



The use of MMPI-2 in the evaluation of parental capacity/suitability in judicial assessments

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ABSTRACT

Purpose: The purpose of this study is to investigate the parental capacity/suitability in judicial conflicts concerning child custody as well as childcare in cases of child disuse or abuse using the MMPI-2.

Methods: The MMPI-2 questionnaire is weighted in the Greek population for the last thirteen years. It is administered exclusively by trained psychologists to adults over 18 years of age with a duration of approximately 1 to 2 hours. The examinee is asked to respond «true» or «false» in a series of 567 items. A Case Report is used as example for the analysis of the personality and psychological profile of a woman requested child custody.

Results: The use of MMPI-2 enables substantial information to the psychologist referring to mental health of disputant parents, their personality characteristics, while depict their capability to carry out their parental roles. Furthermore, it features any possible problematic behavior, that may negatively affect their everyday life as well as their suitability as caregivers in cases of child abuse and disuse. Also, the moderate or high scores on the MMPI-2 Validity Scales K and L, as well as the lack of elevations in psychopathological scores at the Clinical Scales, may comprise an important beginning element, in order the psychologist to investigate the positive characteristics which are important to have a positive evaluation of the examinee parent.

Conclusions: The present case study focuses on the analysis and interpretation of the MMPI-2 Scales concerning parental assessment for judicial use. According to MMPI-2, the examinee does not show signs of psychopathology nor problematic behavior in general.

Key words: *MMPI-2;parental capacity/suitability;child custody;judicial use*

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Introduction

Psychologists and mental health professionals are often asked to give opinions on issues related to parenting ability and suitability in litigation for the custody of minors, as well as the capacity for the custody and care in cases of abuse or neglect. The MMPI-2 Personality and Psychopathology Questionnaire is used in custody court cases. Numerous studies, qualitative measurements and results analyses, report that many psychologists, about 70-84%, used MMPI-2 to assess parental competence in similar cases [1,2]. Extensive research studies in recent years, describing the high validity and effectiveness of its findings in creating valid and reliable clinical personality profiles [3], have contributed to its widespread acceptance in clinical settings.

According to Ackerman [4], prior to the 1900s children were viewed as property. In the early 1970s, in USA, with the enactment of the Uniform Marriage and Divorce Act (UMDA), custody issues focused on the best interest of children. Psychology became aware of its ever-increasing role in child custody evaluation cases. In 1994 the APA developed guidelines to be utilized in child custody evaluation proceedings, which were revised in 2009, however these guidelines were considered to be aspirational and not mandatory. The Guidelines are both validating and affirming for psychologists already follow them [4].

Psychological assessments are based on multiple methods of gathering information and explore a wide range of topics such as personality traits, parent-child mental health, child adaptability to family and school environment, parent-child emotional bonds, parental ability to raise the child, substance abuse by parents and/or addicted parents, violence, and general family circumstances.

The MMPI-2 provides the most holistic, validate and reliable estimate of personality, psychopathology and behavior comparing to any other psychometric assessment. The MMPI-2 is the revised version of the MMPI questionnaire and is weighted in the Greek population for the last sixteen years [5]. Only trained psychologists it is allowed to administer this inventory in people over 18 years old. The duration of the administration lasts between 11/2 to 2 hours approximately.

The examinee is asked to respond «true» or «false» in a series of 567 items. The combinations of the answers structure the test's scales that are categorized into Validity Scales and Clinical Scales and are then analyzed and interpreted to identify psychopathological personality traits or a profile without psychopathology. In total, the Greek version of the MMPI-2 contains 117 Scales [5].

Aiming to analyze in the most proper way the use and importance of MMPI-2 in child custody affairs, it is presented an MMPI-2 protocol of a case study which refers to a woman who has started a court battle to obtain custody and adoption of her husbands' children, who passed away a year ago.

Cases examined during the diagnostic evaluation with the MMPI-2

The MMPI-2 provides the psychologist with information about the mental health of opposing parents, their personality traits as well as a visual perspective on their ability to perform their parenting roles. This highlights their potentially problematic behaviors, which can affect their daily lives and their suitability as caregivers, in cases of child abuse and neglect.

