DISCOURSE AND DISPUTE

Should Adult Psychiatrists Be Doing Child Custody Evaluations?

Melvin G. Goldzband, MD

Of course, general psychiatrists ought to be doing evaluations in contested custody cases, and in contested visitation conflicts as well. In fact, more of them ought to be doing more of them. In point of further fact—may the APA forgive me!—so should more of our better-trained colleagues in clinical psychology and even social work.

Historically, child psychiatrists were always loath to participate in these ugliest litigations. The reasons were many, and there were even more rationalizations. There used to be many fewer child psychiatrists than there are now, but there still are not enough to go around, especially outside of the big cities and academic centers. The child psychiatrists felt the justifiable need to hold their time and efforts dear, and to expend them diligently and exclusively on their patients. Getting involved in custody or visitation cases, with parents whom they perceived as narcissistically negligent at best, and having to deal with the courts, lawyers, and judges was just too much for hard-pressed child therapists to stomach.

All of us, adult and child psychiatrists alike, were conditioned in our professional cradles to avoid the courts and their officers like the veritable plague. The adversary system was not the appropriate venue in which to decide questions that ought to be decided in consultation rooms. We were taught that all situations with psychiatric ramifications ought to be decided in consultation rooms, and that lawyers were out to get us and to make fools of us. Besides, we well knew the opinions held by most judges of psychiatry and psychiatrists!

Because of that type of thinking, fewer trained people were available to help the courts in their needs. The evaluation of the contested children of divorce is one of the major needs of the courts. Trained people are especially needed when there are legal issues having to do with the welfare and disposition of children. Of course, in theory, child psychiatrists ought to be ideal as expert witnesses in such situations, but in no sense are they the exclusive purveyors of gospel. First of all, it must be determined which gos-

Dr. Goldzband is Clinical Professor of Psychiatry in the School of Medicine, University of California, San Diego. Address correspondence to him at 3242 Fourth Ave., San Diego, CA 92103.

pel is needed most. Is it more necessary to know more about the parents or about the children? If it is more important to learn about the parents, is a child psychiatrist the possessor of an advantage?

In fact, there may even be situations in which being a child psychiatrist can be a handicap in custody determinations. More of that anon, but now it is necessary to concentrate on the goal of preventing those cases from having to be decided in the dreaded courtroom, anyway. Avoiding court is a blessing for the parents and the children, as well as for the expert witness. How can we do this, and serve the court's purpose as well? The answer is simple—by being good psychiatrists.

Understanding children is a goal all of us work toward in our training in general psychiatry. All of us have been trained in accredited child psychiatry centers during significant parts of our residencies. That does not make us experts in child psychiatry, but that training provides us with meaningful and usable points of departure regarding child behavior and how to evaluate it. We were certainly instructed in child development, and we know the needs of children. Bowlby, Mahler, *et al.* are required reading in all residencies, even if there is no impetus toward actual child psychiatric training. If we are competent therapists with adult patients, we are always aware of developmental concepts such as separation and individuation. How often do we see our chronologically adult patients struggling with them? How often do we recognize ourselves struggling with them?

Getting down on the floor with children and playing with them may require special skills. Actually, it may require even more the presence of an adaptable personality, which may be more significant than the presence of special skills. But play ought to come relatively easily and naturally to most of us, and, after all, what is the significance of play in our consulting rooms? Play is a vehicle, a mode wherein we may attempt to gain the confidence of the child. Of course, the play can be more structured, as it often is in play therapy where family dolls or other "toys" are used to deal with the problematic affects and unresolved conflicts of the child.

In the attempt to determine the status of a child who is the target of a custody case, however, it is my firm opinion that play *therapy* is not essential. Play itself may be the prologue to talking with a preschool-aged child. Drawing pictures of family members may provide real clues to the perceptions of the child regarding mommy and daddy, and these perceptions can be talked about after more confidence is gained by the child. It is my contention that a general psychiatrist, working slowly and patiently, can gain the confidence of a young child and can get the child to verbalize some of the most remarkable things. Many of those remarkable things are very germane to the determination of his or her disposition.

My contention is, I am pleased to say, seconded by many child psychiatrists. Certainly, if there are symptoms or indications of significant emotional or developmental problems, a child psychiatrist ought to be called in as a consultant, and certainly a child psychiatrist ought

to do the treating in such cases. In most cases, however, the anxieties of the young child can be picked up by a general psychiatrist. Most of these anxieties will be centered about the fact that the family is being destroyed, and more often than not the child will speak about his or her fantasy that the parents will reunite and all will be well again. After that, the child will talk more, and more will emerge about each of the parents—if the adult psychiatrist does not push hard and simply allows the child to proceed at the child's own pace. Play is valuable here in order to maintain and deepen the relationship between psychiatrist and child. General psychiatrists can and ought to do it.

One of the many problems adversely affecting the work of psychiatrists in these issues is the tendency toward evaluating these cases legalistically. In my experience, when some child psychiatrists (yes, adult psychiatrists, too!) have allowed themselves to be drawn into these situations, no matter how reluctantly, they have adopted a legalistic attitude. They became infected with the classic courtroom necessity to determine which parent is better for the child. Often, they work long and hard with the children in their attempts to gain insight into the family relationships, and this may be all to the good in some cases. But in most cases this is not a valid issue, and the search for this information represents not only a waste of time, effort, and funds, but also a potential future problem for the child if the search results in an opinion that one parent ought to have the child and the other not.

In the vast majority of cases, the situation ought to be resolved not by determining which is the better parent for the child but, rather, by getting both parents to sit down and develop (and stick with) a workable plan of their own. Children do better when they have free and open access to both parents. They do better if one parent is not labeled bad or inadequate and the other good or better. The parents do better, too, and if they do better the children do better. If a psychiatrist, psychologist, or social worker can get the warring parents to talk with each other and to make their own decisions regarding custody and visitation, that mental health expert will have done a better job for the children than a child psychiatrist will have done by trying to determine the ramifications of the family relationships in order to determine which is the better parent for the child.

There is less difference than there used to be between the parenting capacities of today's mommies and daddys. As a good judge friend has told me, at least in partial jest, "I'm going to award the kid to the parent with the better day care center." Even in intact families, both parents frequently work. Parenting ain't like it used to be, and our standards for determining custody must recognize this. In today's world, mediation is the thing. Buzzword though it may be, it is a valid method whereby these grotesque battles can be cooled. Who should be able to do it better than a psychiatrist? So often, we read about psychiatric institutions or even individual, world-famed psychiatrists attempting to set up forums within which the problems of the world can be solved—even the international frictions that threaten to ex-

plode us all. Certainly, as general psychiatrists we can work with breaking or broken families whose members relate like the warring countries in the Middle East. Furthermore, we can do so successfully. It does not require special skills in child psychiatry to do that.

In my own practice, I have often called for help from child psychiatrists. I hope that all general psychiatrists do so when they are faced with insurmountable evaluation problems in the children of divorce. But even more, I hope that all general psychiatrists become involved in attempting to work with the battling parents who are tearing their children apart. How better can we practice preventive psychiatry?

References

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