have led to at least one documented death (Maloney, 2003).

Mr. Smith was clearly on his way to becoming a Teacher in Unity. He countered every criticism of TAC with the well-worn quasi-Gnostic argument used by many cultic groups that “we create our own realities,” so therefore TAC ex-members who complain or criticize are in fact responsible for the creation of their own negative experiences. Objective personality testing was declared invalid because of extreme denial of even common, everyday problems or concerns. The same “fake good” response pattern rendered his score on the Child Abuse Potential Inventory (CAPI) invalid. Projective testing suggested dissociative tendencies and a tenuous connection with consensual reality when confronted with highly emotional stimuli. However, I found his interactions with his children to be highly child-centered and generally positive. Yet, in my private meeting with the children, his daughter, Betsy, reported how she became highly upset because her father insisted that her fear of spiders was an indication that her soul was not evolved; moreover, when she expressed her desire to kill a spider, he explained that such an act constituted murder because all insects are part of the cycle of reincarnation and were or will be unascended human beings. When I confronted Mr. Smith with this report, he did not deny but instead suggested that, not only was he right to teach her “respect for all living things,” but that she was clearly in need of a children’s “ascension intensive” to be held in the primary compound over a period of two weeks in the summer.

In my report, I recommended primary legal custody for Mrs. Smith, so that she could make

decisions regarding the amount of exposure the children would have to TAC. I recommended joint physical custody with the condition that the children not be exposed to any TAC practices, members or events while in the care of father. The judge ultimately accepted my recommendation regarding physical custody but continued their joint legal custody with the condition that mother would have ultimate say in decisions about school, camps, or exposure to religious practices and groups. Much of this was rendered moot, however, when approximately 1 year after the custody hearing MIS, the Ascended Master of TAC, was arrested and jailed for conspiracy to commit murder; he had attempted to hire a “hit man” to eliminate a prominent member (one of the few Teachers in Unity) who had left the group and begun criticizing them in highly visible venues. With their leader gone, the remaining Teachers in Unity began to struggle for control, which then led to lawsuits and the ultimate disintegration of TAC as an organized cult.

Conclusion

In this chapter, I have attempted to outline a rationale and process for evaluating a less common but nevertheless highly important factor in custody evaluations: the possible involvement of a parent in an extremist and/or cultic group. I have briefly described some of the special expertise that is needed (or ways to obtain expert information) as well as what aspects need to be thoughtfully considered when evaluating a cultic group and/or a cultic relationship. In addition to the usual expectation of expertise in child and family psychology and general psychopathology, the evaluator in these situations needs to be grounded in the social psychology of influence (especially undue influence) and totalistic group dynamics. When investigating specific groups for the possibility of cultic processes, there are several independent and reliable online sources, including:

1. The International Cultic Studies Association (<http://www.icsahome.com/>), which in addi-

tion to its online resources, has a vast library of information specifically organized to assist mental health professionals and forensic examiners in cult-related situations.

2. Steven Hassan’s Freedom of Mind Center website (<https://freedomofmind.com/>): Mr. Hassan is a former cult member who has written several highly-regarded books on cult mind control and how to help extricate members from harmful groups. He is also a licensed clinical mental health counselor who has served as a consultant on cults to a range of people (including Dr. Philip Zimbardo, a past-president of the American Psychological Association and chief investigator in the famous “Stanford Prison Experiment”). Mr. Hassan maintains a large database of groups, not all of which may be considered cults.
3. Rick Ross’s Cult Education Institute, formerly known as the Rick Ross Institute, at <http://www.culteducation.com/>: Like Steven Hassan, Ross maintains an extensive database of groups as well as a collection of cult-related news items.
4. Other noteworthy websites include: F.A.C.T.net at <http://www.factnet.org/>, InfoSect in Canada, at <http://infosect.freeshell.org/infocult/ic-home.html>, the Spiritual Counterfeits Project at <http://www.scp-inc.org/>, the Cult Awareness and Information Library at <http://www.culthelp.info/>, INFORM in the UK, at <http://www.inform.ac/>, and FAIR (also based in the UK) at <http://www.fair-news.org/>.

I will mention Cult Awareness Network (CAN) with a major caveat. CAN was once a prominent and controversial leader of the “anti-cult movement” in the USA. Following a financially devastating and complicated lawsuit, all CAN assets—including its name—were sold to the Church of Scientology, a group that prominent investigators like Pulitzer-Prize winning author Lawrence Wright (2013) have labeled a particularly harmful cultic group. The “new” CAN, owned and operated by the Church of Scientology, maintains its website at <http://www.cultawarenessnetwork.org/>.

Standard techniques and measures utilized in custody evaluations are of limited use in situations that might involve religious (or other) extremism or destructive cults. Although one major study found a high incidence of anxiety, depression, dependency and self-righteousness/denial of fault in cult members seeking help, most experts agree there is no “cult personality” that can be discerned through standardized psychological testing or interviewing. Therefore, a comprehensive custody evaluation will include information on the degree (if any) to which a controversial group demonstrates or induces (1) a cultic structure, (2) cultic processes and (3) a cultic relationship with the accused parent. This information, combined with standard interviews with the children and observations of parent-child interactions, should then be integrated into the overall assessment to answer the most salient questions of (1) to what degree, if any, are the children being impacted by their parent’s involvement in an extremist or cultic movement or group, and (2) to what degree, if any, is that impact harmful?

Often, one of the cardinal characteristics of extremist and cultic groups is a covert (and sometimes very overt) disdain for law. “Man’s law” is inferior to “God’s law” or “divine law” or “the higher spiritual authority,” whatever that might be; in practice, this belief usually places the leader of the group above the law in the minds of followers. When the goal is individual and even global salvation at any and all costs, the ends typically justify the means. For many groups, this may entail less major transgressions, such as deceptive recruitment practices or financial fraud. For some groups, this may mean violence, murder and even acts of mass suicide (Heaven’s Gate, Jonestown), cult-sanctioned abuse against women and children (Warren Jeffs’ Fundamental Church of the Latter Day Saints, the Independent Fundamental Baptist movement) violent and deadly confrontation with authorities (MOVE, Branch Davidians) or mass terrorism (white supremacists/Christian Identity movement, the Hanafi Muslims in Washington, D.C., Aum Shrinkyo in Japan). Based on history, cults that maintain isolated, rural compounds (often with armed guards) are cause for special concern.

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Family Therapy with Families in Intractable Conflicts About Child Custody and Visitation

Jay Lebow and Noel Slesinger

Divorce is almost always difficult. Further complications arise when issues concerning child custody and visitation are added. Working with these families can be particularly delicate and difficult because of the myriad circumstances and issues they bring into therapy.

Nonetheless, intervention can play a significant role to ease the divorce process¹. Currently, there are three major methods of dealing with divorcing families: prevention programs, mediation, and divorce therapy. Most families are able to navigate the divorce process with relatively low-intensity interventions in the context of prevention programs, such as psychoeducation, which aims to help families understand the divorce process (Pedro-Carroll, Nahnikian, & Montes, 2001). In mediation, the marital partners negotiate points of difference regarding child custody and visitation, as well as finances. Many families restructure after divorcing successfully with little help; for most of those who have more difficulty, psychoeducational programs and

mediation are usually sufficient to navigate the divorce process.

A small subset (estimated 5–15%) is not able to move through the divorce process without intractable conflict. It is difficult to precisely state the difference between these families and the others. Sometimes traumatic injury is particularly great; sometimes someone suffers from significant psychopathology, particularly a personality disorder; sometimes one parent is far less competent. What is transcendent in these cases is the launching of a systemic process of building mistrust with frequent triangulation of children into that process. Ahrons (2004) and Emery (1994, 2004) have detailed the difference between successful and more difficult, high-conflict divorces. Johnston & Roseby (1997) have also highlighted patterns that may put children at risk in these high-conflict divorces.

High levels of parental conflict are a strong predictor of the negative effects of divorce for both children and adults (Amato, 2001). Such effects include symptoms of traumatic stress, depression, anxiety disorders, and acting out behaviors in both children and adults (Grych & Fincham, 1990, 1999). The high levels of stress associated with divorce can have a particularly deleterious effect on children. Child-centered conflicts that can accompany a divorce can be particularly stressful and upsetting (Buchanan, Maccoby, & Dornbusch, 1996; Grych & Fincham, 1999; Johnston, 1993, 1994). Furthermore, this emotional stress can be seen later in life. When Emery (2004, 2006) surveyed students at

¹ This chapter focuses on the treatment of families going through divorce. However, the methods described are equally applicable to families in which there are issues about child custody and visitation in which a marriage never occurred, and to families with post-divorce issues about these matters. For purposes of simplicity, we do not refer to these other circumstances in this chapter.

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the University of Virginia about their experiences with divorce, he found 50% believed they had a harder childhood than others in comparison to 14% of those whose parents' marriage remained intact. Additionally, children in families where parental unhappiness was not obvious to the children did significantly worse when their parents divorced than when they remained together (Amato & Afifi, 2006).

Many divorcing families face conflict within the judicial system (Grych & Fincham, 1999; Maccoby, Depner, & Mnookin, 1990). In the Stanford Custody Project, almost one third of couples are still facing significant conflict after 18 months of separation, and these parents had longer legal disputes and concerns about the quality of the other parent's parenting (Maccoby et al., 1990). Additionally, over this extended time, the possibility of remarriage or other life transitions, such as moving residences, often arise. If expectations about how the postdivorce family should function in relation to a non-divorced two-parent family are unrealistic, a sense of disappointment can arise (Ahrns & Rodgers, 1987).

In this context of high conflict and uncertainty, well-intended therapies can devolve into perceived support for continued conflict for both parties. Additionally, a number of factors—including the charged nature of marital interaction, social input, and individual vulnerability and feeling of loss—can add to the impasse such families face (Johnston & Campbell, 1988). Although families involved in high-conflict divorces are a small percentage of the divorcing and divorced population, they can account for a high percentage of time that judges, family law attorneys, and therapists are involved. Therefore, it is imperative that a therapy approach tailored to the specific circumstances and needs of such families evolve. The integrative family therapy for high-conflict divorce described here is such an approach. It is an open-ended biopsychosocial, science-based approach to working with these families and the unique difficulties they face. It views therapy as a resource that can be utilized over time throughout the divorce process, and it uses a multilevel view—including taking individual, couple, familial, and social factors into

account—to understand problems and plan interventions. It has also drawn from research in cultivating specific interventions and strategies.

Creating a Therapeutic Contract

The first step in working with these families is to establish a clear therapy contract. Although a therapeutic contract is beneficial in any form of psychotherapy (Orlinsky & Howard, 1987), it is crucial when working with such families. If possible, the specific elements of the contract should be outlined as part of whatever court orders exist for the therapy. The therapeutic contract includes several crucial ingredients, such as who will participate, who will pay, and who will have access to the information from therapy.

Mother, father, their significant others, if applicable, and any children at home are typically expected to be part of the treatment. Other significant family members who may be essential to the productivity of therapy may be included as well. This category may include stepsiblings' and extended family members. It also is important to specify some notion of the frequency and duration of sessions.

Additionally, payment issues may be particularly sensitive in these cases. Both parties will usually pay half of the treatment fees, but what is essential is to have each party's financial responsibility spelled out. If one party is paying the fees, it should be made clear that this will in no way effect the course of treatment. Because of the complexity of these issues, it is usually best to allow lawyers to work out the arrangements concerning who will pay before the first session. These arrangements should be clearly stated in the contract.

Finally, although confidentiality is an expected part of therapy, there are special constraints that should be acknowledged in the therapeutic contract. As Greenberg and Gould (2001) suggest, it is beneficial to expect that progress be reported to key players, such as custody evaluators and lawyers. This sharing can provide vital leverage for progress in these difficult to treat cases. Such sharing is most useful when it speaks

to motivation, effort, and progress as opposed to specific detail about the life of the family. Family members inevitably discuss therapy with family and friends, which is not easily constrained.

Because of these circumstances, it is important to obtain waivers of confidentiality from both parties and be clear about the limitations of confidentiality. The therapeutic contract should acknowledge that the therapist will maintain confidentiality, except for the relationships established with the court and attorneys. It is particularly useful to exchange information with the children's lawyer, guardian ad litem or child representative if there is one as well as information concerning each adult client with their respective lawyers (Lebow, 2005). These requirements, as well as any others more specific to the individual case, should be outlined clearly in the contract before beginning treatment.

Alliance Building

Therapists walk a particularly delicate line with these families, as building an alliance with one party can easily be misconstrued as building an alliance against the other party, especially since partners usually lack a "within-system" alliance with each other (Knobloch-Fedders, Pinsof, & Mann, 2004). Therefore, it is important to establish a multi-partial alliance, one in which there is no partiality given and the therapist is seen as caring but fair (Boszormenyi-Nagy, 1974).

Successful alliances usually convey a sense of nonjudgmental understanding with each partner and allow for an environment in which each party feels safe to express their thoughts and feelings. Because of the essentially charged nature of these sessions, alliance ruptures can occur. Steps need to be taken to repair such ruptures, which is not an easy task. The therapist should endeavor to uphold a sense of fairness and understanding. The therapist should also bring to attention problematic behavior while providing honest, direct feedback and underlining the positive intent of each client. This way, the therapist is able to highlight client strengths without pathologizing family members (Walsh, 1991).

Assessment and Goal Setting

The assessment process is an integral part of integrative family therapy. It allows the therapist to evaluate each family member's behavior and how it contributes to the problem, if the problem is rooted in behavior. Usually, the problem is not due exclusively to either circular process or individual behavior; the assessment process allows the therapist to explore the role of each in the problem. Assessment can be somewhat difficult in these cases, due to conflicting partner accounts and the constraints placed when a couple is referred for intervention instead of an evaluation. Sometimes a separate child custody evaluation has been prepared and is made available to the therapist. If so, these evaluations can be enormously helpful when creating a treatment plan (Ackerman, 2001; Ackerman & Ackerman, 1997, 1999; Bricklin, 1995; Galatzer-Levy & Kraus, 1999; Gould, 1998, 1999; Gould & Stahl, 2000; Lebow, 1992). The extended hours of direct contact that the custody evaluator devotes to assessment can help the therapist understand questions concerning individual characters and the circular pathways involved in the case. This allows for a shortened assessment phase and can help to serve as a road map for the changes needed in therapy.

However, therapy usually will begin without the aid of an independent child custody agreement or evaluation. Therefore, therapy will usually begin with a brief evaluation during which the therapist will meet with both parents separately (new spouses may or may not be included depending on the issues), as well as the children involved. Therapists also review the court records of filings and any other relevant documentation, including consulting with other therapists if they are involved. It is at this time that the therapist assesses how much of a role individual behaviors and circular pathways each played in the problems that have been identified. Based on this analysis, the therapist is better able to ascertain whether a change in systemic processes will likely be effective or whether more extensive personality or psychopathological changes must be made.

Based on this brief initial tentative assessment, an initial treatment plan is created. This plan outlines the format for future sessions. All members are viewed as part of the client system, but who participates in a particular session will vary according to the particular goals of the session (Pinsof, 1995). The amount and type of sessions will depend on a number of factors, which includes participants' willingness to participate in therapy and their individual time and monetary constraints. This is further complicated as many family members begin treatment in what is called the precontemplative stage of change, in which they do not see they have a problem (DiClemente & Prochaska, 1982; Prochaska, Johnson, & Lee, 1998). Depending on the willingness of all parties, sessions may include family therapy involving parents and children, sessions between parents, or individual therapy sessions for each family member involved.

Additionally, it may be useful for more than one therapist to be involved. In this case, it is imperative that the therapist coordinate the combined efforts to avoid triangulation. Effective and parsimonious goal setting may be the most essential task in these cases. Typically, the principal goals center on reducing the most caustic aspects of custody disputes including high conflict, triangulation, lack of safety, inability to carry out normal functioning without controversy, and failure to agree upon family structure (Lebow, 2003). For most families, goals are to build mutual acceptance while also stimulating specific behavior change (Lebow & Rekart, 2007). It is important to note that this is not a static process. The goals, formulation, and interventions can and should be changed if new data emerge showing a change in circumstance that would effect this assessment (Pinsof, 1995).

Intervention Strategies

After the therapist has some working knowledge of assessment, the therapist can begin to layout the intervention phase. Each intervention plan is unique and draws from a list of interventions

below. The interventions used will vary depending on the principal areas of difficulty each family is experiencing.

Psychoeducation

Psychoeducation dealing with better and worse ways of divorcing is one of the main forms of intervention in these cases. In integrative family therapy, psychoeducation helps family members understand the difficulties that are part of the transition through divorce while helping each family member understand the symmetrical escalation that can be part of these conflicts and steps they can take to avoid this.

Another important theme of psychoeducation is understanding children's reactions to divorce and child custody conflicts, as well as focusing on what is "the best interest of the children" in these disputes. This psychoeducational message seeks to help parents tap into children's feelings and communicate those feelings.

The therapist looks to help parents and children understand the impact of acrimonious conflict or triangulating children into the conflict. Other themes are to help the family understand the value of maintaining as much stability as possible, and what constitutes helpful family rituals such as meal times. Parents also need to understand what are better ways to communicate with their children about the divorce according to the developmental stage of each child. Contrary to many parents' instinct, children tend to become more upset if parents deny that life will be changing.

Additionally, to help with escalation between partners, psychoeducation proves helpful in providing background for what are normative feelings of divorcing parents and children. This helps build mutual understanding and can increase tolerance. It also helps minimize the possibility that a normative behavior (e.g., children having a difficult time becoming used to being in two houses) will be experienced as a problem in the behavior of other family members.

Negotiation

Mediation is often a key component of resolving custody and visitation disputes. Many jurisdictions will even mandate participation in mediation. When the conflict is less severe and mediation is entered into early in the process, it can be successful for as much as 75% of this population (Emery, 1994).

Integrative family therapy draws on many techniques from mediation to promote negotiation. At the beginning, the therapist may need to employ a more diplomatic approach, meeting with parents individually and doing shuttle diplomacy before introducing conjoint meetings. However, ultimately, the best value lies in enhancing partners' negotiation skills, which can last into the future. This step draws from the interventions from behavioral couples therapy, focusing on factors that affect communication and problem solving, as well as emotion-focused interventions needed to communicate and problem solve such as emotion regulation.

Maintaining a Solution-Oriented Focus and Orienting to Client State of Change

Many family members in these cases are in what is called the precontemplative stage (Prochaska & Norcross, 2002). This means they do not take any personal responsibility for the problem behavior, instead blaming it on the negative behavior of other family members. Integrative family therapy instead takes a solution-oriented focus (Duncan, Hubble, & Miller, 1997) to try to move these family members from precontemplation to contemplation, allowing them to see the possibility of building on strengths that are already present. Drawing from cognitive and narrative therapies, the therapist reframes thinking about the problems that are occurring into forms that are less provocative (Beck & Freeman, 1990; Combs & Freedman, 1990). Intervention aims to move focus on solutions about coexisting rather than on problems. For example, instead of focusing principal attention on the former partner's behavior (almost always the major concern of each par-

ent in these cases), the therapist will try to focus on the effects of the conflict on the children and how to resolve such conflict. This new focus and overriding concern can help motivate each partner to change their behavior.

Rule-Driven Communication and Good-Enough Coordination

Extended time living together in one household while divorcing can be particularly stressful in these cases, and it is hoped that parents will be able to separate households somewhat quickly to reduce this stress. A key subsequent expectation for these cases is that these households will best function independently from one another except under special circumstances. The goal is to find the lowest level of coordination needed for successful postdivorce life. However, because it is also innately dysfunctional for there to be no communication, communication between households cannot be completely severed when children are involved. Integrative family therapy works to establish reliable, agreed-upon methods of communication between family members to reduce possible sources of conflict.

The therapist will brainstorm with the parents possible means of communication. This can be through technology, such as e-mail, fax, or text. If verbal communication is required, the therapist can teach a highly structured speaker-listener technique, allowing for a few crisp, rule-governed exchanges (Renick, Blumberg, & Markman, 1992), so that these exchanges do not degenerate into conflict or contempt. The therapist will also help establish rules for the use of these techniques and strategies to prevent them from being used as evidence against the former partner. The ultimate goal is to allow just enough coordination for children to successfully go on with their lives.

Disengagement Skills

In the case of conflict, all family members are taught skills to respectfully disengage from

conflict. The therapist can role-play conflict situations and practice skills with clients. This can help prevent children from being triangulated into conflict. Parents can learn ways of disengaging from provocative behavior or statements and the appropriate use of time-out. This may involve learning the meaning of and how to control other indirect forms of conflict, such as passive aggression. This may also require focusing on attributions, emotions, and individual dynamics, in addition to behavioral practice.

Reattribution and Narrative Change

Negative attribution plays a vital role in most divorces. This is when a partner assigns the worst possible explanation for the other's behavior, usually viewing the behavior as intentional, unchangeable, and a personal defect. These negative attributions help with the sense of loss and give a positive spin to the ending of the relationship. However, these attributions can be a source of intractable conflict. For example, a father may be upset at the amount of time he is spending with his children and fight for more time with them. The mother may then interpret this behavior as being vindictive and a façade to appear as a caring parent for the lawyers and the court. This may lead to expressions of overt and passive aggression and further legal battles. It is easy for children, other family, and friends in such high-conflict cases to be caught up in the patterns of selective attribution (Johnston & Campbell, 1988). The therapist can help challenge these beliefs, shape new narrative, and test the evidence for such attributions. It is important that the discussion of these cases link behavior, cognitions, and affect though. If the parent about whom the attribution is made continues to pose a threat to the children, the therapist must focus first on helping them become less dangerous, while helping the other parent and children identify problem and dangerous behaviors.

