

## Psychologists' Current Practices and Procedures in Child Custody Evaluations: Five Years After American Psychological Association Guidelines

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What is the current state of professional practice among child custody evaluators, and how congruent is current practice with the 1994 American Psychological Association (APA) "Guidelines for Child Custody Evaluations in Divorce Proceedings" (APA Guidelines; APA, 1994)? A national survey of 198 psychologists revealed a high degree of training and experience among respondents and an increased understanding of procedural issues. Evaluators reported using multiple sources of data collection, critical decision-making skills, and knowledge of ethical, legal, and risk management issues. Overall, child custody evaluations appear to have become more sophisticated and comprehensive during the past 15 years, with current practices and procedures adhering to APA Guidelines.

Courts are increasingly relying on expert witness testimony in child custody cases (Mason & Quirk, 1997), owing perhaps to the complexities of such cases and the special issues facing the court, such as allegations of substance abuse, domestic violence, physical or sexual abuse, and mental illness. By far, the most common types of expert witnesses in child custody cases are psychologists (Mason & Quirk, 1997). As a result, psychologists' practices, procedures, and decision-making in this process, in addition to the rationale used to formulate recommendations to the court, are subject to the scrutiny of the court and to the challenge of the judicial process.

Child custody evaluations are among the most difficult in the forensic field; conflict and animosity between the parties, the emotional charge underlying even simple issues, and the necessity of attempting to balance obligations among all parties can create ethical dilemmas. Furthermore, performing such evaluations requires knowledge of the legal system and expertise in a variety of areas, including child development and psychopathology, adult adjustment and psychopathology, family systems, and special cus-

tody issues arising from allegations of substance abuse, domestic violence, physical abuse, sexual abuse, or any combination of these.

In 1994, the American Psychological Association (APA) published the "Guidelines for Child Custody Evaluations in Divorce Proceedings" (APA Guidelines; APA, 1994). These guidelines outline the purpose for such evaluations as well as preparatory and procedural steps to be followed. Although not mandatory, the APA Guidelines set parameters for professional practice and promote proficiency.

Three published studies have surveyed child custody evaluation practices among professionals (Ackerman & Ackerman, 1996, 1997; Keilin & Bloom, 1986; LaFortune & Carpenter, 1998). Keilin and Bloom's study involving 82 mental health professionals (about 80% psychologists) was completed prior to the publication of most classic books on performing child custody evaluations and in the absence of state or national psychology guidelines. The other two studies, done about 10 years later and soon after publication of the APA Guidelines (APA, 1994), reflect the state of practice during the infancy of these guidelines. Ackerman and Ackerman (1996, 1997) replicated and extended Keilin and Bloom's study, surveying 201 doctoral psychologists from 39 states who had completed an average of 215 child custody evaluations. LaFortune and Carpenter surveyed 165 mental health professionals (89% psychologists); however, findings in this study were less comprehensive because participants were from only 5 states and were relatively inexperienced in the custody field.

During the past 5 years, numerous professional resources have been directed toward promulgating the practices and procedures recommended in the APA Guidelines, including child custody seminars such as the APA and American Bar Association (ABA) Section of Family Law Continuing Education Conference, as well as many books and articles (e.g., Ackerman, 1995; Gindes, 1995; Gould, 1998; Melton, Petrila, Poythress, & Slobogin, 1997).

The present study sought to explore and assess current evaluation practices and procedures used by psychologists in the child custody field 5 years after the publication of the APA Guidelines

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(1994), to evaluate to what degree the recommendations and intentions of the Guidelines have been successfully achieved and to identify emergent trends, if any, impacting psychologists' roles or responsibilities in the child custody evaluation process.

### Survey of Current Custody Practices and Procedures

#### Participants

Potential participants for this study were derived from a variety of sources. An Internet search, including the yellow pages, identified clinical and forensic psychologists nationally. Names of child custody evaluators were gleaned from referral lists, such as the Internet public access site for the American Board of Forensic Psychology and a Michigan Society of Forensic Psychology referral booklet. In certain jurisdictions, the *Friend of the Court* (a division of the court responsible for making recommendations regarding custody time and child support payments) was contacted and asked to provide names of psychologists who perform child custody evaluations. Lastly, James N. Bow's knowledge of evaluators through conferences, workshops, and published literature was also used.