The findings from the varied analysis of such cases gave the literature a rich picture of the data obtained from the examination with the MMPI-2 [6], which facilitate clinicians to obtain a clear view of the patients and are presented below in detail.

Positive self-image

Parents, aiming at the good image they will give, adopt a defensive attitude, and deny behaviors that are usually encountered in the population. During the administration of the MMPI-2, an overly positive self-image is inferred from the validity scales when they exceed one standard deviation above the mean. However, most parents give valid protocols [3].

Parental cooperation

An important question that arises during the evaluation is whether the parent presented himself or herself accurately. The cooperation can be estimated from the high values of the Lie (L) scale or the Correction (K) scale, if the examinee tries with his/her answers not to make obvious and/or to hide mental health problems [7,8,9,10]. The social and educational status of the examined parent affects the style of answers [9].

Suspicion or mistrust of the examination

The examinee may develop suspicion or mistrust of the assessment process, as well as concern that the psychologist or judges may not understand him or her. However, from the clinical scales, the high values on the scale of paranoia (Pa) and from the scales of content, that of cynicism (Cyn), provide information, which may not simply reflect the temporary pressure exerted by the subject during the examination, but a more general cautious attitude [11].

Anxiety during the examination

The MMPI-2 can capture both parental anxiety levels and adjustment difficulties; in other words, the parent's ability to manage this relationship [12,13]. High values on the scales of psychasthenia (Pt), anxiety (Anx) and post-traumatic stress disorder (PK) are related to this assessment [13].

Manifestation of mental symptoms

Regarding the children of mentally ill parents, they have been found to be at risk of developing social, emotional, and behavioral disorders [15,16]. Indicatively, many studies indicate that the De scale detects depression [17,18]. The anxiety (Anx) and psychasthenia (Pt) scales detect anxiety. In fact, depression and anxiety questions are so subtle that it is difficult to be concealed by the defensive adversaries. The scale of psychopathic deviate (Pd) illuminates on issues of narcissism, self-interest, and family conflicts [19].

Problem-solving ability

The elevation of the values on the scales of validity Correction (K) and Lie (L), detects the denial of everyday problems. High values of the hysteria (Hy) scale indicate a denial of mental symptoms [20,21], as well as the existence of parental anxiety. Low values on the ego strength scale (Es) reflect less psychological adjustment and lower ability to handle difficulties [19].

Interpersonal difficulties and conflicts

The Scales that reflect elements of interpersonal difficulties are those of social introversion (Si), social difficulties (Sod), psychopathic deviate (Pd) and hypomania (Ma) [11]. In particular, the paranoia scale (Pa) shows the ability of the parent to trust and cooperate with others, such as the ex-spouse, the child, the social worker, or family counselor [19].

Evaluating parents with no history of antisocial behavior but who have committed antisocial acts may reveal personality traits such as impulsivity, high risk, rule-breaking, immature behavior, narcissism, and selfishness. The research highlights the scales of psychopathic deviate (Pd), hypomania (Ma), aggression (AGGR) and antisocial practices (ASP) [22].

At the same time, aggressive behavior towards the child, the other parent or the authorities, or the expression of anger and the way it is managed are reflected in the scales of psychopathic deviate (Pd), paranoia (Pa), hypomania (Ma) and anger (ANG) [11,23,24].

Behaviors of abuse or neglect

Issues of extreme impulsiveness, narcissism, or aggression of the parent towards the child are important in the evaluation of custody, as they may be related to cases of abuse or neglect. The MMPI-2 psychopathic deviate (Pd), paranoia (Pa), schizophrenia (Sc), anger (ANG) and hostility (Ho) scales can alert the psychologist to possible aggressive parental behavior [25,26].

Emotional alienation

MMPI-2 can detect difficulties in establishing or maintaining relationships with inappropriate emotion, through various Scales, such as that of paranoia (Pa) [19]. At the same time, one parent may not cooperate with the other parent and create problems occupying social services [27].

Marital adjustment

Marital adjustment was studied both initially with the MMPI and later with the MMPI-2, to investigate the induction of family conflicts [28]. The marital distress scale (MDS) provides evidence-based assessment of marital stress, close relationships between spouses and marital problems [29].

