

Is psychological testing useful in forensic contexts that are associated with under reporting?

Abstract

The validity of self-report psychological test results in forensic contexts may be compromised as a result of examinee response style bias to over report or underreport psychological problems. This paper briefly discusses two forensic contexts associated with tendencies of examinees to underreport problems, i.e., child custody evaluations and juvenile delinquency evaluations for disposition. Despite the finding that most examinees in both of these populations obtain within normal limits scores on clinical scales, it is suggested that testing may be helpful in identifying potential problems in some segment of each of these forensic populations. This opinion is supported by findings in empirical studies.

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Opinion

Is Psychological testing useful in Forensic contexts that are associated with underreporting?

Psychological testing is frequently included as one component of a multi method, multi-informant forensic mental health evaluation to assist in addressing a legal issue under consideration or a psychological construct underlying the legal issue.¹⁻² Child custody evaluations (CCE's) are conducted within a context in which there is a demand characteristic for parent litigants to present themselves in a favorable manner, perhaps even in an unrealistically favorable manner, which sometimes has been referred to as positive impression management or "faking good". During interviews, psychological testing, and observation with their children, parents undergoing CCE's typically and understandably try to put their best foot forward to appear virtuous and well-adjusted. Evaluation of adjudicated delinquents for disposition (sentencing) purposes is another forensic context in which there is a demand characteristic to appear free of psychological or behavioral problems. In this forensic context, youths tend to deny, minimize, or underreport problems during interviews and during administration of psychological tests.³⁻⁶

Hence, it is reasonable to question how the application of self-report clinical assessment instruments may be useful in forensic contexts in which there are inherent demand characteristics for certain response styles, whether for over reporting or exaggerating symptoms, or for underreporting and denying symptoms or problems. In the remainder of this brief paper I offer the opinion that with due respect to limitations associated with response styles in forensic assessment contexts (as well as other potential limitations pertaining to reliability and validity, and potential misuse of tests), psychological tests may be useful in the assessment of certain individuals¹. Studies of parents involved in child custody litigation have demonstrated that when tested with the Minnesota Multiphasic Personality Inventory-2 (MMPI-2),⁷ parents, on average, obtained moderately elevated scores on validity scales that assess defensiveness or underreporting, and they obtained scores within the average range on clinical or clinically substantive scales.⁸⁻¹⁰ Similar findings have been obtained with the Personality Assessment Inventory (PAI)¹¹ by Hynan.¹² At the large group or nomothetic level, it makes sense that to the extent that these parents are representative of the general population they obtained within normal limits scores on standardized clinical tests. However, at the individual or idiographic level, it is difficult to discern whether a parent who obtains within

normal limits scores on clinically substantive scales is truly free of any substantial psychological maladjustment, especially if his or her scores are elevated on the validity scales. It has been posited that some parents involved in high-conflict custody battles have personality disorder traits and some are particularly psychologically vulnerable to intense stress associated with divorce and post-divorce parenting decisions.¹³

In fact, some parents undergoing custody evaluations obtain clinically elevated scores on scales associated with disorders such as depression and anxiety. In a study of child custody litigants, Bagby et al.,⁸ found that 40 % of non under reporters and 40 % of under reporters obtained clinical elevations on one or more clinical scales of the MMPI-2. This could suggest that substantial numbers of custody litigants being evaluated report potentially significant mental health problems. However, in contrast to Bagby et al.,⁸ Bathurst et al.,⁹ found that less than 10 % of child custody litigants obtained clinical elevations on any of the MMPI-2 clinical scales. Butcher¹⁰ reported that nearly 20 % of the male and 23.5 % of the female custody litigants studied obtained a clinical scale elevation on at least one MMPI-2 clinical scale. Thus, despite the clear general tendency of parents to obtain average or suppressed clinical scale scores, at the individual level, psychological testing may be useful in identifying the need for further consideration of possible acute or chronic problems in areas such as depression, severe anxiety disorders, problems with impulse control, paranoid or persecutory ideation, as well as the degree of stress a parent might be experiencing.

In some instances it may be the quality of a parent's interpersonal functioning that might have particular relevance to parent-child relationships. For example, even in the absence of a clear-cut clinical diagnosis, difficulty in forming close relationships, lack of interest in social relationships, social avoidance, or restricted emotional responsiveness that goes beyond social anxiety and discomfort, may be relevant for the parent-child relationship. Tests such as the PAI and MMPI-2-RF are particularly well-suited to assess such interpersonal features. Some parents who love their children nevertheless experience chronic difficulties in forming close, comfortable, intimate relationships even with their children. Also with regard to interpersonal style, the balance between dominance/control and warmth is particularly relevant to parenting. Authoritative parenting may be conceptualized along the dimensions of warmth and control, in which effective parenting involves warm control. The PAI is particularly well-suited to assess such features.

In contrast to parents involved in child custody/visitation litigation, adjudicated juvenile delinquents are not voluntarily involved in the legal system. Many such youths have multiple historical, social/contextual and individual/clinical risk factors for violence or recidivism¹⁴ across domains including individual, family, peer, community, and school. More than 60 % of youths in the juvenile justice system have been found to meet diagnostic criteria for one or more psychiatric disorders, excluding conduct disorder.¹⁵ Thus, one might expect psychological testing to be useful in helping to identify possible externalizing and internalizing psychopathology in this population. Yet, in a review by Baum et al.,¹⁶ of more than 20 samples of juvenile justice involved youths, results of testing with the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)¹⁷ found that the average scores on all clinical scales were below the clinical cut-off. However, mildly elevated scores, below the clinical cut-off levels were found on several scales associated with acting out, poorly self-controlled, rebellious, defiant, risk taking, conflictual, mistrusting behavior as would be expected with youths in the juvenile justice population. Thus, even while the majority of such youths were not acknowledging clinically significant externalizing or internalizing psychopathology, at an individual level, clearly some youths were reporting such problems. One may conclude that despite a demand characteristic to underreport problems, some adjudicated youths being evaluated for disposition or to identify possible treatment needs are open in reporting symptoms or problems, and psychological testing may be useful in the assessment. Some youths, though probably a very small number may even dramatize, exaggerate, or over report problems which could reflect a “cry for help” in some youths who are truly distressed. Other youths vary along a continuum of defensiveness, with some youths being markedly defensive and rigid in their denial of problems and their unqualified assertion of positive adjustment. Such a constricted manner though will likely be evident both in interview and in psychological testing.

Notes: This discussion does not include reference to projective tests such as the Rorschach (see Erard & Viglione¹⁸ regarding use of the Rorschach in child custody evaluations).

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Conflicts of interest

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