

USE AND MISUSE OF THE MMPI TESTS IN PARENTAL ALLOCATION / CUSTODY CASES

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Executive Summary: The MMPI is the most widely used test in parental allocation / custody evaluations.¹ Family lawyers must know how the tests operate including its different versions because of its use and misuse. A critical query is whether the test scores correlate to other indications of what is in the best interest of the children. We also see that test results are often difficult to weigh within the context of custody proceedings because of the incentive to present oneself favorably. Scales within the test help to identify and counter this. Yet understanding the original scales and the Restructured Clinical [RC] scales in a setting where there is an incentive to favorable presentation, remains problematic.

This summary includes the MMPI-3 but draws heavily on my earlier paper on the MMPI-2. This is because we are seeing that custody evaluators continue to primarily rely upon the MMPI-2 due to its history and the potential limitations with the MMPI-3.

First, summarize the limitations of the MMPI-3 in light of its shorter format and its relatively recent release:

1. Reduced Item Pool Compared to MMPI-2

MMPI-3: 335 items
MMPI-2: 567 items

The shorter format improves efficiency but raises concerns about:

- ✓ Loss of item depth and breadth: Some clinicians worry that shortening the test may reduce subtle item nuances that captured less overt psychopathology or specific behavioral patterns.
- ✓ Perception of comprehensiveness: In settings like child custody evaluations, where every detail matters, professionals accustomed to the MMPI-2 may perceive the MMPI-3 as less thorough.

¹See: “[The Revised MMPI-3 and Forensic Child Custody Evaluations: A Primer for Family Lawyers](#),” Vol. 35, 2022, p. 285. See also MMPI Instruments, p. 213 quoting Ackerman & Pritzl for the statistic that 97% of the survey of respondents reporting using the test.

2. Limited Forensic-Specific Validity Research (as of 2024)

While the MMPI-3 is psychometrically sound, its empirical validation specifically in forensic contexts (e.g., custody disputes) is still developing.

- ✓ Many custody-focused studies and legal precedents were based on the MMPI-2, not the MMPI-3.
- ✓ Judges, lawyers, and evaluators may be more comfortable with MMPI-2 results due to greater historical usage and courtroom familiarity.

3. Transition and Familiarity Issues

Psychologists trained in MMPI-2 interpretation may find MMPI-3 scales and norms unfamiliar.

This can lead to hesitation in adopting the MMPI-3 or concerns about:

- ✓ Loss of continuity in longitudinal evaluations
- ✓ Difficulty in comparing past and present results

4. Custody-Specific Norming Concerns

The MMPI-3 does not include forensically relevant normative data specific to custody litigants.

As with the MMPI-2, the standard norms are based on the general population, which may not account for the unique dynamics and stressors of individuals involved in custody disputes.

5. Legal and Practical Acceptance

In child custody cases, the legal system is conservative in its acceptance of newer instruments.

- ✓ The MMPI-2's long track record makes it a "gold standard" in many jurisdictions.
- ✓ Using MMPI-3 may require extra justification in court reports or testimony, particularly if opposing experts challenge its use.

Significant portions are taken from the leading text on the MMPI Instruments:

John R. Graham, [*MMPI Instruments: Assessing Personality and Psychopathology*](#), (6thth Ed.) Oxford University Press, Oxford Univ. Press. 2022. I've read each edition since the first. [See also ordering directly from Oxford Univ Press.](#)

I recommend its purchase. It includes a new chapters on the [MMPI-3](#), the [MMPI-2RF](#) and the MMPI-2-A-RF.

For an excellent and brief discussion of the MMPI-3, see the 2022 Journal of the AAML, titled, [“The Revised MMPI-3 and Forensic Child Custody Evaluations: A Primer for Family Lawyers,”](#) Vol. 35, 2022, p. 285.

Also see the excerpt from [“MMPI-3 User’s Guide for the Police Candidate Interpretive Report”](#) by David M. Corey and Yossef S. Ben-Porath. Copyright © 2020 by the Regents of the University of Minnesota. Reproduced by permission of the University of Minnesota Press.

INITIAL QUERIES

What does the term MMPI stand for?

The term "MMPI" stands for the Minnesota Multiphasic Personality Inventory. It reflects its origins at the University of Minnesota. The term multiphasic is used because it provides scores and measurements of a wide range of aspects of personality. It measures both personality and psychopathology. Highly elevated scores indicate psychiatric disorders. Scores in the more "normal" range tell us about personality patterns of essentially normal adults.

What is the MMPI-2 / MMPI-2 RF?

This is the second edition of the test. The original test was published in 1943 and was updated in 1989. The MMPI-2 has 567 true-false items. The MMPI test is the most widely used psychological test in the world. Thus, matrimonial lawyers should have a working knowledge of the test. The MMPI-2 was updated and restructured in 2008 with the MMPI-2-RF. The 2008 version maintained the original item content. Yet the authors claimed that the items were more efficient since they trimmed the test from 567 to 338 items.

What is the MMPI-3?

[The MMPI-3 is the first full revisions of the MMPI in more than 30 years.](#) The primary goals of the new test were to expand the item pool and update the test’s norms. The MMPI-3 includes 72 new and updates questions as well as revised awkward language in 43 items. The text includes [five new scales](#) including: Combined Response Inconsistency (CRIN—a validity scale), Compulsivity (CMP—an internalizing scale), Impulsivity (IMP—an externalizing scale), and Self-Importance (SFI, an Interpersonal scale). Thus, new content scales assess impulsivity and self-importance. The English-language normative sample was selected to approximate the 2020 census projections for race, ethnicity, and age. The MMPI-3 uses non-gender T scores, just like the MMPI-2-RF.

View the MMPI-3 as an improvement to the MMPI-2-RF. It doesn’t replace the longer MMPI-2. [One expert urges that an MMPI-3 based on the MMPI-2-RF is not an authentic successor to the MMPI and MMPI-2,](#) considering their 70-year history of research and successful clinical use. He notes that the MMPI-2 relies upon a code-type approach to

interpretation (where its scales are examined in configural patterns based upon empirically validated code types). But the MMPI-2-RF relies upon a scale-by-scale interpretive approach. Thus, he contends that just as the empirical correlates for the MMPI-2 code types don't apply to the MMPI-2-RF, neither will those code types correlate to the MMPI-3.

Are there other “objective” personality tests applied in custody evaluations?

Yes.

MCMI-IV. Another common personality test which is used in custody evaluations is the [MCMI-IV](#). Many psychologists use the MCMI exam for custody evaluations. This is bothersome because the MCMI-IV (unlike the MMPI-3) was *not* designed to be applied to non-clinical settings. For a discussion of this issue, see:

<https://psycnet.apa.org/record/2016-01704-008>. Stolberg, R., & Kauffman, C. (2015).

“The utility of the MCMI-III in child custody evaluations: The impact of clinical norms. [Journal of Child Custody: Research, Issues, and Practices](#),” 12(3-4), 325–336.

This paper points out that over the years, the MCMI-III Test Manual changed its position on the issue of application in non-clinical settings and currently cautioning the psychologist to be aware of the concerns. The article concludes with six recommendations to psychologists who choose to use the MCMI-III in child custody evaluations. It urges that for experts who don't fully understand the test's limitations, problems abound.

Another paper pointing to these problems is:

<https://www.tandfonline.com/doi/full/10.1080/00223891.2021.2013248>.

This 2022 article concludes:

“The authors, representing a mixed perspective on the inventories, generally conclude that while the MCMI-IV and MACI-II rely on a rich theoretical framework, *the peer-reviewed literature is virtually non-existent*, the need to rely on their predecessor instruments' research literatures are limiting, and the modifying indices have questionable utility in the detecting of response bias. In addition, the normative data and underreporting response styles in family court evaluations cause problems for the MCMI-IV's use in such contexts.”

Intelligence Test. The other objective test is a commonly used intelligence test given by half of psychologists.

Why is knowledge of the MMPI-2 and MMPI-3 important in parental allocation / child custody cases?

The MMPI-2 is the most often used psychological test in the custody evaluation process. Psychologists also use it most often objective personality test in the entire field of forensic assessment.

Do scores change over time?

Certainly, or there would be no point to treatment with mental health professionals. However, a series of retests on one person will show a consistency of psychological tendencies or traits over time. For example, assume you represent the mother who was abused as a child, has been a long term recovering alcoholic, and has been involved in support groups and therapy for a number of years. She may very readily admit to deficiencies in her personality. However, significant reliance on any testing may not be appropriate because it may not be reflective of the mother's level of functioning. Such a person may be advised not to agree to psychological testing for use in a battle over custody.

What are some of the main caveats to appropriate test interpretation in a legal matter?

