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Gender differences in MCMI-III and WAIS-III scores in parental competency examinees

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ABSTRACT

This paper explores gender differences in personality disorder traits, clinical syndromes and IQ among 210 parental competency examinees. Examinees completed the MCMI-III and WAIS-III. Male examinees obtained higher IQ scores than females, although both were in the low average range of ability. Males had significantly higher social desirability scores and lower debasement scores. Multivariate analysis of variance was carried out for Clinical Personality Patterns and Clinical Scales and controlling for IQ and validity indices. There were significant main effects on Clinical Personality Patterns and Clinical Scales with medium effect size. Univariate analysis showed males had significantly higher scores on the antisocial, sadistic, narcissistic, and alcohol and drug misuse scales. Results found male and female parental competency examinees are not a homogenous group but rather two distinct groups with different personality profiles and differing levels of intellectual ability. The implications for future parental competency assessments are discussed.

1. Introduction

Many difficulties have been found to impact on parenting and lead to Court involvement. Among those frequently reported are: domestic violence; child physical/sexual abuse; poor mental health; intellectual limitations; parents own poor experience of being parented; alcohol and/or substance misuse and personality disorder or difficulties (Berlin, Appleyard, & Dodge, 2011; Conroy, Marks, Schacht, Davies, & Moran, 2010; Jaffe, Cranston, & Shadlow, 2012; Low et al., 2012; Lussier, Laventure, & Bertrand, 2010; McGaw, Scully, & Pritchard, 2010; Ramchandani & Psychogiou, 2009; Winqvist, Jokelainen, Luukinen, & Hillborn, 2007).

Most of the research considering the impact of personality difficulties on parenting looks specifically at parents with personality disorder and findings indicate that parental personality difficulties impact negatively on the parent/child relationship and frequently lead to a reduction in the level of care provided (Newman, Stevenson, Bergman, & Boyce, 2007; Perepletchikova, Ansell, & Axelrod, 2012). Whilst these studies provide some information about personality and parenting, there is a paucity of literature considering the personality characteristics of parents that contribute to a good or poor outcome for children, particularly those parents who do not meet criteria for personality disorder, but have been accused of inadequate parenting. This knowledge is particularly important in a Court setting, where personality has been assessed and decisions have to be made about the relevance of findings to the future of the children and the potential interventions that should be proposed.

Assessments for Court usually include a psychological assessment, which encompasses evaluation of: mental health; intellectual functioning; attitudes towards parenting and a consideration of personality factors that impact on parental behaviour. The assessment of intellectual ability is intended to identify whether there are any cognitive limitations that would impact on parenting, and to ensure that parents are capable of understanding the Court process and working with professionals without advocacy. In addition, an understanding of intellectual limitations can aid professionals when interventions are being proposed.

Within a parental competency assessment, it is common for personality to be measured using a standardised assessment tool and a relatively small number of studies have examined MCMI-III and MMPI-2 scores of parents assessed for Court proceedings (Bathurst, Gottfried, & Gottfried, 1997; Lampel, 1999; Lenny & Dear, 2009; McCann et al., 2002; Otto & Collins, 1995; Resendes & Lecci, 2012 and Stredny, Archer, & Manson, 2006). These studies were carried out in the US and two separate groups of parents were identified. Child custody litigants are described by Resendes and Lecci (2012) as "civil cases that largely involve parental disagreement about legal and/or physical custody, without necessarily involving problems with the basic parenting abilities of either parent" (p. 1055) and these seem comparable with what is known in the UK as private family law cases. In contrast Resendes and Lecci (2012) describe parental competency cases as involving "a legal intervention by a government agency in order to protect the child (e.g. allegations of abuse, neglect, etc.)" (p. 1055) and this is comparable to what is described in the UK as Child Care Proceedings cases.

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For the information to be valid, the conclusions drawn from the personality assessment are most helpful if they are based on the population from which they came, but norms for parental competency examinees have not been published. Bathurst et al. (1997) identified the importance of developing norms for child custody cases and published data for 508 child custody litigants who had completed the MMPI-2. They found participants exhibited a defensive underreporting of psychological symptoms and a tendency to give socially desirable responses. Given the high stakes involved this is not surprising; however the authors argue that despite this finding the clinical utility of this scale is not eroded.

In a similar study of MCMI-III profiles of 259 child custody litigants, McCann et al., (2002), also found elevated scores on the desirability subscale and in addition, subclinical increases in Scales 4 (Histrionic), 5 (Narcissistic) and 7 (Compulsive) with females scoring significantly higher than males on all 3 scales.

Only one study has considered the personality characteristics of parental competency examinees using the MCMI-III. Stredny, Archer, and Mason (2006) compared MMPI-2 and MCMI-III characteristics of 127 parental competency examinees and found participants had elevated scores on desirability. Similar to McCann et al., (2002), with child custody litigants, they found the most elevated base rate scores were on the Personality scales Histrionic, Narcissistic and Compulsive, although mean scores were all below the standard clinical cut-off level, i.e. base rate ≥ 75. They argued that their findings demonstrated the similarities between child custody litigants and parental competency examinees.