Working with Affect and Catharsis

Ideally, couples will review their history and their decision to separate as a part of that history. However, this is not always the case. Powerful feelings of loss, betrayal, and anger are part of such high-conflict divorces. Therapy can help work through these emotions, and the therapist can be a vital source of support when working through these feelings. However, working through these feelings in the context of couple therapy may or may not be helpful or therapeutic.

Sharing such feelings in high-conflict couples can easily devolve into anger and frustration. Therefore, it is best to reserve work that accesses these cathartic feelings for individual sessions where the goal can explicitly be expressing and mastering these feelings. In the case of those focusing on anger management, they can work on recognizing and modulating direct and indirect expressions of anger.

If these feelings are expressed during conjoint sessions, flooding the session, the therapist in most circumstances does best to employ time-outs, or 5-min breaks, to cool down the exchange. If it is not possible to return to finding a workable alliance in such meetings, it may be necessary to terminate the session, calling for a fresh beginning in the next meeting. This tactic reinforces the position that parents are working towards the shared purpose of minimizing the negative consequences of the divorce on their children, rather than for the purpose of rehashing and resolving old arguments and feelings.

Timing of Interventions

Choice of intervention and sequence are unique to each case according to the results of the assessment and monitoring strategies that are most effective in treatment. This does not mean that there are not some general guidelines for timing. Creation of the therapeutic contract should take place during the first session with a brief preliminary assessment during the few sessions

following. During these appointments, alliance building is of utmost importance, allowing clients the opportunity to share their thoughts and feelings. Following these initial meetings, the therapist can move to psychoeducation and creating a solution-oriented framework. Afterwards, there is a period when the therapist emphasizes reframing attributions and coaching partners towards disengagement.

Early in the treatment, meetings are held with each parent alone, each parent with children, and children alone. The number of each type of session can then be determined in consideration with therapeutic goals. Conjoint meetings for negotiation and building communication skills between parents come later in the process.

Impasses and Resistance

Changes in these cases do not come easily. There can be considerable resistance from the family, especially in response to directives. Individuals may want to focus their energies on their upset with certain behaviors instead of ways to improve the systemic functioning. The therapist must be watchful for signs of resistance and ready to digress to focus on working to minimize the impact of forces moving against change. Ways of combating resistance may include reframing therapy tasks to make them more acceptable to the resistant party, trying to understand the reasons behind such resistance, or changing the intervention strategy (Pinsof, 1995).

Open-Ended Strategy

Integrative family therapy aims to ameliorate presenting problems, but these problems are rarely completely resolved after 20–30 sessions. Furthermore, the future is rife with possibilities for conflict as new issues emerge with children. Therefore, integrative family therapy also aims to create a mechanism to prevent and mitigate future problems (Lebow, 1994, 2003; Lebow & Rekart, 2007). A plan is put in place for clients

to return to therapy if and/or when problems re-emerge.

The Therapist's Interface

Working with high-conflict divorcing partners and child custody disputes is stressful for not only the clients involved but the therapist as well. Those who wish to work with this population should develop strong support systems in the therapeutic and judicial realms. Beyond therapeutic skills, they must also be comfortable interfacing with the judicial system and such families without burnout. Furthermore, there are a host of ethical dilemmas that such therapists may face, especially with the judicial system; as a result, therapists should become conversant in potential ethical problems (Greenberg & Gould, 2001). Finally, they must be clear in their role in these cases to avoid problematic dual relationships and understand fully the relevant ethical and professional guidelines (Greenberg & Gould, 2001).

Special Circumstances in Integrative Family Therapy

Individual Intervention with Adults

One or both parents may enter this therapy with significant individual disorders and diagnoses (Jenuwine & Cohler, 1999). These issues may significantly affect their ability to parent. In addition to lacking parenting skills (Doolittle & Deutsch, 1999), the individual may have difficulty establishing their life postdivorce, as well as understanding their children's need to establish a connection with the other parent (Johnston, 1994; Johnston & Campbell, 1988).

Even for those with no special psychopathology, the self-reflection that comes with individual intervention can be invaluable in the transition of divorce. It can allow each partner to contemplate how they reached this point and their contribution to the demise of the marriage. At times, some individual focus can be part of a few occasional

individual meetings during the course of family therapy. When such problems run deep and demand more attention, a coordinated brief individual therapy may be needed to support the family therapy. In these cases, it is imperative that the family therapist coordinates and communicates openly with the individual therapist(s).

Working with Children

Often children are separated from divorce therapies; if they are seen, they may simply be assigned their own therapists. However, there are many ways that the needs of the children must be reflected in family therapy. Nonsystemic treatment of these cases in which each person is treated as an isolated individual is subject to great risk of failure. For one thing, the parameters expected in the treatment of a child, such as two parents more or less describing the same child, often are absent. Children also have important thoughts and feelings that need to be reflected in the therapy, and often the principal problem involves the children.

Furthermore, children may manifest their own significant psychopathology or show provocative behavior towards one or both parents (Doolittle & Deutsch, 1999). Even if they do not, they still may have strong feelings concerning parental conflict. In integrative family therapy, children meet in individual or sibling meetings to better understand the workings of a divorced family, explore their feelings concerning parental conflict, and discuss ways to insulate themselves from such conflict. It is important to acknowledge children as part of the divorcing system, and that they are affected by and a part of divorce therapy. In high-conflict situations, the need to involve children directly is even greater when children begin to show signs of problems related to the divorce.

In individual or sibling sessions, the intervention will be tailored to the age of the child. Young children may use fantasy or pretend play as building blocks for exchanges, while older children respond better to direct discussion and cognitive and psychoeducation techniques. Children are coached in how to avoid becoming triangu-

lated into parental conflict, as well as how to live in two households with little communication or cooperation. Parent-child sessions may involve promoting better parenting and rebuilding bonds, reducing conflict, and dealing with problematic behaviors. For this, parents must learn how their children perceive their behavior so that this behavior can change. This may require individual feedback sessions about how behaviors are perceived while still supporting and recognizing parents' positive intentions. Setting boundaries about the problems discussed also can be a good foundation for this, especially when a difficult parent-child relationship is augmented by direct or indirect discomfort with that relationship from the other parent (Kelly & Johnston, 2001). Special family sessions may also be organized involving one parent and perhaps their new partner, if applicable. These sessions are designed to help tackle important child-related issues. These may include helping children learn how to function best in each household and limiting the content of conversations concerning what is going on in the other household. The therapist may offer himself or herself as an alternative resource to speak about children's concerns.

In some cases, children may evidence symptoms of parental alienation syndrome (Gardner, 1992) or some major individual psychopathology. In these cases, when it is clear that these problems require more care, a referral for child therapy to supplement the family work should be made.

Working with Extended Family

Many times, families and new partners will directly affect or be directly affected by the level of conflict in divorce (Johnston & Campbell, 1988). In high-conflict situations, this may be even more pronounced, involving extended family's or new partners' involvement in sessions. This can be especially helpful when families exert conscious or unconscious pressure on partners to continue the conflict or when family members have the resources to calm such conflict. If feelings of conflict are still present after intervention, individual

sessions with parents are aimed to help partners understand how they can deal with new partners' or extended family's feelings.

Violence and Safety Concerns

When a history of relational violence is present from one or both partners, special measures must be taken to minimize contact between partners. Relational violence may include a documented history of violence, including orders of protection and/or restraining orders (Logan, Walker, Horvath, & Leukefeld, 2003), or it may continue or increase during the separation and divorce process (Kurz, 1996). In high-conflict divorces, the risks of violence are considerable (Johnston, 1994; Johnston & Campbell, 1993). If there is a history of violence, special measures must be taken to minimize contact between partners in and out of sessions, such as having concurrent sessions rather than sessions together until an agenda for safety is established.

The Judicial System, Child Custody, and Visitation

In high-conflict divorce, interactions with the legal system are to be expected. The adversarial quality of these interactions provides numerous opportunities for confrontation in the forms of pleadings, subpoenas, depositions, and court appearances (Galatzer, Levy, & Kraus, 1999). The conflict during these occasions provides an opportunity for negative attribution, and children can become highly polarized as to their best interests in interviews with judges and attorneys. Months of cooperative behavior can be undone. Furthermore, attorneys are generally chosen for their aggressive style of advocacy, which can set back resolution of differences, the divorce itself, and settling the postdivorce family structure.

In integrative family therapy, it is important for the therapist to work closely with lawyers and the court to understand what is transpiring within the judicial arena and to help the court understand the therapy process. This way the thera-

pist can anticipate court appearances and develop ways of minimizing any trauma that may occur. These efforts need to be especially close when dealing with issues concerning visitation or when children are manifesting parental alienation syndrome.

Reporting to the court comes with risks. Biases from countertransference may color these reports. Reports that have been communicated incorrectly may lead to alliance ruptures, leading to symmetrical escalation of conflict between the therapist and one partner. However, there is value in communicating this information in as clear, concise, non-pathologizing language as possible. This role is described in Greenberg & Gould, (2001) as the "treating expert," who interfaces with the judicial system, acting as therapist and judicial system. To minimize possible disturbances, the therapist must help clients fully understand who will be receiving the information and what information will be shared. This is generally easier when dealing with the children's lawyer than with lawyers for either partner.

Conclusion

Clients, judges, and lawyers often see treatments such as the one described here as essential to reducing the problems in these families and getting to the next stage of life. These families, having self-identified as unable to resolve their problems, can readily fall into a pattern over cases of high conflict with the inevitable multiple problems that accompany that state. Easily, they can return to the legal system to resolve what are not legal problems again and again. The conflict these families enter therapy with is deep and entrenched and can be difficult to resolve. The multilevel integrative family therapy described here is not presented as a panacea, but it can help resolve many disputes. Perhaps even more important, even when it does not lead to a complete resolution of the problem, it mitigates the degree of damage in such disputes. This treatment does not guarantee the end of conflict for these families, but it aims to provide families with the tools to recognize and temper such conflict.

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The Custody Report and Case Studies

Mark L. Goldstein, PhD

As someone who has an undergraduate degree in journalism and is the author of several books, I am often asked if there is a particular way to write a custody report. In fact, there are several different models for report writing, and no single way to present the data. Each evaluator should develop his or her own style, but always seek to improve their report writing. Regardless, I find that it is essential for custody evaluators to address the best interest factors, and to offer their rationale for their recommendations. In addition, the attorneys and judge who reads the report should not be surprised about the ultimate recommendations if the writer has done his or her job throughout the report.

All too often, I am asked to review other evaluator's reports and find myself puzzled at the recommendations at the end of the report, where the recommendations do not seem to be in line with the body of the report. In other instances, I read recommendations with no rationale, and/or reports that do not address the best interest factors. Finally, I review reports that are clearly biased, whether based on gender or counter transference factors. Evaluators need to be objective, so that all relevant data is presented. For example, I have seen reports where no psychological test data was offered; when I reviewed the raw data, I have found significant data that has been ignored, often so that the evaluator can "make a case" for one parent or the other. In addition, many evaluators fail to cite raw psychological test data, arguing that judges and attorneys do not have the ability to correctly interpret it. I would argue that

these evaluators are often fearful of others seeing through their constructed realities and their failure to be objective.

Other evaluators appear to be influenced by whichever parent is first interviewed, whereas others seem to arrive at their conclusions early during the evaluation process and then "build" a case for their ultimate conclusions, ignoring contradicting data or not reporting data that does not fit their schema. In fact, it is my experience that by reporting any relevant data, the evaluator is likely to avoid being deposed, as there may be little or nothing to be "discovered." There are also cases where the evaluator serves as a "hired gun," especially when employed to provide a second opinion. These evaluators usually seem to support the client who is paying for the evaluation or support a particular attorney who often has them appointed. Fortunately, some judges are wise enough to identify these evaluators who lack integrity. Nonetheless, these individuals do much damage to the entire custody evaluation process.

Three distinct case studies are offered, in order to illustrate some of the different evaluations that custody evaluators may encounter. Each of these include sections on background information, clinical interviews with each of the parents and their response to the other parent's allegations and concerns, as well as psychological test results for each parent. In addition, each report also includes interviews with the child or children, test results if testing was done, and observations of each child with each parent. Some collateral

interview and collateral information has also been included, but far from all of it for the sake of brevity.

These three cases have been significantly modified so that the privacy of the actual clients has been protected. Furthermore, each of the three cases have combined two or more ac-

tual custody cases to further afford privacy, even though custody case reports are public record in most cases, unless sealed by the judge. Test data has also been modestly altered at times. Nonetheless, these reports are illustrative of the process and a model for reports.

Child Custody Evaluation

Mark L. Goldstein

Background Information

Mr. and Mrs. G were referred for a 604(b) child custody evaluation (CCE), because of unresolved issues related to the custody and visitation for the minor child, 13 years old. The parents married in May 1992 and have continued to reside together in the marital residence.

Mr. G filed for divorce in November 2010. The guardian ad litem issued a report to the court on March 1, 2011, in which she recommended that the mother be designated as the primary residential parent and that the parents share joint legal custody. Mr. G then requested a 604(b) evaluation. He is seeking primary residential custody as well as sole legal custody. Mrs. G is seeking primary residential custody as well as joint legal custody.

Evaluation of Mr. G

Mr. G was initially interviewed on March 18, 2011, and subsequently interviewed on March 27, 2011, and August 16, 2011. In addition, he was administered several psychological tests and parenting inventories on May 27, 2011. This included the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), the Millon Clinical Multiaxial Inventory-3 (MCMI-

3), the Paulhus Deception Scales (PDS), the Parenting Alliance Measure (PAM), and the Parent-Child Relationship Inventory (PCRI). Finally, he was observed with his children on June 10, 2011. It should be noted that his older son, a college student, also participated in the observation.

Mr. G was cooperative with the evaluation process and displayed no overt signs of any significant psychopathology, including depression, anxiety disorder, personality disorder, or substance abuse disorder. His mental status appeared to be within normal limits.

He delineated a history of the marital relationship, as well as the current custody dispute. According to Mr. G, he and his wife were married through an arranged marriage in 1992 after a brief courtship. At the time, he was 22 years old and his wife was 20 years old. At that time, he was working as a programmer for a computer company in Iran. He noted that his wife was a student at the time, although she never completed her degree. Furthermore, he reported that she also worked at the time of the marriage as a housekeeper, but left her position after they married.

Mr. G related that problems began after they married. "She totally changed." He cited that she began to blame his parents, whereas she was previously very nice to his family.

He reported that the first pregnancy was planned, and he indicated that he was not involved in the pregnancy. A review of literature reveals that this is relatively typical for a male in Iran. The second pregnancy was not planned, and his wife had an abortion.

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He reported that they lived with his parents. They were there for approximately 1 year. It was his perception that his wife would fight with his parents. He also commented that her brother would visit and would also argue with his family. He also cited concerns about his wife's parenting. For example, he related that on one occasion, she would not pick up the crying baby for hours, until his mother finally picked up the baby.

Mr. G related that he lost his job in Iran, but obtained a job in 1996 in the USA. He initially came to California for 1 month and then moved to Little Rock, Arkansas for one and a half years. His family followed him in mid-1997. He worked as a software consultant at that time.

According to Mr. G, communication between him and his wife was "okay," while "sex was good." However, he reported that his wife would argue for days and not give up. "It has to be her way or the highway." He noted that she would constantly bring up the past, particularly about his mother. He also cited that his wife would throw things, including audiotapes and cassettes. Furthermore, he indicated that she threatened to cut herself and to hurt him when he would be asleep, for example, "to crush my balls."

In August 1998, they moved to Los Angeles, and he worked for IBM as a consultant for 18 months. Subsequently, they moved to New York for approximately 7 months. Their younger son was born there. He noted that the pregnancy was planned and he was involved with the second pregnancy, whereas he had not been involved in the first pregnancy.

He contends that with both children he was involved in caring for the children, including changing diapers, bathing the children, and attending medical appointments. He added that their older son slept through the night. They took turns getting up at night with their second son. Approximately 1 week after their second son was born, his in-laws came and stayed for approximately 1 year.

Mr. G related that in December 2000 they moved to Chicago. He attempted to find a new position in New York and was unable to do so. However, he obtained a job with Allstate, and they rented an apartment in Deerfield, in order to

be close to his work. He added that his wife began to work in 2001 as a teller at a bank. She initially worked part-time for a few months in New York and then began to work more extensively when they arrived in Chicago. He also commented that his wife was promoted several times at the bank and remained there for several years, eventually becoming a manager.

According to Mr. G, he received his green card in 2003, and they subsequently bought a home in the southern suburbs of Chicago. It was his perception that they continued to fight, and they would fight in front of the children. He noted that his wife would sulk for days after an argument. She would also talk through the children, telling the children what to tell him.

He related that they used babysitters to watch the younger child when both would be at work. His wife would drop the children off to the babysitter after the move to Cary, because she had flexible hours at the bank.

He also cited that in 2002 he left his employer and began to do database administration as well as some independent contracting. He began working for his current employer in 2006 and remains there at the present time.

Mr. G reported that his wife was dismissed from her job in 2010. Until that time, he noted that she was a training manager. She has had a number of other jobs since that time, primarily as a consultant.

He acknowledged that he went to Iran in 2010, and he spoke to some lawyers regarding a divorce at that time. Upon his return, he decided not to engage in arguments, but contends that his wife would still fight. He reported that in September 2010, his wife would watch a lot of TV, but would get upset when he and the children would watch TV. He subsequently told her that she never loved him and that he does not love her. He then reported that she went upstairs and his son found that she took a number of pills. He added that she had been taking Vicodin for pain of an unknown origin. She also had over-the-counter sleeping pills. His son asked him to call 911. However, he related that his wife did not want to go to the emergency room, but the police officer gave her the choice of going willingly or

being taken by force. He also commented that she had written explicit suicide notes to the children, him, and her family. He signed a waiver to let her go home, and she did not have a psychiatric evaluation at the hospital.

He related that shortly thereafter, he served her with divorce papers. She begged him not to divorce her saying that she would change, and that she would not bring up his parents ever again. She also called a hotline around this time. He noted that he had brought up counseling previously, but she never wanted to go. However, she then indicated a desire to attend counseling.

They attended mediation on two occasions, but "it did not go well." He told his wife that he would give her all the financials and that he would have primary custody because of the negativity at home. He subsequently began counseling. He added that both also had psychological evaluations and his wife was allegedly diagnosed with borderline personality disorder.

Mr. G delineated several concerns about his wife. First, it was his perception that she attempts to brainwash the children. For example, she has told the children that no one will marry them if they are from a broken family. She also criticizes him, stating that he will not take care of the children, and that their father's sister will be the one caring for them. He also alleged that she has told the children that they will end up on the street if they are with their father and has allegedly stated that he is not a good father and that he will "ditch" them after the divorce. Furthermore, he alleged that she has cited that he is not a man, that he has no individuality, and that he does not care for their future. Second, he expressed concern about her anger, noting that she gets angry very quickly. He added that she has previously thrown items but not since he filed for divorce. Third, he expressed concern about her suicidal attempt and suicide threats. Fourth, it was his perception that she is self-serving. Fifth, he related that she is cold with the children. Sixth, he reported that she had a diagnosis of borderline personality disorder. Seventh, he reported that she told the children that he never helped with the children and that he never changed their diapers when they were children and that he did not care

for the children, which he vehemently denied. He cited that he would care for the children when she worked at the bank. Eighth, he reported that both argued in front of the children, but that she would initiate the arguments. He added that she would also provoke arguments. Ninth, he expressed concern that she was previously addicted to Vicodin. Tenth, he related that she has a diagnosis of Lyme disease. Finally, it was his perception that she lies constantly.

Mr. G also expressed concern that his wife has been sleeping with their youngest son for almost 1 year since the summer 2011 when he moved out of the master bedroom. In addition, he expressed concern that she is not paying for her own lawyer, although she does work. In addition, he contends that she knows and understands English very well and that she watches shows such as *Seinfeld* and *Modern Family* on a daily basis, as well as soap operas. He added that she also worked for American companies for years.

Mr. G is seeking primary residential custody of the children, because he feels that his wife is too controlling and creates too much negativity in the household. He is also seeking sole legal custody, because he feels that she is oppositional. He proposed that she have visitation on alternate weekends and two dinners per week. He also suggested that they alternate or split the spring vacation and that they rotate the entire 2-week winter vacation, so that either could take a trip to Iran with the children. He was also amenable to a right of first refusal if either parent is unavailable overnight. Furthermore, he related that he is amenable to his wife having religious holidays in exchange for other holidays.

When queried regarding a plan for the future, he related that he plans to continue to work for his current employer, because he has flexibility and can work from home the majority of the time. He denied that he is dating anyone. He would also prefer to have the marital residence.

Mr. G was born in Iran and attended college there. He received undergraduate and masters degrees, the latter in 1988. He then worked in Iran for 8 years, before moving to the USA in 1996.

Mr. G reported that his mother died in 2003. His father, 66 years old, resides in Iran. He has

one younger sister who is professor of engineering in Iran.