Forensic experts should use caution in forming clinical opinions, especially in forensic settings. It may be said that a person answers similarly to another person who is known to be depressed or paranoid and is likely to have the same or similar characteristics. Yet that's not the same as saying that the expert can conclude from the test results alone that the person is necessarily depressed or paranoid.

Are there any studies available to psychologists about use of the MMPI-2 and MMPI-3 in the context of child custody litigation?

Yes. Prior to 1997 there were no studies that would assist psychologists with the interpretation of MMPI-2 scores in the context of custody litigation. Normative data on the use of the MMPI-2 in the context of custody litigation was published in Psychological Assessment, 1997, Vol. 9, No. 3, 205-211 titled "Normative Data for the MMPI-2 in Child Custody Litigation." Since that time, we have a growing body of literature.

What do all the numbers really mean?

A person can be relatively more deviate on one scale than on another. There must be a way to represent this. When the test refers to T scores, these are transformed scores. Scores are transformed so that T-50 corresponds to the normal adult average on each of the scales. A transformed score of 60 is one standard deviation higher than average (one decile higher than average). A T score of 70 is two deciles higher than average. Thus, we are always interested in T scores—not the raw scores of test results.

What does a psychologist mean by "the [MMPI code](#)?"

This simply ranks the T-scores from the most elevated scale to the second most elevated scale, etc. For example, a 4-2 profile simply means that the scale 4 (the "psychopathic deviate-Pd" scale) was most elevated followed by scale 2 (the depression scale-D).

What is "the profile?"

This is the standard graph that shows an array of scores on the 13 basic scales. Originally two deciles below or above the average scores for normal persons were considered outside the normal range. For the MMPI-2, this classified too many disturbed patients as being in "in the normal range." Accordingly, the upper cutoff was adjusted to 65 (1.5 standard deviations.) Thus, any T score at 65 or higher is considered significant or statistically abnormal.

Does "=70" mean the 70th percentile?

No. This is a red flag that the psychologist or lawyer doesn't understand the test results. Think of the test results as a "bell curve." The difference in raw scores between the 50th and the 55th percentiles is quite small because of bunching of raw scores at the middle of the curve. The difference in raw scores between the 90th and 95th percentiles is much larger because of the stretching out of raw scores at the ends of the curve. For the MMPI-2, 70 corresponds to the 96th percentile in a normal population.

MMPI- II: SCALE SUMMARY

<u>Scale Name</u>	<u>Scale Abbreviation</u>	<u>Scale No.</u>	<u>Average Scores</u> <u>Custody Cases</u>
L - Elevated on Fake Good Profile (MMPI-3: "Uncommon Virtues")	Nickname - Lying Scale	Validity Scale	56.0
K - Elevated on Fake Good Profile (MMPI-3: "Adjustment Validity")	Subtle Defensiveness	Validity Scale	58.7
F - Depressed on Fake Good Profile	Infrequency Scale Nickname: Fake Bad Scale	Validity Scale	44.7
Hypochondriasis RC-1 Somatic Complaints	Hs (SOM)	1	Below 50
Depression RC-2 Low Positive Emotions (LPE)	D	2	Below 50
Psychopathic Deviate - (Rebelliousness) Antisocial Behavior (ASB)	Pd	4	50.9

Paranoia Ideas of Persecution (PER)	Pa	6	Below 50
Psychasthenia Dysfunctional Negative Emotions (DNE)	Currently DNE	7	Below 50
Schizophrenia Aberrant Experiences (ABX)	Sc	8	Below 50
Hypomania Hypomanic Activation (HPM)	Ma	9	Below 50
<i>*Social Introversion</i>	<i>Formerly Si</i> <i>Now INTR</i>	<i>0</i>	

* Italics: Dimension of Personality / Not Clinical Scale.

MMPI-3--PSY-5 (Personality Psychopathology Five) Scales.

Include:

AGGR

Aggressiveness — Instrumental, goal-directed aggression

PSYC

Psychoticism — Disconnection from reality

DISC

Disconstraint — Under-controlled behavior

NEGE

Negative Emotionality / Neuroticism — Anxiety, insecurity, worry, and fear

INTR

Introversion / Low Positive Emotionality-Revised — Social disengagement and anhedonia

MMPI-3--Internalizing Scales

SUI

Suicidal/Death Ideation — Direct reports of suicidal ideation and recent attempts

HLP

Helplessness/Hopelessness — Belief that goals cannot be reached or problems solved

SFD

Self-Doubt — Lack of self-confidence, feelings of uselessness

NFC

Inefficacy — Belief that one is indecisive and ineffectual

STR

Stress — Problems involving stress and nervousness

WRY

Worry — Excessive worry and preoccupation

CMP

Compulsivity — Engaging in compulsive behaviors

ARX

Anxiety-Related Experiences — Multiple anxiety-related experiences such as catastrophizing, panic, dread, and intrusive ideation

ANP

Anger Proneness — Becoming easily angered, impatient with others

BRF

Behavior-Restricting Fears — Fears that significantly inhibit normal behavior

MMPI-3--Externalizing Scales

FML

Family Problems — Conflictual family relationships

JCP

Juvenile Conduct Problems — Difficulties at school and at home, stealing

SUB

Substance Abuse — Current and past misuse of alcohol and drugs

IMP

Impulsivity — Poor impulse control and nonplanful behavior

ACT

Activation — Heightened excitation and energy level

AGG

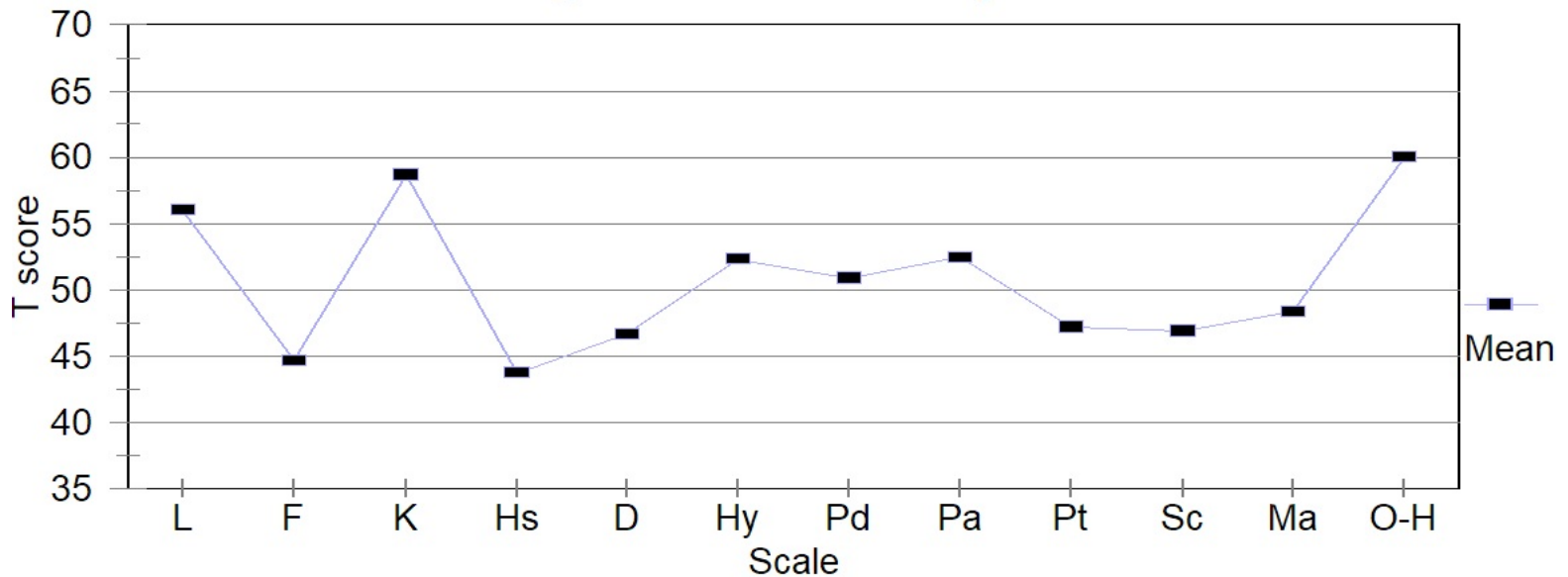
Aggression — Physically aggressive, violent behavior

CYN

Cynicism — Non-self-referential beliefs that others are bad and not to be trusted