An eight-page survey instrument was developed to address all aspects of child custody work. The survey, along with a letter explaining the purpose of the study and a stamped return envelope, was sent to potential participants. Participants were asked to complete and return the survey, with assurance that all information would be analyzed and reported on a group basis to protect confidentiality. Return envelopes were numerically coded to facilitate a second mailing. Approximately 4 weeks after the initial mailing, a second letter and survey were sent to those who had failed to return the initial survey. All potential participants were provided with a summary of the findings if they returned an enclosed request form.

A total of 563 surveys were sent out, with 279 surveys returned (50%). Of these, 198 respondents fit the selection criteria, that is, they were master's or doctoral level psychologists and were currently performing child custody evaluations. No minimal number of evaluations was set as an experiential cutoff. The average number of evaluations completed by each psychologist was 245, with a median of 120. Ninety-six percent of respondents were doctoral level psychologists. Eleven percent of the sample were diplomates from the American Board of Forensic Psychology. The average age was 51 years ( $SD = 7.03$ ), with a range of 32–71 years. The gender ratio of respondents was nearly equal (male = 52%, female = 48%), which was a shift from previous studies (see Table 1). This probably reflects the increased number of women entering the field of psychology (APA, 1999) and, hopefully, reduces concern about possible gender bias in the evaluation process.

Ninety-two percent of respondents identified their primary work setting as private practice. The average percentage of time devoted to child custody work was 34%, with a trimodal distribution of 10%, 20%, and 50% being the most frequent. The vast majority of respondents worked in an urban setting. They represented 38 states, with the following geographic distribution: 31% from the West, 16% from the South, 32% from the Midwest, and 15% from the East, with 6% unspecified.

Overall, the study sample reflects a highly experienced group of psychologists who perform child custody evaluations in urban, private practice settings, mostly located in the West and Midwest regions of the country. The study findings, therefore, need to be interpreted within the context of this sample population.

#### Training

Professional experience averaged 22.66 years in mental health ( $SD = 7.08$ ), 15.62 years in forensics ( $SD = 7.53$ ), and 13.57 years

Table 1  
*Comparison of Custody Studies*

| Variable                                                 | Keilin and Bloom<br>(1986; $N = 82$ ) | Ackerman and Ackerman<br>(1997; $N = 201$ ) | LaFortune and Carpenter<br>(1998; $N = 165$ ) | Current study<br>( $N = 198$ ) |
|----------------------------------------------------------|---------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------|
| % male psychologists                                     | 78                                    | 69                                          | 59                                            | 52                             |
| % of court-ordered evaluations                           | 26                                    | —                                           | —                                             | 84                             |
| Average                                                  |                                       |                                             |                                               |                                |
| Hours for evaluation                                     | 18.8                                  | 26.4                                        | 21.1                                          | 24.5–28.5                      |
| Cost (in dollars) of evaluation                          | 965                                   | 2,646                                       | 2,109                                         | 3,335                          |
| Evaluation cost (in dollars) per hour                    | 88                                    | 121                                         | 110                                           | 144                            |
| Cost (in dollars) of testimony per hour                  | 114                                   | 155                                         | 161                                           | 177                            |
| Parents interview time (hr)                              | 4.1                                   | 4.7                                         | 4.8 <sup>a</sup>                              | 7.0+                           |
| Child interview time (hr)                                | 1.6                                   | 2.7 <sup>b</sup>                            | 1.4–1.9 <sup>a</sup>                          | 1.8                            |
| Parent-child observation time (hr)                       | 1.9                                   | 2.6                                         | 2.5 <sup>a</sup>                              | 1.6                            |
| Report-writing time (hr)                                 | 2.8                                   | 5.3                                         | —                                             | 7.3                            |
| % of children tested                                     | 74.4                                  | 90.5                                        | —                                             | 60.5                           |
| % making explicit custody and visitation recommendations | —                                     | 65                                          | —                                             | 94                             |
| % recommending joint physical custody                    | 21.7                                  | 17.5                                        | —                                             | 34.0                           |

Note. Dash indicates that data were not obtained.

<sup>a</sup> From "Custody evaluations: A survey of mental health professionals," by K. A. LaFortune and B. N. Carpenter, 1998, *Behavioral Sciences and the Law*, 16, p. 217. Copyright 1998 by Wiley. Adapted with permission.