Substance abuse

Substance abuse problems by one or both parents affect parental behavior, and it must be ensured that alcohol or drug use is a minor risk factor for the marital state. The MMPI-2 addiction admission scale (AAS), Addiction Potential Scale (APS), and the MacAndrew Alcoholism Revised scale (MAC-R) report abuses in parent ratings [30].

Motivation for treatment or rehabilitation of mental health

The MMPI-2 Negative Treatment Indicator (TRT) is a scale that helps to understand the problems of a helpless and desperate parent, especially with the subscales of low motivation (TRT1) and inability to disclose (TRT2). There are side effects of rehabilitation, such as taking sedatives that affect parental care and should be considered by a psychologist. Memory impairments, reduced decision-making ability, and wasted time and energy indirectly have a negative effect on children [31].

CASE REPORT OF THE REQUEST FOR PARENTAL SUITABILITY WITH THE CONTRIBUTION OF THE MMPI-2

The administration and analysis of the following MMPI-2 protocol, refers to a 49-year-old woman from the Philippines, who has been residing in Greece for the past 25 years and knows the Greek language very well. She was married to a Greek citizen, who had four children from a previous marriage and who passed away a year ago. The examinee has started a court battle to obtain custody and adoption of his children. Importantly, her relationship with the children was particularly good, with both positive emotions, as at least described by her and the children.

Her lawyer requested for a personality assessment to use it to the court, against the request for children's custody from relatives of the maternal family.

The analysis' data for each of the groups of the Psychometric Assessment Scales is recorded next:

VALIDITY SCALES

There is a significant elevation in the Scale of «Infrequency Psychopathology» (FP). This elevation indicates the need of the examinee to emphasize her existing problems. This element, to some extent, reduces the reliability of the measurement and indicates the existence of some stressful elements of the subject. Also, the elevations observed in these measurements in the Scales of defense (K) and positive self-presentation (S), are expected. In particular, the «correction» answers of the examinee, with a relatively rational defense, seem to be somewhat increased.

CLINICAL SCALES

In this protocol the values of the clinical scales are exceptionally low, so no pathological data are observed

from the specific measurements.

Figure 1. Diagram of Validity Scales

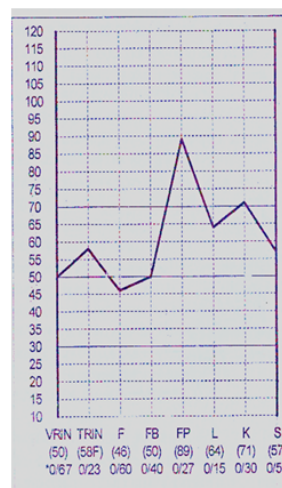
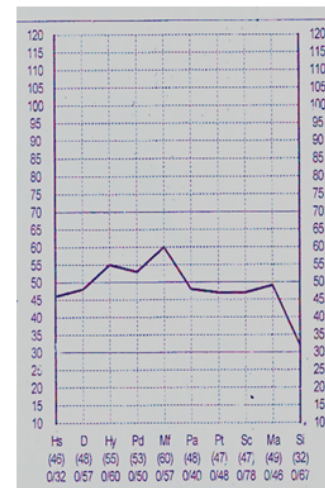


Figure 2. Diagram of Clinical Scales



CLINICAL SUB-SCALES

In this protocol, without showing clinical elevations, limited personality traits of a person who feels that she is misunderstood and deprived as well as elements of relative denial of social stress, without caring much about the opinions of others, are demonstrated.

RESTRUCTURED CLINICAL SCALES

Essentially pathological elements are not indicated. The examinee shows a slight picture of a person who feels that she has fallen victim to external situations as well as a person who finds it difficult to gain relationships of trust.

CONTENT SCALES

No substantial pathological elevations are observed here either. The only noteworthy fact is that some suspicious behaviors as well as limited sociability are recorded.

CONTENT COMPONENT SCALES

Several strange experiences are reported by the examinee, which, however, based on her overall picture, cannot be assessed as psychotic or as evidence of severe psychopathology.

