

THE MMPI-2 IN HIGH CONFLICT CHILD CUSTODY CASES

Jeffrey C. Slegel, Ph.D., James N. Bow, Ph.D., and Michael C. Gottlieb, Ph.D.

A number of previous studies have examined the MMPI-2 profiles of those involved in custody disputes. Unfortunately, the inclusion criteria used in these studies were rather loosely defined. We compared those data with a sample of MMPI-2 profiles of parents in high conflict child custody disputes using more stringent criteria. On average, our group had significantly higher scores on validity scales associated with defensiveness and under-reporting. In addition, the triad of Hy, Pd, and Pa was significantly higher in most cases, and there were significant differences on the Mf scale. We conclude that comparisons of the MMPI-2 normative sample and previous studies of custody litigants may have underestimated the differences between the custody norm group and high conflict parents.

The MMPI-2 is often cited as the most frequently used psychological test in child custody cases, with a usage rate of greater than 90% (1-3). Although the MMPI-2 does not directly assess parenting skills, it is a highly effective instrument for generating personality descriptions and inferences about individual examinees (4). It is also useful when assessing mental health status and functioning, behavioral and personality styles, and response style (5). But, when examinees respond disingenuously, various validity scales can be elevated, and the clinical scales may be lower than those who present in a more straightforward and non-defensive manner (6-10).

Defensive responding is of particular concern in child custody cases because litigants often underreport symptoms. For this reason, it is important for child custody evaluators to be familiar with profiles of custody litigants and how they may differ from the normative sample. To address this question, a number of researchers have published MMPI-2 normative data for individuals involved in child custody cases (9, 11-15). These efforts were helpful because they assisted psychologists in better understanding the response style and clinical profiles of this population and how they differed from the original normative sample (16).

All of the aforementioned studies consistently showed that the scores of parents involved in child custody cases were significantly different from the MMPI-2 normative sample with regard to both clinical and validity scales. More specifically, the parents demonstrated a distinct tendency to present themselves in an unreasonably positive light, also known as a “fake-good” response style. Paulhus (17, 18) proposed that this socially desirable response style consisted of two factors. Self-deceptive enhancement (SDE) referred to the claim of positive attributes based on denial and the repudiation of negative attributes. Impression management (IM) was the tendency to consciously provide more situationally favorable self-descriptions. Unfortunately, these earlier studies suffered from two significant limitations.

First, the samples were heterogeneous, consisting of more than the litigating parents; some included significant others, caretakers, and current spouses/stepparents. Medoff (19, p. 409) stated that, “The common use of the MMPI-2 in child custody cases is well known...[and] brings to the fore the need for a clear understanding of the MMPI-2 results in the context of child custody cases, and the necessity for the clear description of the data obtained from this measure in this context.” The heterogeneity of the participants in these studies raises questions regarding the generalizability of their findings. Campbell and Stanley (20) stated that, “External validity asks the question of generalizability: To what populations, settings, treatment variables and measurement variables can this effect be generalized?” (p. 4). Specificity in describing the samples studied is necessary so that practitioners can appropriately apply normative data to the research findings, and poorly defined and/or heterogeneous samples can lead to generalization errors. Below we briefly review the composition of litigants in the previous studies.

Butcher (12, p. 3), in referring to his context-specific custody sample, simply stated, “A total of 1,799 cases (881 men and 918 women) that were being assessed in a broad range of family custody cases were included in the analysis. The data from these diverse cases have provided a rich picture of custody-based MMPI-2 profiles that enables practitioners to appraise the profile context more clearly.” Unfortunately, we do not know what the inclusion criteria for Butcher’s sample were. Bathurst et al. (11, p. 206) reported, “The MMPI-2 was completed by 508 parents, representing 235 families undergoing child custody evaluations. Six subgroups were delineated: biological

mother (n=182), biological father (n=206), stepmother (n=42), stepfather (n=32), live-in mother (n=26) and live-in father (n=20).” Therefore, almost one-quarter of the “parents” tested were not biologically related to the children in dispute.