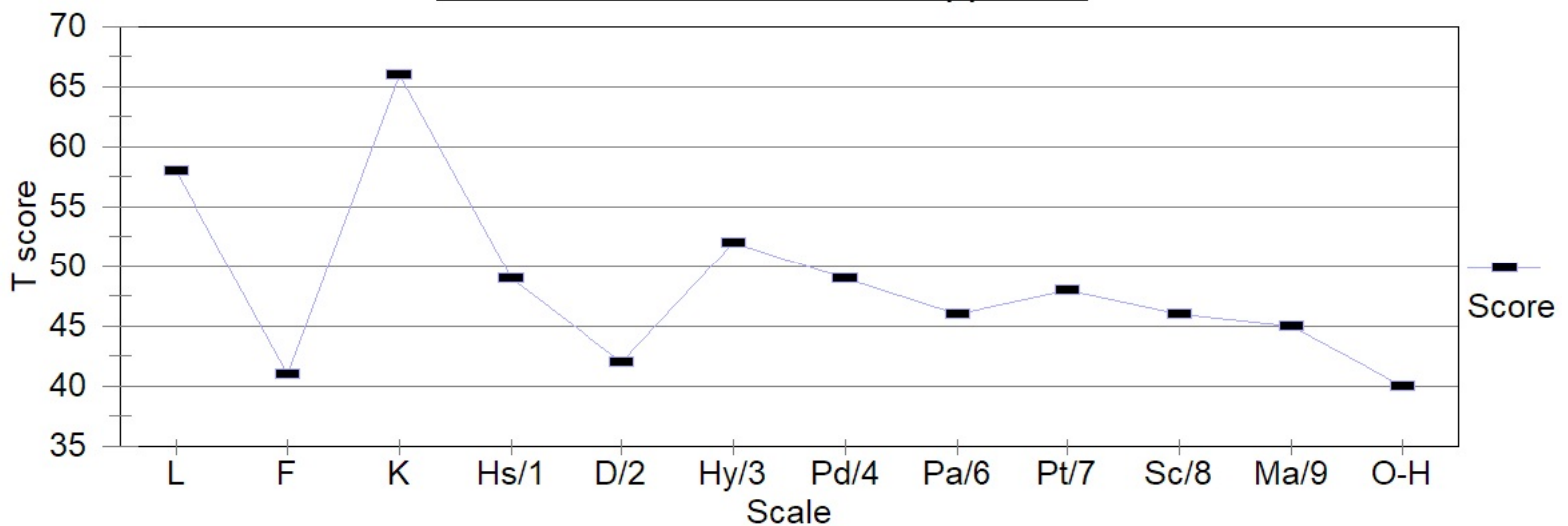
Statistics for Child Custody Litigants

Average Scores in Custody Cases



Statistics for Non-Custody Cases

Basic Profile: Airline Pilot Applicant



THE THREE SCALES: L, K, and F

A key component of the MMPI-3 for forensic use is its 10 validity scales. While most forensic evaluators in other settings look to over-reporting, family court evaluators closely look at under reporting of symptoms because parents in family courts often try to look good. Recent research has demonstrated that the MMPI-3 is effective at identifying attempts to appear well-adjusted.²

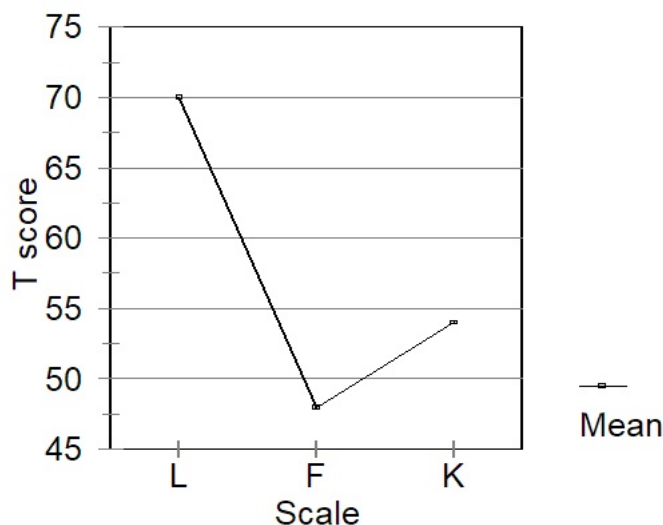
Summary of Descriptors for the L Scale:

The L scale is sometimes informally called the "lie" scale. It is a set of naively defensive items. A high score indicates an unsophisticated attempt to present one's self in a favorable light. The items deal with relatively minor flaws most people will readily admit, e.g., "I do not read every editorial in the newspaper every day", "I do not like everyone I know." Many people who try to present themselves in a very favorable way are not willing to admit such minor deficiencies. Graham states that T Scores on the scale above 65 suggest such extreme defensiveness that the text should not be interpreted. However, in light of the study showing the mean was approximately a half standard deviation about the mean (the mean was 56), in the context of custody litigation test interpretation T scores above 70 appear to more

*accurately reflect an **invalid** profile. Approximately 90% of the custody litigants had T scores of 70 or below.*

Validity Scale - V Pattern

Invalid L Scale Pattern



Thus, scores between 60 and 70 suggest defensiveness in the context of custody litigation.

Note, in addition to have a "defensive profile", high scorers L-scale tend to be rigid and moralistic.

High L-scale scores (Generally considered to be above 55 , **but for custody litigants a score should not be considered a high score until over 60**). They indicate people who:

1. are trying to create a favorable impression of themselves by not being honest in responding to the items
2. may be defensive, denying, and repressing
3. may be confused

²Megan R. Whiteman et al, "[Criterion Validity of MMPI-3 in Pre-employment Evaluations of Public Safety Candidates](#)," 33 Psychol. Assessment 1169 (2021).

4. manifest little or no insight into their own motivations
5. show little awareness of consequences to other people of their behavior
6. over-evaluate their own worth
7. tend to be conventional and socially conforming
8. are unoriginal in thinking and inflexible in problem solving
9. are rigid and moralistic
10. have poor tolerance for stress and pressure

Low L-scale ($T < 50$) scores are indicative of persons who:

1. probably responded frankly to the items
2. are confident enough about themselves to be able to admit to minor faults and shortcomings
3. in some cases may be exaggerating negative characteristics
4. are perceptive and socially reliant
5. are seen as strong, natural, and relaxed
6. are self-reliant and independent
7. function effectively in leadership roles
8. communicate ideas effectively
9. may be described by others as cynical and sarcastic

Summary of Descriptors for the F Scale:

This scale measures the frequency with which the person has made rarely given responses. These were true and false responses generally marked by less than 5% of normal adults. The F scale serves three important functions. It is very rare in the context of custody evaluations to have an F scale score that is significantly elevated. The mean F score in the study on custody litigants was 45 and only 1.8% of the litigants had an F score in the clinical range, i.e., above 65.

It is an index of test taking attitude and is useful in showing an invalid response set. Second, if the profile is not invalid, the scale is a reliable indicator of the degree of psychopathology with higher scores indicating greater problems. Finally, T scores can be used to make inferences about extratest characteristics and behaviors.

T scores in a range of 65 to 79 (in custody litigation) are indicative of persons who:

1. may have very deviant social, political, or religious convictions
2. may manifest clinically severe neurotic or psychotic disorders
3. if relatively free of psychopathology, are described as:
 - a. moody
 - b. restless
 - c. dissatisfied
 - d. changeable, unstable
 - e. curious and complex
 - f. opinionated
 - g. opportunistic

T scores in a range of 50 to 64 are indicative of persons who:

1. have endorsed items relevant to a particular problem area
2. typically function adequately in most aspects of their life situations

Low Scores on the F Scale:

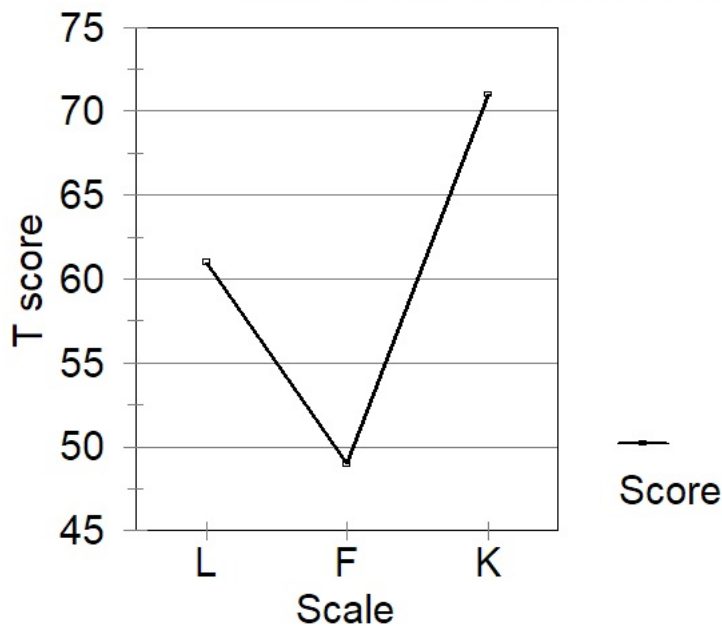
T scores below 50 are indicative of persons who:

1. answered items as most normal people do
2. are likely to be free of disabling psychopathology
3. are socially conforming
4. **may have a defensive profile or faked good in responding to the MMPI-2 items (the V shape profile)**

Summary of Descriptors on the K Scale:

This is a subtle correction scale measuring sophisticated minimizing or understatement versus undue candor or self-critical frankness. Five of the eight clinical scales are adjusted upward by some fraction or weight of the person's score on this K scale. In the study of custody litigants the norm K score was 59 (about one decile over the standardized norm of 50). Approximately 80% of the custody litigants had K scores of 65 or less and 90% had K scores of 68 or less. Child Custody Evaluation Practices: A 1996 Survey of Psychologists suggested that, "The high frequency of MMPI-MMPI-2 usage may be of some concern based on the results of recent research which reports mean K scores up to 60.7, thus reducing the utility of the clinical scales and content scales for interpretive purposes."