He denied that he smokes cigarettes, but acknowledged that he will have two drinks of alcohol approximately four times per month. He admitted that he used to drink much more in the past. However, he denied ever receiving a driving under the influence (DUI) or being in rehab. He also denied ever using any illegal drugs. He has elevated cholesterol and reflux esophagitis. He denied any involvement with the criminal justice system. He had counseling beginning in 2011 and continues in counseling at the present time.

On the MMPI-2-RF, Mr. G had a valid protocol. There were no problems with unscorable items and he responded relevantly to the items on the basis of their content. There were no indications of any over-reporting. More significantly, there were no signs of any under-reporting, which is atypical for a custody litigant. Most custody litigants are significantly more defensive. This impression was buttressed by the validity scales, particularly the Lie (L) scale ($T=52$) and the K scale ($T=45$).

All Higher-Order scales and Restructured Clinical scales fell within normal limits. In addition, all Somatic/Cognitive scales, Internalizing scales, Externalizing scales, and Interpersonal scales also all fell within the normal range. Finally, there were no elevations on any of the Psychopathology Five (PSY-5) scales.

According to the interpretative report, there were no indications of any somatic, cognitive, emotional, thought, or behavior dysfunction in the protocol. The test results are of a psychologically healthy individual.

On the MCMI-3, the modifying indices all fell in the normal range, which is extremely atypical for a custody litigant. His response style showed no unusual test-taking attitude that would distort the results. Again, this is highly unusual and suggests that he was extremely nondefensive in taking the test.

On the Clinical Personality Pattern scales, Mr. G had an elevation on the Dependent scale (BR = 89). He had borderline scores on the Compulsive scale (BR = 69) and on the Masochistic

scale (BR = 69). There were no elevations on any of the Severe Personality Pathology scales, the Clinical Syndrome scales, or the Severe Clinical Syndrome scales.

According to the interpretative report, he tends to be self-effacing, noncompetitive, and unassertive. Furthermore, he tends to sacrifice his desires to gain the approval and respect of other people. He may exhibit a sense of duty to obey and follow others on the surface. He also tries to appear unassuming, considerate, and cooperative. Although he may feel inadequate and unsure of himself, he goes out of his way to maintain a poised appearance and superficial confidence. Furthermore, he will assume a posture of being respectful, especially with people in authority.

Although he may spend considerable effort to appear cooperative and conscientious, he is often dependent and may be easily upset by deviations from his routine. He also tends to adhere to social conventions and attempts to conform and behave in a socially appropriate manner.

Individuals who have elevations on the Dependent scale tend to feel inadequate or insecure and see themselves as being less effective or capable than others. They also tend to form strong attachments to people who are the decision makers, but they shy away from competitive situations. They are followers rather than leaders and are often submissive in social interactions. In addition, they are concerned with the possibility of losing friends and tend to cover up true emotions when feelings are aggressive or objectionable. These are humble individuals, who try to be as congenial as possible. They are probably well liked but may be considered wishy-washy occasionally because they never take strong positions on controversial issues.

On the PDS, Mr. G had a raw score of 13 on the Impression Management scale, which resulted in a T score of 67. This score fell in the borderline to significant range. On the Self-Deceptive Enhancement scale, he had raw score of 4, resulting in a T score of 57. This score fell in the normal range. His overall raw score of 17 resulted in a T score of 73, which fell in the significant range. Individuals who have elevated scores on

the Impression Management scale but appropriate scores on the Self-Deceptive Enhancement scale are typically aware of their shortcomings but want to appear publically acceptable. Although this is a healthy combination, test results may be overly positive. Implicit or explicit demands of the situation may have promoted some social desirable responding.

On the PAM, Mr. G had a total score of 46, which placed him in the dysfunctional range, suggesting significant communication problems with his spouse.

On the PCRI, Mr. G had a social desirability score of 14, which fell in the normal range and suggested that he was not responding in an overly defensive manner on the instrument. In addition, his inconsistency score of 0 supported the reliability and validity of the test. On the various domains, he responded in such a manner as to suggest that he feels supported in his role as parent, that he is satisfied in his role as a parent, that he is involved, that he sets appropriate limits, that he fosters autonomy, and that he supports a shared parenting role. He also responded in such a way as to suggest that he communicates adequately.

Evaluation of Mrs. G

Mrs. G was initially interviewed on June 4, 2011, and subsequently interviewed on August 20, 2011. In addition, she was administered the MMPI-2-RF on August 20, 2011. She was administered the MCMI-3, the PDS, the PAM, and the PCRI on June 14, 2011. Finally, she was observed with children on June 28, 2011.

Mrs. G was only mildly to moderately cooperative with the evaluation process. She was resistant to having appointments at times other than Sunday, although she reluctantly agreed to do so on two occasions. Two other meetings were held on Sunday to accommodate her. She indicated that she is employed as a contractor and could potentially lose her job if she missed work. However, this evaluator does not have evening hours and works sporadically on weekends. Nonethe-

less, there were no overt signs of any significant psychopathology, including depression, anxiety disorder, personality disorder, or substance abuse disorder. Her mental status appeared to be within normal limits.

She delineated a history of the marital relationship, as well as the current custody dispute. She corroborated some of the early historical information provided by her husband, with some differences. She noted that they had an arranged marriage.

She reported that she became pregnant within 1 month and that her husband went to most appointments with her. She also commented that she vomited a lot during the pregnancy and ultimately had a C-section. She also reported that she discontinued working when she became pregnant.

It was her perception that she breast-fed for approximately 2 years and that her husband would bottle-feed the infant at times. However, it was her perception that he did not bathe their child or change diapers. Furthermore, it was her perception that her father took her for all medical appointments.

According to Mrs. G, they moved when their first child was approximately 6 or 7 months old to another city in Iran for her husband's work. It was her perception that her husband said that they would have their own home, but they ultimately moved in with his parents. She reported that his mother was "nice," while his father worked a lot and kept to himself. She also indicated that his younger sister, who was single, lived there as well. She reported that both she and her husband's mother cooked and cleaned. There was also a 3-year-old niece living there as well.

She reported that they moved to the USA in 1997. She noted that his brother already lived in the USA. She added that she wanted to work and began to work at a day care. Her husband then obtained a job and they moved, so she had to resign her position.

Mrs. G reported that the second pregnancy was not planned. She added that her husband did not attend any appointments except for the initial appointment. She also cited that when she went

to the hospital at noon, Mano did not come to the hospital, although she was eventually sent home. During this pregnancy, they moved, and she did the packing for the moves.

It was her perception that Mr. G was similarly involved with childcare and medical appointments. Her parents came to assist for approximately 6 months, arriving prior to the pregnancy and staying after the baby was born. After their child was born, she reported that her husband had nose surgery and had double vision as a result for 15 days. When his project ended, they subsequently moved to the Chicago area.

It was her perception that there were no problems in the relationship, although she related that her husband would call his sister often and his parents to a lesser degree.

She reported that in 2003 she began to work at a bank, initially as a teller and then as a branch manager. She subsequently worked in a number of bank locations, moving to a new facility with each promotion, eventually becoming manager of the bank's main facility. After they closed on the home, she reported that his parents came to the USA for several months, spending the first 3 months with them and then 3 months with another relative.

She also cited that she was involved in a car accident in 2004, where her car was totaled. However, it was her perception that her husband did not come and take care of the children after the accident.

She also reported that in 2005 she developed back problems and saw a number of doctors, but continued to have pain. As a result, Mr. G had to learn to cook and clean because of her pain. She related that his father was upset that her husband was cooking. Furthermore, she contends that his sister said that she was "a bitch." She noted that his father stayed with them for a period of time and that he would call his daughter in front of the children and talk negatively about her.

She related that in 2010, Mr. G went to Iran for 3 weeks and his sister took off work for 3 weeks to spend time with him. It was her perception that after his return, he was very antagonistic and would get upset when she would call. When in Iran, she would call Mr. G, but his sister would

answer and tell him not to take the call or return the call. She also reported that her husband said that she was manipulative and that she was micromanaging.

She reported that in 2010, the family went on a European vacation, and she thought that their relationship was "better than ever." Subsequently, her husband suddenly filed for divorce but continued to sleep with her and "our sex life was better than ever." She eventually discontinued having sex with him when he did not drop the divorce, despite promising to do so.

She reported that in August 2010 her husband took her to the emergency room after she took her medication for her back pain and "acted groggy." She went to the hospital emergency room and was sent home.

In 2011, she went to Iran for 5 or 6 months. She indicated that her parents were not doing well and she wanted to take care of them. In addition, she was very upset about the impending divorce and felt that she needed to "get away and clear my head."

Mrs. G delineated several concerns about her husband. First, it was her contention that she had to ask him to do anything and he never did anything on his own. Second, she contends that he was not involved with the children's homework. Third, she reported that he never took the children for medical appointments. Fourth, she related that he never took the children to or from the day care. Fifth, she contends that he never plans for the children, for example, Scholastic Aptitude Test (SAT) preparation classes. Sixth, it was her perception that Mr. G's sister had too large of a role and influenced him. Seventh, she cited that he does not discipline the children and lets the children watch TV for hours, even after she has said no TV. Eighth, she related that he does not have the children go to the mosque if the children do not wish to attend. Finally, it was her perception that he never bought clothing for the children.

Mrs. G is seeking primary residential custody of the children, as well as joint legal custody. She proposed that her husband have visitation on alternate weekends and two dinners per week, but no midweek overnights. She also suggested that they alternate holidays, that they split the winter

vacation and spring vacation, and each have 2 weeks of vacation time with the children during the summer. She was also amenable to a right of first refusal for overnights.

When queried as to plans for the future, she indicated that she plans to work and perhaps return to school for additional training. Furthermore, she related that she would like to stay in the current school district until their son graduates from high school. She would prefer to keep the marital residence.

Mrs. G was born in Iran and attended college there, but did not receive her degree. She subsequently worked 2 years as a housekeeper. She subsequently moved to the USA with her husband, but indicated that she did not work until 2000. She initially worked part-time and then worked on a full-time basis, primarily for a bank, receiving several promotions. Subsequently, she had a number of different jobs, and worked on and off. She currently works as a contractor. She noted that she does not have much flexibility in her job but has no travel. She does work some weekends.

Her parents have been married for over 50 years and reside in Iran. She has a brother who is married and resides in New Haven, Connecticut.

She denied that she smokes cigarettes and reported that she has never used alcohol. She denied ever receiving a DUI or being in rehab. She also denied any illegal drug use. She currently takes medication for diabetes and her back pain condition. She has never been involved with the criminal justice system. She has never been in counseling.

On the MMPI-2-RF, she attempted to present herself in a favorable light. This was most evident by an elevation on the L scale ($T=71$). On the Clinical scales, she had an elevation on the Ideas of Persecution scale ($T=66$). On the Somatic/Cognitive scales, she had an elevation on the Head Pain Complaint scale ($T=65$). On the Internalizing scales, she had borderline scores on the Helplessness/Hopelessness scale ($T=60$) and on the Behavior-Restricting Fears scale ($T=63$). Finally, on the PSY-5 scales, she had an elevation on the Psychoticism scale ($T=69$); she had

a borderline score on the Thought Dysfunction index ($T=63$).

According to the interpretative report, the validity scales raised concerns about the possible impact of under-reporting on the validity of the protocol. However, there were no problems with unscorable items and she responded relevantly to the items on the basis of their content. There were also no indications of over-reporting. However, she presented herself in a very positive light by denying several minor faults and shortcomings that most people acknowledge.

She also reported experiencing head pain and is likely to present with multiple somatic complaints. She is also prone to develop physical symptoms in response to stress. She also reported significant persecutory ideation, such as believing that other people seek to harm her. As a result, she is likely to be suspicious and alienated from other people. She may also experience interpersonal difficulties as a result of her suspiciousness and due to a lack of insight. Finally, her elevation on the Psychoticism PSY-5 scale, in conjunction with a borderline score on the Thought Dysfunction index, reflects a possibility of an underlying thought disorder.

On the MCMI-3, she was somewhat defensive, suggesting a need for social approval, evident in tendencies to present herself in a favorable light. This impression was buttressed by an elevation on the Desirability modifying index ($BR=85$). However, her scores on the disclosure and debasement indices were within normal limits and not suggestive of defensiveness. Overall, her protocol was relatively typical for a custody litigant.

On the Clinical Personality Pattern scales, Mrs. G had an elevation on the Histrionic scale ($BR=80$). She also had a borderline score on the Compulsive scale ($BR=66$). There were no elevations on any of the Severe Personality Pathology scales, the Clinical Syndrome scales, or the Severe Clinical Syndrome scales. However, she approached the borderline range on the Dysthymia scale, the Anxiety scale, the Thought Disorder scale, and the Delusional Disorder scale.

According to the interpretative report, her profile is obtained by two different groups of individuals. The first group includes essentially well-functioning individuals who may be experiencing psychosocial stressors and transient situational symptoms. She appears to fall into this group of MCMI-3 respondents. These individuals are typically concerned with appearances and tend to downplay distressing emotions.

The second group of individuals with this pattern of scores does give evidence of personality dysfunctions. Individuals in the second group generally seek affection, attention, and respect. They may be somewhat overly compliant and obliging and usually follow social convention. In addition, these individuals tend to be accommodating and responsive in relationships with men and actively solicit praise. Furthermore, these individuals attempt to avoid personal conflict, but at times, they demonstrate anger and frustration openly.

Individuals with elevations on the Histrionic scale tend to be emotionally reactive, as well as engaging in a self-dramatic style. Furthermore, they may be perceived by others as manipulative or solicitous in seeking attention and approval. These individuals often lack insight or fail to recognize their insecurities. At times, depression may be evident, although not predominant.

On the PDS, Mrs. G had a raw score of 3 on the Impression Management scale, which resulted in a *T* score of 42. This score fell within the normal range. On the Self-Deceptive Enhancement scale, she had a raw score of 4, which resulted in a *T* score of 57. Again, this score fell within normal limits. Her overall raw score of 7 resulted in a *T* score of 46 and fell within the normal range. Individuals who have low scores on impression management and self-deceptive Enhancement are typically aware of their problems and their responses are not unduly influenced by what others may think of them. Often, these individuals tend to be blunt and direct in style. Their responses to inventories are likely to be honest and valid.

On the PAM, she had a total score of 69, which placed her in the marginal range. This would sug-

gest only mild communication problems with her spouse.

On the PCRI, Mrs. G had a social desirability score of 15, which fell within normal limits and suggested that she was not responding in an overly defensive manner on the instrument. Her Inconsistency score of 1 supported the reliability and validity of the test. On the various scales, she responded in such a manner as to suggest that she feels supported as a parent, that she feels satisfied in her role as a parent, that she is involved as a parent, that she communicates effectively, that she sets appropriate limits, and that she supports a shared parenting role. Her score on the Autonomy scale fell in the significant range, reflecting that she does not support and foster autonomy as well as the average parent.

Response to Concerns

She cited that her husband rarely changed diapers. She noted that when he went to Iran for his brother's wedding, he took the child with him, and he may have changed diapers or bathed the child then. She also reported that she took the children for the medical appointments most of the time. Their younger son slept with her.

She reported that her parents came prior to the birth of the second child for a visit. She added that he had surgery subsequently, and he had double vision, so he was unable to help with her or the baby.

She acknowledged that they would argue at times, typically about spending money, whether about going to a movie or a restaurant.

She acknowledged that she was dismissed from her job with the bank. It was her perception that she was dismissed due to the bank's decision to close several branch locations. She denied that she had any problems with any future employer during her contact work.

She related that her parents came for a visit in May 2011 when she was experiencing pain in her leg and had quit her job. She had numerous medical treatments locally, but none were helpful. Her parents bought homeopathic medicine

and also massaged her, and she improved within a few months. She noted that she had been in pain for 3 years prior to her improvement. When here, her mother primarily did the cooking and housework. At times, Mr. G would cook, and everyone was appreciative.

She related that they had a “huge fight” in 2010. She noted that she was off work until October 2011 when she obtained a job. Mr. G then wanted the whole family to go to Iran and she wanted to wait until the summer. He said that he was going to Iran and subsequently went for 3 weeks. When she would call to talk to him, she reported that his sister would disconnect the phone. Upon his return, she cited that her husband was distant. In addition, he changed the passwords on the computer and bank account. She felt that his sister put him up to this, so she called his sister and confronted her. She alleged that the sister indicated that he needed privacy.

She acknowledged that Mr. G told her that he did not love her and that he married her to have children. During this time, she was experiencing pain and took a pain pill as well as a sleeping pill. Her husband took her to the hospital emergency room, and she was evaluated and released the same evening. She denied having any suicidal thoughts, ideation, intent, or plan. She denied that she opposed counseling and added that she is ready to go to counseling “right now.”

She related that her husband said that she had psychiatric problems. She also denied that there is any psychiatric history in her family of origin.

She acknowledged that she has been sleeping with them. “He always sleeps with us,” even prior to Mr. G moving out of the master bedroom.

She reported that she does not like her husband’s sister and feels that his sister was “responsible for the divorce.” She has told her children that his sister will probably inherit the family wealth after her father-in-law dies. She denied ever telling the children that her husband is a villain. She also denied saying that the children would end up in the street if they lived with their father. Furthermore, she denied saying that he is not a good father. “He is a good father.” She also denied saying that he would ditch the children after the divorce. “He’s the one all the time talk-

ing to the kids.” She also denied saying that their father would not care for them in the future.

She acknowledged that she does get angry quickly, but denied that she throws things. She also reported that she apologizes after she loses control and that her children always accept her apology.

She reported that her husband had to cook when she experienced the back pain. She added that he also helped out around the home and helped with the children when she experienced debilitating pain.

She cited that she always played with the children and denied that she is aloof with the children. It was her perception that she is nurturing and loving.

She acknowledged that during general, informal conversation, she told the children that their father never used to change diapers and that he never used to clean the house. She also had told the children that she does not cut the lawn.

It was her perception that arguments were mutual, and she denied that she started arguments.

She denied that she was ever addicted to medication. She did take pain medication prescribed by a doctor. She also reported that the doctor saw inflammation, but she did not know if she was ever diagnosed as having Lyme disease.

She denied that she lies. She acknowledged that she watched TV shows in English, but may need to ask questions when she does not understand something. She prefers watching shows in her own native language, but noted that these are not readily available.

She noted that she did not work past year and had no money. She is currently working and paying for the mediator and contributing to her attorney. She acknowledged that she has a 401 K, which is approximately US\$ 175,000.00. It is her desire that they equally divide the marital residence, as well as their 401 Ks. She wants the property that her parents gifted her in Iran and in Spain.

She acknowledged that she and Mr. G had a difference of opinion related to the children watching video games. It was her perception that their youngest son is addicted to playing videos and that she recently wanted him to stop

playing for the past 4 days of summer in order to get ready for school. She asked her husband to support her, and she acknowledged that he will support her, but “will not initiate it on his own.”

She reported that when she had pain, she would have the children get her a heat pack. She also noted that she teaches the children how to cook and make tea.

It was her perception that both parents helped with homework. If she does not understand something, she would send the children to their father. However, she contends that she is totally able to help the children with mathematics and science, as well as art, music, and computers.

According Mr. G, his wife stopped working prior to their marriage. Their first child was born in Iran, and it was his perception that neither bathed their child. He added that a servant handled it and that her mother also helped on a few occasions when they resided there. After they moved to the USA when their son was 2 years old, he commented that his wife handled diapering and bathing.

He cited that he took both the child and his wife for all medical appointments when they resided in Iran, with the exception of 4 months when he went to the USA and his wife still resided in Iran. At that time, her father took her for appointments.

He related that the second pregnancy was not planned, but that they did not use protection. He added that he went to more than one of her medical appointments, because she did not like driving. At one point, he was unable to drive because he had double vision for approximately 1 month because he had double vision after he had sinus surgery.

He added that her parents handled most of the childcare when they resided with them for approximately 1 year. However, he took his wife for medical appointments. He noted that she handled most of the childcare when she was home, but she began to work full-time when their youngest child was 1 year old. She initially worked part-time for 3 months and then began to work full-time. He also commented that she would get home at 8:00 pm two or three times per week, and he would pick up their youngest child from

day care between 5:00 and 5:30 pm. He added that they usually waited for her to come home before they had dinner. He also reported that his wife works some Saturdays, and he would be home with the children. He contends that he did change diapers.

It was his perception that “we always fought.” He added that his wife would throw things and that she would bring up issues from the past. After a fight, he contends that she would sulk for 1 or 2 weeks, and she would not talk to him and there was no sex during this time.

He acknowledged that his wife did have a serious car accident and her car was towed to the dealer. She then called him. He also commented that the children were not with her.

He acknowledged that his younger sister had been divorced. He added that her husband had left and disappeared and they were unable to find him for 2 years. His sister subsequently remarried. He feels that his sister has nothing to do with the demise of their marriage. However, he related that his father said that the daughter-in-laws and all their politics caused his mother’s heart attack and death. He denied that his sister ever said anything about this.

It was his perception that his wife was fired from her banking position, because she was unable to get along with other employees and would yell at employees in front of customers.

He acknowledged that his wife developed leg pain, and it was necessary for him to cook and clean. However, he noted that his wife was still able to go to work, attend parties, and watch TV. He noted that these set of circumstances did upset his father.