PERSONALITY SCALES AND SUPPLEMENTARY SCALES

Regarding personality traits of the examinee, it is estimated that to a limited extent, she is a person with

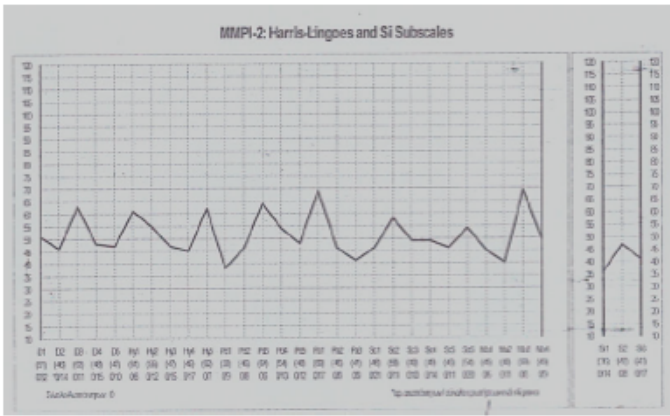


Figure 3. Diagram of Clinical Sub-scales

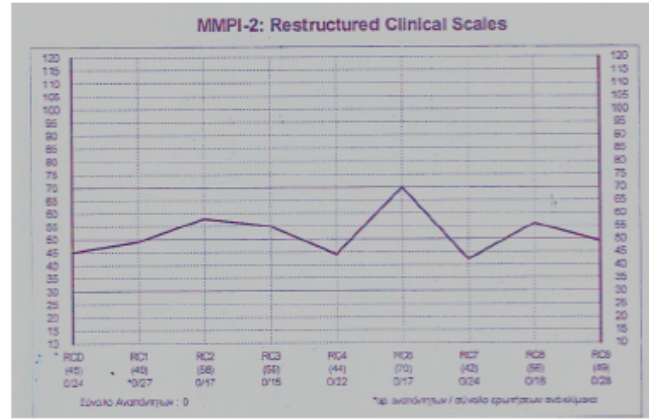


Figure 4. Diagram of Restructured Clinical Scales

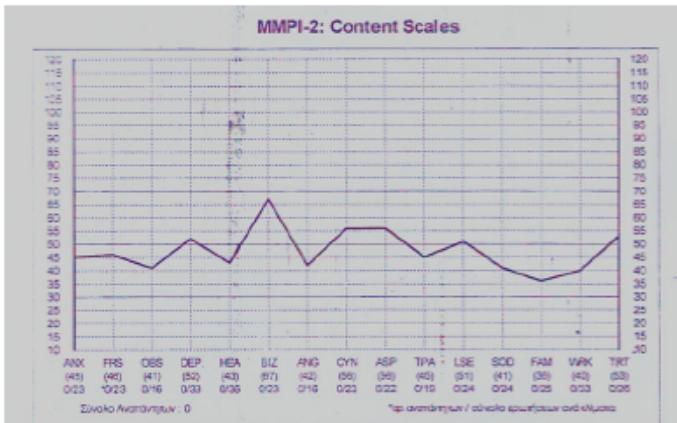


Figure 5. Diagram of Content Scales

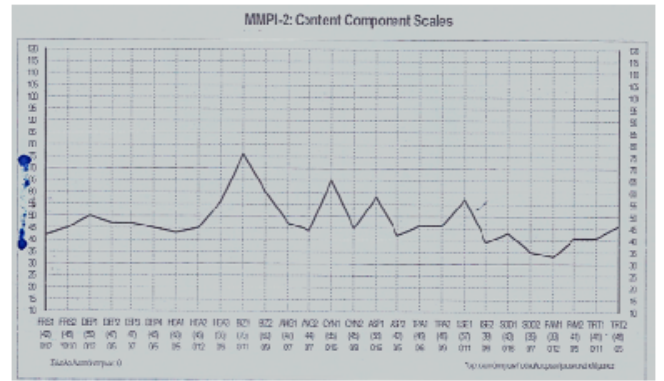


Figure 6. Diagram of Content Component Scales

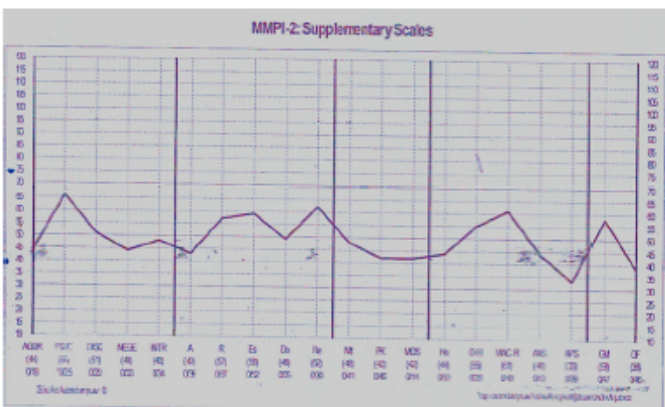


Figure 7. Diagram of Personality and Supplementary Scales

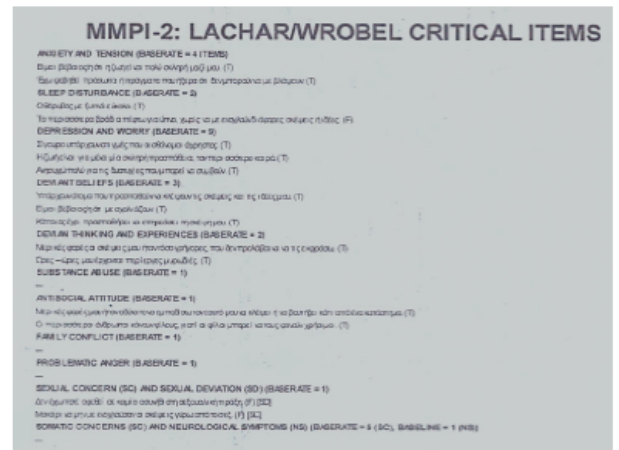


Figure 8. Diagram of Lachar/Wrobel Critical Items

few friends and with a rather suspicious and cautious approach to others. Concerning Supplementary Scales there is not any particular trait of her personality or behavior that may be evaluated as significant clinical symptom.

LACHAR / WROBEL CRITICAL QUESTIONS (CRITICAL ITEMS)

The number of Critical Questions is limited, which means that their clinical notability is low. The only evidence that can be evaluated as significant, is the smaller number of strange responses in the fields of views and experiences that are somewhat divergent.

GENERAL ASSESSMENTS OF THE RESULTS OF PSYCHOMETRIC EVALUATION

VALIDITY ASSESSMENT: In the Validity Scales of the evaluation, there was a somewhat excessive expression of any of her anxiety traits, as well as an obvious defense, traits which, however, are relatively expected and are in a limited context. Therefore, at large, the evaluation is considered valid.

PSYCHOPATHOLOGY ASSESSMENT: From the overall picture of the measurements as well as from the clinical interview of the «Critical Questions», there are no obvious signs of a current psychopathology, which can substantially affect the functionality of the examinee.

ASSESSMENT OF PERSONALITY AND BEHAVIOR: The examinee seems to have traits of defense and observance of a parsimonious attitude towards others, as well as some traits of suspicion towards certain people around her. The above traits, however, are identified to a limited extent, do not seem to structure pathological signs in her behavior and in addition, do not seem to disturb her personality on a pathological level.

In conclusion, as it is indicated from the psychometric assessment based on the MMPI-2, during the current period, the examinee does not show signs of psychopathology nor a generally problematic behavior.

Discussion

The use of MMPI-2 can significantly contribute to the assessment of parental suitability and ability for parents to provide protection to their children, thus is

used worldwide. In Greece the use of such an assessment at the court is still limited as it is not mandatory for the judicial procedure, thus there is not yet statutory legislation. Although, the number of lawyers request for this kind of evaluation has grown significantly last decade.

However, it is important to mention some limitations. Unfortunately, in Greece there is no yet adequate study of the importance of use in forensic assessment of MMPI-2. The MMPI-2 cannot predict with precision a person's behavior in the future, as somebody may follow a therapeutic plan or may be under medication. Furthermore, psychopathological traits are not stable as they can be affected by external life factors. Thus, the use of MMPI-2 may be crucial, but it can be reinforced using additional inventories or structured interview.

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