Validity Scale - "V" Pattern Invalid K Scale Pattern



Very high scores ($T > 68$) in custody proceedings on the K scale are indicative of persons who:

1. may have responded false to most of the MMPI-2 items
2. may have tried to "fake good" in responding to the MMPI-2 items

Moderately high scores ($T = 59-67$ for custody litigants) on the K scale are indicative of persons who:

1. may have approached the test-taking task in a manner that is more defensive than most custody litigants
2. may be trying to give an appearance of adequacy, control, and effectiveness
3. are shy and inhibited
4. are hesitant about becoming emotionally involved with people
5. are intolerant, unaccepting of unconventional attitudes and beliefs in other people
6. lack self-insight and self-understanding
7. are not likely to display overt delinquent behavior
8. if not seriously disturbed psychologically, may have above-average ego strength and other positive characteristics

Average scores on the K scale ($T = 40-58$ -- in contexts other than custody proceedings, usually considered to be between 40 and 55) are indicative of persons who:

1. maintained a healthy balance between positive self-evaluation and self-criticism in responding to the MMPI-2 items
2. are psychologically well adjusted
3. show few overt signs of emotional disturbance
4. are independent and self-reliant
5. are capable of dealing with problems in daily life
6. exhibit wide interests
7. are ingenious, enterprising, versatile, and resourceful
8. think clearly and approach problems in reasonable and systematic ways
9. mix well socially
10. are enthusiastic and verbally fluent
11. take an ascendant role in relationships

Superlative (S) Scale: The S scale was developed in 1995 to assess the tendency of some people to present themselves on the MMPI-2 as highly virtuous, responsible individuals, having few or no moral flaws and who get along extremely well with others. In Graham's 2000 treatise, he states, "This manner of self-presentation is very common in situations such as personnel screens or child custody determinations." There have been several studies which use the S Scale to try to determine when an individual may be faking good. Graham writes:

In summary, it would appear that the S scale is measuring some of the same test-taking characteristics as the K scale and that it may add significantly to the K scale in identifying nonclinical persons who fake good when taking the MMPI-2... Although [one study] found that a raw score on the S scale of 29 or greater was most effective in distinguishing honest responders from those faking good, more research is needed to determine optimal S-scale cutoff scores in various settings.

Fake Good and Defensive Profiles:

Fake Good Profiles: Graham stated:

Sometimes persons completing the MMPI-2 are motivated to deny problems and appear better off psychologically than is in fact the case. This response set is relatively common when persons complete the MMPI-2 as part of a job application process or custody evaluation. In its most blatant form this tendency is referred to as "faking good."

In the fake good response set the L and K scales are likely elevated significantly and the F scale may be well below 50. In one study, subjects with a fake good profile had somewhat lower scores on most of the clinical scales than the norm group.

The custody norms study discussed "extreme or deviate responding" for custody litigants (the fake good profile rather than the defensive profile discussed below). It suggested:

Perhaps the one and one half standard deviations above the reference group mean [56 being the mean for the L scale and 58.7 being the mean for the K scale] and would

provide a standard by which to compare a litigant, as is used with the standardization norms of the MMPI-2. An individual's L or K score may be above the cutoff with regard to the standardization sample, yet not be elevated when compared with litigant norms, thereby giving T score a different relative meaning. If a litigant's score is elevated with respect to both sets of available norms, it should alert the psychologist as to the extreme level of defensiveness, evasiveness and self-favorability this individual may be presenting to the entire evaluative process (e.g., interviews)... Pending investigations of external reliability, the determination of clinical utility in this population will require increased vigilance on the part of the evaluator in corroborating data from other sources (e.g., collaterals) as required for optimal interpretation of MMPI-2 profiles.

While Graham states, "T scores above 65 suggest such extreme denial and/or defensiveness that the protocol should not be interpreted," the custody norms study does not suggest that such a protocol is *per se* invalid but that it should be looked at with far greater scrutiny. It seems, however, that if both of the L or K T scores are in an extreme range [elevated at 70 or above], the evaluator should consider the results as invalid and the only conclusion that can be properly reached is that the litigant was not being forthright in providing answers to the MMPI-2 test.\

Defensive Profiles:

Graham also states:

Sometimes persons are motivated to present unrealistically favorable impressions but do not do so as blatantly as in the fake-good response sets. For example, persons taking the MMPI-2 as part of employment screening or child custody evaluations may want to emphasize positive characteristics and minimize negative ones. The resulting profile may underestimate problems and symptoms but is not necessarily uninterpretable. In the defensive profile the L and K scale scores are typically more elevated than the F scale score. However, T scores on these two scales will not be as elevated as in the fake good response set.

Sometimes in a defensive profile either the L or K scale is elevated but not both. This is because the two scales seem to be measuring somewhat different aspects of test-taking attitudes. Persons who have elevated scores on the K scale are generally denying symptoms and problems. Persons who have elevated scores on the L scale are trying to present a picture of themselves as honest, moral and confirming.

With a defensive profile, Graham suggests if there are clinical scales elevated above 65, interpret them using the standard scales. Recognized, however, that these scale elevations may reflect more significant problems because they are obtained when test subjects try to present the most favorable view of themselves.

Because in a defensive profile the person attempts to paint an overly favorable view of his or her functioning, clinical scale T scores in a 60 to 65 range should be considered significant. The custody norms study addressed this. It concluded that: "Those who were more open and disclosing (nonunderreporters [litigants with L or K T scores above 65]) admitted more often to being suspicious,

mistrustful and resentful and a greater percentage scored above the cutoff on Scale 6 [the paranoia scale].”

Consider a recent study titled, “[MMPI-2 RF Profiles in Custody Litigants](#).” It comes to the conclusion that the results show that almost half of the MMPI-2-RF protocols in the CCL sample could be worthless due to their “demonstration of an underreporting attitude.”

If all of the clinical scale T scores in a defensive profile are below 60, the profile doesn’t provide much useful information about the subject. One cannot tell if such profile indicates a well-adjusted person who is motivated to appear even more well adjusted or of a poorly adjusted person who’s trying to appear to be well-adjusted.

A 1994 study addresses normative data for the F-K index. See: “[MMPI-2: Normative Data for the F-K Index: Implications for Clinical, Neuropsychological and Forensic Practice](#),” by Rothke, Dahlstrom, Greene, Arrendondo and Mann. It concludes that the F-K index is more helpful in identifying “fake-bad” profiles than “fake good” profiles. The important quote from this study to consider:

It is recommended that a determination of profile validity not be made on the basis of a single score or index value alone. Rather an examination of various measures as well as of overall clinical scale elevation (mean profile elevation) in conjunction with interview findings and patient’s history and current circumstances is recommended.

Assessing Deception in Child Custody Evaluations by Using the MMPI-2: Greene & Strong published a paper in 1998 in which they concluded that self-deception and impression management can be identified readily in child-custody litigants.

The general discussion regarding the validity scales of the MMPI-2 addresses the degree to which a person intentionally tries to present well on the personality test. It’s been urged that there should be two-factor model of social desirability responding to the MMPI that considers whether a person is aware of any deception.

Self-Deception: This is defined as the tendency to bias responds brought about by the person’s belief that the responses are true and justified:

- Characterized by inadvertent or unintentional concealment of symptoms.
- Symptoms can be described as a rigidity in thinking or being dogmatic.
- Generally, such a person is not defensive or in denial.
- Relatively Impervious to the setting in which the MMPI-2 is administered.

Impression Management (other deception): This is a self-conscious and deliberate attempt to tailor responses to create a favorable impression and mislead the clinician:

- Characterized by intentional concealment of symptoms.
- Such persons are defensive.
- Changes with the demands of the setting, custody evaluations.

Measures of Deception:

Self-Deception:

- K scale;
- Ego Resiliency (ERO-S) scale;
- Superlative (S) scale; and
- Social Desirability (SD) scale.