He had no knowledge of his sister calling Mrs. G “a bitch.” He did not know if his father made negative comments on the phone to his sister in front of the children. He denied that his sister influenced him or “poisoned me.” Furthermore, he reported that he consulted with a lawyer in Iran in 2011 regarding a divorce. His father and sister attempted to dissuade him from divorcing. Nonetheless, he spoke to friends about divorcing his wife.

It was his perception that his wife is very possessive. For example, he related that if he went to a grocery store to shop, his wife would call him.

He also reported that they went on a family vacation and Mrs. G reported that US\$ 500.00 was missing and accused the housekeeper. It was his perception that “she took it.”

He related that in 2010, they had an argument. Subsequently, he reported that his wife took a large number of pills and wrote a suicide note. He took her to the emergency room, and his wife was evaluated and released that evening. He added that he was “upset” that she was not admitted to the hospital.

He denied that he never did anything in the home. He added that Mrs. G would find fault with whatever he would do. It was his perception that he would help with homework and that both sons will confirm this. He also questioned how she could help with homework, in that she has an issue with English. He also denied that he never took the children for medical appointments. Furthermore, he related that when she worked at the bank, he would pick up the children at day care. She would take the children to day care.

He reported that he begged his older son to retake the SAT. He also took him to the Princeton review class. He acknowledged that his wife did get their son into advanced placement (AP) classes in high school.

He acknowledged that Mrs. G is more strict than him in terms of discipline. However, he indicated that if his son would get a C grade, he would ground him. However, he does let him watch TV if he completes his homework. He also cited that she would have Mr. G. punish the children, rather than punishing them herself.

He reported that they would take the children to the mosque, approximately one time per month. He added that he and his wife were in agreement about attendance at the mosque.

He acknowledged that his wife does the shopping, including clothes shopping. He added that the children would complain that their mother would buy their clothes at Walmart.

He acknowledged that he does talk to his sister daily. He talks infrequently to his father, because he does not want to trouble his father.

Evaluation of Minor Child (Sandy)

Sandy is a 14-year-old young man who is just beginning his freshman year of high school. He was initially interviewed on June 7, 2011, and subsequently interviewed on July 3, 2011. He was also administered the Bricklin Perceptual Scales (BPS) on July 3, 2011. Furthermore, he was observed with his father on June 14, 2011, and with his mother on June 21, 2011.

Sandy was cooperative with the evaluation process and displayed no signs of any cognitive deficit or emotional problem. He related that he plays viola and also participates in track. He reported that his grades are primarily B’s with two A’s and that he will be enrolled in Honors classes for three of his high school classes.

When asked to describe his father, he stated “fun, cares about me. Takes me bowling and mini golfing. We also go to action movies. Always wants to win an argument, like mom too.” He added that he and his father watch movies together, make jokes, talk a lot, play basketball, and go bowling. When his father becomes angry, he “gets frustrated, tries to calm down. He may shout at times.” He denied that his father swears, throws things, or slams the door. For punishment, his father will typically ground him for 1 or 2 weeks from the TV. He added that his father will take away his brother’s cell phone when he punishes him. On occasion, he will be restricted from spending time with his friends. He believes that his father spanked him on one or two occasions when he was younger. When queried as to what he would change about his father, he stated “no grounding.”

When asked to describe his mother, he stated “fun too. Active. Walks a lot. Cares about my grades too. Cares about what I got for my grades, not how hard I try. Shouts way more than my Dad. A lot more strict. Gives long punishments—up to 1 month.” He added that he and his mother may play computer games. “That’s pretty much it.” When his mother becomes angry, “she screams. Sometimes she throws stuff. She’s broken the TV controller, plates, glasses, and other stuff” He added that his mother does not swear or slam doors. For punishment, his mother will ground

him for 1 month and take away everything, and not let him see his friends. He also noted that his mother spanked him “more than dad.” He reported further that his mother would use a paddle, while his father uses his hand. When queried as to what he would change about his mother, he said, “be less strict.”

According to Sandy, he wakes up by himself in the morning. He makes his own breakfast and walks to school. His father may give him a ride to school if there is really bad weather. He buys lunch at school. His father is home when he gets home from school, because his father works from home. He also noted that his father helps him with homework and has done so historically. He also cited that he helps his mother with e-mails because “her English isn’t very good.”

He related that both parents cook, and that his father is a better cook. His mother cleans more and does the majority of the cleaning in the home and also grocery shops. All family members do laundry.

He cited that his father takes him to doctor and dental appointments. He stated that his father helps with homework. It was his perception that his mother always helped him less historically and now helps minimally.

He cited several differences between his parents. He reported that his mother wants him to marry an Iranian woman, while his father wants him to marry someone who will make him happy. In addition, he reported that his mother punishes him more than his father does, although his father does ground him. Furthermore, it was his perception that his father lets him watch more TV and play more video games than his mother.

Sandy related that his mother does not like his father’s side of the family, especially his father’s sister. He added that his mother insults his father’s side of the family and that his mother has described his aunt as “manipulative” and “evil.” He also commented that his father does not like his maternal grandmother, who “shouts a lot—she does.” He added that his father does not mind his wife’s mother shouting at him but becomes upset when she shouts at Sandy and his brother.

According to Sandy, his father was often angry 3 years ago, but is “now calm.” It was his

perception that his mother is more angry and has become increasingly more angry due to the divorce.

He also cited that his mother put sleeping pills in liquid. When his father discovered what his mother had done, his father took his mother to the hospital. Furthermore, he reported that his mother wrote a suicide note and went to the hospital. On another occasion, he reported that his mother threatened to cut herself if “we didn’t do what she wanted. I get scared when this happens.”

During the first interview, he expressed a preference to spend more time with his father. When queried regarding his preference, he indicated that he has more fun at his father’s home, although his father has him finish his homework first. He also reported that they go out more with his father than mother. During the second interview, he reiterated his desire to live with his father, noting that his father helps with homework more, that his father is more helpful, and that his father is more fun. He indicated that he would like to see his mother on one evening each week and alternate weekends.

He denied that either parent had attempted to coach him or influence his responses. There was no evidence of any coaching based upon the clinical interviews with Sandy.

On the BPS, he rated his father as the preferential parent on 20 items, his mother as the preferential parent on 4 items, and his parents as equal on the remaining items. He perceived his father as significantly stronger in supportiveness, competency, and admirable character traits. He perceived his parents as equal in follow-up consistency.

Mr. G was observed with his children on June 14, 2011. Sandy was relatively quiet initially but became increasingly verbal as the observational session continued. The older brother, Sam, was verbal from the beginning. There was some laughter as they played a game with their father, and they talked freely. During the story portion of the observation, they all verbalized freely and shared their ideas. Mr. G asked each of the boys what they thought and considered each of the children’s input. He was also encouraging. Throughout the observation, Mr. G appeared to

be in a leadership role, suggesting an appropriate hierarchy for the family system. Overall, the children appeared to be very comfortable with their father and clearly bonded and attached to him.

Mrs. G was observed with the children on June 21, 2011. For his part, Sandy verbalized freely during the observational session with his mother and there was some laughter as they played a game. They also talked while they played the game. Sam appeared to be fairly sullen and not engaged. Overall, Sandy appeared to be comfortable with his mother and clearly bonded and attached to her, while Sam was more distant but adequately bonded and attached.

In response to one question on the game, Sandy was asked to describe his father, and he described him as "tall, kind and helpful." In response to another question during the game, Mrs. G related that if she could change something, she would "never come to America."

Collateral Interviews and Collateral Information

On June 14, 2014, I interviewed Sam and conducted a follow-up interview on July 30, 2011. Sam is a 19-year-old junior at the University of Chicago, who is majoring in anthropology, and has obtained a 4.0 grade point average during his first 2 years of college. He responded to this evaluator's questions with no hesitation, often verbalizing spontaneously.

When asked to describe his mother, he stated "very manipulative. Loves us. Cares for us. Always says she does more for us than dad. She's obsessed about our grades. Also very concerned about appearances and what other people think about us. She says she has no money, but she makes US\$ 90,000 per year. Dad pays for college and the mortgage and utilities. I would love to know where her money goes." He added that he does not feel close to his mother and that they do not have much of a personal relationship. When queried about his mother's anger, he indicated that she "degrades you, makes you feel insecure, inadequate." He also noted that his mother wants him to become a doctor, although

he has informed her that he wants to be a cultural anthropologist or a professor. She has said that "you are not capable." He also reported that she "shouts, swears and throws things. Breaks things." He noted that she threw plates at his father, and that she "shouts and screams a lot." For punishment, she has grounded his brother and him, taken away TV, and has restricted him from seeing friends. He also noted that she judges all of his friends. When queried as to what he would change about his mother, he stated "her anger and how she controls it. Not worried about what other people think."

When asked to describe his father, he stated, "sometimes he is aloof. His anger towards my mom clouds his judgment. Always open. Not always good with money. Listens to what we want. Not as worried about what other people think." He added that he watches movies with his father, discusses sports often with his father, and that they listen to Iranian music together. When his father becomes angry, he reported that his father is "mellow. Very chill." May shout, but it takes a lot to get him angry." He denied that his father ever threw things or swears. He also cited that his father will apologize later. His father uses similar punishments as his mother but is "not as enforcing." He also spontaneously cited that his mother instigated all of the punishments. When queried as to what he would change about his father, he stated "stand-up to Mom. He's too passive with mom."

According to Sam, his mother used to hit his brother and him with a hanger. He denied that his father had ever hit them. He also feels that his mother "annoys him, nitpicks, and is very controlling." He added that he feels "as if I am always on a leash." His mother wants to know where he is all the time, even though he attends college. He also commented that this school year he will have an apartment, and his mother said she will stop by once a week and bring food.

Sam related that his mother wants to buy a condo for him for the following school year. His father also wants to buy a condo next year and live with him. He wants to live with his friends.

He cited that the conflict in the home usually begins with his brother being stubborn. "Mom shouts and screams" in reaction to his brother,

typically three to four times per week. He noted that his brother plays video games constantly, and his mother tells him to read or do a chore, but he resists doing it. He added that his father is more passive and “lets it go.” His father is home most of the day, while his mother comes home at night.

It was his perception that if his brother lives with his mother, there would be “a lot of friction.” However, he also reported that his mother would get his brother more involved. “My brother would be happier living with my dad.” However, he also expressed concern that his brother would not do as well at school if he lives with his father. He also did not know if his father is being passive at the present time to get on his brother’s “good side.”

During both interviews, he related that he will probably stay with his father during the summer. “Mom annoys me. Nitpicks. Concerned about appearances. Seems like my brother feels the same way.” During the second interview, he reiterated a desire to live with his father during the summers. When queried further, he reported that he has more of an intellectual connection with his father, and that his mother lectures him most of the time. He also cited that his mother tells him what should be his ideal, while his father lets him decide his own ideal.

On August 18, 2011, I interviewed the pediatrician. She related that the boys’ mother took the children for most of their appointments, although the boys’ father took the boys at times for their appointments. She indicated that she had no concerns about either child nor either parent.

On September 5, 2011, I interviewed one of Sandy’s teachers from past year. She described him as an above average student in her class, who is inconsistent with his homework. She also noted that Sandy had no behavior problems but was a “sensitive kid.” She commented that he tended to wear his emotions on his sleeve and was sensitive to what went on around him. Finally, she noted that she did not hear often from either parent.

On September 6, 2011, I interviewed another of Sandy’s teachers from past year. He related that Sandy was a B+ student, but was more ca-

pable. He added that Sandy looked for the shortest way to do things. However, he also described Sandy as respectful. There were no behavior issues. Finally, he reported that he had minimal contact with both parents, although both parents were supportive.

I was able to review both Mr. G and Mrs. G’s psychological evaluation reports, which reflected a diagnosis of borderline personality disorder for Mrs. G and a diagnosis of depression for Mr. G.

I was able to review several letters, apparently written by Mrs. G, which were undated. The letters appeared to imply suicidal intent. I also reviewed a narrative from the police department from August 23, 2011. The report indicated that Mr. G had called the police department because of concern about his wife. I also reviewed a call detail information from December 4, 2010, from the police department.

This evaluator also reviewed the report of the guardian ad litem, which was filed in county court on May 1, 2011. The report indicated that her investigation does not strongly favor one parent over the other as neither parent displayed substantial or concerning negative parenting abilities. The report added that the minor child was caught in the middle of the divorce but was doing well.

I also had the opportunity to review a number of e-mail and text exchanges between Mr. and Mrs. G, as well as various letters. Finally, I reviewed copies of various orders, petitions, and motions related to this case.

Summary and Recommendations

Mr. and Mrs. G were referred for a 604(b) child custody evaluation, because of unresolved issues related to the custody and visitation of the minor child, Sandy. The other child, Sam, is a college student and over 18 years old, so not part of the formal custody evaluation.

Mr. G is seeking primary residential custody, as well as sole legal custody. Mrs. G is also seeking primary residential custody but is seeking

joint legal custody. Both parents offered suggestions for visitation schedules for the other parent.

As part of the current evaluation, both were extensively interviewed and administered the MMPI-2-RF, the MCMI-3, the PDS, the PAM, and the PCRI. Furthermore, each was observed on a separate occasion with Sandy. In addition, Sandy was interviewed on two occasions and was also administered the BPS. Finally, collateral interviews were conducted and a significant amount of collateral information was reviewed.

The couple married in Iran through an arranged marriage and initially lived for a period of time in Iran. Mr. G then moved to the USA due to a job, and his wife followed several months later with the oldest child, Sam. The family subsequently moved on several occasions, eventually moving to the Chicago area in 2000. Mrs. G did not begin to work significantly until 2001, when she began to work at a bank, where she remained for a number of years and had several promotions. Mr. G had a number of different jobs.

From the interviews, it was apparent that both extended families created problems for the marriage. More specifically, it would appear that neither psychologically separated from their family of origin, which is developmentally necessary in the early phases of a marriage. There were also significant losses that added to the couple's problems. Furthermore, the couple had differences in their approach to child rearing as well. Mr. G ultimately filed for divorce.

Each party delineated several concerns about the other. Mrs. G related that she had to ask her husband to do anything and that he never did anything on his own, that he was not involved with the children's homework, that he "never" took the children for medical appointments, and that he "never" took the children to or from day care. She also cited that he never planned for the children, that his sister had too large of a role and influenced him, that he does not discipline the children, that he lets the children watch TV for hours at a time, that he does not require the children to go to mosque if the children oppose it, and that he never bought clothing for the children.

From the data, it appears that Mr. G did take the children to some medical appointments, but

that Mrs. G took the children for the majority of the appointments. In addition, it appears that his family did have a significant role and may have influenced him to some degree. Furthermore, it would appear that he disciplines the children less than Mrs. G, although the children reported that their father does discipline them. In contrast to Mrs. G's concern that her husband was not involved in the children's homework, both Sam and Sandy indicated that their father was extensively involved in homework. In fact, Sandy indicated that his father helps more with homework. On the BPS, he rated his parents as relatively equal in follow-up with homework. Sam seemed to imply that his mother is more likely to foster success at school for his younger brother.

According to Mr. G, his wife worked at the bank, and he would pick up the children at day care, and his wife would take the children to day care. He also contends that he strongly encouraged Sam to take the SAT again and that he took him to his test preparation class. He reported they typically took the children to the mosque one time per month by agreement. He acknowledged that his wife did buy clothing for the children. He denied that he never did anything in the home, adding that his wife would find fault with whatever he would do.

According to Mr. G, his wife attempts to brainwash the children, that she becomes angry very quickly and has thrown things, that she made a suicide attempt and threatened suicide, and that she is self-serving. It was also his perception that she is not nurturing with the children, that she had a diagnosis of borderline personality disorder from psychological testing in the past, and that she told the children that he never helped with the children when they were younger. He also cited that she would provoke and initiate arguments, that she was previously addicted to Vicodin, that she has been diagnosed with back pain of unknown origin and Lyme disease in the past, and that she lies constantly. Finally, he expressed concern that she sleeps with their youngest son.

Both children depicted their mother as more controlling than their father, although there is no evidence that she attempts to brainwash them. Mrs. G denied ever saying that her husband is

not a good father, that he would “ditch the kids” after the divorce, or that he would not care for the children in the future. The data also suggests that Mrs. G gets angry more often and is much more emotionally reactive than her husband. In addition, the children reported that she has thrown things. It is unclear if she made a suicide attempt, although she did write notes that implied suicide. Mrs. G denied that she was ever addicted to medication but took Vicodin as prescribed by her physician for back pain. She also related that her doctor saw inflammation, but she did not know she ever had a formal diagnosis of Lyme disease. She also denied ever telling the children that her husband never helped with the children when they were younger. Furthermore, she denied that she lies. There is no data to either substantiate or not substantiate that she is self-serving, that she is cold with the children, or that she ever had a diagnosis of borderline personality disorder.

On psychological testing, Mrs. G was significantly defensive, attempting to present herself in a favorable light. On the MMPI-2-RF, she had a significant elevation on L scale ($T=71$). On the MCMI-3, she had a significant elevation on the Desirability modifying index ($BR=85$). However, her scores on the PDS were within normal limits and suggested that she was answering in a direct open manner. Despite her insistence that her English was poor, this was not evident during the interviews, there was no evidence of any inconsistent responding on any of the psychological tests administered to her.

On the MMPI-2-RF, she had a borderline score on the Thought Dysfunction Higher-Order Index ($T=63$). On the Clinical scales, she had an elevation on Ideas of Persecution scale ($T=66$). On the Somatic/Cognitive scales, she had an elevation on the Head Pain Complaint scale ($T=65$). On the Internalizing scales, she had borderline scores on the Helplessness/Hopelessness scale ($T=60$) and on the Behavior-Restricting Fears scale ($T=63$). Finally, on the PSY-5 scales, she had an elevation on the Psychoticism scale ($T=69$).

On the MCMI-3, Mrs. G had an elevation on the Histrionic scale ($BR=80$). She also had a borderline score on the Compulsive scale ($BR=66$).

There were several other scales that approached significance, including the Thought Disorder scale ($BR=62$). She also had a score approaching significance on the Delusional Disorder scale ($BR=60$).

The elevation on the Histrionic scale is consistent with the emotional reactivity cited by her husband and her children. Her slightly elevated score on the Compulsive scale may help to mute this to some degree. The scores on Thought Disorder and Delusional Disorder scales support the possibility of disturbed thinking as reflected previously on the MMPI-2-RF.

Mr. G was quite nondefensive on psychological testing, which is highly unusual for a custody litigant. This impression is reflected by relatively low scores on the validity scales on the MMPI-2-RF, including his score on the L scale ($T=52$). Furthermore, his scores on the modifying indices on the MCMI-3 also support this conclusion.

There were no elevations on any of the Higher-Order scales, Clinical scales, Somatic/Cognitive scales, Internalizing scales, Interpersonal scales, or PSY-5 scales on the MMPI-2-RF. On the MCMI-3, he had an elevation on the Dependent scale ($BR=85$). He also had borderline scores on the Compulsive scale ($BR=69$) and on the Masochistic scale ($BR=66$). His MCMI-3 protocol suggests that he tends to be unassertive, noncompetitive, and self-effacing. He may also feel quite inadequate and unsure of himself and attempts to maintain an equilibrium emotionally. He also tends to avoid conflict.

Sandy, 14 years old, is a freshman in high school. There was no evidence of any cognitive deficit or emotional disorder. He was able to describe both positives and negatives for both of his parents but clearly expressed a preference to reside with his father. He perceived his father as someone who helps more with homework and is generally more helpful with him. In addition, he perceives his father as more “fun,” and as one who probably disciplines less severely. His scores on the BPS also reflect this as well. He perceived his father as much stronger in supportiveness and in competency as well as admirable character traits. He perceived his parents as equal

in follow-up consistency. His older brother, Sam, confirmed that there was more conflict between his mother and brother and that there would be “a lot of friction” if his brother resided with his mother. However, he also noted that his brother might do better in school residing with his mother.

When the best interest factors are considered, it is clear that both Mr. and Mrs. G desire to be the primary residential parent and that each has a reasonable rationale. The minor child, Sandy, expressed a clear preference to reside with his father during both interviews, and this was supported by the BPS that clearly favored his father as well.

Neither parent appears to have a debilitating psychological disorder, which would impact their ability to function as a parent. However, Mr. G’s psychological functioning appears to be significantly better. Mrs. G appears to have problems with anger and emotional reactivity and may have difficulty with clear thinking at times.

There is no evidence of any child abuse in this case. Furthermore, there is no evidence of any domestic violence. It would appear that Mrs. G was somewhat more involved in the day-to-day parenting, but her depiction that she was exclusively involved appears to be deceitful. For example, she contends that her husband never took the children to the physician, but the pediatrician did indicate that Mr. G took the children at times, although Mrs. G took them more often. She also cited that he never helped the children with homework, but both children reported that their father would help them more often historically and much more currently.

Both parents appear to be equally able to facilitate a relationship between their youngest son and the other parent.