<sup>b</sup> Refers to children rather than individual child.

in the child custody field ( $SD = 6.80$ ). The vast majority of participants (76%) had primary training with both adults and children and adolescents, an important finding, critical to professional quality, because custody evaluations involve assessing both age groups.

Table 2 displays the primary sources of child custody training in the study population. The overwhelming majority derived their training from seminars (an average of 8.7 seminars, with a range from 1 to 75). Supervision was obtained by about half of the respondents, with a mean of 241 hr. Few respondents had taken graduate forensic courses.

The majority of respondents were involved in more than one type of forensic work (see Table 2); at least half performed abuse or neglect and personal injury evaluations as well. Only 23% of the sample confined their work solely to child-related forensic evaluations, with 14% limiting their forensic practice to child custody evaluations.

The APA Guidelines (APA, 1994) stress the need for psychologists to obtain specialized competencies in the child custody field; the respondents in the present study appear to have developed such competencies. Not only were they highly educated and experienced, they gained much experience prior to entering child custody work; on average, they spent 9 and 2 years in clinical and general forensic work, respectively, before beginning child custody evaluations.

Although respondents were involved in a variety of other forensic work, which would increase their awareness of psychological-legal issues, the vast majority reportedly had received their child custody training outside of graduate school (seminars). However, this is not surprising, considering the age of the respondents and the lack of university programs and internships in forensic psychology, especially those focusing on child custody.

### Practices

The primary sources of referral for child custody evaluations were found to be attorneys (41%) and judges (41%). Only a small number of referrals were obtained from other sources, such as the Friend of the Court (8%), parents (4%), therapists (3%), and others—usually the guardian ad litem (2%). Eighty-four percent of

evaluations were court ordered, which was a significant increase from the number reported in the Keilin and Bloom (1986) study (see Table 1). This suggests an increased need to be viewed as an objective, impartial evaluator, as stressed by the APA Guidelines (APA, 1994). Furthermore, the overwhelming majority of respondents reported that they informed participants of the limits of confidentiality (99%) and obtained from them written informed consent (88%), two procedural steps specifically emphasized in the APA Guidelines. These procedures are also important in reducing the risk of ethical complaints (Glassman, 1998).

The majority of respondents (65%) reported that they charge an hourly fee for child custody evaluations. The reported average hourly rate was \$144, with a range from \$75 to \$400/hr. Almost all of the remaining participants (33%) charged on a per-case basis. A sliding scale was extremely rare (2%). Thus, for two parents and two children, the average cost of a child custody evaluation was \$3,335, with a range from \$600 to \$15,000. The most frequently identified costs were \$2,500 and \$4,000. Twenty-nine percent of respondents required full payment by the first appointment, while 31% required half payment.

Total cost for a child custody evaluation rose (owing both to increased hourly fees and increased time for completion of the evaluation) from an average of \$965 in 1986 to \$3,335 in the present study (see Table 1), which is an increase of 245%. It also increased 26% and 58% from the cost found in Ackerman and Ackerman (1996, 1997) and LaFortune and Carpenter's (1998) studies, respectively. Because the contesting parties almost always assume the cost of the evaluation, the current rate greatly limits its affordability and may hinder the possible resolution of disputes in families who need it most.

The comprehensive nature of the evaluation process was evident by the time involved. The average number of hours to complete a total child custody evaluation for a case involving two parents and one child (including report) was 24.5 hr, with a range of 5–90 hr. For two parents and two children, the average was 28.5 hr, with a range of 6–90 hr. Furthermore, the average time frame required to complete a child custody evaluation from beginning to end was 9.27 weeks, with the most commonly reported time frames being 6 weeks (14%), 8 weeks (16%), and 12 weeks (11%).

The evaluation time findings in the present study were similar to the Ackerman and Ackerman study (1996, 1997) but were higher than the LaFortune and Carpenter (1998) and Keilin and Bloom (1986) studies, respectively (see Table 1). One can assume, then, that child custody evaluations have generally become more comprehensive, and therefore, more labor-intensive over time. However, the wide range reported (5 or 6 to 90 hr) in the present study, indicates some evaluators varied greatly from the mean, with a minimal amount of time being devoted at one extreme and an overwhelming amount at the other extreme, which probably has implications in regard to quality.