Impression Management:

- L scale;
- Other Deception (OD) scale; and
- Social Desirability (Sd) scale.

Conclusion re Assessing Deception in Custody Evaluations: It would be expected that custody litigants are more likely to engage in impression management than self-deception—but this isn't the case. Self-deception may be a factor which interferes with other forms of negotiation in custody settings. The psychologist should examine these scales in a custody setting rather than merely focusing on the L, F and K validity scales.

THE CLINICAL AND RESTRUCTURED CLINICAL SCALES

Overall, the RC Scales are more obvious (*and more fakable* than the MMPI-2 Clinical Scales). They are meant to be more distinct, and supposedly clearer forms of the Clinical scales. [One expert opined that they may be helpful as sub-scales to the MMPI-2 Clinical scales, but not as separate clinical scales. They are redundant to the content scales and are less sensitive to psychopathology than the MMPI-2 Clinical Scales. In this contest, understand that you may view the MMPI-3 not necessarily as an improved MMPI-2 but the next step in the MMPI-2-RF.](#) This contains an excellent counter-part and argument for the position that the MMPI-3 should be favored over the MMPI-2.

For this discussion, I include a description of both the MMPI-2 as well as the MMPI-3.

RCd Demoralization (DEM) – General unhappiness and dissatisfaction

This measures overall emotional discomfort; a general psychopathology factor used to compare with the other scales where this factor was removed for the most part. It represents feelings of being discouraged, demoralized, pessimism, poor self-esteem, and feeling overwhelmed.

Summary of Descriptors for Scale 1 - Hypochondriasis (Hs):

RC1: Somatic Complaints (SOM) — Diffuse physical health complaints

This scale is very similar to its Clinical Scale counterpart, Hypochondriasis-1, excessive preoccupation with bodily and health concerns. It includes complaints of weakness, fatigue, and chronic pain. It identifies people who are prone toward somatization and may experience physical problems as a result of stress. The scale does not rule out physical disease.

As with the MMPI-2 think of this scale as a means of identifying of those we used to call hypochondriacs—those people who have a preoccupation with their body and have constant fears of illness and disease / those people who have diffuse physical health complaints.

High scores on Scale 1 indicate persons who:

1. have excessive bodily concern
2. describe somatic complaints that generally are vague
3. complain of chronic weakness, lack of energy, and sleep disturbance
4. if medical patients, may have a strong psychological component to their illnesses
5. are not likely to act out in psychopathic ways
6. seem selfish, self-centered, and narcissistic
7. have pessimistic, defeatist, and cynical outlook toward life
8. are unhappy and dissatisfied
9. make others miserable
10. complain
11. communicate in a whiny manner
12. are demanding and critical of others
13. express hostility indirectly
14. are described as dull, unenthusiastic, and unambitious
15. lack ease in oral expression
16. generally do not exhibit much manifest anxiety
17. seem to have functioned at a reduced level of efficiency for long periods of time
18. see themselves as medically ill and seek medical treatment
19. lack insight and resist psychological interpretations
20. **are not very good candidates for counseling**
21. become critical of therapists
22. terminate therapy prematurely when therapists suggest psychological reasons for symptoms or are perceived as not giving enough attention and support

Summary of Descriptors for Scale 2 - Depression (D):

RC2: Low Positive Emotions (LPE) — It reflects a lack of positive emotional responsiveness. and helps identify people who are depressed, pessimistic, withdrawn, anhedonia, bored, have low energy, and are indecisive. (17 items)

This scale measures how depressed is a person or, using current terminology, low positive emotions. It measures to what extent or level is the person feeling pessimistic or hopeless, dissatisfied with himself or herself, or persistently unhappy about his/her life and circumstances. We often see this scale as moderately elevated in divorce situations.

High scores on Scale 2 indicate persons who:

1. display depressive symptoms (particularly if T scores exceed 70)
2. feel blue and unhappy
3. are quite pessimistic about the future
4. may talk about committing suicide
5. have feelings of self-depreciation and guilt
6. may cry, refuse to speak, and show psychomotor retardation
7. often are given depressive diagnoses
8. report bad dreams, physical complaints, weakness, fatigue, and loss of energy
9. are agitated and tense
10. are described as irritable, high-strung, and prone to worry and fretting
11. have a sense of dread that something bad is going to happen to them
12. lack self-confidence
13. feel useless and unable to function
14. act helpless and give up easily
15. feel like failures in school or at work
16. have lifestyles characterized by withdrawal and lack of involvement with other people
17. are introverted, shy, retiring, timid, seclusive, and secretive
18. are aloof and maintain psychological distance from other people
19. may feel that others do not care about them
20. have their feelings easily hurt
21. have restricted range of interests
22. withdraw from activities in which they previously participated
23. are very cautious and conventional and are not creative in problem solving
24. have difficulty making decisions
25. feel overwhelmed when faced with major life decisions
26. **are over-controlled and deny own impulses**
27. avoid unpleasantness and make concessions to avoid confrontations
28. **because of personal distress, are likely to be motivated for counseling**
29. may terminate therapy prematurely when immediate crisis passes

RC3- cyn- Cynicism- (15 items).

This is the “Naively Trusting” sub-scale of Hysteria-3 standing on its head.

Since the Clinical Hysteria scale reflects the complex dynamics of Hysteria, this scale represents the insightless purification of scale 3, and therefore it has nothing to do with Hysteria (Hy). It is a measure of cynicism. This scale is unlikely to be helpful in understanding elevations in scale 3. The Hysteric denies aggressive motives and converts aggression into somatization. This scale is simply the items about the belief that other people are untrustworthy, dishonest, uncaring, and exploitive.

Summary of Descriptors for Scale 4 - Formerly called Psychopathic Deviate (Pd):

RC4: Antisocial Behavior (ASB) — Rule breaking and irresponsible behavior. (22 items).

It measures aggressiveness, antagonism, and argumentativeness. High scores reflect a tendency to lie, cheat, difficulty conforming to societal norms, acting out, substance abuse, family conflicts and poor achievement.

We often see elevations on this scale for those undergoing custody disputes. In some cases it reflects poorly on parenting ability.

This scale measures whether a person shows significant deficiencies of conscious acts or behaviors that are seen as lacking in recognition of their adverse consequences to others. This scale is complex. One way to conceptualize this scale is to think of this scale as a measure of rebelliousness, with higher scores indicating rebellions and lower scores indicating acceptance of authority and the status quo. Moderate scores may be rebellious but may express the rebellion in more socially accepting ways. As is discussed below this was the third most commonly elevated scale in the study of custody litigants.

High scores on Scale 4 indicate persons who:

1. have difficulty incorporating the values and standards of society
2. may engage in asocial and antisocial acts, including lying, cheating, stealing, sexual acting out, and excessive use of alcohol and/or drugs (especially if T > 75)
3. are rebellious toward authority figures
4. **have stormy relationships with families**
5. blame family members for difficulties
6. have histories of under-achievement
7. **tend to experience marital problems**
8. are impulsive and strive for immediate gratification of impulses
9. do not plan their behavior well
10. tend to act without considering the consequences of their actions
11. are impatient and have limited frustration tolerance
12. show poor judgment and take risks and tend not to profit from experiences
13. are seen by others as immature and childish
14. are narcissistic, self-centered, selfish, and egocentric
15. are ostentatious and exhibitionistic and insensitive to the needs and feelings of others
16. are interested in others in terms of how they can be used
17. are likable and create good first impressions
18. have shallow, superficial relationships and seem unable to form warm attachments with others
19. are extroverted and outgoing, talkative, active, adventurous, energetic, and spontaneous
20. are judged by others to be intelligent and self-confident
21. have a wide range of interests, but behavior lacks clear direction
22. tend to be hostile, aggressive, resentful, rebellious and antagonistic
23. have sarcastic and cynical attitudes
24. may act in aggressive ways but in women often express aggression in passive, indirect ways
25. may feign guilt and remorse when in trouble
26. are not seen as overwhelmed by emotional turmoil
27. may admit feeling sad, fearful, and worried about the future
28. experience absence of deep emotional response
29. feel empty and bored
30. **have poor prognosis for counseling but may agree to treatment to avoid something more unpleasant**
31. **tend to terminate counseling prematurely**
32. in treatment tend to intellectualize excessively and to blame others for difficulties

Summary of Descriptors for Scale 6 - Formerly Paranoia (Pa):

RC6: Ideas of Persecution (PER) — Self-referential beliefs that others pose a threat. (17 items). This new scale is similar to Pa Obvious or Pa1 and measures persecutory ideation.