In view of these impressions, the following recommendations are offered:

1. Mr. G is preferred as the primary residential parent. He appears to be the more psychologically healthy individual, and Sandy expressed a strong preference to reside with his father. Although Mrs. G may have been somewhat more involved in day-to-day activities with the children than her husband, Mr. G was extensively involved, particularly with homework. Finally, and perhaps most importantly, her tendency to be controlling is likely to backfire with a teenager and result in continued friction and potential conflict. Mr. G appears to have a better approach to dealing with an adolescent.
2. Mr. and Mrs. G should share joint legal custody of the children. Although Mr. G indicated that he desired sole custody, in this evaluator’s professional opinion, the parents would be able to work together cooperatively in the future, despite the contentiousness. Furthermore, they appear to have similar values for the most part.
3. Mrs. G should have liberal visitation with the children. I would suggest that she have Sandy on alternate weekends from Thursday after school until Monday morning when she returns him directly to school or to his father’s domicile. On alternate weeks, she should have two midweek visits, from after school until 8:30 pm
4. All national holidays, school holidays, and institute days should be evenly divided between the parents. If one of the parents has the children for a holiday or institute day following their weekend or preceding their weekend, then that parent should be allowed to extend the weekend with the children, in order to create continuity.
5. The child’s winter vacation should be equally divided, with week 1 and 2 alternated and rotated on a yearly basis.
6. Sandy’s spring vacation should be alternated and rotated on a yearly basis.
7. During the summer, it would be preferable for the parents to rotate weeks with the minor child, with a midweek visit for 4–6 hours with the other parent, unless the family is on vacation out of the Chicago area.
8. Both parents should be entitled to a right of first refusal if either parent is unavailable overnight to care for Sandy. Furthermore, it would be efficacious if a right of first refusal was offered if one parent has to work and the other parent is available. It would always be preferable for Sandy to be with a parent rather than with a babysitter or another relative.

9. Both parents should be prohibited from cohabitating with a member of the opposite sex until the parent is at least engaged.
10. Both parents should be entitled to daily phone contact with Sandy when not with him. However, phone contact should be limited to 15 min as a maximum, so as to not interfere with the parent's parenting time. Furthermore, both parents should facilitate the return of phone calls if Sandy is not home at the time.
11. Both parents should avoid making any denigrating remark about the other parent in front of the child. Furthermore, it would be wise to not make any negative comments about the other parent's family or significant others.

If I can be of further assistance, please feel free to contact me.

Respectfully submitted

Child Custody Evaluation

Mark L. Goldstein

Background Information

Mr. and Mrs. S were referred for a 604(b) child custody evaluation because of unresolved issues related to removal, and specifically whether it would be in the best interest of the minor child to move to Wisconsin.

Mr. and Mrs. S married in August 1979 and divorced in June 2000. There were 2 children from the marriage, Ray, 19 years old and Rebecca, 14 years old. Ray attends the University of Illinois and is not part of the current evaluation process per se. The parents have an equal division of parenting time with the children.

Mrs. S is seeking to move to Wisconsin. If she is allowed to move, she is also requesting that Rebecca's visitation with her father be reduced. She would also prefer to have sole legal custody, but is not formally requesting it. Mr. S is requesting that the current visitation schedule be maintained and that removal be denied.

Evaluation of Mrs. S

Mrs. S was initially interviewed on April 10, 2004, and subsequently interviewed on April 22 and May 8, 2004. In addition, she was administered the Paulhus Deception scales (PDS), the Parenting Alliance Measure (PAM), the Parent/

Child Relationship Inventory (PCRI), the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and the Millon Clinical Multiaxial Inventory-3 (MCMI-3) on April 22, 2004. Furthermore, Rebecca was observed with her mother in a structured observation on May 8, 2004.

She was cooperative with the evaluation process and displayed no overt signs of any significant psychopathology, including depression, anxiety disorder, personality disorder, or substance abuse disorder. Her mental status was generally within normal limits, although she did appear to be somewhat emotionally reactive and labile at times.

Mrs. S delineated a history of the marital relationship as well as the current custody dispute. She indicated that they met at the University of Illinois, Chicago, when she was 19 years old and Mr. S was 20 years old. She added that she had previously dated numerous men over the years, and then began to date Mr. S. They became intimate within the first few dates and were engaged within 1 year. They also lived together for almost 1 year and married within another year.

It was her perception that they fought a lot. In addition, she related that she was not happy with their sex life. She noted that she had a good sex life with her prior boyfriends. She also commented that they had a number of "huge blow-ups" prior to their wedding. They married after he completed graduate school and she completed her undergraduate degree.

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Following their marriage, Mr. S obtained a job, and she began graduate school at Roosevelt University in Chicago. She reported that she became pregnant during the first year of marriage, and that the pregnancy was not planned but both were happy with the pregnancy. However, she indicated that she miscarried. It then took her only 3 months to become pregnant again. Ray was healthy at birth. It was her perception that she handled the feedings and she got up at night. She reported that her husband rarely helped with diapering and bathing. She attended most medical appointments herself.

According to Mrs. S, her husband was terminated from his job at one point, but quickly found another job. However, it was her memory that he then became a workaholic.

According to Mrs. S, they moved to the far north suburbs bordering Wisconsin shortly after their first child was born. Subsequently, they moved to their current house 2 years later, shortly after she became pregnant with their second child.

It was her perception that there was not much conflict in the marriage during the years from Ray's birth to Rebecca's birth. She reported that she was happy then, but added that the marriage was not intimate and sex was never good.

After Rebecca's birth, she again nursed and began to work within about 3 months, working weekends. It was her perception that her husband helped with diapering and bathing on occasion, but she handled all medical appointments.

Mrs. S reported that fighting increased, particularly because the house would be messy when she came home from work. She added that she resented the routine and "doing everything around the home." Furthermore, it was her perception that Mr. S would only help if she directly asked him.

She related that they did well as a couple when they went on two vacations together. However, she found that she was physically repulsed by her husband and she informed her husband that she did not want him to touch her in 2000 or 2001. She felt that he was "more like a friend than a lover." It was also her perception that he opposed marital counseling, so she went for counseling by herself. He then agreed to go and find a therapist,

but she contends that he did not follow through. They eventually saw a counselor, but she felt that it was "too late" at that point.

Mrs. S related that they had mediation several times, and then attempted a collaborative divorce. It was her perception that Mr. S wanted everything exactly "50/50," and that he informed the children that it would be equal. She noted that the children thought that this was fair. However, she related that there was a disparity in their incomes. They agreed that she would file for divorce. She then obtained a full-time job, but she did not like her job, and subsequently took a different job for significantly less money.

Mrs. S also cited that she received her teaching certificate in 1999, but was unable to find a teaching position. In 2000, she was also involved in doing hair for weddings on weekends. She subsequently opened a salon business, which she loved, but the business quickly failed.

According to Mrs. S, she then began to work for a well-known salon, but she was working 18 hours/days, 6 days/week. She then left this position due to the workload and her lack of availability to her children. Recently, she has been interviewing for positions, but had yet to find a suitable position.

She related that she wanted to move to southern Wisconsin due to a work opportunity there, and also noted that her fiancé resides there. Furthermore, it is her contention that she and Mr. S were not spending equal time with the children. For example, she cited that she would drive the children to their activities on his parenting time.

Mrs. S reported that she met her fiancé in April 2002. He lives in Wisconsin and has an equal division of parenting time with his ex-wife. She added that he is a computer consultant and works from home the majority of the time.

Mrs. S delineated several concerns about her ex-husband. First, she contends that he does not have a lot of emotional depth. Secondly, she reported that he has limited interpersonal skills. Thirdly, it was her perception that he had difficulty managing both children's schedules after they separated. Fourth, she cited that he is stubborn. Fifth, she reported that it is difficult to collaborate with him. Sixth, she reported that he would

leave the children home alone to go to sporting events. Seventh, she cited that he has anger problems. Eighth, she contends that he is not good at multitasking. Ninth, she related that he does not communicate well. Tenth, she related that he obsesses about money.

Mrs. S is requesting that her daughter be allowed to move to Wisconsin with her. She proposed that Mr. S. have alternate weekend visitation from Friday evening until Sunday evening, perhaps dinner one time per week and alternate holidays. She also commented that she would like sole custody, but is not formally requesting it. In addition, she suggested that they equally divide the winter vacation, alternate the spring vacation, and that each have 4 weeks of vacation time with the minor child during the summer.

She related that she and her fiancé were engaged in 2003, but no date has been set for their marriage. The plan is to live in his home, which has five bedrooms and four bathrooms. Rebecca will have her own room. If she works, her fiancé would be able to take the children, including Rebecca to school and pick them up from school.

She denied that she smokes cigarettes, but acknowledged that she will have two or three glasses of wine per day. She denied ever receiving a driving under the influence (DUI) or being in rehab. She indicated that she smokes marijuana perhaps one time per week. She denied any other drug use. She takes Adderall, because she had been diagnosed with *attention deficit hyperactivity disorder* (ADHD). She denied that she was ever arrested. She has had counseling off and on for many years, typically related to her unhappiness with her marriage and her tendency to have affairs.

On the PDS, Mrs. S had a raw score of 14 on the Impression Management scale, which resulted in a T score of 70. This score fell in the significant range. On the Self-Deceptive Enhancement scale, she had a raw score of 9, which resulted in a T score of 76. This score also fell in the significant range. Her overall raw score of 23 resulted in a T score of 89, which fell in the highly significant range. Individuals who have elevated scores on the Impression Management scale and on the Self-Deceptive Enhancement scale are often conceptualized as having a “repressor pattern.”

These individuals tend to be restrained and generally well socialized. However, when they have problems, they lack the insight to deal with them and often appear quite rigid. Furthermore, they may also appear to be sanctimonious about others' problems. Finally, they have a trait-like style towards self-enhancement as well as a tendency to be influenced by situational demands to respond in a socially acceptable manner. Individuals with this profile tend to be responding in such a way as to appear as if they have no problems and are attempting to present themselves in a highly favorable light.

On the MMPI-2-RF, Mrs. S had no unscorable items in the protocol. She responded relevantly to the items basis of their content as well. Furthermore, there were no signs of any over reporting in the protocol. However, scores on the validity scales raise concerns about the possible impact of underreporting on the validity of the protocol. She presented herself as very well adjusted. This impression was buttressed by a borderline score on the K scale ($T = 69$). However, her score on the L scale was in the average range. Overall, she responded in manner similar to many custody litigants.

There were no elevations on any of the Higher Order scales. On the Restructured Clinical scales, she had an elevation on the Somatic Complaints scale ($T = 81$). On the Somatic/Cognitive scales, she had an elevation on the Head-Pain-Complaint scale ($T = 65$) and on the Neurological Complaint scale ($T = 70$). On the Internalizing scales, she had an elevation on the Anxiety scale ($T = 73$). On the Externalizing scales, there were no elevations. However, she had a borderline score on the Substance Abuse scale ($T = 64$). There were no elevations on any of the Interpersonal scales or on any of the Psychopathology Five scales.

She reported multiple somatic complaints, including head pain and vague neurological complaints as well. Furthermore, she may complain of fatigue. Furthermore, the data suggest that she is likely preoccupied with physical health concerns and prone to developing physical symptoms in response to stress. Furthermore, she reported feeling anxious and is likely to experience significant anxiety and anxiety-related problems,

intrusive ideation as well as nightmares. It is certainly possible that her chronic physical problems as well as the stress from the current custody issue may contribute to the somatic issues as well as anxiety.

On the MCMI-3, the results suggest that she has a tendency towards avoiding self-disclosure in her response style. This finding appears to be congruent with the results from the PDS and the MMPI-2-RF validity scales. Mrs. S had extremely low scores on the Disclosure and Debasement indices and a mildly elevated score on the Desirability index.

On the Clinical Personality Pattern scales, she had an elevation on the Compulsive scale (BR = 85), and on the Narcissistic scale (BR = 87). She also had a borderline score on the Histrionic scale (BR = 74).

Individuals with elevations on the Compulsive scale tend to value conscientiousness, discipline as well as prudence and loyalty. They see themselves as devoted to work and meeting responsibilities and tend to minimize the importance of recreational and leisure activities. These individuals may also be perceived by other individuals as perfectionistic. Furthermore, they tend to be industrious and efficient. These individuals may express tension through their efforts of control. As a consequence, she may have a history of physical tension, possibly evident in a variety of functional or psychosomatic disorders. This finding appears to add support to the elevation on the Somatic/Cognitive scales as well as the Anxiety scale on the MMPI-2-RF.

Individuals with elevations on the Narcissistic scale tend to be self-centered and expect attention from others. They also seek out attention, have a difficult time accepting responsibility, and tend to project blame on others. Furthermore, they often have an elevated opinion of themselves and expect others to see them likewise.

On the PAM, Mrs. S had a total score of 73, which placed her in the normal range. This would reflect minimal conflict with her spouse.

On the PCRI, Mrs. S had a social desirability score of 15, which fell within normal limits and suggested that she was not responding in an overly defensive manner on this instrument. Further-

more, her inconsistency score of 1 supported the reliability and validity of the instrument. On the various domains, she responded in such a manner as to suggest that she feels supported as a parent, that she is satisfied in her role as a parent, that she is involved as a parent, that she communicates effectively as a parent, that she sets appropriate limits as a parent, and that she fosters autonomy as parent. She also responded in such a way as to suggest that she supports a shared parenting role.

Evaluation of Mr. S

Mr. S was initially interviewed on April 19, 2004, and subsequently interviewed on April 20, April 29, and May 10, 2004. In addition, he was administered the PDS, the PAM, the PCRI, the MMPI-2-RF and the MCMI-3 on April 20, 2004. Finally, he was observed with his daughter on May 18, 2004.

Mr. S was cooperative with the evaluation process and displayed no overt signs of any significant psychopathology, including depression, anxiety disorder, personality disorder, or substance abuse disorder. His mental status appeared to be within normal limits.

He delineated a history of the marital relationship, as well as the current custody dispute, generally corroborating early historical information provided by his ex-wife with some differences. He related that they met when both were students at the University of Illinois, Chicago. They began to date and were engaged within 1 year. They subsequently married when he finished school. It was his perception that Mrs. S could be very demanding. For example, he reported that prior to the wedding, she became very upset and she threatened to call off the wedding. He added that she would frequently get angry and would throw things and scream.

Following their marriage, they initially lived downtown and then moved to the north side of Chicago. He reported that he worked, while she attended graduate school at Roosevelt University.

According to Mr. S, his ex-wife became pregnant quickly. The pregnancy was not planned or unplanned. However, both were happy about the

pregnancy. She miscarried but became pregnant again almost immediately.

It was his perception that they had good communication at that time and sex was “great.” He added that “I was totally in love with her.”

He noted that he went to every appointment during both pregnancies. After Ray was born, Mrs. S was home and she breast-fed for approximately 10 months. Both were involved in bottle-feeding the baby as well. He also commented that he would change diapers when he was home and did so frequently on the weekends. Nonetheless, it was his perception that Mrs. S handled most of the childcare during the week, and he handled most of the childcare on weekends. He noted that he would go to medical appointments if he was not at work.

He also noted that at some point his wife began to work approximately 15–20 hours/week. Ray attended a preschool in the mornings.

He related that the pregnancy with Rebecca was planned. He again contends that he went to all of her appointments during the pregnancy. After Rebecca was born, she stayed home with the baby. She also began working part-time, typically on weekends and some weeknights. It was his perception that he would be home on weekends with the children at least one, if not both weekend days. In addition, he occasionally watched the children on weeknights as well.

According to Mr. S, there were no issues or problems in their relationship. They would go out on weekends and went to New York for their fifth anniversary. However, he related that in 1998, Mrs. S began to say that sex was “horrible,” that he was never there for her to help with the children and that he was not emotionally supportive. He added that she would be critical of him sexually, demeaning the size of his penis as well as his inability to satisfy her sexually. She then threatened to have sex with someone else and eventually had several affairs, each time justifying that she was going to get her needs met because he was unable to do so.

When his wife began to complain about their sex life, he went to his physician and discovered that he had low testosterone and began to take a supplement. However, it was his perception that

things did not get better with his wife, who continued to complain about their sex life.

Subsequently, they began counseling in an attempt to save the marriage. However, it was his perception that his wife was not responsive to what the therapist suggested. He added that Mrs. S kept saying that he was not in touch with his emotions, but it was his perception that the marital counselor disagreed. She also said that he never pleased her sexually, which “hurt me.”

His wife then filed for divorce in 2000. They attempted mediation as well as a collaborative divorce; however, they eventually used separate attorneys and reached an agreement to have shared and equal custody of the children. He then found his own domicile, near the marital residence, adding that he wanted to be close by for the children, and wanted the children to continue in their school district.

It was his perception that the schedule worked very well and that there were no complaints from either his ex-wife or the children. “The kids have loved the setup.”

He related that he was blindsided by his ex-wife’s request to move to Wisconsin. He indicated that he called her in July 2003 to discuss summer camp for the children, and she informed him that she was moving to Wisconsin. She also allegedly told him that she could not afford the home and was selling it. She also related that she wanted Rebecca to move with her to Wisconsin. At the time, she was dating another man. She also indicated that she had a job opportunity to work in Milwaukee. At that time, she worked nights, until at least 8:00–10:00 p.m., so he was increasingly involved in caring for the children at that time. He thought about her request, but did not see how it would be better for their daughter. He added that he also questioned the proposed school that their daughter would attend, and adding that it was inferior academically and that Rebecca had thrived in her current school system.

He expressed concern that Mrs. S had already talked to Rebecca about a possible move before she even spoke to him. Furthermore, he noted that both of their extended families lived in the current area and that Rebecca has a close rela-

tionship with the families and would have less access to them if she moved.

He related that Rebecca has said that she wants to live with her mother. He also commented that Mrs. S wants Rebecca to decide about the move and which high school she attends, while he feels that the adults should make the decision.

Mr. S delineated several concerns about his ex-wife. First, he expressed concerns about her judgment. He feels that she is looking to fulfill something for herself. Secondly, he reported that she had anger problems and would throw things and hit him when she was upset. Thirdly, he related that she has no friends. Fourth, it was his perception that his ex-wife feels that people are not giving to her, so she rejects friends and has a pattern of this behavior. Fifth, he expressed concern that she impulsively gets into relationships with men and exposes their daughter to these men. He added that she moved quickly into a relationship with him, and that subsequently had several boyfriends after the divorce, and now is involved with another man. Sixth, he contends that she exposed the children to at least four men very quickly. Seventh, he related that she drinks to excess. Eighth, it was his perception that she puts her own desires ahead of Rebecca's needs. Ninth, he reported that she told the children that she had to move, and that she is in love with her boyfriend. Tenth, he related that she has talked to the children about her desire to move as well as the court and evaluation process, in an attempt to influence them. She also provided a schedule to the children, suggesting when they could see their father. Eleventh, she enrolled Rebecca in school in Wisconsin and took Rebecca to tour the school, in order to influence her.

Mr. S is seeking to have the current visitation schedule maintained. He feels that his ex-wife could sell the home if necessary and rent an apartment or purchase a less expensive domicile in the community. It is his desire that they continue with the current parenting schedule.

When queried regarding his plans, he indicated that he intends to stay in his current three-bedroom, two-bath domicile. He also intends to stay in his current job. He reported that he is dat-

ing one woman, whose children attend the same school Rebecca is scheduled to begin in the fall.

He denied that he smokes cigarettes, but acknowledged that he will have three beers per week or wine, primarily on weekends. He denied ever receiving a DUI or being in rehab. He acknowledged that he has used marijuana, the last time approximately 10–15 years ago. He denied any other drug use. He takes testosterone supplement, but no other medications. He denied having any health issues. He denied any involvement in the criminal justice system. He has had counseling with his wife as well as individually within the past several years.

On the PDS, Mr. S had a raw score of 11 on the Impression Management scale, which resulted in a *T* score of 62. His score fell in the normal range. On the Self-Deceptive Enhancement scale, he had a raw score of 4, which resulted in a *T* score of 57. Again, this score fell in the normal range. His total raw score of 15, resulted in a *T* score of 68, which fell in the mildly significant range. Individuals with this profile tend to be aware of their problems and their responses are not unduly influenced by what other people may think of them. These individuals may be direct in style. Their responses to other psychological inventories are likely to be honest and valid.

On the MMPI-2-RF, he responded in a consistent manner and was deliberate in his approach to the assessment tool. There were no signs of any over reporting in the protocol. However, scores on the validity scales raise concerns about the possible impact of underreporting on the validity of the protocol. He presented himself as very well adjusted. This reported level of psychological adjustment is relatively rare in the general population. This impression was buttressed by a mild elevation on the *K* scale (*T* = 65). His score on the Lie scale fell within normal range. Overall, his scores were typical of a custody litigant.

There were no elevations on any of the Higher Order scales, the Restructured Clinical scales, the Somatic/Cognitive scales, the Internalizing scales, or the Externalizing scales. In addition, there were no elevations on any of the Interpersonal scales or on the Psychopathology

Five scales. Overall, there were no signs of somatic, cognitive, emotional, thought, or behavioral dysfunction in his protocol. However, because of indications of underreporting described earlier, such problems could not unequivocally be ruled out.

On the MCMI-3, his responses suggested an effort to present a socially acceptable appearance or a resistance to admitting personal shortcomings. This impression was buttressed by an elevation on the Desirability modifying index (BR = 80) as well as a low score on the Debasement modifying index (0).