### Data Collection Procedures

Respondents in the study were asked to rank order child custody procedures, with 1 being *most important* and 10 being *least important* (Table 3). Clinical interviews with the parent and child were ranked most important, followed by the parent–child observations, results that match LaFortune and Carpenter's (1998) findings. Psychological testing of the parent and child (4th and 6th,

Table 2  
*Training in Child Custody Field and Other Forensic Experience*

| Training or experience                 | % of study participants |
|----------------------------------------|-------------------------|
| Training                               |                         |
| Seminars                               | 86                      |
| Supervision                            | 44                      |
| Internship or postdoc                  | 39                      |
| Graduate forensic course               | 18                      |
| Other training                         | 16                      |
| Other types of forensic work performed |                         |
| Abuse or neglect                       | 63                      |
| Personal injury                        | 50                      |
| Sex offender                           | 45                      |
| Juvenile delinquency                   | 37                      |
| Competency                             | 37                      |
| Presentencing                          | 35                      |
| Criminal responsibility                | 32                      |
| Civil commitment                       | 18                      |

respectively, out of 10) were next. A review of documents and collateral contacts were seen as less important, which was similar to LaFortune and Carpenter's results. Home visits ranked as the least important factor.

Table 4 identifies the percentage of respondents that typically use the described evaluation procedures the vast majority of time, along with the mean amount of time devoted to each. The clinical interview and psychosocial history were almost always used both with parents and children, as were parent-child observations, psychological testing of the parent, case documents review, and a written custody report. These were also found to be the most time intensive activities, with preparation of custody reports and total parent interview time accounting for the greatest time expenditures. The overwhelming majority of respondents also used clinical interviews with significant others or live-together partners, but testing was only used about half the time with these individuals. In addition, children were formally tested much less often than their parents, although respondents frequently used parent-child questionnaires or rating scales. The vast majority of respondents used collateral contact with the teacher and therapist. However, it is important to note that such contact would not be applicable if children were very young (i.e., under age 5 and not in school) or neither party was involved in therapy.

About half of respondents (47–52%) typically contacted neighbors or friends, physicians, or relatives. Also, only about one third of respondents used an initial conjoint session, home visit, or final meeting with parents or attorneys to review findings. The limited use of initial conjoint sessions reported in the present study may be due to the high-conflict nature of many divorces referred for child custody evaluations, as well as to personal protection orders that prevent or limit contact between the parties.

In terms of the interview process, the majority (57%) of respondents used a history questionnaire with parents, as well as both structured (71%) and unstructured (70%) interview formats. With children, an unstructured interview format (76%) was preferred over a structured one (63%), but the majority of respondents used both. The use of a self-report history form with children was rare (12%).

The overwhelming majority (92%) of respondents used parent-child observation in an office or playroom setting. When asked

Table 3  
*Rankings of Child Custody Evaluation Procedures*

| Ranking | Procedure                                                              | Ave.<br>ranking | SD   |
|---------|------------------------------------------------------------------------|-----------------|------|
| 1       | Clinical interview and history with parents                            | 1.82            | 1.43 |
| 2       | Clinical interview with child                                          | 2.83            | 1.55 |
| 3       | Parent-child observation session                                       | 3.74            | 1.91 |
| 4       | Psychological testing of parents                                       | 4.49            | 2.14 |
| 5       | History of child by parent interview                                   | 5.08            | 2.10 |
| 6       | Psychological testing of child                                         | 6.33            | 2.55 |
| 7       | Previous documents and evaluations                                     | 6.68            | 1.98 |
| 8       | Collateral contact with school and physician                           | 7.18            | 1.86 |
| 9       | Collateral contact with spouse(s), live-together-partner, or relatives | 7.42            | 1.80 |
| 10      | Home visit                                                             | 8.41            | 2.49 |

Note. Procedures were ranked on a 10-point scale (1 = most important, 10 = least important). Procedures were ranked on the basis of the average (ave.) rating received.