Does a person show paranoid trends and how are they expressed? Elevated scores anticipate a tendency to perceive others as either being “on my side” or “against me.” The person with paranoid trends also tends to be rigidly self-righteous and overly sensitive to criticism. This and Scale 3 are the two most commonly elevated scales among custody litigants. Yet the mean score was only 52.4, which is only a small elevation above the standardized mean of 50.

There's evidence that moderate mean T-score elevations on MMPI-2 Scale Pa and MMPI-2-RF are relatively common among child custody litigants because many aspects of litigation may lead the litigant to endorse items that ask if they feel persecuted.³ Specifically, 43% of the sample RC6 at or above a T score of 55 and 14 % elevated the scale in a clinical range (T>65).⁴

Extreme Elevations (T>70) on scale 6 indicate persons who:

1. May exhibit frankly psychotic behavior (especially if matched with an elevation on scale 8);
2. May have disturbed thinking, delusions of persecution or grandeur.
3. Feel mistreated and resentful.
4. Feel angry and resentful.
5. Harbor grudges.
6. Use projection as a defense mechanism.
7. In psychiatric patients, often receive diagnoses of schizophrenia or paranoid disorder.

Moderate elevations (T = 60-70) on Scale 6 indicate persons who:

1. have a paranoid predisposition
2. tend to be excessively sensitive and overly responsive to the opinions of others
3. feel they are getting a raw deal out of life
4. tend to rationalize and blame others for difficulties
5. are suspicious and guarded
6. have hostility, resentment, and an argumentative manner
7. are moralistic and rigid in their opinions and attitudes
8. overemphasize rationality
9. if women, may describe sadness, withdrawal, and anxiety
10. if women, are seen by others as emotionally unstable and moody
11. **have poor prognosis for therapy**
12. do not like to talk about emotional problems
13. rationalize excessively in therapy
14. **have difficulty establishing rapport with therapists**
15. **in therapy reveal hostility and resentment toward family members**

³Elizabeth M. Archer, et al., MMPI-2-RF Characteristics of Custody Evaluation Litigants, 19(1) Assessment 14 (2012).

⁴Cassandra M. Kauffman et al. An Examination of the MMPI-2-RF with the MMPI-2 and MCMI-33 of Child Custody Litigants. 12(2) J. Child Custody 129 (2015).

Summary of Descriptors for Scale 7 - Psychasthenia (Obsessive-compulsive scale):

RC7: Dysfunctional Negative Emotions (DNE) — Maladaptive anxiety, anger, irritability. (24 items). It measures anxiety, irritability, unhappiness, helplessness, rumination, worry, over-sensitivity, guilt, and intrusive thoughts.

Is the person a repetitive, obsessive worrier? This scale measures tendencies to be self-doubting, self-preoccupied, and pervasively anxious. The name of the scale comes from the antiquated term "asthenia" of the psyche, which was a weakness or inability to resist obsessive thought or compulsive act. Most people think of this as the obsessive-compulsive scale, although it measures more than just this trend.

High scores on Scale 7 indicate persons who:

1. experience psychological turmoil and discomfort
2. feel anxious, tense, and agitated
3. are worried, fearful, apprehensive, high-strung, and jumpy
4. report difficulties in concentrating
5. often receive diagnoses of anxiety disorder
6. are introspective
7. may report fears that they are losing their minds
8. have obsessive thinking, compulsive and ritualistic behavior, and ruminations
9. feel insecure and inferior
10. lack self-confidence
11. are self-critical, self-conscious, and self-degrading / are plagued by self-doubts
12. tend to be very rigid and moralistic / have high standards of performance for self and others
13. are perfectionistic and conscientious
14. feel depressed and guilty about falling short of goals
15. are neat, organized, meticulous, persistent and reliable
16. are seen by others as dull and formal
17. lack ingenuity in their approach to problems / have difficulties in making decisions
18. distort the importance of problems and overreact to stressful situations
19. tend to be shy and do not interact well socially / are described as hard to get to know
20. worry about popularity and social acceptance
21. are seen by others as sentimental, peaceable, soft-hearted, sensitive, and kind
22. are described as dependent, unassertive, and immature
23. physical complaints centering on the heart; genitourinary system; or gastrointestinal system; fatigue, exhaustion, insomnia, and bad dreams
24. may be motivated for therapy because of inner turmoil but **are not responsive to brief counseling**
25. show some insight into their problems
26. rationalize and intellectualize excessively
27. are resistant to interpretations
28. may express hostility toward the therapist
29. remain in therapy longer than most clients
30. make slow but steady progress in therapy
31. in therapy discuss problems including difficulty with authority figures, and poor work or study habits

How to Deal with Them: Perhaps the best way to deal with high Scale 7 scorers is to go step by step in your directions to your client. It is important to use facts to back up your advice. Use logic and structure in tying new ideas into old ones in giving advice to such clients.

Summary of Descriptors for Scale 8 - Schizophrenia (Sc):

RC8: Aberrant Experiences (ABX) — Unusual perceptions or thoughts associated with thought dysfunction. (18 items). It measures hallucinations, bizarre perceptual experiences, delusional beliefs, impaired reality testing. Scorers T65-74 may have schizotypal traits; and scorers >T74 may be psychotic.

This scale helps identify patients diagnosed as schizophrenic. It includes several disorders characterized by disturbances of thinking, mood and behavior. At intermediate ranges, it measures self-doubts and the tendency to feel different or alienated from others. At milder levels, it relates to creativity.

High scores on Scale 8 indicate persons who:

1. may have a psychotic disorder (especially if T = 75-90)
2. may be confused, disorganized, and disoriented
3. may report unusual thoughts or attitudes and hallucinations
4. may show extremely poor judgment
5. may be in acute psychological turmoil
6. may be exaggerating deviance as a cry for help
7. tend to have a schizoid lifestyle
8. do not feel a part of their environments
9. feel isolated, alienated, misunderstood, and unaccepted
10. are withdrawn, seclusive, secretive, and inaccessible
11. avoid dealing with people and new situations
12. are described as shy, aloof, and uninvolved
13. experience apprehension and generalized anxiety
14. have bad dreams
15. may feel sad or blue
16. may feel resentful, hostile, and aggressive
17. are unable to express negative feelings
18. typically respond to stress by withdrawing into daydreams and fantasies
19. may have difficulty separating reality and fantasy
20. are plagued by self-doubts
21. feel inferior, incompetent, and dissatisfied
22. give up easily when confronted with problem situations
23. may have sexual preoccupation and/or sex-role confusion
24. are nonconforming, unusual, unconventional, and eccentric
25. have vague and long-standing physical complaints
26. may at times be stubborn, moody, and opinionated
27. may at times be seen as generous, peaceable, and sentimental
28. are described as immature, impulsive, adventurous, sharp-witted, conscientious, and high-strung
29. may have a wide range of interests
30. may be creative and imaginative in approaching problems
31. have abstract and vague goals
32. seem to lack the basic information required for problem solving
33. **have a poor prognosis for counseling because of the long-standing nature of their problems and reluctance to relate in a meaningful way to the counselor**
34. tend to stay in therapy longer than usual
35. **may** eventually come to trust the therapist

Summary of Descriptors for Scale 9 - Hypomania (Ma):

RC9: Hypomanic Activation (HPM) — Overactivation, aggression, impulsivity, and grandiosity (28 items).

This scale measures tendencies in the manic direction, e.g. toward over-activity, talkativeness, boundless optimism, unrealistic expectations and a pressured sort of impulsivity.

High scores on scale 9 indicate persons who:

1. are overactive
2. have unrealistic self-appraisal
3. are energetic and talkative
4. prefer action to thought
5. have a wide range of interests
6. may have many projects going at once and do not use energy wisely
7. often do not see projects through to completion
8. may be creative, enterprising, and ingenious
9. have little interest in routine or detail
10. tend to become bored and restless very easily / have a low frustration tolerance
12. have difficulty in inhibiting expression of impulses
13. have periodic episodes of irritability, hostility, and aggressive outbursts
14. are characterized by unrealistic and unqualified optimism
15. have grandiose aspirations
16. have an exaggerated appraisal of self-worth
17. are unable to see their own limitations
18. may use nonprescription drugs
19. may get into trouble with the law
21. are outgoing, sociable, and gregarious / like to be around other people
22. create good first impressions
23. impress others as friendly, pleasant, enthusiastic, poised, and self-confident
24. try to dominate other people
25. have quite superficial relationships with other people
26. eventually are seen by others as manipulative, deceptive, and unreliable
27. beneath an outward picture of confidence and poise, harbor feelings of dissatisfaction
28. may feel upset, tense, nervous, anxious, and agitated / may describe selves as prone to worry
30. may experience periodic episodes of depression
31. in counseling may reveal negative feelings toward domineering parents; difficulties in school or at work; and a variety of delinquent behaviors
32. **have poor prognosis for counseling**
33. are resistant to interpretations
34. are irregular in therapy attendance
35. are likely to terminate therapy prematurely
36. engage in a great deal of intellectualization
37. repeat problems in stereotyped manner
38. do not become dependent on therapists
39. may make therapists targets of hostility and aggression

Summary of Descriptors for Scale O - Social Introversion (Si):

This is not a clinical scale but is a basic dimension of personality.