Posthuma and Harper (13, p. 439-440) reported, “a database of MMPI-2 custody (N=188)...Fifty-seven percent of the custody cases (n=108) involved allegations of either physical abuse or sexual abuse.” Although the authors described differences in the custody sample, their combined sample (those with and without abuse allegations) was used in the statistical analysis. Finally, Bagby et al. (9, p. 25) stated that, “The sample consisted of a total of 117 individuals (57 men, 60 women). All were referred for psychological evaluation as part of a custody and access legal hearing...31 (26%) were evaluated at the Family Court Clinic...and 86 (74%) were evaluated in a private clinic.” Without more specific descriptions, including relationship status (mother, father, stepmother, stepfather) and some indication of the degree of conflict between the parties, the practitioners Butcher (12) referred to are left to assume that all the custody litigants studied were similar to each other.

Second, the previous studies made no distinction between low, moderate, or high conflict cases. A notable exception was Ben-Porath and Flens’ (21) large data set that they termed “high-conflict.” Unfortunately, even in this sample, the term was not specifically defined.

Only a small proportion of divorce cases result in child custody evaluations (22, 23), but when conflict is high, such evaluations are more likely to be ordered by the court. We also know that conflict varies along a continuum from mild to severe. Those who experience mild conflict may have difficulty resolving their disputes, but are more likely to do so with some assistance such as mediation. On the other hand, high conflict families are likely to raise allegations of domestic violence, substance abuse, mental illness, and/or child sexual abuse. Elrod (24) provided a working definition for high-conflict custody cases that included a marked lack of trust between the parents, a high level of anger, and a willingness to engage in repetitive litigation. While her definition has not been uniformly adopted, and the definition of high conflict continues to vary across studies, we employed it in the present study.

The purpose of the present study was to examine the MMPI-2 profiles of a more precisely defined sample of high conflict cases and compare them with the normative sample (16) as well as the custody norms gathered by the previous scholars reviewed above. To accomplish this goal, we limited our sample in two ways. First, participants included only biological or adoptive parents who were court-ordered to submit to psychological/custody evaluations performed by experienced, independent, forensic psychologists on a fee-for-service basis. All parents sought primary physical custody of their child(ren). Second, we included only those participants who were involved in high conflict disputes (24). We defined high conflict cases as those involving protective orders, protracted litigation (including at least two of the following: failed mediation/arbitration, high number of allegations, or cases lasting over one year), and/or specific allegations of domestic violence, mental illness, physical/sexual abuse, child abuse or substance abuse.

We hypothesized that this more narrowly defined high conflict group would have significantly different MMPI-2 profiles from the original normative sample and from the more heterogeneous custody litigant groups previously studied. In particular, we hypothesized that our participants would have even higher scores on some validity and clinical scales than the samples previously studied.

METHOD

We collected a sample of 315 MMPI-2 profiles from the urban, independent, forensic psychology practices of the first two authors; there were 168 females and 147 males. The mean age for women was 38.7, and they ranged from 23-54. On average, the men were 42.2 years old; they ranged in age from 24-59. Forty-three percent of the sample had at least some college and 56.8% had 16 or more years of education. The sample was more than 95% White.

All parents who participated in the study were court-ordered to submit to child custody evaluations to assist in determining the best interests of their children. Each was informed regarding the nature and purpose of the evaluation and that the test results may be used anonymously in future research projects. The full, paper-and-pencil version of the MMPI-2 was administered with standard instructions to all participants. The protocols were scored using

the Q-Local Pearson Assessment computerized scoring program with the verification feature.

RESULTS

First, we address findings from the validity scales. That section is followed by results obtained from the clinical scales.