Table 4  
*Components of Child Custody Evaluations: Preferred Procedures and Time Requirements*

| Specific procedures                                           | % of<br>respondents<br>using<br>procedure | Ave.<br>hours<br>involved |
|---------------------------------------------------------------|-------------------------------------------|---------------------------|
| Psychosocial history and clinical interview with each parent  | 99.5                                      | 2.85                      |
| Review of documents                                           | 98                                        | 2.97                      |
| Clinical interview with each child                            | 97                                        | 1.75                      |
| Custody report                                                | 96                                        | 7.32                      |
| Psychosocial history of child(ren) by parent interview        | 92                                        | 1.32                      |
| Parent-child observation in office or playroom                | 92                                        | 1.59                      |
| Psychological testing of parents                              | 91                                        | 3.03                      |
| Collateral contact with therapists                            | 86                                        | 0.72                      |
| Clinical interview with spouse or LTP                         | 85                                        | 1.46                      |
| Collateral contact with teacher                               | 78                                        | 0.62                      |
| Parent-child questionnaire or rating scale                    | 74                                        | 1.24                      |
| Mental status examination with each parent                    | 63                                        | 0.95                      |
| Psychological testing of child(ren)                           | 61                                        | 1.97                      |
| Collateral contact with attorneys                             | 57                                        | 0.89                      |
| Psychological testing of spouse                               | 53                                        | 2.15                      |
| Collateral contact                                            |                                           |                           |
| With family physician or pediatrician                         | 52                                        | 0.62                      |
| With neighbor(s) or friend(s)                                 | 44                                        | 1.01                      |
| With relatives                                                | 47                                        | 1.00                      |
| Meeting with parent(s) to review findings and recommendations | 35                                        | 1.38                      |
| Home visits                                                   | 33                                        | 2.14                      |
| Initial conjoint session with both parents                    | 31                                        | 1.64                      |
| Meeting with attorneys to review findings and recommendations | 28                                        | 1.31                      |
| Psychological testing of significant other                    | 21                                        | 2.01                      |

Note. Ave. = average; LTP = live-together partner.

how they typically conduct the observation, 84% indicated they observed each child with each parent. Also, 78% reportedly observed all children together with each parent, which was higher than Ackerman and Ackerman's (1996) figure of 60%. Stepparents and live-together partners were observed with the children about three quarters of the time, but significant others not residing within the home were only included in observations 21% of the time. During the parent-child observations, 72% of respondents indicated that they used both structured (e.g., set activities or tasks) and unstructured tasks, 22% used only unstructured tasks, and 6% used only structured tasks. The use of structured tasks has gained popularity since the Ackerman and Ackerman (1996) study, in which only 40% of respondents preferred such a task. Although unstructured play is valuable, structured tasks are also important because they afford a greater opportunity to observe the parent and child working toward a goal together.

Overall, the present findings suggest that respondents support the use of multiple methods of data collection, which is another area stressed in the APA Guidelines (APA, 1994). In addition, both structured and unstructured formats were reportedly used during interviews and parent-child observations, formats which also allow for a broader array of data gathering. Further, respondents did not rely heavily on psychological testing in the custody evaluation process; this procedure was ranked only moderately important

among the 10 procedural criteria (4th and 6th in the top 10). Therefore, the amount of time designated for testing (3–5 hr), in comparison to the total evaluation time (24.5–28.5 hr), would seem to be well within reason and counters the argument that psychologists may overrely on this procedure.

A comparison of time spent for different procedures in the current and past studies revealed some interesting differences (see Table 1). On average, respondents in the present study spent considerably more time interviewing the parents and writing the custody report but less time doing parent–child observations than reported in previous studies. Also, a smaller percentage of children were tested in the present study than in past ones. In addition, increased effort is being applied to the final product (the custody report) than to the clinical process on which it is based. This shift may be due to the complexity of present custody cases and the need to clearly formulate the evaluator's opinion and recommendations.