High scores reflect shyness, social sensitivity, modesty and reticence toward or avoidance of public, social circumstances.

High scores on Scale O indicate persons who:

1. are socially introverted
2. are very insecure and uncomfortable in social situations
3. tend to be shy, reserved, timid, and retiring
4. feel more comfortable alone or with a few close friends
5. do not participate in many social activities
6. may be especially uncomfortable around members of the opposite sex
7. lack self-confidence and tend to be self-effacing
8. are hard to get to know
9. are described by others as cold and distant
10. are sensitive to what others think of them
11. are likely to be troubled by their lack of involvement with other people
12. are quite over-controlled and are not likely to display feelings openly
13. are submissive and compliant in interpersonal relationships
14. are overly accepting of authority
15. are described as serious and as having a slow personal tempo
16. are reliable and dependable
17. tend to have a cautious, conventional, and unoriginal approach to problems
18. tend to give up easily
19. are somewhat rigid and inflexible in attitudes and opinions
20. have great difficulty in making even minor decisions
21. seem to enjoy their work and get pleasure from productive personal achievement
22. tend to worry, to be irritable, and to feel anxious
23. are described by others as moody
24. may experience episodes of depression
25. seem to lack energy
26. do not have many interests

Low scores on Scale O indicate persons who:

1. are sociable and extroverted
2. are outgoing, gregarious, friendly, and talkative
3. have a strong need to be around other people
4. mix well
5. are seen as expressive and verbally fluent

SUPPLEMENTAL SCALES

What are the supplemental scales?

The supplemental scales are scales that were created after the original clinical scales that give the clinician interpreting the test results more information than merely the validity and clinical scales. However, these scales may not be as reliable or valid as the validity or clinical scales. An example is the Subtle-Obvious subscales that were retained from the MMPI to the MMPI-2 because of differing opinions as to whether the scales were helpful in detecting certain types of fake good or defensive profiles.

What supplemental scales are significant in divorce situations?

The common supplemental scales which are important in divorce situations are:

- 1) **Over-controlled Hostility scale - O-H:** *In divorce cases we often see an elevation on the over-controlled hostility supplemental scale. We are looking for cases with **significant** elevations on this supplemental scale. Note that the average T score for custody litigants is at the 60th decile. In the custody evaluation, study 53% had T scores greater than 60 with 35% having T scores greater than 65. One might extrapolate this out to mean that one could consider a T score of 65 on this supplemental scale as still within a normal range and you should be more concerned with the elevation is more than 70—especially if the validity profile provides a defensive (fake-good) mind set.*

If there is an elevation of L and K and there is a 36/63 personality code type, this shows guardedness against showing anger openly. An elevation in this scale often occurs in common with an elevation in the L and the F validity scales.

There exists some correlation with high scores in this area and an inappropriate reaction to provocation. [Robert Gordon](#) writes: “For individuals who are not psychopathic, borderline or psychotic, O-H is not predictive of assaultive behaviors, but the rigid control of aggressive impulses.” <https://www.mmpi-info.com/supplementary-scales>.

- 2) **MacAndrew Alcoholism Scale - Revised - Mac-R:** This scale needs to be interpreted carefully. It might measure general antisocial tendencies rather than alcoholism, by itself. Patients with diagnoses of antisocial personality disorder often obtained relatively higher scores on this scale whether or not they abused substances. Therefore, individuals who are not substance abusers with a diagnosis of antisocial personality disorder are often misidentified as having substance abuse problems. In addition to substance abuse, the scale may indicate people who are socially extroverted, exhibitionistic, may experience blackouts, have difficulty in concentrating, have histories of behavior problem in school or with the law, are self-confident and assertive and enjoy risk taking.
- 3) **Addiction Potential Scale - APS:** This scale has a greater ability to show the potential for substance. It is not clear whether the scale measures only the potential for substance abuse or whether it might suggest current substance abuse. Graham states in his treatise, "The extent to which the scale can predict future abuse and can identify current abuse by

persons who are denying abuse remains to be investigated." Further, the extent to which T score is affected by defensive test-taking attitudes has not been directly studied. It is likely that those who approach the test in a defensive manner would obtain lower APS scores than those who approach the test more honestly.

- 4) **Marital Distress Scale - MDS:** The marital distress scale was developed only recently and there is little data as to its validity/reliability. High scores may be reflective of significant marital distress, which is common in divorce situations.
- 5) **Subtle-Obvious Scale:** This scale may be useful in analyzing fake good profiles, previously discussed. While Graham was critical of the use of this supplemental scale to analyze fake good profiles others believe that analysis of certain questions on the subtle-obvious scale has significant utility in this regard.

If there are significant elevation on any of these supplemental scales, the psychologist/lawyer should review an appropriate treatise which discusses these scales and consider the impact on the case.

QUESTIONS AND ANSWERS ABOUT THE TEST RESULTS

Queries:

Do such factors as litigation affect the interpretation of a person's responding to the MMPI-2?

Yes. However, the affects are highly variable from one individual to another. In the Caldwell Report, Caldwell stated:

[O]ne might not be surprised to see changes in responses to items about unfair treatment by a person involved in divorce litigation or in child custody litigation. As to the later one client might so, "Of course, my ex and his/her attorney are plotting against me!" while another may feel, "He/She is just saying what his/her attorney told him/her to say." It is always at least a little more uncomfortable when the custody litigant make the persecutory response as compared to when someone who is in similar circumstances does not.

Child custody profiles are a special case. Here the balance of scores between the "conscious fake-good" scale and the score on the scale measuring socio-economic status identification can be crucial. For example, is this profile relatively normal due to a deliberate even extreme effort to "look good," or is it a valid profile reflecting a sophisticated and sincerely self-favorable presentation. Or, given that they are not mutually exclusive, was it a mixture of both.

In many contexts it appears that the pattern of scores reflects the person's style of self-protection, the person's defense mechanisms, avoidances and ways of compensating. The elevation of T scores reflects the relative severity or urgency of such defenses at the time of testing. Repeated testing over a stressful time interval will show this as a rise and fall or the profile elevation, and a similar

pattern is frequently obtained each time despite these changes in elevation. Thus, it would be expected that a the person's profile obtained in the midst of child custody contention would be more elevated than it would have been at some time of greater affection and equanimity, but the pattern of scores is likely to be similar... Thus, the stress of custody litigation is more likely to change the elevation (urgency) of a person's defenses than the patten of those self-protective mechanisms; most often it exacerbates them rather than altering them.

Is there an MMPI profile that is the effect or result of being in child custody litigation?

It was suggested by Caldwell that custody litigants would likely have elevations in clinical scales 3-Hy, 4-Pd, and 6-Pa. [scale combinations 34/43, 36/63, 46/64]

Caldwell stated:

Having one of these patterns, even at a quite elevated level, marks a predisposing vulnerability to become litigious when one feels seriously demeaned or betrayed. Then if and when things go wrong and litigation ensues, the defenses go up (i.e., profile elevation increases), but at least in most cases the preexisting styles of personal denial, emotional egocentrism and/or judgmental blame appear more to be accentuated than newly generated by the process of the litigation.

In any case, the evaluation of the various effects of litigation on the individual versus contribution of pre-existing tendencies is a matter of judgment by the forensic expert. This is a difficult and sometimes arbitrary distinction between changes that are 1) solely because of the forensic circumstances; 2) aspects of the profile that reflect overall emotional shifts; and 3) the interaction between litigation and the person's emotional state... The key element in this determination is whether the attitudes and emotional states reflected in the MMPI-2 results are consistent with the person's prior history or reflect a substantial emotional and behaviors change. Do these results match what we know of the person's prior conduct and expressions of feeling? Or, are these results discrepant from or inconsistent with those prior actions and altitudes? This match versus mismatch is then the fundamental basis for assessing the consequences of the circumstances of litigation on the personality makeup indicated by the MMPI-2.

Was Caldwell correct in asserting that there would be elevations in scales 3, 4 and 6 in custody evaluations?

Yes. The 1997 study regarding the use of the MMPI-2 in custody evaluations found that the only clinical scales for custody litigations elevated over the standardized mean of 50 were scale 6 (Pa) followed by scale 3 (Hy scale) and then followed by scale 4 (Pd scale). 55% of those who were given the test had either scale 6 or scale 3 as the highest.

What about code combinations? Besides elevation in scales 3, 4 and 6 are there also particular code combinations that are common in custody situations?

