

# Comment on Goldzband's "Should Adult Psychiatrists Be Doing Custody Evaluations?"

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It is my contention that child custody and visitation disputes that cannot be resolved by parents are too weighty to be left in the hands of someone with only six months of training in child psychiatry. If your child needed a tonsillectomy would you go to a general surgeon or to an ear nose and throat specialist? Undoubtedly most readers would opt for the latter unless in an emergency situation or in an area devoid of tonsil specialists.

As criteria for determining child custody becomes more child centered and less focused on parental fault, it is imperative that the clinician doing the evaluation be able to assess the child's developmental needs in order to determine which custody arrangement is in the child's best interests. This calls for an awareness of children's cognitive and emotional development and the ability to determine what conflicts the child might be experiencing in the context of family dynamics or ongoing psychopathology.<sup>2</sup> The clinician must be able to interpret the child's stated and non-stated custody preferences, taking the aforementioned factors into considera-

tion.<sup>4</sup> There is more to interviewing a young child than being able to recite Bowlby or Mahler or to get on the floor and play, including being able to differentiate between the diagnostic uses of play and other projective techniques and play *therapy*. Interviewing the child in such a delicate situation requires skills beyond those possessed by most parents or adult psychiatrists and one must avoid leading questions and tailor one's language to the child's emotional and intellectual level while also being aware of countertransference factors that effect one's relationship to both child and parents.<sup>5</sup>

Child custody consultation is becoming more complex as issues such as allegations of sexual abuse, father custody, and custody by homosexual parents are becoming increasingly common. Thus we need to be knowledgeable about assessing child sexual abuse and about the impact of different parenting styles on children, all of which require extensive clinical experience as well as familiarity with current literature in these areas.<sup>3</sup>

Finally, it should be stressed that a thorough, objective child custody report by a well-qualified professional often becomes a bargaining chip leading to out-

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of-court resolution of the custody dispute and sparing the family additional stress and expenses.<sup>1</sup> Adult psychiatrists who get in over their heads may be doing a disservice to the child and the child's family and the entire evaluation may be discredited if the psychiatrist lacks proper credentials. Exceptions exist, of course, as when child psychiatrists are not available or the adult psychiatrist has had special training in child forensic psychiatry. However, adult psychiatrists who choose to do custody evaluations should be aware of their limitations and vulnerabilities and should know when to ask for help.

Dr. Goldzband is correct in his criticism of child psychiatrists' reluctance to become involved in child custody disputes. Such avoidance in the past was often based on inadequate training and a fear of the unknown (the courtroom). One hopes that this situation is being

remedied as child psychiatry trainees are receiving training in forensic child psychiatry and becoming interested in the area and as continuing medical education courses are becoming more readily available to those child psychiatrists out in practice.

### References

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