### *Custody Decision Making*

Respondents were asked to rate the importance of each individual attribute of the Michigan Best Interests of the Child Criteria (Michigan Child Custody Act of 1970, 1993; see Table 5), a set of statutory criteria that is often viewed as a model throughout the nation (Gould, 1998; Otto & Butcher, 1995). Prior studies only examined the importance of various criteria in making recommendations specific to either sole or joint custody, many of which had no statutory basis. On a Likert scale of 1–9, with 1 being *totally unimportant* and 9 being *extremely important*, all Michigan criteria received an average rating of 6 or higher, which indicates that respondents considered all items at least moderately important. The top three criteria, all with mean ratings above 8, focus on attachment, willingness to facilitate the parent–child relationship, and presence and impact of family violence. The three least important criteria (although still with mean ratings between 6 and 7) focus on the permanence of the family unit, the child's home and school records, and moral fitness of the parties. In terms of the latter, Mason and Quirk's (1997) study of appellate cases found that moral fitness had nearly disappeared as a factor in custody decisions. However, *moral fitness* is an elusive term and can refer to a variety of behaviors, including criminal action, substance abuse, homosexuality, sexual offenses, domestic violence, and abuse or neglect, each of which has different implications for both children and society and which may, in fact, continue to impact custody decisions in other guises.

Respondents were then asked to rank order the three most important and three least important Michigan criteria. This question yielded essentially the same rating of criteria as that provided in Table 5. The sole exception was that the capacity and disposition to provide love, affection, and guidance was seen as more important than domestic violence as one of the top three factors in custody decision-making. Despite the change in order of importance with this study question, the overall results show that domestic violence has gained attention and concern among evaluators; previous studies failed to list it altogether as an important factor in decision-making and custody outcomes.

Respondents were asked at what age they seriously considered a child's preference in regard to custody decision criteria. The average age reported was 11.6 years, with 12 years being the most

Table 5

*Respondents' Ratings of the Michigan Best Interests of the Child Criteria (Michigan Child Custody Act of 1970, 1993)*

| Criteria                                                                                                                                                                                                                                     | Rating   |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
|                                                                                                                                                                                                                                              | <i>M</i> | <i>SD</i> |
| The love, affection, and other emotional ties existing between the parties involved and the child                                                                                                                                            | 8.41     | 0.82      |
| The willingness and ability of each of the parties to facilitate and encourage a close and continuing parent–child relationship between the child and other parent or the child and the parent                                               | 8.32     | 0.88      |
| Domestic violence, regardless of whether the violence was directed against or witnessed by the child                                                                                                                                         | 8.09     | 1.09      |
| The capacity and disposition of the parties involved 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                                          | 7.92     | 1.29      |
| The mental and physical health of the parties involved                                                                                                                                                                                       | 7.61     | 1.22      |
| The capacity and disposition of the parties involved to provide the child with food, clothing, medical care, or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs | 7.54     | 1.37      |
| The length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining continuity                                                                                                                  | 7.38     | 1.21      |
| The reasonable preference of the child, if the court considers the child to be of sufficient age to express preference                                                                                                                       | 7.00     | 1.33      |
| The permanence, as a family unit, of the existing or proposed custodial home or homes                                                                                                                                                        | 6.71     | 1.37      |
| The home, school, and community records of the child                                                                                                                                                                                         | 6.47     | 1.35      |
| The moral fitness of the parties involved                                                                                                                                                                                                    | 6.29     | 1.73      |

*Note.* Criteria were rated on a 9-point scale (1 = *totally unimportant*, 9 = *extremely important*). Mean reflects average rating for each criterion.

frequent response. This finding was similar to a judicial survey done by Settle and Lowery (1982).

When asked if they make explicit recommendations about custody/visitation (i.e., the "ultimate issue"), 94% responded "yes" and only 3% responded "no." The remaining respondents indicated they "sometimes" make such recommendations. The evaluator's role in the ultimate issue of custody/visitation has been a topic of ongoing controversy (Melton et al., 1997; O'Donohue & Bradley, 1999; Weisz, 1999). Nevertheless, evaluators in this study were much more willing to address this issue than respondents in Ackerman and Ackerman's (1996, 1997) sample (see Table 1). This change may be due to the increased demands by the court for such information.

### *Custody Arrangements and Interventions*

On average, respondents recommended joint legal custody in 73% of their cases and sole legal custody in 27%. The three most important reasons given for recommending sole custody were (a) inability to coparent (e.g., lack of cooperation), (b) severe mental illness of a parent, and (c) abuse/neglect. The latter was only rated moderately important in the Ackerman and Ackerman (1996, 1997) study and not listed at all in the Keilin and Bloom (1986)

study, suggesting that increased concern has focused on this issue. Joint legal custody continues to be the favored arrangement unless extenuating circumstances exist.