Resendes and Lecci (2012) compared the MMPI-2 scores of parental competency cases (n = 136), with child custody litigants and interpreted these as two different groups. Like Stredny et al. (2006) they found parental competency examinees obtained sub clinical scores on the scales (scale 4, Pd was the exception). They also found parental competency examinees obtained significantly higher mean scores on most clinical scales relative to those obtained by child custody litigants. In addition, parental competency examinees were younger, less educated, had more children and were more likely to be female than the child custody litigants. They concluded that, as they expected, the child custody litigant's scores indicated greater parental fitness, than the parental competency group.

To date, the only study to consider the MCMI-III characteristics of parental competency examinees is that of Stredny et al. (2006). The focus of that study was to identify whether parental competency examinees were a different group from child custody litigants.

Given the life changing implications for families following parental competency assessment, the dearth of literature is concerning. This group have not been given parity with child litigant examinees, even though the possibility of a negative outcome for the children involved is equally if not more likely. No study has considered gender differences in personality characteristics or intellectual functioning in this group. The findings have implications for policy makers and service providers. This paper presents a description of data collected over a 5-year period and during the process of assessing parental competency examinees for Court proceedings. The findings have implications for these assessments, which are often critical in the process towards helping the Courts decide whether children remain with, or are removed from their parents care.

2. Method

2.1. Participants

Participants were 210 (n = 144 females; n = 66 males) parental competency examinees who had been referred for psychological assessment through the UK Court system. Examinations were carried out by a Clinical Psychologist, chartered by the British Psychological Society and registered with the Health and Care Professions Council.

2.2. Measures

Demographic data was collected which included age, employment and cultural identity.

2.2.1. Wechsler adult intelligence scale – third edition

Participants completed the Wechsler Adult Intelligence Scale – Third UK Edition (WAIS-III) (Wechsler, 1997). The WAIS-III consists of 11 subtests, 6 verbal and 5 performance (non-verbal). A standardised or scaled score can be derived for each subtest, with a mean of 10 and a standard deviation of 3. Subtests can be summated to determine Verbal, Performance and Full Scale IQ (FSIQ).

It is usual during assessment for civil or criminal cases, to include a measure of malingering. This is because suboptimal performance on tests of intellectual functioning can be of benefit to the participant, i.e. to avoid assuming responsibility for behaviour, or for financial gain (Young, Jacobson, Einzig, Gray, & Gudjonsson, 2016). With parenting assessments for the Family Courts, there is no benefit to under performance. For this reason tests of malingering were not routinely administered.

2.2.2. Millon clinical multiaxial inventory – third edition (MCMI-III; Millon (1997))

All participants completed the MCMI-III. The MCMI-III is based on Millon's theory of personality and is comprised of 24 scales that parallel DSM-III and DSM-IV Axis I and II diagnostic categories. A 175-item true-false questionnaire groups information into 20 categories of enduring personality characteristics (Axis II) and psychopathology (Axis I; clinical syndromes [CSs]). There are also four validity measures, i.e. validity, disclosure, desirability and debasement.

The validity score encompasses three bizarre items and ensures individuals are responding appropriately to the instrument. Desirability identifies individuals who tend to give socially desirable responses or who are attempting to conceal some aspect of their personality. Disclosure indicates those who either under- or over- report symptoms and debasement suggests a tendency towards self-deprecation and identifies those who exaggerate emotional and interpersonal difficulties.

The Axis II Scales include 11 *Clinical Personality Patterns*: schizoid; avoidant; depressive; dependent; histrionic; narcissistic; antisocial; sadistic; compulsive; negativistic and masochistic and 3 *Severe Personality Pathology Scales*: schizotypal; borderline and paranoid. There are 7, Axis I *Clinical Scales*: anxiety; somatoform; bipolar; dysthymia; alcohol dependence; drug dependence and post-traumatic stress disorder and 3 *Severe Clinical Syndromes*: thought disorder; major depression and delusional disorder. Raw scores can be transformed into base rate (BR) scores and provide a continuum of scores against which individuals can be compared and assessed.

A BR score of 75 or above is consistent with a diagnosis of DSM-IV Personality Disorder trait or presence of a clinical syndrome. A BR score of 85 or above is consistent with a diagnosis of DSM-IV Personality Disorder and/or prominence of a clinical syndrome. Hence the lower category indicates trait/presence level, and the higher category indicates disorder/prominence. A BR Score of 60 was the median raw score of the normative sample of the MCMI-III (Millon, 1997).

2.3. Procedure

This study reviewed the information gathered by the first author during the process of assessment for care proceedings and over a 5-year period (2008–2013). The assessments were required as a result of concerns by Social Services that parents had not cared for their children appropriately and in all cases, there were allegations of neglect, and/or abuse. All parents involved were before the Court. The clinician was a Court appointed expert witness. Cases were assigned to the expert, on the basis of the expert's availability to carry out the assessment and write the report within a timeframe commensurate with the Court's