On the Clinical Personality Pattern scales, Mr. S had an elevation on the Narcissistic scale (BR = 82). He also had mild elevations on the Histrionic scale (BR = 76) and on the Compulsive scale (BR = 75). Individuals with elevations on the Narcissistic scale often feel superior to other people and have a tendency to exaggerate their abilities and positive attributes. They often construct rationalizations to inflate their own self-worth and depreciate others who refuse to accept or enhance their self-images. They typically see themselves as being intelligent, outgoing, charming, and sophisticated. They also have a need to evoke affection and attention from other people. In addition, these individuals make good first impressions. Furthermore, they may have a good sense of humor. They may have difficulty if they do not feel properly recognized or are forced to accept the opinions of others or to compromise.

Individuals with mildly elevated histrionic and compulsive scale scores often display a mixture of dramatic and controlled characteristics. The compulsiveness often mutes the histrionic qualities.

On the PAM, Mr. S had a total score of 65, which placed him in the problematic range. This would indicate that he is experiencing some difficulties communicating with his ex-wife.

On the PCRI, he had a social desirability score of 12, which fell within normal limits and suggested that he was not responding in an overly defensive manner. His inconsistency score of 0 supported the reliability and validity of the instrument. On the various domains, he responded in such a manner as to suggest that he feels sup-

ported as a parent, that he feels satisfied in his role as a parent, that he is involved as a parent, that he communicates effectively as a parent, that he sets appropriate limits, and that he fosters autonomy. He also responded in such a way as to suggest that he supports a shared parenting role.

Response to Concerns

Mr. S acknowledged that they fought a lot during the first 2 years of marriage. However, it was his perception that they fought very infrequently in the last several years of the marriage. Yet, he noted that she would become very angry over minor issues at times. He denied that she ever expressed that she was unhappy with their sex life until many years into the marriage.

He acknowledged that she took Ray for most medical appointments, because he was working. He contends that he would get up with their son on the weekends and did the majority of child-care on the weekends. It was also his perception that the pattern was similar with their daughter, although he contends that he went to some medical appointments with both children.

He contends that the 50/50 schedule was Mrs. S's idea. He added that they also had an equal division of transporting the children to their activities.

He contends that when the children are with him, he has dinner with the kids and is almost always available. However, he related that he does have season tickets for the Chicago White Sox that he shares with others, and that he may go to an occasional game when he has the children.

He related that he is home by 5:00 p.m. He also noted that Rebecca is a very conscientious student and does her homework immediately upon coming home. In addition, it was his perception that she will participate in activities in high school. As a result, he feels that she would not be home for very long, if at all, before he arrived home.

He feels that it would be best to continue with an equal division of parenting time with Rebecca. However, if the move were allowed, he feels that alternate weekends and one dinner per

week would be difficult for Rebecca, because it would be difficult for her to miss activities at her new school and make peer involvement difficult as well.

He related that Mrs. S had said that she is going to marry her fiancé but he questions whether this will occur or not. He is concerned that the relationship may end, and the possible impact on Rebecca. Furthermore, he noted that she has yet to secure a job in Wisconsin.

He feels that he is empathic and he listens to his children. He feels that his interpersonal skills are his strength. He also feels that he tends to take responsibility and does not project blame onto others.

He feels that he is willing to compromise, but feels that his ex-wife is unwilling to compromise. He added that he requested the evaluation in order to ascertain what would be best for his daughter.

He acknowledged that communication is very difficult at present, and that there has been decreased communication recently.

According to Mrs. S, the current visitation schedule had been working for the children because they would come back to her house Monday through Friday. She acknowledged that her ex-husband has been involved more this past year. However, it was her perception that for 3 years he was much less involved. He would typically pickup the children between 5:15 and 6:00 p.m. She acknowledged that he did take the children to and from some of their activities.

She denied that she gets angry with the children. In the past, she reported that Ray would think that she was more disappointed than she was, while Rebecca was "immune to it." She added that the children did not get punished and it is an easygoing household. However, she commented that she would get angry at her ex-husband in the past and currently.

It was her perception that Mr. S was not emotionally present for years and that he refused to go for counseling with her for years. When they finally went to counseling, she felt frustrated at his intellectualization and lack of emotion. She also had to wait for him to initiate sex, which occurred in the dark. Furthermore, she contends

that she had to encourage him to see an endocrinologist and this led to a diagnosis of low testosterone.

She related that she never brought up moving to Wisconsin, so he may have been surprised when she did bring it up. However, she contends that she thought about moving early in the marriage. She also thought that he might be amenable to moving. She informed him that she was considering a move to Wisconsin, and that she had been thinking about it for some time. She also asked him to visit schools there with her, but he was unwilling to explore anything.

She disagrees with her ex-husband's comment that Rebecca's relationship with family would be impacted by a move, because they would only be moving 90 miles.

She related that she wanted Rebecca to have a voice in the process, but did not want her daughter to decide whether to move or not.

She indicated that she had been trying to support herself. She added that her fiancé does not have money to support her, but he would find a way to support her, because "he loves me that much."

She acknowledged that she had been unfaithful several times during the course of the marriage, and he threatened to tell the children. On that occasion, she lost control of herself; she threw a few plates at him and hit him. She denied that she ever hit the children except when she spanked one of the children when they ran into the street or engaged in some other potentially dangerous behavior.

She acknowledged that she did jump into the relationship with Mr. S, but denied that she jumped into relationships with any of her subsequent boyfriends. She added that she did not have the children meet boyfriends quickly, but gradually introduced them to the children. She denied that she ever put her desires ahead of the children.

She denied ever telling the children that she had to move to Wisconsin, but she did tell the children that she had to sell the home. Furthermore, she contends that Rebecca said that she wanted to move with her, while their son did not want to move.

She cited that when they divorced, they verbally agreed to an equal division of parenting time, as well as equal financial division of all assets.

She related that Rebecca wanted to know how she would see her father and she asked Ray for his input. Furthermore, it was her perception that both children were upset that their father was resistant to Rebecca looking at schools in Wisconsin.

Evaluation of Rebecca

Rebecca, is a 14-year-old student, who is about to begin her freshman year of high school. She related that she is a strong student and has all A's and B's for grades. At school, she has been involved in the orchestra and in student council. She has also taken dance classes for years.

She noted that she has several close friends at school, and that all of her friends are attending the local high school. Furthermore, she indicated that she was going to miss her brother, who will be attending university in the fall. She described them as "super close."

When asked to describe her mother, she stated "really caring. Puts Ray and me before herself. Really opinionated." She added that her mother is "brutally honest. Doesn't consider my opinion when angry. Gets angry at dad. Very, very emotional. Tends to focus on her emotions and herself too much." She added that she talks to her mother, takes walks with her mother, watches movies with her, and shops with her. When asked to describe her mother's anger, she stated that her mother gets passive aggressive at times. "She gets very angry when we don't want to do what she wants to do. Then it is scary." At times, she related that her mother yells, swears, and says "incredibly hurtful things." When queried about punishment, she related that her mother does not punish that often. When they were younger, her mother took away electronics and spanked her at times. Now, her mother also talks to her about her behavior. She indicated that she would

change her mother's "wanting to always have it her way."

When asked to describe her father, she stated "really funny. A good listener. Fairly attentive. Pushes me to be successful. He is very care-free. Doesn't always get how I am feeling." She added that she plays board games with her father, watches TV with him, and that he takes her to plays. She also commented that "we talk, but not as much as mom and I talk." When queried about her father's anger, she related that he represses his anger and does not get mad very often. She added that her father never swears or yells. She also reported that her father does not punish her. Punishments mostly came from mom when she was younger. When queried as to what she would change about her father, she indicated she would have him talk more about how he feels and that he would understand her more.

She reported that she met her mom's fiance in 2002 at her mother's home. She met his family in the fall 2002. She expressed a concern that mom's fiancé slept over several times.

It was her perception that her mother and her fiance "always seem in love." However, her mother shared with her that she and her fiancé have fights, but she has not seen them fight. By contrast, she reported that her mother and father would fight more. She had assumed that her parents were in love, because they were often affectionate with each other.

When her mother dated past boyfriends, they did not stay over at their home. She knows that her mother broke up with each of her past boyfriends. She liked each of these men.

She expressed a desire to move. "Mom gets me more." In addition, she indicated that she is very flexible and likes change. Rebecca also cited that she had visited several possible high schools in Wisconsin, and felt that they were "fine." She acknowledged that the current community's high school is better academically and has more activities. In addition, she admitted that she would miss her friends, but added that she could visit them. She also noted that she does not want to live by herself with her father. It should be noted

that her brother would be attending a university so she would be home by herself.

When queried as to what kind of visitation she would like with her father if she did move, she indicated that she would like to see her father on Sundays each week. When queried regarding her plan, she indicated that she would like to be available to go to parties on Friday night and/or Saturday night if invited. She also cited that on weekdays she would like to have dinner with her father as well, but did not know how often. When pressed, she indicated perhaps she would like to have dinner two times per week with her father. However, she noted that it might have to change based on her activities. She also cited that during the summer she would like to rotate weeks, unless she had "something to do during the summer." She also prefers to split her winter vacation. She would like to rotate spring vacation.

I also queried Rebecca as to what kind of schedule she would prefer if her father would move closer, for example, to southern Wisconsin. She indicated that it would be a shorter commute, but she did not know what kind of schedule she would prefer.

When queried as to what kind of schedule she would desire if removal is denied but her mother moved, she indicated that she would flip the schedule. She feels that both parents are flexible to accommodate her schedule.

Rebecca was observed with her mother on May 17, 2004. She was very open and verbal throughout the observation session. There was much interaction between her mother and her. It was obvious that Rebecca is comfortable with her mother and well bonded and attached to her. It should also be noted that her mother was very encouraging and supportive.

Rebecca was observed with her father on May 19, 2004. Again, she was very verbal and she and her father interacted freely with one another and talked conversationally. It was clear that she was comfortable with her father and well bonded and attached to him. Both freely shared their ideas during the story portion of the observation. In addition, Mr. S asked questions which facilitated the connection between them.

Collateral Interviews and Collateral Information:

On June 15, 2004, I interviewed Mr. K, who counseled both Mr. and Mrs. S. He depicted both in very positive terms, indicating that both love their children, care for them, maintain appropriate boundaries with them, and understand their needs.

On June 14, 2004, I interviewed Ms. S, who was Mr. S's counselor. She related that Mr. S came to counseling to assist him in dealing with marital issues. It was her perception that he had no major issue. She added that he was able to get in touch with his emotions, although there may be a delay with his emotions.

On May 28, 2004, I interviewed Dr. Q, who provided marital counseling to the couple. She indicated that Mr. S wanted to stay married but Mrs. S had already psychologically left the marriage. She also cited that Mrs. S was "quite narcissistic," and "into getting her own needs met at any cost."

On June 28, 2004, I interviewed Ms. S, Rebecca's counselor. It was her perception that Rebecca is a well-adjusted and bright girl. She commented that Rebecca knows too much and that her mother shares too much. However, it was also her perception that Rebecca is closer to her mother and that Rebecca has expressed a desire to reside with her mother.

She also found it "just amazing" that Mrs. S did not get Mr. S's opposition to the move. "Rebecca does not know who to believe." It was her perception that Mrs. S would move regardless of whether the court approved the move, but expressed some concern about "upsetting the applecart."

It was also her perception that Mr. S does not understand his daughter emotionally. She feels that Rebecca could handle a move.

On May 14, 2004, I interviewed Dr. H, the pediatrician. In response to my inquiry, he had reviewed the chart. Her mother brought her more often for appointments. There were no concerns about Rebecca. Furthermore, there were no concerns delineated about either parent or their interaction with their daughter.

On June 12, 2004, I interviewed Mrs. R, the school counselor. It is his perception that Rebecca is very mature, that she knows herself and that she is comfortable with herself. He also depicted her as responsible and strong academically. In addition, he also noted that there are no concerns about her socially, emotionally, or academically. Finally, he reported that Rebecca has expressed a preference to move to Wisconsin, but has also shown some ambivalence.

On May 5, 2004, I interviewed Dr. S, Rebecca's dentist. He had no concerns about either child or either parent and their interaction with the children. His records reflected that Mr. S took the children for the majority of appointments.

On May 5, 2004, I interviewed Mrs. S's fiancé. He related that he was divorced in 1996 and that that he splits time with the children with his ex-wife. He indicated that he has an amicable relationship with his ex, and that they frequently cover for each other.

He met Mrs. S through mutual friends and began dating 2 years ago. He noted that he did not introduce his children to any woman previously when he dated. With Mrs. S, he introduced his children to her within a couple months of their dating. He also noted that his children got along very well with Mrs. S, and that the children are very comfortable with her. He also commented he gets along well with her children.

On May 1, 2004, I interviewed Ray, who is a 19-year-old high school senior. When asked to describe his father, he stated "Very logical. Not an emotional person." He related that he is very close with his father, and that his father gives him guidance. By contrast, he related that his sister is not quite as close as he is to his father. However, he related that his sister and father laugh together a lot, and that they seem to get along. His father rarely gets angry. When he does, his father focuses on the inappropriate behavior and "is reasonable." He indicated that his father does not yell." There is not much he would change about his father.

When asked to describe his mother, he stated "a very emotional person. Sometimes can't think clearly. Fairly judgmental. Can be negative. Sticks up for someone she loves and protects you." When his mother becomes angry,

she is "out of control. It doesn't matter what you do when she's angry. Goes ballistic." He added that this occurs approximately four to five times a month. He also commented that "sometimes can be really mean." For example, his mother called him a "stupid fucking asshole." He added that his mother primarily gets angry at his father, but also has "lost it with us." He also commented that "she doesn't listen when I tell her that I don't want to hear what she says about dad—bad things and that she hates him and how bad he is." When queried as to what he would change about his mother, he stated "develop a lot more control. Learn to better deal with anger and go for anger management. Make her less sexual around me." When queried further, he reported that she and her boyfriends would make out in front of his sister and him, and that both Rebecca and he have overheard their mother having sex with her past boyfriends and fiancé.

He reported that when he was younger, his father worked until 5:00 p.m. and then typically hung out with them and watched sports and played board games. Now his father works until 5:00 and works from home at times. His father interacts with them at night and they have dinner every Sunday.

He described his sister as very adaptable and involved. His sister may also become involved in choir and orchestra in high school. He also depicted his sister as intelligent as well.

He does not feel that it would be detrimental for Rebecca to have decreased time with her father, and it would be neutral for her. However, he feels that it would be very difficult for his father.

I also reviewed Rebecca's current grades, as well as previous report cards. In addition, I reviewed her test scores from standardized tests for past years. I also reviewed some email exchanges between the S's. Furthermore, I reviewed information on the different high schools.

Summary and Recommendations

Mr. and Mrs. S were referred for a 604(b) child custody evaluation, because of unresolved issues related to Mrs. S's desire to move to Wisconsin with their daughter. Mr. S is opposed to the move.

As part of the current evaluation, both parents were extensively interviewed and administered several parenting inventories and psychological instruments. Each was also observed on a separate occasion with Rebecca. Furthermore, Rebecca was interviewed on two occasions and observed with family members on two separate occasions. Furthermore, several collateral interviews were conducted and collateral information was reviewed.

Mr. and Mrs. S were married in 1979 and divorced in 2000. There were 2 children, Ray, 19 years old and Rebecca, 14 years old, from the marriage. The parents have had a split custody arrangement, where the children rotate weeks. From all indications, it appears that this arrangement has worked quite well.

Mrs. S began to date her fiancé in 2002 and their relationship bloomed. They are currently engaged to be married, with an indefinite date of the marriage. Her fiancé lives in Wisconsin with his children. He has a split custody arrangement with his ex-wife. Mrs. S cited her relationship with her fiancé as one of the reasons for her desire to move to Wisconsin, but also cited that she has opportunity for an excellent job there. Mr. S indicated that he has no desire to reside there and that it would be exceedingly difficult, if not impossible, to have the current visitation schedule with Rebecca. He also cited the positives of the current school system in comparison to a number of potential schools in Wisconsin. He also questioned as to whether she will marry her fiancé or not, noting that she has a tendency to end relationships quickly.

Both parties delineated several concerns about each other. Mr. S indicated that he had concerns about his ex-wife's judgment, that she jumps into relationships, that she exposed the children to her ex-boyfriends, and her fiancé very quickly, that she may or may not marry her fiancé, and that she puts her desires ahead of the children's needs. He also related that she told the children that she had to move to Wisconsin, that she insisted that the children come to her home after school even if she was not there, that she gave a proposed schedule to the children if a move occurred, and that she had Rebecca visit several schools in

Wisconsin. In addition, he contends that she she is not adequately available to Rebecca. Furthermore, he cited that she has issues with anger.

It would appear that she exposed the children relatively quickly to her ex-boyfriends and fiancé. In addition, there are data to suggest that her fiancé stayed overnight. Of more concern, it is apparent that the children were aware that she and men were having sex. Mrs. S has expressed a desire to move to Wisconsin, citing her relationship with her fiancé, as well as an opportunity for a job. She did take Rebecca to visit schools in Wisconsin.

It appears that she can be emotionally reactive and may have some anger management problems at times. She has also had some conflict with her family members. She has proposed a visitation schedule for Rebecca with Mr. S. At times, she was not available to the children due to her work. The other concerns delineated by Mr. S were either not substantiated by the data or there was not enough data to either substantiate them or not.

Mrs. S related that her ex-husband does not have much empathy, that he has interpersonal issues, that he has difficulty managing both children's schedules, that he tends to blame other people, and that it is difficult to collaborate with him. She also cited that he would leave the children home alone to go to sporting events, and that he allows the children to be unsupervised at home after school. Furthermore, it was her perception that he does not communicate well, and that he worries excessively about money.

It would appear that he did leave the children home alone in order to go to sporting events periodically. In addition, he does appear to be amenable to Rebecca being home alone after school until he returns home from work. Furthermore, he does appear to be conservative with money. He does not appear to be as emotionally open as his ex-wife, but appears to have an adequate range of emotion. The other concerns delineated by Mrs. S were either not substantiated by the data or there was not enough data to either substantiate them or not.

Rebecca is a 14-year-old adolescent, who will be starting high school in the fall. She appears to be bright and mature for her age. She also ap-

appears to be well adjusted and there was no evidence of any emotional problem.

It is also evident that Rebecca has a healthy relationship with both her mother and father, and appears to have a healthy attachment to both as well. She also appears to have a very close relationship with her brother Sam.

She was able to describe both positive and negative qualities for each of her parents in an evenhanded manner. She described her mother as caring and strong, but also as emotionally reactive. She described her father as somewhat more closed and less emotional, but as funny and carefree. She also noted that she talks somewhat more with her mother, and related that her father does not always understand how she feels.

She reported that she not only visited several schools in Wisconsin but also shadowed at two different high schools. She did not shadow at the community high school. However, she had positive feelings about all of the schools.

Rebecca cited that it is important for her to have a relationship with both parents and to have frequent contact with both parents. She related that if she would move to Wisconsin, she would like to see her father every Sunday, have dinner perhaps one or two times per week (if her schedule permitted it), and that she would like to rotate weeks during the summer. If her father would move closer to Wisconsin, she knows that it would be a shorter commute, but she was unable to suggest a schedule. If her father lived near her in Wisconsin, she would prefer to continue the current schedule and rotate weeks. If her mother is not allowed to move, but her mother chooses to move to Wisconsin, she would flip the proposed schedule, living with her father and visiting with her mother each Sunday, and have dinner with her one or two times per week.

The factors specific to a removal case need to be considered, particularly access. If a move is allowed, then a change in the current parenting schedule would be necessary and efficacious. It would be impractical for Rebecca to rotate weeks during the school year, due to the distance from her current community to Wisconsin and her school there.

Mrs. S's desire to move is based largely on two factors—to be able to reside with her fiancé and his children in Wisconsin and to possibly obtain a job there. Certainly, the desire to be able to live with her fiancé is reasonable. However, the job is indefinite, and there are certainly jobs available in the current locale. Mr. S is opposed to the move, largely because he feels that the current visitation schedule would not be viable. It is this evaluator's opinion that it would not be in Rebecca's best interest to rotate weeks with her parents if the court allows the move. In this evaluator's professional opinion, the commute would be too difficult for a freshman in high school, and it would ultimately have a negative impact on her relationship with her father.

Rebecca has expressed a desire to move with her mother, citing that she is closer with her mother. In fact, she does appear to be closer to her mother, although she has a healthy relationship with her father.

Rebecca's interest in moving to Wisconsin with her mother appears to be predicated on several other factors. First, she appears to be somewhat closer to her mother emotionally. Secondly, she has a desire to be part of a family, and she has connected quickly with her mother's fiancé and his children. Significantly, this has also coincided with her brother's graduation from high school and imminent entrance into college. It should be noted that Rebecca and her brother are very close, and unconsciously she may wish to maintain a sibling relationship, which she can do through her mother's fiancé's children.

Neither parent appears to have any significant psychological disorder which would adversely impact their ability to function as the primary parent. The parents do appear to be quite different, in that Mrs. S is more emotional and emotionally reactive, while Mr. S is somewhat more closed emotionally. Both parents have shared too much information with their daughter about the possible move, reflecting a boundary problem; I am somewhat more concerned about Mrs. S's boundaries with her daughter. In particular, she exposed her children relatively quickly to both her past boyfriends and her current fiancé. In addition, her

son noted that he and his sister were aware of their mother and her boyfriends having sex.