Asked which types of physical custody arrangements they typically recommend (Table 6), respondents on the average indicated that in 54% of cases they recommended one parent as the custodial parent, with the other parent having regular visitation. Mothers were favored over fathers in this type of arrangement. Respondents recommended joint physical custody on the average about one third of the time. Other custody and visitation arrangements (e.g., supervised, split, third party, or no visitation) were rare.

Even though the majority of respondents in this study continue to recommend the traditional physical custody arrangement (i.e., either mother or father designated as the custodial parent with the other having visitation), their recommendation for joint physical custody in one third of cases is an almost twofold increase from the Ackerman and Ackerman (1996, 1997) study (see Table 1). This change indicates that joint physical custody has rapidly gained popularity over the last few years, as also reflected by legislative changes in 45 states that have instituted various types of joint custody statutes (Hardcastle, 1998). However, the reported increase also may be due simply to confusion over the term *joint physical custody*, which varies in its implications and implementation from state to state and does not always imply equal custody, in which there is a 50–50 time split (Hardcastle, 1998).

On average, supplementary interventions were recommended in fewer than 50% of cases. The most common recommendations were individual therapy for one or both parents (41%) or the child (36%) and for parenting classes (34%). Mediation was recommended in 24% of cases, a significant decline from the 49% reported in Ackerman and Ackerman's (1996, 1997) study. It is important to note, however, that many respondents in the present study indicated mediation had already been done prior to their evaluation and, as a result, it was not recommended again. A special master and guardian ad litem were recommended in 18% and 7% of cases, respectively. Divorce issue support groups were recommended for children and one or both parents in about one fourth of the cases. Interestingly, domestic violence programs were rarely recommended (11%). This finding is surprising, considering that high-conflict families are referred for child custody evaluations, that physical violence is common in marital disputes (Johnston & Roseby, 1997), and that respondents in this study

rated domestic violence as one of the most important custody-decision criteria. A variety of reasons may account for this low number; it might have been previously recommended or mandated through criminal court or the police, such a program may be unavailable in many areas, or perhaps some evaluators mistakenly view divorce as ending the trigger for domestic violence and, therefore, do not recommend such a program.

### Reporting the Findings

Respondents indicated that the length of the child custody report averages 21 pages, with a range from 4 to 80 pages. Table 7 shows how custody reports and raw test data are handled. Most respondents distribute the report to attorneys and judges. However, parents and the Friend of the Court rarely receive copies. The vast majority of respondents also require full payment for the evaluation before releasing the report.

Asked how they handle attorney requests for raw test data (see Table 7), the majority of respondents indicated that they forward the data to a licensed psychologist selected by the attorney. This practice is one endorsed by Tranel (1994) and Melton et al. (1997), who noted that the APA "Ethical Principles of Psychologists and Code of Conduct" (Ethical Principles; APA, 1992) imply such data should only be released to qualified individuals who, by their training and experience, can interpret such information, that is, a licensed psychologist in most cases. A small number of respondents send the data directly to the requesting attorney or refuse to release the data under any circumstances. The latter response is contrary to the APA Guidelines (APA, 1994) in regard to making raw data available for possible review by psychologists or the court, where legally permitted.

Although an average of 24% of child custody cases required court testimony, the most frequent (mode) percentage reported was 10%. On average, 12% of cases required depositions, but 5% was the most frequently reported percentage. The cost of expert testimony ranged from 0 to \$400/hr, with a mean of \$177/hr. Compared with past studies, the cost of expert testimony has increased 55% since Keilin and Bloom's (1986) study (see Table 1). Overall, the present study indicates that respondents are infrequently required to testify in court regarding their work. This finding is similar to that in Melton, Weithorn, and Slobogin's (1985) study, which indicated that three fourths of judges requested such testimony in less than 25% of cases.

### Complaints and Suits

The present study also explored the number of malpractice suits and ethical or board complaints filed against evaluators in child custody work. Ten percent of respondents reported malpractice suits, of which 3% had been sued twice. Two respondents had been sued three and five times each. Ethical and board complaints were more common, with 35% of respondents having at least 1 complaint filed against them concerning child custody work. Ten percent reported 2 or more complaints, with 2 respondents having 14 and 15 complaints each. Many respondents wrote in the margin of the study questionnaire that the complaint(s) or suit(s) had been dismissed.