Validity Scales

The females in our sample scored consistently higher on certain validity scales than all the participants previously studied (See Table 1). To reduce potential Type I error, a Bonferroni correction was applied, and the critical alpha for the validity scales analyses was .003 (.05/15). When compared to the normative sample, they had mean T-scores of approximately 60 on the Lie (L), K-Correction (K), and Superlative scales (S). For L and K, these scores were also significantly higher in most cases than those of the earlier studies (9, 11, 12, & 13). F, (T=48.37) was slightly below the standard T-score mean (T=50) but significantly higher than the Bathurst et al. (11) and Butcher (12) findings.

We found a similar pattern for the men (See Table 2). Their T-scores were also significantly higher on L, K, and S when compared to both the standardization sample and the context specific data sets. Their scores on K and S (T = 61.12 and 63.01, respectively) were also higher than the females in our sample, whereas, their scores on L were somewhat lower (T=58.03). Interestingly, not only were the men's F scale scores lower than those of the normative sample, they were also lower than previous studies (T=44.52), and in two of them (viz., 9, 13), they approached significance at a $p < .05$ level.

Clinical/Standard Scales

Among the ten standard clinical scales, females had consistently higher mean T-scores than all of the previous studies (See Table 1). To reduce potential Type I error, a Bonferroni correction was applied and the critical alpha for the Clinical/Standard scores analyses was .005 (.05/10). The highest mean T-scores were on the following: Scale 3 (T=56.07), Scale 4, (T=56.23), and Scale 6 (T=54.78). These scales are typically elevated in child custody cases (25), but their magnitude was significantly greater when compared to

Table 1. Mean MMPI-2 Normative and Context-Specific Scores for Female Custody Litigants

Scale	Present Study N=168		Bathurst et al., 1997 N=250		p ¹	Bagby, 1999 N=58		p ²	Butcher, 1997 N=911		p ³	Posthuma and Harper, 1998 N=40			Butcher et al., 1989 N=1,462			p ⁵
	M	SD	M	SD		M	SD		M	SD		M	SD	p ⁴	M	SD	M	
L	60.43	11.93	56.48	11.19	.001	62.53	10.83		56.8	10.6	.001	56	2.23	.05	50	10	.001	
F	48.37	9.24	45.82	7.50	.01	48.81	8.49		42.3	9.3	.001	50	2.67		50	10		
K	60.89	9.68	59.53	8.70	.001	57.90	10.52	.05	57.0	9.9	.001	56	4.43	.01	50	10	.001	
S	61.41	9.52				60.33	9.78		59.0	10.3	.01				50	10	.001	
1 (Hs)	52.54	9.31	48.39	7.49	.001	50.60	8.61		49.9	9.4	.01				50	10		
2 (D)	49.82	9.80	45.70	6.53	.001	51.48	9.00		48.0	9.2	.05				50	10		
3 (Hy)	56.07	10.39	52.04	8.07	.001	52.76	10.21	.05	53.1	9.5	.001				50	10	.01	
4 (Pd)	56.23	8.75	51.38	7.46	.001	53.12	10.36		54.1	9.7	.01				50	10	.01	
5 (Mf)	53.88	9.66	50.00	8.84	.001	52.48	10.78		50.9	8.9	.001				50	10	.05	
6 (Pa)	54.78	10.90	52.44	8.48	.05	55.79	12.26		54.3	10.6					50	10	.05	
7 (Pt)	49.72	8.29	47.05	6.79	.001	50.55	9.92		48.9	8.4					50	10		
8 (Sc)	50.41	8.03	47.47	6.96	.001	50.19	8.39		49.00	8.4	.05				50	10		
9 (Ma)	48.63	7.60	48.64	7.22		49.31	9.16		49.40	8.40					50	10		
0 (Si)	44.61	9.63	42.47	6.97		46.93	9.24	.05	46.60	8.50	.001				50	10	.05	

¹Significance levels of t-test comparisons of present study and Bathurst et al. (11). ²Significance levels of t-test comparisons of present study and Bagby (9). ³Significance levels of t-test comparisons of present study and Butcher (12). ⁴Significance levels of t-test comparisons of present study and Posthuma and Harper (13). ⁵Significance levels of t-test comparisons of present study and Butcher et al. (16) normative group.