This case is an extremely close call. On the one hand, it is perhaps best to follow the adage "if it isn't broken, don't fix it." On the other hand, Rebecca appears to have a closer bond with her mother and has a preference for living with her mother. In addition, she is mature. However, I am concerned to some degree about her mother's unstable job history and emotional reactivity. Mr. S does appear to be more stable. I am also somewhat concerned that Mrs. S may break up with her fiancé at some point or be dissatisfied in her job and want to move again. It is very difficult for a teenager to change high schools. By contrast, Rebecca would be less likely to change high schools if she attended her current community high school.

As a result of this being such a close call, I am offering two possible scenarios:

1. If a move is allowed, then it is essential that she have significant visitation time with her father. I would suggest that she have alternate weekends from Friday after work or school until Sunday evening at 8:00 p.m. Furthermore, he should have at least 1 midweek visit with his daughter, probably dinner. If possible, it would be efficacious if he could have dinner two times per week with her. Furthermore, I would suggest that Mr. S receive compensatory time with his daughter, including 9 weeks of the summer vacation, every spring vacation, the Thanksgiving vacation and one half of her winter vacation. During the summer, it would be most efficacious if Rebecca would have an opportunity for 1 midweek dinner with the other parent during any week in which she was not out of town.
 2. If Mrs. S is not allowed to move, it would be most efficacious if the parents would continue to rotate weeks. If this plan is followed, then the current joint parenting agreement can be followed. If Mrs. S decides to move and the court does not allow the move, I would suggest that she have Rebecca for alternate week-
- ends, one or two dinners each week, alternate holidays, alternate spring vacation, one half of winter vacation, and one half of the summer vacation.
 3. All national holidays, school holidays, and institute days should be evenly divided and alternated and rotated on a yearly basis. If a parent's holiday or institute day either precedes or follows their weekend, then the weekend visitation should be extended.
 4. Both parents should be entitled to a right of first refusal if either parent is unavailable overnight. In addition, there should be a right of first refusal if either parent is working on a holiday or institute day and the other parent is available.
 5. Rebecca should celebrate Mother's Day and her mother's birthday with her and Father's Day and her father's birthday with him, regardless of whose weekend it may be. Rebecca's birthday should be alternated and rotated on a yearly basis.
 6. Both parents should be entitled to daily phone and/or text contact with Rebecca, to not exceed 15 minutes per day, so as to not interfere with the other parents parenting time.
 7. Both parents should avoid making disparaging remarks about the other parent in the presence of Rebecca.
 8. Both parents would benefit from individual counseling, with a focus on improving their boundaries with their children.
 9. Despite the current contentiousness, joint legal custody should be continued. These parents were successful for a number of years in parenting cooperatively, and are likely to do so in the future once the current litigation is finished. If a dispute does arise, it is suggested that they be required to attend mediation prior to either filing any motion or petition with the court.

If I can be of further assistance, please feel free to contact me.

Respectfully submitted,

Child Custody Evaluation

Mark L. Goldstein

Background Information

Mr. and Mrs. W were referred for a 604(b) child custody evaluation because of unresolved issues related to the issues of primary residential custody, joint versus sole legal custody, and visitation. Mr. and Mrs. W were married in September 1992 and separated in July 2011. There are five children from the marriage. Neither parent was previously married or have other children.

At the present time, all three children reside with their mother. There has been no visitation for the children with their father since October 2012, and there has been minimal phone contact.

Mrs. W is seeking primary residential custody as well as sole legal custody. She also expressed concerns about the children having any unsupervised visitation with their father. Mr. W is seeking joint legal custody, alternate weekend visitation, two dinners per week, one half of the holidays and one half of the children's winter, spring, and summer vacations.

Evaluation of MRS. W

Mrs. W was initially interviewed on May 8, 2013, and subsequently interviewed on May 30, 2013. In addition, she was administered the Minnesota Multiphasic Personality Inventory-

2-Restructured Form (MMPI-2-RF), the Paulus Deception Scales (PDS), the Parenting Alliance Measure (PAM), and the Parent-Child Relationship Inventory (PCRI). Finally, she was observed with the children on June 15, 2013.

Mrs. W was cooperative with the evaluation process and displayed no overt signs of any significant psychopathology, including depression, anxiety disorder, personality disorder, or substance abuse disorder. Her mental status appeared to be within normal limits. However, she appeared to have significant fear of her husband as well as fear for the children. Her affect was somewhat labile at times.

She delineated a history of the marital relationship, as well as the current custody dispute. According to Mrs. W, they met in the summer of 1989 when she was 21 years old and just finishing her undergraduate degree. She related that Mr. W was 24 years old and working. They began to date immediately after they met but did not live together prior to the marriage. She reported that there were no significant concerns at that time.

She related that after they married, they lived with her parents for approximately 2 years. They subsequently bought a home in the far southwest suburbs.

She reported that the first pregnancy was planned and her husband went to some appointments and was present for the birth. After their first child was born, she was off work for approximately 14 weeks and then found a full-time job. She noted that her mother or sister or a babysitter watched their son. It was also her perception that

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Mr. W rarely changed diapers or fed the baby. Both initially bathed Aaron at first, but then she primarily handled the bathing. She also noted that he would get up at night if she was exhausted. However, she handled medical appointments.

According to Mrs. W, her husband would become angry when he did not get his way. "He'd get super angry." She also cited that he would refinance the mortgage, so that their payments became so high that they could no longer afford the mortgage. They then sold the home and moved in with her parents again. She also reported that her husband became very controlling as well as jealous. In particular, she cited that he would be jealous that she had her summers off. In addition, she reported that he thought that sports for Aaron were "a waste of time and money." If they had disagreements, he would typically yell at her.

It was her perception that the pregnancy with Alan was not planned, but both were happy that she was pregnant. She added that he went to fewer appointments during the pregnancy with Alan than he had with Aaron. After Alan was born, he developed a number of medical problems. She reported that Mr. W was initially involved, but then decreasingly so. She added that he was also less involved with Aaron after Alan was born and became very critical of Aaron.

In 2003, they moved to the current home. She related that he rarely went to the children's sporting activities. Furthermore, she reported that she would have to initiate sex. At times, he slept with the children rather than with her as well.

She reported that the other pregnancies were not planned, and Mr. W did not go to the appointments with her. She added that he did not want to be at the births, but he did attend.

According to Mrs. W, her husband would usually go to work at approximately 2:30 p.m. He would watch the children while she was at work, but dropped the children off as early as 1:00 p.m. She contends that she handled medical appointments and that she would get up at night. In addition, she also took the children to their activities as well as their practices and games. Mr. W would go infrequently to the point that coaches thought that she was not married. She also reported that he did not go to medical appointments and felt

that doctors were a waste of money. Furthermore, she related that he did not go to the appointments when the children had dental work.

According to Mrs. W, she began to work as a teacher in the south suburbs in 1999. She continues to work there at the present time. Her husband also continued in different jobs until he obtained his current position with the postal service. He has had a schedule where he begins work at 3:30 p.m. and is home between 11:30 and 12:00 midnight.

She delineated several concerns about her husband. First, she expressed a concern about his use of alcohol, noting that he will typically drink after work and on weekends. He began to drink three to four beers per day. She acknowledged that he did not receive a driving under the influence (DUI), but noted that he would drive when he drank alcohol. She cited that the alcohol affected his behavior towards the children and her, and that he would become increasingly loud and aggressive. Second, she expressed concern about his anger, noting that he would bully the children and try to control everyone. She added that he would throw the children, get on top of the children, and that he broke their X-Box system and threw the TV controller and hit the children. Third, she noted that he refused to acknowledge that his vision was deteriorating and he would not wear his glasses. Fourth, it was her perception that he was uninvolved with the children's activities and sports. Fifth, she reported that he would often disappear for hours at a time. Sixth, she contends that he lacks communication skills with the children and/or her. Seventh, it was her perception that he bullies the children. Eighth, she related that he is jealous of her family. Finally, she related that he opposed medical care for the children at times.

In a later interview, she expressed concern that he might kidnap the children and disappear to Mexico. She also cited that she had fears that he would kill the older kids and her.

She also contends that he had an expired firearm owner identification (FOID) card, although he turned his guns over to the police department.

Mrs. W is seeking primary residential custody as well as sole legal custody. She noted that she

made all the decisions related to education, extracurricular activities, and medical issues in the past. Furthermore, she requested supervised visitation, if any visitation occurs.

When queried regarding plans for the future, she indicated that she will continue to live with her parents for the present. She indicated that she is stable at her job and plans to remain there. She is not dating at the present time.

She related that she does not smoke cigarettes and that she does not drink any alcohol. She has never received a DUI or been in rehab. She also denied any drug use ever. She currently takes no prescription medications, and she has no significant health problems. She denied ever being involved with the criminal justice system. She had counseling in the past to help deal with the marital issues.

On the MMPI-2-RF, there were no unscorable items in the protocol. She responded relevantly to the items on the basis of their content. Furthermore, there were no signs of any over-reporting in the protocol. However, scores on the MMPI-2-RF validity scales raise concerns about the possible impact of underreporting on the validity of the protocol. This impression was buttressed by a significant elevation on the L scale (the Lie scale; $T=86$) and a mild elevation on the K scale (the Correction scale; $T=66$). Her score on the L scale was significantly above the norm for a custody litigant, as well as significantly elevated for the normal population. Her elevation on the K scale was somewhat higher than what would be expected for an individual who is undergoing a custody evaluation as well.

There are no elevations on any of the Somatic/Cognitive scales, Internalizing scales, or Externalizing scales. On the Interpersonal scales, Mrs. W had a borderline score on the Interpersonal Passivity scale ($T=62$). Finally, all scales on the Psychopathology Five scales fell within normal limits.

She presented herself in an extremely positive light by denying many minor faults and shortcomings that most people acknowledge. "This level of virtuous presentation is very uncommon even in individuals with backgrounds stressing traditional values." She also presented herself as

very well adjusted. This reported level of psychological adjustment is relatively rare in the general population. As a result, any absence of elevation on the substantive scales is uninterpretable.

Although there were no indications of any somatic, cognitive, emotional, thought, or behavioral dysfunction in the protocol, because of indications of underreporting described earlier, these problems could not be unequivocally ruled out.

On the PAM, Mrs. W had a total score of 34, which placed her in the dysfunctional range, suggesting significant communication problems with her husband.

On the PCRI, she had a social desirability score of 15, which fell within the normal range and suggested that she was not responding in an overly defensive manner. In addition, her inconsistency score of 0 supported the reliability and validity of the test. On the various domains, she responded in such a manner as to suggest that she feels supported as a parent, that she is satisfied in her role as a parent, that she is involved, that she communicates effectively, that she sets appropriate limits, and that she fosters autonomy. She also responded in such a way as to suggest that she supports a shared parenting role.

Evaluation of Mr. W

Mr. W was initially interviewed on February 13, 2013, and subsequently interviewed on April 9, 2013. In addition, he was administered the MMPI-2-RF, the Millon Clinical Multiaxial Inventory (MCMI)-3, the PAM, and the PCRI on April 2, 2014. Furthermore, he was observed with the children on April 26, 2014.

Mr. W was cooperative with the evaluation process and displayed no overt signs of any significant psychopathology, including depression, anxiety disorder, personality disorder, or substance abuse disorder. His mental status appeared to be within normal limits.

He delineated a history of the marital relationship, as well as the current custody dispute. He corroborated some of the early historical information provided by his wife, with some differences. It was his perception that they met in a bar

in 1990 and began to date after that initial meeting. He reported that they did not live together prior to their marriage. When they married, he was working in construction. There were no significant concerns at that time.

He related that they moved in with her parents for approximately 1 year and then bought a home, where they remained for approximately 6 years. He noted that he and his wife worked different hours, so they did not have much contact with one another except on weekends.

It was his perception that the pregnancy with Aaron was planned. He contends that he went to the ultrasound and some of her obstetrics–gynecology (OB/GYN) appointments. He was also present for the birth. It was his perception that after their child was born, his wife was off work for approximately 3 months then began a full-time job. He added that he cared for Aaron until 2:00 p.m. (when he left for work), and then he would take Aaron to his wife’s mother’s home while he went to work.

According to Mr. W, his wife would not allow his family to come over to their home. In addition, he contends that she discouraged contact with his family and his friends. This led to significant conflict in the marriage.

He reported that the pregnancy with Alan was planned, and he acknowledged that he went to less appointments. It was his recollection that his wife was off work for approximately 1 or 2 months and then returned to work. He then watched both children in the morning and took the children to the maternal grandmother’s home around 2:00 or 2:30 p.m. before going to work. His wife would then pick up the children at her mother’s home at approximately 4:30 p.m. after her work concluded.

He related that when Alan was approximately 6 months old, he was in and out of the hospital with respiratory problems. He noted that Mrs. W would stay in the hospital with their son, and he would visit. It was his perception that both were involved in childcare, including changing diapers, feeding, and bathing. He contends that he was up more at night, because his job allowed him to do so. He acknowledged that his wife handled medical appointments.

In 2000, they moved to the south suburbs. He noted that prior to that time, his wife began to work as a teacher for a neighboring school district. He also reported that in 2001, she attempted suicide, overdosing on pain medication. He added that she was in the inpatient psychiatric unit on two occasions and she was treated with medication and electroconvulsive therapy (ECT). It was his perception that she had a severe depression. She also went for counseling and was on medication. He added that he went to a few appointments with her. By 2003, she was doing better, and they attempted to get pregnant again. They subsequently had three more children, each 1 year apart. He noted that he went to a number of appointments during each pregnancy.

According to Mr. W, they began remodeling their home after the move and maxed out their credit cards. They also had a second mortgage on the home as well. He added that this put a lot of stress on their marriage and led to much conflict.

It was his perception that he watched younger children in the morning and then took the older two children to school. He again took the younger kids to the maternal grandmother’s home in the early afternoon and then went to work. His wife’s mother would pick up the older boys from school.

He cited that his wife would cook and not clean up for days at a time, so the home smelled and was filthy. Furthermore, clean clothes were mixed with dirty clothes. He also cited that she did not want to clean, so she paid Aaron to clean the home.

He delineated several concerns about his wife. First, he contends that she is selfish. For example, even when his mother was dying of cancer, she became upset and forbid him to visit her. Second, he reported that she never cooked. Third, it was his perception that she was messy. Fourth, he expressed concern that she made two prior suicide attempts. Fifth, he reported that she would rather take the children for fast food rather than cook. Sixth, he contends that she attempting to alienate him from the children. Seventh, he expressed concern that she told the children that he was going to kill the children and her. He vehemently denied that this occurred.

In subsequent visit, he related that his wife has said that he is a danger. However, he noted that he cared for each of the children during mornings while she worked for many years, and that he has never been arrested.

According to Mr. W, his wife told him to leave, and he then told her that he wanted a divorce. He noted that she had been saying that they should separate for the past 10 years. He also commented that she called the police department on several occasions, reporting that she and the children were in danger. The police interviewed everyone and felt that there was no danger. She then left with the children and went to her parent's home.

He was then served with an order of protection June 2, 2012. The order of protection was for Mrs. W and the children. As a result, he had to leave the home, and he stayed with a friend.

He denied that he threatened to kill his wife or children. He acknowledged that he has six guns and goes regularly to a shooting range. Furthermore, he contends that his wife was totally aware of his weapons. He contends that he has a valid FOID card.

Mr. W related that he hired an attorney, and the order of protection was vacated on August 8, 2012. However, his wife moved out with the children to her parent's home. He then began dating a woman, Miranda, after he was initially kicked out of the home.

He reported that in late September 2012, the judge ordered that he should have contact with the children. He will call daily between 7:00 and 8:00 p.m. almost every day. However, the children will rarely talk to him.

Ultimately, his wife filed for divorce in July 2012. They attempted mediation with no success.

Mr. W is seeking joint custody, alternate weekend visitation, one or two dinners each week, one half of the holidays, and an equal division of the children's winter, spring, and summer vacations. He is opposed to supervised visitation.

When queried regarding plans for the future, he indicated that he intends to stay in his current position with the postal service. He acknowledged that he and Miranda are in a significant relationship. At the present time, he will continue to reside in her home.

He denied that he smokes cigarettes, but acknowledged that he will typically have one beer after work at times. He also may have a half bottle of wine on Saturdays. He denied ever receiving a DUI or being in rehab. He also denied ever using any illegal drugs. He currently takes medication for high blood pressure but has no other health problems. He denied any involvement with the criminal justice system, with the exception of the order of protection and restraining order related to his wife. He denied any involvement in counseling.

On the MMPI-2-RF, there were no unscorable items. He responded relevantly to the items on the basis of their content. Furthermore, there were no signs of over reporting in the protocol. However, scores on the validity scales raise concerns about the possible impact of underreporting on the validity of the protocol. This impression was buttressed by a significant elevation on the L scale ($T=76$) and by a borderline score on the K scale ($T=62$). Mr. W presented himself in a very positive light by denying several minor faults and shortcomings that most people acknowledge. He also presented himself as well adjusted.

On the higher-order scales, there were no elevations, but he did have a borderline score on the Behavioral/Externalizing Dysfunction scale ($T=63$). On the Restructured Clinical scales, he had a mild elevation on the Ideas of Persecution scale ($T=67$). There were no elevations on any of the Somatic/Cognitive scales, the Internalizing scales, or the Externalizing scales. On the Interpersonal scales, he had an elevation on the Social Avoidance scale ($T=79$). On the Psychopathology Five scales, he had a borderline score approaching significance on the Introversion scale ($T=64$). There were no indications of problems with substance abuse.

According to the interpretive report, there were no signs of any somatic or cognitive dysfunction in the protocol. Furthermore, there were no indications of an emotional/internalizing dysfunction. However, because of signs of underreporting described early, such problems could not be unequivocally ruled out.

Mr. W reported significant persecutory ideation such as believing that others seek to harm

him. He is likely to be suspicious of and alienated from other people and to experience interpersonal difficulties as a result of his suspiciousness. Furthermore, he may lack insight. In addition, he is likely to be introverted, to have difficulty forming close relationships, and to be emotionally constricted. Nonetheless, there were no signs of any maladaptive externalizing dysfunction. In addition, there were no signs of any substance abuse.

Mr. W was also administered the MCMI-3. All scale scores fell within normal limits. In addition, his scores on both the Alcohol Dependence and Drug Dependence scales fell well within normal limits and do not suggest a problem.

On the PDS, Mike W had a raw score of 15 on the Impression Management scale, which resulted in a *T* score of 73. This score fell in the significant range. On the Self Deceptive Enhancement scale, he had a raw score of 6, which resulted in a *T* score of 65. This score just fell within the significant range. His overall raw score of 21 resulted in a *T* score of 81, and this score was in the significant range. Individuals with elevated scores on the Impression Management scale and the Self Deceptive Enhancement scale are conceptualized as having a “repressor pattern.” These individuals tend to be restrained and generally well socialized. However, when they have problems, they lack the insight to deal with them and appear rigid. They may also appear sanctimonious about other peoples’ problems. Overall, they have a trait-like style towards self-enhancement as well a tendency to be influenced by situational demands to respond in a socially acceptable manner.

On the PAM, he had a total score of 41, placing him in the dysfunctional range, suggesting significant communication problems with his wife.

On the PCRI, Mr. W had a social desirability score of 12, which fell within the normal range and suggested that he was not responding in an overly defensive manner. His inconsistency score of 2 fell within normal limits, supporting the reliability and validity of the instrument. However, he may have been responding inattentively at times. On the various domains, he responded in

such a manner as to suggest that he feels satisfied in his role as a parent, that he is involved, that he communicates effectively, that he sets appropriate limits, and that he fosters autonomy. He also responded in such a way as to suggest that he supports a shared parenting role. His score on the Supportiveness scale (*T*=36) indicates that he perceives parenting responsibilities as a burden from which there is little relief.

Response to Concerns

He contends that the relationship with Miranda began after the order of protection. He also noted that only his youngest two children ever met Miranda and that this occurred at a lunch with Miranda and her four children.

He denied that he ever threatened to hurt the boys or his wife. He acknowledged that he has a number of guns and that he has engaged in the sport for at least 7 years and regularly goes to a shooting range. He reported that his brother has had his shotgun for the past 15 years in Minnesota. He reported that he has six pistols, as well as ammunition.

According to Mr. W, he worked from 3:30 p.m. until 11:30 or 12:00 p.m. when the children were young, and he would take care of the children if they got up at night.

He feels that he never got his way in the relationship with his wife. It was his perception that she was controlling and that everything was either “her way or the highway.”

He expressed an opinion that children’s sports took up too much time and interfered with his ability to work. By contrast, he related that his wife’s life revolved around the children’s sports, and that their sports and other activities took priority over everything else. He feels that he did encourage the children in their activities and went to some activities. He added that he did not attend if he worked or if he stayed home with the younger children.

He acknowledged that he drank one or two beers at times and three or four beers if they barbecued. He added that he never had a DUI, and he denied that alcohol ever affected his behavior.

He reported that his older sons played X-Box as long as 8 hours per day when he was not in school. He would ask them to turn the game system off at times. He denied that he ever broke the X-Box.

He reported that he went to his wife's family for all holidays and never went to spend time with his family. He added that when his family called, Mrs. W would say that he was not home and that he was working, when he was in fact home. He added that his family got to the point where they stopped calling.