These findings strongly support the perception among psychologists that child custody work is a high-risk professional activity;

Table 6  
*Physical Custody Recommendations*

| Type of custody                                       | Ave. % of cases recommended |
|-------------------------------------------------------|-----------------------------|
| Joint physical custody                                | 34                          |
| Mother custodial parent, father regular visitation    | 33                          |
| Father custodial parent, mother regular visitation    | 21                          |
| Mother custodial parent, father supervised visitation | 6                           |
| Split custody of children                             | 5                           |
| Father custodial parent, mother supervised visitation | 4                           |
| No visitation                                         | 1                           |
| Third-party custody                                   | 1                           |

Note. Numbers have been rounded to the nearest whole number, and some total percentages from respondents did not equal 100; therefore, total average (ave.) percentage is greater than 100.

Table 7  
*Handling of Custody Report and Raw Test Data*

| Type of action                                                    | % of respondents |
|-------------------------------------------------------------------|------------------|
| Distribution of report by respondents                             |                  |
| Attorneys                                                         | 95               |
| Judge                                                             | 83               |
| Friend of the Court                                               | 21               |
| Parents                                                           | 17               |
| Other (therapist, guardian ad litem, etc.)                        | 10               |
| Release of report                                                 |                  |
| Require full payment                                              | 70               |
| Release without full payment                                      | 16               |
| Don't write report without full payment                           | 8                |
| Release report without full payment when ordered by court         | 4                |
| Release report without full payment if in child's best interest   | 2                |
| Handling of raw test data by respondents                          |                  |
| Forward data to a licensed psychologist selected by attorney      | 53               |
| Request court order to release data to licensed psychologist      | 18               |
| Release data to licensed psychologist agreed on by both attorneys | 7                |
| Send raw data directly to requesting attorney                     | 7                |
| Release data to attorney when ordered by court                    | 4                |
| Refuse to release data under any circumstances                    | 3                |
| Other                                                             | 8                |

the APA Guidelines (APA, 1994) were, in fact, an outgrowth of this concern. However, the present study did not explore the specific reasons underlying the malpractice suits or ethical or board complaints, and further research in this area is needed. Irrespective of the underlying reasons, as stressed by Glassman (1998), psychologists have to use strategies to reduce their risks. Such strategies include familiarity with the APA Guidelines (APA, 1994) and APA Ethical Principles (APA, 1992), obtaining court appointment, securing informed consent and waiver of confidentiality, maintaining impartiality, avoiding one-party evaluations and dual relationships, providing complete disclosure, preserving a well-documented file, and avoiding ex-parte communication. In some states, court-ordered custody work falls under the immunity of the court (Stahl, 1994); therefore, obtaining a court order may reduce the risk of a malpractice action in some states.

### Conclusion

The APA Guidelines (APA, 1994) were developed to promote expertise, competence, and objectivity in conducting child custody evaluations. This study explored the congruency between the Guidelines and current practices, as well as changes in child custody practice over the past 15 years.

Although child custody evaluations are frequently criticized as lacking an empirical and theoretical basis, the present study indicates improvements in the scope and nature of child custody evaluations conducted by psychologists since publication of the Keilin and Bloom (1986) study. The type and range of data reportedly collected by psychologists was found to be diverse and thorough, as was the comprehensiveness of the process. In addition, psychologists seem more aware at this time of legal and risk

management issues, although certain ethical dilemmas remain unresolved, for example, not releasing reports prior to receiving payment or refusing to release raw test data under any circumstances. Overall, the practices and procedures used by the present study's group of psychologists closely follow APA Guidelines (APA, 1994). This evolution toward greater professionalism appears to have occurred through training obtained at the numerous APA and the American Board of Professional Psychology workshops, independent study of journal articles and books focusing on child custody matters, encouragement and publication of custody research, and development of collaborative relationships between psychology and law. The latter was most evident at the ABA/APA 1997 joint conference on "Children, Divorce, and Custody: Lawyers and Psychologists Working Together" in Los Angeles, California. This pivotal conference demonstrated that cooperative efforts between psychologists and lawyers can break down barriers, improve communication, and best serve the needs of children and their families.

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