Table 2. Mean MMPI-2 Normative and Context-Specific Scores for Male Custody Litigants

Scale	Present Study N=168		Bathurst et al., 1997 N=250		p ¹	Bagby, 1999 N=58		p ²	Butcher, 1997 N=911		p ³	Posthuma and Harper, 1998 N=40		p ⁴	Butcher et al., 1989 N=1,462		p ⁵
	M	SD	M	SD		M	SD		M	SD		M	SD		M	SD	
L	58.03	11.41	55.55	9.86	.05	61.42	9.68	.05	56.30	10.9		55	2.5		50	10	.01
F	44.52	5.90	45.55	5.88		46.56	6.43	.05	45.80	7.7		47	2.8	.05	50	10	.01
K	61.12	8.36	57.85	8.47	.001	57.12	10.41	.001	56.30	9.7	.001	55	5.0	.001	50	10	.001
S	63.01	8.90				60.11	10.79		59.0	10.2	.001				50	10	.01
1 (Hs)	51.55	7.01	48.38	6.72	.001	51.00	8.04		49.8	8.0	.05				50	10	
2 (D)	48.86	7.38	47.51	7.53		50.05	8.70		48.7	8.3					50	10	
3 (Hy)	55.71	8.63	52.57	7.72	.001	54.14	9.56		53.0	8.6					50	10	.01
4 (Pd)	55.38	8.60	50.38	7.21	.001	55.19	9.10		53.1	8.4	.01				50	10	.01
5 (Mf)	44.83	8.32	51.10	8.79	.001	51.02	8.78	.001	48.3	8.9	.001				50	10	.01
6 (Pa)	54.33	9.23	52.43	9.41		56.49	13.02		54.8	10.3					50	10	.01
7 (Pt)	49.36	7.24	47.30	6.75	.001	49.74	8.96		48.9	8.0					50	10	
8 (Sc)	48.81	7.34	46.30	6.25	.001	48.40	9.06		47.5	7.6					50	10	
9 (Ma)	48.73	8.55	48.06	7.91		49.18	8.70		49.30	8.50					50	10	
0 (Si)	43.98	8.53	42.90	7.24		44.82	6.84		46.40	8.9	.001				50	10	.01

¹Significance levels of t-test comparisons of present study and Bathurst et al. (11). ²Significance levels of t-test comparisons of present study and Bagby (9). ³Significance levels of t-test comparisons of present study and Butcher (12). ⁴Significance levels of t-test comparisons of present study and Posthuma and Harper (13). ⁵Significance levels of t-test comparisons of present study and Butcher et al. (16) normative group.

the standardization sample and the previous context specific studies. Interestingly, the fourth highest mean T-score for females was on Scale 5; it also was significantly higher ($p < .001$) than the Bathurst et al. (11) and Butcher (12) studies. Other clinical scales fell around the standard T-score mean of 50, except for a relatively low score on Scale 0 ($T = 44.61$).

The results for the males revealed a similar pattern (See Table 2). Scale 3 ($T = 55.71$), Scale 4 ($T = 55.38$), and Scale 6 ($T = 54.33$) had the highest mean T-scores, but there were fewer significant differences between our sample those of the previous studies. Among the other clinical scales, their scores fell close to the T-score mean of 50, except for a relatively low score on Scale 0 ($T = 43.98$). Among the other standard clinical scales, the high conflict men obtained the second lowest mean T-score (44.83) on Scale 5, which was lower ($p < .01$) than the standardization sample and the other custody studies.

In sum, when comparing the current high conflict data set with the MMPI-2 normative sample and earlier context specific norms, significant differences were found for both males and females. Our participants' scores were significantly elevated on validity scales L, K and S, and on clinical scales 3, 4 and 6. The fourth highest mean T-score for females was found on Scale 5, while it was significantly lower ($p < .001$) for the men. Finally, both men and women scored relatively low on Scale 0.