Yes. The 1997 study regarding the use of the MMPI-2 in custody evaluations states: "An overwhelming number of profiles showed one of the three combinations of code type (34/43, 36/63 and 46/64)." Approximately 12% of the litigants had a profile that was either a 34/43 profile or a 46/64 profile. The most common code type is the 36/63 profile.

What is interesting to note is that Caldwell's hypothesis that scales 3, 4 and 6 would be elevated in custody situations was correct but to a lesser degree statistically than would have been expected. In the study regarding the use of the MMPI-2 in custody litigation, the authors stated:

However, the average of these scales were far under the clinical cutoff, and the average s did not deviate from the standardized sample mean by more than 3 The-score points. Even the 36/63 two-point code type should probably be interpreted with caution in light of the relatively low score, although descriptors of this type have face validity given the population.

PARENTING AND THE MMPI-2

What does a custody evaluator look for in analyzing the personality profile of the parents?

Caldwell stated:

It has often been my experience to feel quite uncomfortable with the profiles of both custody litigating parents, that nether looks like a "good parent" and sometimes - despite their protestations -- neither looks like the sort of person who really wants to be a parent or to spend major amounts of time at parenting activities. So often they seem caught in old battles that cannot be forgiven and forgotten, battles that are so immediately and painfully destructive to children.

This quote is typical of a child custody case from the viewpoint of the mental health professional and is a reason the successful custody case is always won by the client "doing the right thing" viz the children and his or her spouse even if his or her spouse refuses to do so.

What are the spousal role implications of the three most common MMPI custody conflict patterns?

***36/63 Pattern:** As discussed above, this is the most common pattern in custody conflict situations. It is similar in the denial of personal problems along with the status aspirations. It is marked by control needs and more fixed judgments of virtues and deficiencies in others. Personal attractiveness and needs to be found attractive are emphasized with both of these patterns.*

Most of the difficulties of an individual with this code type stem from deep, chronic feelings of hostility toward family members. They do not express these feelings directly and much of the time they may not even recognize their hostile feelings. When they become aware of their anger, they

try to justify it in terms of the behavior of others. In general, persons with this response pattern are uncooperative and hard to get along with.

What are the parenting implications of these three common patterns (36/63, 34/43, 46/64)?

None is a good pattern for parenting (particularly with increasing elevations on scale 4 in the 34/43 and 46/64 codes). When scale 4 is elevated, the parent tends to be egocentric and attention to the child is typically uneven and undependable over time.

The fairly common normal range elevation on a scale 6 is problematic in that such people often have rigidity of judgments, especially when the code is 36/63. This may involve both over-identifying alliances with the child and severity when the child fails to comply with high parental standards and expectations. The 34/43 code has often been found in parents of children seen in child treatment settings.

The single scale that is most consistency adverse to parenting appears to be Scale 4. A central issue here is of deficient bonding. Typically the parent with Scale 4 elevated was not warmly and lovingly bonded to his or her own parents. This limitation is likely to reoccur with that person's own children.

34/43 Pattern: *This pattern often occurs in custody evaluations (approximately 12% of the participants in the 1997 study had this pattern). Adults with such a pattern often had to be over-controlled (especially where scale 4 is higher than scale 3) and often had to tell white lies as children to escape punishment such as explosive paternal outbursts. The most telling characteristic of 34/43 persons is chronic, intensive anger. If scale 3 is higher than scale 4, passive, indirect expression of anger is likely.*

This code pattern is often seen as role playing if not at times phony or misleading. There is a tendency to romanticize the partner when falling in love so the human shortcomings that emerge later are like "a different person from the one I married." Often, there is a strong sensitivity to insults to one's social image and pride. Frustrations are expressed indirectly; resentments that the other person "has failed to measure up" may be saved up until they come out in explosive outbursts, the intensity and consequences on others being later denied. Personal problems in general are rigidly denied so criticisms are likely to be seen as hostile attacks.

Personality disorder diagnoses are most commonly associated with this code type, with passive-aggressive personality being most common.

46/64 Pattern: *This pattern is equally prevalent in custody situations as is the 34/43 code type. Caldwell states:*

Persons with this code type tend to be immature, narcissistic and self-indulgent. They are passive-dependent individuals who make excessive demands on others for attention and sympathy but are resentful of even mild demands that may be made on them by others. Marital problems are quite common with this code type.

Here there typically are problems of pride, willfulness, unreleased resentments and jealousy with a potential for issues of temper control and controlling others with the threat of losing control of one's temper. Because they deny serious emotional problems, they are generally unreceptive to traditional counseling.

When one or both of these scales in each of these pairs is well within the normal range (T -- 60 or below), then the above tendencies are usually mild and not impairing (assuming a not excessively defensive set of responses). If one or more of these three scales are T -- 65 or higher, despite the pressure of the circumstances to look healthy and normal, there are likely to be serious and chronic problems in spousal relationships as well as parenting.

What are the parenting implications of these three common patterns (36/63, 34/43, 46/64)?

None is a good pattern for parenting (particularly with increasing elevations on scale 4 in the 34/43 and 46/64 codes). When scale 4 is elevated, the parent tends to be egocentric and attention to the child is typically uneven and undependable over time.

The fairly common normal range elevation on a scale 6 is problematic in that such people often have rigidity of judgments, especially when the code is 36/63. This may involve both over-identifying alliances with the child and severity when the child fails to comply with high parental standards and expectations. The 34/43 code has often been found in parents of children seen in child treatment settings.

The single scale that is most consistency adverse to parenting appears to be Scale 4. A central issue here is of deficient bonding. Typically the parent with Scale 4 elevated was not warmly and lovingly bonded to his or her own parents. This limitation is likely to reoccur with that person's own children.

What can be learned from the MMPI-2 where one parent perceives the other parent has alienated him or her from the children?

Problems of alienation of affection are most often seen in association with elevations on Scale 6 (paranoia). One aspect of this scale is a repetitive tendency to perceive and categorize others as "for me or against me." (It is only with the psychotic extreme that almost everyone is seen as being "against me.") This sensitivity may lead the parent to be the first to raise the question of the other parent's alienation of the children's affections. Often the parent will not see any personal contributions to the problem.

What can be determined about child sexual abuse from the MMPI-2?

Not a great deal. However:

48/84 Pattern: *A pattern of the MMPI has emerged as more characteristic than any other in victims of physical or sexual abuse, i.e., elevations of Scale 4 (Psychopathic deviate) and Scale 8 (schizophrenia).*

How should a family lawyer give feedback to clients regarding the tests?

Often feedback regarding the results of the MMPI-2 are not given to clients undergoing a divorce. Guidelines to consider when the divorce lawyer gives feedback regarding the test results include:

- 1) The most important piece of advice: observe our ethical duties. Don't prepare your client to take the test within a custody evaluation. The reason for having the client take this test must be independent of the reason for the custody evaluation. When explaining the overall results, dovetail your advice for the clients. Your goal: urge the client to go to counseling to address the overall issues addressed by the test results.*
- 2) Avoid psychological jargon. If you use such terms, explain what they mean.*
- 3) Avoid using negative terms such as using the term "psychopathic deviate" scale for scale 4. Instead, use the scale number and call this scale by a similar but different name such as a "rebelliousness" scale.*
- 4) Limit your discussions to a few of the most important things you want the client to hear and understand and explain each as fully as is possible to make certain the client understands exactly what you are trying to communicate.*
- 5) Encourage the client to make comments and ask questions about what you have said. For this reason, a face to face meeting to discuss the results is often preferable.*
- 6) Don't argue with the client about what the results say in their case. Instead, focus on the objectivity of the test results and the fact that the results may be skewed by the divorce situation.*
- 7) When you have completed your discussion, ask the client to summarize the major points that have been covered. This helps the client remember what was discussed and gives you the opportunity to address any misunderstandings.*
- 8) If the test results indicate a client with a given personality type who will quit counseling prematurely although they are in need of counseling, subtly challenge the client by pointing this out. State to such a client simply that continuing in therapy is a condition of their continued representation.*
- 9) Be aware that even personality types who are resistant to counseling may still gain quite a bit from being involved in counseling. Stress that divorce is one of the three most difficult times in a person's life and is often accompanied by another one of the three most stressful events - a change of residence.*
- 10) Dovetail what is sought to be gained in counseling with what the test results show and what you know of the personality and problems of the other spouse.*
- 11) Encourage the client to discuss the results with his counselor.*

Executive Summary. Avoid references to any specific test questions, which may be viewed as coaching your client in the event of a later re-test. Similarly, refuse to give advice on how to best answer the test to obtain a normal profile. Seek to learn how to best work with your client through the parental allocation / custody case and to challenge your client to go into counseling, if appropriate.

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