He acknowledged that when Alan was in the hospital his wife stayed overnight with him. He would visit but did not stay overnight. It was his perception that if one of the kids had a slight fever or stomach ache, Mrs. W would want to go to the hospital every time or to see a physician. He would want to monitor the situation and see if the child got better.

He denied that he would ever kidnap any of the children. Furthermore, he denied that he would ever consider moving to Mexico.

He reported that he was allowed to call the children as of September 2012, but that only the two youngest will answer, but they usually say that they do not want to talk to him. He added that in the background he will hear someone say "you don't have to talk."

He related that he has a current FOID card. In fact, he produced his FOID card which does not expire until 2017. He also has a Conceal Carry card, which also expires in 2017 as well.

Finally, he reported that he is supposed to have visitation with the three youngest children at a neutral exchange center, but visitation has not yet begun.

Mrs. W contends that her husband has been dating Miranda for at least 2 years, and he began to date her prior to the demise of the relationship.

She contends that she welcomed his family over, but they had no interest in a relationship with her husband or the children. It was her perception that he abandoned his family, although she has no insight as to why this occurred.

She related that after Aaron was born, her husband would watch him until 1:00 p.m. and then get ready to go to work and take their son to her

mother's home. It was her perception that this was also occurred with the four younger children as well.

According to Mrs. W, she was in a car accident and needed significant medical attention as a result. It was her perception that on two different occasions she became ill on medication and was taken to the hospital. She feels that it was a medical issue rather than depression. She subsequently discontinued the medication.

It was her perception that she would clean the home. However, after she would come home from work, her husband would do nothing to clean up. She also contends that he never offered to clean.

When his mother had cancer, she was recovering from her car accident and was incapacitated and needed his help. It was also her perception that he had no contact with his mother or other family members for years, so she could not understand why he wanted to see her then.

It was her perception that she always cooked. She added that he would take the children for fast food. She acknowledged that she takes the children for fast food approximately two times per month, particularly if they have an activity, and there is not adequate time to prepare a meal.

She reported that Aaron heard her husband say that he was going to kill the family.

She reported that she found pistols and a lot of knives in the home and locked them up. She also found more guns in the home. She did not know when or how her husband went to the shooting range.

Finally, she contends that he was disengaged from the family. From her perception, the children's activities are important and take precedence over anything else.

Evaluation of the W Children

Each of the children was individually interviewed on March 17, 2013 and on April 2, 2013. In addition, Alex was administered the Bricklin Perceptual Scales on April 2, 2013. The two youngest children were not administered this instrument due to their age and limited verbal skills. The

two oldest children were not administered the Bricklin because they were too old for this instrument. Furthermore, the children were observed with their father on April 2, 2013, and briefly observed with their mother on March 17, 2013.

The oldest child, Aaron, 18 years old, would not agree to be interviewed. It should be noted that he no longer a minor and can choose whatever visitation schedule he desires.

Alan, 15 years old, is a high school freshman. He reported that he receives grades from A to C in the school. He also noted that he plays football and lacrosse, plays trombone in the school band, and that he is on school yearbook.

When asked to describe his mother, he stated "really nice. Does a lot of things for me. Brings me to all my activities. Helps me with homework. Can become very annoying when she tells me to do something right now and won't wait." He added that he walks with his mother, watches TV with her, and goes out for meals with her. When his mother becomes angry, she "takes away my privileges." He added that his mother does not yell, throw things, slap him, or hit him. For punishment, she takes away his privileges and/or has him go to his room. He denied that she ever spanked him. When queried as to what he would change about his mother, he stated "her lack of patience."

When asked to describe his father, he stated "he's mean. Constantly yelled at me. Throws stuff when he gets mad. Breaks my things. He has thrown chairs down the stairs. He swears for no reason. A very scary guy." He added that he used to go fishing and to the movies with his father. When queried about his father's anger, he indicated that his father threw things, yelled, and swore. He also commented that his father slams doors and that he slapped his brother Aaron and pushed his brothers, his mother, and him. For punishment, his father "takes my stuff." He added that if he went to his room to avoid a confrontation with his father, his father would take the door off his room and take away his TV. He added that his mother would tell his father to put the door back on and his parents would argue. Eventually, his father would put the door back on. When queried as to what he would change about his father, he

indicated that he would change his father's temper and his anger.

According to Alan, his mother found out that his father was cheating on her in the spring 2012. Subsequently, his mother confronted his father, and his father "went berserk," swearing, and kicking walls. He added that his mother, brothers, and he went into his room which had a lock on the door and his mother subsequently called the police. They then went to his grandparents' house and brought a box with them that was for his father. They opened the box at his grandparents' house and there was a knife and 50 bullets in it. His mother again called the police and the police took the ammunition.

He related that he talked to his father on the phone last summer, but he told his father that he did not want to see him. He also commented that his father "went off on the phone," and called him "lazy" and "stupid." He also reported that his father called his mother "a whale" and "lazy."

When I queried him regarding what needed to change in order for him to have visitation with his father, he related that he wants his father to get rid of his guns, to stop yelling, swearing, and threatening the family. However, he added that he does not want to sleep over at his father's home.

He reported that he stopped talking to his father on the phone in June 2012. It was his perception that he developed gastrointestinal problems, including vomiting, acid reflex, and anxiety when he would speak with his father, even on the phone. He added that this is not an issue at the present time.

He also reported that his younger siblings would get upset by phone calls from his father. It was his perception that his father attempts to bribe the younger children by promising toys to take them to Great America and Disney World, but that his father does not follow through.

During the follow-up interview, he reported that his father would drink beer, although he never saw his father intoxicated or drive while drinking. It was his perception that his father would "go through a case in a week." When I queried him as to how many cans or bottles of beer were in a case, he indicated "six." He also

noted that his father would become increasingly upset when he would drink alcohol.

He reported that his mother was involved extensively with his sports activities, while his father rarely attended his activities. He also reported that his mother feels that attending college is important, while his father wants him to go into the military or work.

According to Alan, his mother made spaghetti and grilled meat, while his father never cooked. They used to go out to eat as a family or bring in fast food when his parents were together at times. Currently, they often bring in fast food because of their schedules.

Alan reported that his mother told him that his father was going to kill them. He added that his father also threatened to kidnap them. When queried, he noted that his mother informed him.

Alex, 7 years old, attends the first grade. He was cooperative with the interviews and verbalized spontaneously and freely. There was no evidence of any significant emotional problem or cognitive deficit.

When asked to describe his father, he stated "he yells at me. He scares me a lot. Yells at Alan." He added that his father yells at Alan more than he yells at the other children. He indicated that he would play PlayStation, watch TV, and go out to eat with his father. When his father becomes angry, he would be "yelling." He added that at times, his father threw things, but did not swear. On one occasion, his father kicked a door. He also commented that his father spanked "really hard." His father never slapped him. For punishment, his father had him stay in time out for one minute. When queried as to what he would change about his father, he indicated that he would want his father to "not yell so much." When queried as to why he was scared of his father, he stated, "because of his yelling."

When asked to describe his mother, he stated "takes me everywhere I want to go. Watches me play. Takes me to the store." He added that he plays video games with his mother and watches TV as well. When his mother becomes angry, she says, "stop." He denied that his mother yells or swears, but his mother does say, "shut up," mostly to his father. For punishment, his mother

spanked him when he was 3 years old. She also takes away games at the present time. There is nothing he would change about his mother.

He related that he talks to his father on the phone "not that often." He added that he does not want to see his father. He reported that his father "acts nice on the phone, but I know that he is not really nice." He added that on one occasion his father slammed him on the bed when he was 1-year old. His mother told him about this. He would want his father to be "nicer" in order to see his father.

He related that his mother talks to his grandparents about his father, but she does not talk about his father to him. "I never hear." He added that his attorney said that he would have to talk to his father, but he does not want to talk to him and does not want to see his father.

During the follow-up interview on April 19, 2013, he indicated that he had no recent contact with his father. When queried as to what would make him feel safer for visitation with his father, he indicated that he would like his mother to be present for visits.

According to Alex, when his parents resided together, both cooked. His mother now cooks and makes spaghetti, and macaroni and cheese. They also go out to eat at McDonald's or Wendys three times each week. His grandmother cooks more often than his mother. He also indicated that his mother is messier than his father.

He related that his grandmother takes him to the mall sometimes. His grandmother becomes angry before school when he does not want to go to school. "I hate school." When queried further, he reported that he has a "mean teacher."

He denied that his mother ever told him that his father would kill them or kidnap them.

On the Bricklin Perceptual Scales, Alex rated his mother as the preferential parent on 24 items, his father as the preferential parent on 4 items, and the parents as equal on the remaining 4 items. He perceived his mother as significantly stronger in supportiveness and in admirable character traits. He perceived his mother as somewhat stronger in competency. He perceived his parents as relatively equal in follow-up consistency.

The children were observed with their mother on March 13, 2013. They appeared to be very comfortable with her and were clearly bonded and attached to her. There was evidence of a clear hierarchy in the family system, with Mrs. W in a leadership role. The children freely communicated with their mother as well.

The two youngest children, Adrien and Art, were not interviewed due to their age.

The children were observed with their father on April 5, 2013. Initially, both Alan and Alex were anxious, particularly Alan. Alex quickly warmed up to his father. The younger children were eager to see their father and immediately ran to him and hugged him. It should be noted that Mr. W was quite anxious. He was also complimentary, enhancing the children's self-esteem. There was also evidence of an appropriate hierarchy, with Mr. W in a leadership role. He also set limits appropriately. Overall, the three youngest children appeared to be comfortable with their father and adequately bonded and attached to him. Alan remained very distant with his father throughout the observation.

Collateral Interviews and Collateral Information

On May 6, 2013, I interviewed the school social worker at the high school. She related that she saw Alan regularly early in the school year but less as the year proceeded. She also reported that in the fall, Alan missed 16 days of school due to gastrointestinal issues.

She related that Alan was angry and disappointed with his father, not because his father had left the home, but because his father had left the family financially strapped, and that they had to move in with the grandparents. She added that Alan perceived his father as angry and reported that he threw things. She also cited that he felt scared of his father and was fearful of his father kidnapping him and/or killing him. Finally, she cited that Alan is doing adequately academically at the present time.

On April 22, 2013, I interviewed Alan's counselor. He reported that Alan was initially seen in

November 2012. He has met with Alan 14 times and on occasion with his mother. Alan has expressed fears related to his father. In addition, he has experienced physical symptoms, particularly gastrointestinal issues, as well as some problems with nausea and dizziness. He also depicted Mrs. W as very anxious, as well as very angry at her husband. He related that Alan's symptoms have decreased and that Alan likes living at his grandparent's home but misses his old neighborhood and friends there. He has had no contact with Alan's father.

On April 14, 2013, I interviewed Miranda, Mrs. W's girlfriend. She reported that she and Mr. W have worked together for over 10 years at the post office. She added that he and his wife had increasing problems, because Mrs. W did not like him having a female friend. She then "backed off." However, it was her perception that when Mrs. W obtained an order of protection, she offered to let Mr. W stay at her house, because she had an extra bedroom. After the divorce was filed, they began to date.

She sees Mr. W as quiet and kind. She denied that she ever saw any issues with anger. Furthermore, she related that he will have one or two beers at times but has never been intoxicated. She indicated that her ex-husband is an alcoholic, and she would not tolerate someone with an alcohol problem.

I attempted to contact the children's pediatrician and the children's dentist. The pediatrician did send medical records to this evaluator, and these were reviewed. In addition, she sent a message indicating that her office did not keep records as to which parent brought the children, but that there were no problems in either parent bringing the children to the office. She also sent a letter indicating that Alan was being medically managed for anxiety and gastrointestinal problems, citing that these appeared to be the result of problems at home.

I also reviewed a number of other records related to this case, including police department records. I also reviewed copies of a FOID and a conceal carry license. In addition, I reviewed a State Police Concealed Carry Firearm Training Certificate.

Furthermore, I reviewed an order of protection and various petitions and motions related to the case. Finally, I reviewed some photographs.

Summary and Recommendations

Mr. and Mrs. were referred for a 604(b) child custody evaluation, because of unresolved issues related to visitation for the minor children with their father. At the present time, the children are residing with their mother in the grandparents' home. Since the separation in 2012, Mr. W has had only phone contact, primarily with the younger kids. He has not had any visitation. He is seeking to establish visitation with the children, specifically requesting alternate weekend visitation, one or two dinners each week, and alternate holidays and vacation time with the children. He is also requesting joint legal custody. Mrs. W is seeking primary residential custody, as well as sole legal custody. In addition, she is opposed to visitation for the children with their father for fear that their father will either kill the children and/or kidnap them.

As part of the current evaluation, both parents were extensively interviewed and administered psychological tests and parenting inventories. In addition, the parents were observed with the children on separate occasions. Furthermore, Alan and Alex were each interviewed on two occasions, and Alex was administered the Bricklin Perceptual Scales. The two younger children were not interviewed due to their age and limited verbal skills. The oldest child, a college student, would not agree to be interviewed or participate in the evaluation. Finally, several collateral interviews were conducted, and collateral information was reviewed.

Both parents delineated several concerns about the other. Mr. W cited that his wife is selfish, that she very seldom cooked, that she is messy, that she made two prior suicide attempts, and that she would rather take the children for fast food rather than cook. In addition, he cited that she has interfered with his ability to visit the children, that she has alienated the children, and that she informed the children that he was going to kill them or kidnap them.

It is evident that Mrs. W has opposed his visitation with the children and has been reluctant for the children to even have supervised visitation with their father. In addition, Alan reported that his mother informed him that his father was going to kill them. This suggests at least some alienation. There is also some evidence that Mrs. W was hospitalized two times in the past, although she contends that she was hospitalized due to problems with medication, denying that she attempted suicide. The other concerns were either unsubstantiated or there was not enough data to either substantiate them or not. It should also be noted that the psychological testing on Mrs. W revealed that she presented herself in an extremely positive light and reported herself as very well adjusted. Her elevations on the K scale and the L scale do create some doubt about the extent of her concerns.

Mrs. W expressed concerns about her husband's use alcohol and about his anger and bullying the children. She also cited that he was uninvolved in the children's activities, and that he lacks communication skills with the children and her. Furthermore, she related that he bullies the children, that he was neglectful, that he opposed medical care for the children, and that he was having an affair.

The data suggest that Mr. W does have episodic problems with anger. His wife and two of the children, Alan and Alex, were all consistent in their reports about his anger. Although Mr. W drinks alcohol, there is no evidence to suggest that he abuses alcohol or has an alcohol addiction. Furthermore, it was apparent that he was minimally involved with his children's activities and that he rationalized why he was not involved. Furthermore, it appears that he was relatively self-involved. He appeared to have a somewhat cautious approach to taking the children for medical care in comparison to his wife. Although he contends that he was not involved with his current girlfriend until after the divorce commenced, this appears to be highly unlikely. The other concerns delineated by his wife were either unsubstantiated or there was not enough data to either substantiate them or not. Similar to Mrs. W, his psychological testing reflected an

individual who attempted to present a favorable image of himself. Both the L scale and K scale were elevated, suggesting that he may not have always been forthcoming and honest.

The two minor children, as well as the oldest son, all appear to have significantly impaired relationships with their father at the present time. It is also clear that he was not very involved with the children during the course of the marriage, and that Mrs. W had the primary responsibility and involvement with the children. Two of the children definitely see their father as having anger issues. However, their anxiety regarding their father appears to have been exacerbated by Mrs. W sharing information inappropriately with the children and by her own anxiety and fear. It is possible that Mr. W threatened to kill or kidnap the children when he was angry, but only Mrs. W allegedly heard make this statement. However, he had several hidden firearms and a significant amount of ammunition in the home, which may have exacerbated his wife's fears. Because he was defensive on psychological testing in an attempt to present himself in a favorable light, it is difficult to assess the extent of his anger and the possibility that he may act out his anger.

When the best interest factors are considered, it is clear that Mrs. W's rationale to have sole legal custody is reasonable. Furthermore, her rationale to be the primary parent is also reasonable. Her rationale for her husband to have limited if any visitation with the children appears to be based at least partially on her own anxiety and fear, and partially on her husband's behavior and his collection of firearms. Mr. W's rationale to have alternate weekend visitation and holiday visitation and vacation time with the children appears to be reasonable.

Mr. W appears to have some anger management problem, which may only be manifested episodically. Mrs. W appears to have significant anxiety and fear at the time, which is coloring her perception of her husband.

The three younger children appear to be relatively well-adjusted children and appear to have a healthy attachment to both their mother and father. Although Alex was initially reticent with his father during the observation, he quickly warmed

up to him and related in a comfortable manner. The two youngest children immediately reacted in a positive manner. By contrast, Alan appears to be experiencing significant anxiety at the present time, primarily manifested in physiological symptoms, including gastrointestinal symptoms. He also appears to be very distant from his father at the present time. However, despite his anxiety, he appears to be functioning adequately in school.

There is no evidence of any domestic violence in this case. However, the children indicated that both parents would yell and call each other names at times during the course of the marriage, and one of the children reported that his parents would push each other at times. There is also no evidence of any significant child abuse in this case. However, Mr. W appears to have been punitive with Alan in particular. In addition, all the children would witness his anger.

Mr. W appears to have no problem in facilitating a relationship between Mrs. W and the children. However, Mrs. W is requesting that the children have either no visitation or supervised visitation with their father. As a result, she is less likely to facilitate a relationship between the children and the other parent than her husband.

In view of these impressions, the following recommendations are offered:

1. Mrs. W should be the primary residential parent. She has clearly served in this capacity throughout the children's lives, and Mr. W has only been minimally involved with the children in day-to-day activities.
2. Mrs. W should have sole legal custody of the children. She appears to have made most of the decisions related to the children throughout the course of the marriage. However, this evaluator is concerned that she may be unconsciously alienating the children from their father due to her own anxiety and fears of him. Mr. W should have access to the school records, be able to attend all the children's activities, and be able to attend any medical or dental appointment for the children. Furthermore, Mrs. W should inform her husband of these events, so that he has an opportunity to attend if he chooses to do so.

3. At the present time, Mr. W should have limited visitation with the children initially. Because of the anxiety and fear, particularly on the part of Alan, a slow transition should occur. Specifically, I would suggest that Mr. W have visitation two times per week for 2 hours each visit for the next 3 months with the children. It would also be preferable that another relative or family friend be present for the first few visits to allay the older children's anxiety. Visitation should increase over the course of time, until Mr. W has alternate weekend visitation from Friday after school until Monday morning when he returns the children directly to school. In addition, he should have an opportunity to have dinner with the children one or two times per week as well. The full visitation schedule of alternate weekends and one or two dinners per week should occur within a maximum of 1 year from the time that visitation begins to occur.
4. Mr. W should have weekly counseling with a highly experienced therapist who specializes in anger management. It is this evaluator's impression that Mr. W will need a minimum of 6 months of weekly individual counseling and preferably 1 year of individual counseling on a weekly basis.
5. Mr. W should have weekly conjoint counseling with Alan and Alex on a weekly basis with a family therapist, who specializes in repairing damaged parent/child relationships. This evaluator would be happy to provide names of suitable therapists.
6. It would be efficacious if Mr. and Mrs. W ultimately alternate all holidays. However, I would suggest the alternating of holidays not begin until Mr. W has completed at least 3 months of individual counseling on a weekly basis, and he and the children have begun family counseling.
7. Mr. W should have the children on Father's Day and on his birthday (from 9:00 a.m. to 6:00 p.m.). Mrs. W should have the children on Mother's Day and her birthday, with the same hours as above.
8. Ultimately, the children's birthdays should be alternated and rotated on a yearly basis. The other parent should have the opportunity to celebrate the child's birthday on either the day before or the day after the actual birthday, for a period of up to 3 hours, if the parent chooses to do so.
9. Once visitation has been firmly established within the next year, the parents should alternate and rotate the children's spring vacation.
10. Once visitation has been reestablished, the children's winter vacation should be evenly divided, with week 1 and week 2 alternated and rotated on a yearly basis.
11. Once visitation has been fully implemented, each parent should be entitled to 2 weeks of vacation time with the children, which should be nonconsecutive until the youngest child becomes 10 years old.
12. Mr. W should have daily phone contact with the children when not with the children. It is essential that Mrs. W have the children answer the phone and talk to their father on the phone. Likewise, when Mr. W has the children for overnight visitation, the children should have daily phone contact with their mother and Mr. W should facilitate the phone calls.
13. Both parents should avoid making any disparaging remarks about the other parent, the other parent's family, or the other parent's significant other.
14. Both parents should be entitled to a right of first refusal if either parent is unavailable overnight during their visitation time with the children.
15. Alan should continue in individual counseling until such time that his therapist deems it appropriate to either decrease his counseling and/or terminate counseling.
16. It would be beneficial for Mrs. W to have her own individual counseling, in order to decrease her anxiety and fear related to her husband and to understand her behavior which may be alienating the children from their father.

17. Mr. W should be prohibited from consuming any alcohol for a period of 12 hours prior to any contact with the children and during his visitation time with the children. In addition, there should be no firearms in

his domicile at any time in which he has contact with the children.

If I can be of further assistance, please feel free to contact me.

Respectfully submitted

Retraction Note to: Child Custody Evaluations: In Cases Where Parental Alienation Is Alleged

Demosthenes Lorandos and J. Michael Bone

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