DISCUSSION

Our study differed from the previous research in two respects. First, we established more precisely defined inclusion criteria for our high conflict sample by including only those cases involving a personal protective order, protracted litigation (i.e., at least two of the following: mediation/arbitration failed, high number of allegations made, or case ongoing for over one year), and/or serious allegations of physical/sexual abuse, mental illness, domestic violence, child abuse or substance abuse. Second, the study focused on court-ordered evaluations done by a private evaluator that involved only biological or adoptive parents. We predicted that this population would be quantitatively different from the more heterogeneous samples collected in the past. In particular, we hypothesized that both some validity and clinical scales would be elevated in comparison to extant context specific data sets.

Both females and males in our data set received significantly higher T-scores on L, K and S than those from the standardization sample and earlier custody studies. These scales are commonly associated with defensiveness and a strong desire to present a positive picture of oneself. As noted by Graham (4) and Friedman et al (26), such individuals have difficulty acknowledging minor flaws or shortcomings, which is reflected by their underreporting of problems. Additionally, they may be seen as more rigid, inflexible, naïve, lacking insight, and having narcissistic qualities. Consequently, this response style results in clinical scales being artificially suppressed, and therefore presumably not indicative of their typical personality functioning. Recently, Cooke (27) has suggested that, based on custody litigants higher education and socioeconomic status, the baseline cut-off scores for clinical scales invalidity should be for males: $L = T > 72.1$; $K = T > 69.1$; and $S = T > 72.3$, and for females: $L = T > 71.5$; $K = T > 72.1$; and $S = T > 70.2$.

L is affected by efforts at impression management and is elevated due to situational factors and a conscious attempt to present oneself in a favorable light. K and S are associated with SDE, a subtler characteristic. When these latter scales are elevated, examinees actually believe they possess the unrealistically favorable traits they claim. Findings from our high conflict sample indicated that litigants scored higher on both IM and SDE. This finding suggested that they were responding more defensively, not only due to their personal circumstances but because they also possessed more enduring personality features. However, this conclusion should be qualified for a number of reasons.

First, K was originally developed as a more subtle index of the denial of psychopathology than L (4). However, research has indicated that it is affected by educational level (4, 28) and socioeconomic status (SES; 26), with better-educated and higher SES individuals receiving higher scores. It is also important to note that the relationship between educational level and K is weaker on the MMPI-2 than it was on the MMPI (4). Therefore, moderate elevations on K may suggest greater ego-strength and emotional resources. Since K taps a variety of factors, evaluators should be cautious in interpreting its meaning in an unfavorable manner.

A second reason why higher K elevations should be viewed conservatively is that this scale is sensitive to a false response set since 29 of the 30

items are scored in the false direction (26). One study found that child custody litigants endorsed an average of 67% of all the items in the false direction (29). Therefore, evaluators should also interpret K elevations carefully because, to some degree, they may be an artifact of test construction. This is also true for the Lie scale in which all 15 items are scored in the false direction.

Third, K also affects the interpretation of certain clinical scales. Point values are added to the following clinical scales to compensate for defensive responding: Scale 1 (+.5 K), Scale 4 (+.4 K), Scale 7 (+1K), Scale 8 (+1K), and Scale 9 (+.2K). Therefore, the higher the K raw score, the greater the number of points that are added to these five scales. As noted by Graham (4), in defensive profiles, an elevated K may lead to an overestimation of the examinee's deviance, particularly in a nonclinical population; this conclusion may well apply in child custody cases. To address this issue, we recommend that evaluators examine both K-Corrected and Non-K Corrected profiles.

Our participants received higher scores on the clinical triad of scales 3, 4 and 6. Elevations on this triad are commonly associated with an inability to forgive and forget, resentment, jealousy, and poor temper control (25). Additionally, it reflects a rigidity of judgment with a "for me or against me" mentality (25). The significantly higher elevations on these three scales among the high conflict group suggest personality features that may underlie much of the conflict in these cases. Graham (4, 30) and Friedman et al. (26) report that persons with this profile may present as defiant, uncooperative and self-centered, tending to deny their anger and externalize blame. They may exhibit limited insight. They also report that such persons tend to be hypersensitive to criticism and rejection, with chronic feelings of anger related to family members (4, 25, 26, & 30).

It is also interesting that Scale 5 was one of the lowest scales for males, but one of the higher scales for females. Low scores for males are associated with traditional masculine attitudes, interests, and activities, while high scores for females are characterized by assertiveness, competitiveness, and interests in more masculine activities/sports (4). This finding is even more interesting given the higher educational and SES level of our participants since this pattern is more typical of less well-educated individuals (26, 27). We hypothesize that among this group of high conflict litigants, this pattern

represents a more assertive, insensitive, uncompromising and competitive stance.

Our study was limited by the demographics of our participants. The custody-seeking parents in our sample were overwhelmingly White and well educated, and they came from large urban areas in the upper Midwest and Southwest regions of the United States. Further, all of the evaluations were conducted pursuant to a court order or by agreement in a private, fee-for-service, psychology practice. We urge our research colleagues to focus their efforts on minority parents from more diverse backgrounds whose results might be different.

IMPLICATIONS FOR PRACTICE

For normative samples to have external validity (20), they must be as similar to the individual under evaluation as possible. The work of a number of scholars in the 1990s (6-15) demonstrated that one could no longer assume that the norms from the MMPI-2 standardization sample (16) could be appropriately applied to custody litigants.

The previous studies were not able to fully answer this question because they employed relatively heterogeneous samples. To address this problem, we employed more stringent criteria for inclusion. Specifically, we included only biological or adoptive parents and identified high conflict based on operationally defined behavioral criteria. We found that our participants scored significantly higher than both the standardization sample and the more heterogeneous samples of custody litigants previously studied on validity scales associated with defensiveness and underreporting. Furthermore, their responses appeared to have situational (custody litigation) and personality components. For the L, K and S scales in this study, the average T-score was ten points higher than the standardized group. We hypothesize that this is due to greater rigidity, inflexibility, naivety, narcissism, and limited insight, with higher scores reflecting more engrained and pervasive personality traits.

Among the Clinical scales, the elevated triad of scales 3, 4 and 6 further suggests difficulty in cooperating and negotiating. Such individuals are often defiant, unforgiving, self-centered, chronically angry, and have limited insight. Moreover, when scale 5 is low for males and high for females, this pattern suggests an assertive, uncompromising, and competitive attitude.

We hope these findings will assist psychologists in better analyzing and interpreting MMPI-2 profiles in high conflict child custody cases. More specifically, our data may help evaluators in two ways. First, they may assist in more quickly identifying those cases where the parties are more likely to be uncooperative, litigious and entrenched in their positions. In such cases, early identification can lead to additional interventions during the pendency of the divorce, such as the introduction of parenting coordination that may help these couples more effectively address their differences and avoid unnecessary and protracted litigation.

Second, we hope these data will assist evaluators in developing more effective parenting plans. For example, recommendations for such litigants might include minimal contact at the time of exchanges, greater use of electronic communications, and the use of third party experts to resolve differences regarding educational and/or medical decision-making. Some may feel that such recommendations are rather extreme, but when dealing with high conflict and litigious families such as these, special interventions may be warranted.

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ABOUT THE AUTHORS

Jeffrey C. Siegel, PhD, ABPP is in independent practice in Dallas, Texas. James N. Bow, Ph.D., ABPP is in independent practice at the Wayne State University, Department of Psychiatry, Physician Group in Livonia, Michigan. Michael C. Gottlieb, Ph.D., ABPP is in independent practice in Dallas, Texas.

Correspondence concerning this article should be addressed to: Jeffrey C. Siegel, Ph.D., ABPP, 12830 Hillcrest Rd. #231, Dallas, Texas 75230. jeff@siegelphd.com