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Research article

Examining factors associated with elevated Lie Scale responding on the Child Abuse Potential Inventory



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ABSTRACT

Child maltreatment remains a serious public health issue in the United States. Therefore, it is important to engage in quality control of the assessment, prevention, and treatment services for families affected by maltreatment. Parenting capacity assessments (PCAs) are typically an integral part of service delivery for families affected by maltreatment and can carry serious consequences for the referred parent. The Child Abuse Potential Inventory (CAPI) is a measure that is widely used in PCAs; however, socially desirable responding on the CAPI can serve to invalidate the important information derived from this assessment, as well as lead to negative impressions of the parent. Using data collected via multiple methods (including a non-face valid behavioral measure, intelligence screening, and self-report) from a predominantly at-risk sample of parents, the aim of this study was to better understand factors that may predict socially desirable responding on the CAPI. Results indicated that lower parental intelligence, a “positivity bias” (i.e., the tendency to learn and attend to positive over negative information during the non-face valid behavioral task), and lower reported depressive symptoms were associated with higher socially desirable responding. These findings suggest that assessors should thoughtfully consider the possibility that invalid CAPI scores may be more related to low intelligence and a positivity bias than to psychopathy and manipulation (e.g., purposefully trying to present oneself in a positive light to gain favor in a PCA).

Child maltreatment continues to be a significant public health problem in the United States, resulting in approximately \$124 billion in costs to society due to fatalities, medical expenses, and behavioral and psychosocial problems (Fang, Brown, Florence, & Mercy, 2013; Norman et al., 2012). Children who are exposed to maltreatment may present with a multitude of difficulties including risk for long-term psychological and psychiatric disorders (e.g., posttraumatic stress, anxiety, disruptive behavior problems, and substance use/abuse), physical health problems, poor social skills, and perhaps most troublesome, abusing their own partners or children in the future (Norman et al., 2012; Runyon et al., 2004). It is well established that evidence-based treatment services are successful in both preventing and ameliorating consequences of child maltreatment in families (Chaffin et al., 2004; Cohen, Deblinger, Mannarino, & Steer, 2004; Toth, Gravener-Davis, Guild, & Cicchetti, 2013; Valle et al., 2004). Yet, effective assessment is the first step in identifying the level of intervention that best fits a family’s needs.

In the context of child maltreatment, parenting capacity assessments (PCAs) play an integral role in determining whether or not a child is removed from the referred parent’s care and the parameters of what future care entails, and recommendations are typically

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taken seriously by the court (Azar, Lauretti, & Loding, 1998; Haskett, Scott, & Fann, 1995; Budd, 2001; Choate, 2009). A “best practice” PCA consists of a multimethod approach to data collection, often comprised of a clinical interview, self-report measure administration, parent-child behavioral observation, collateral report, and record review (Budd, Connell, & Clark, 2011). Given the high-stakes nature of PCAs, it is imperative that useful and valid information is collected.

One self-report risk assessment measure commonly used in PCAs that has also been normed on a child welfare population is the Child Abuse Potential Inventory (CAPI; Choate, 2009; Milner, 1986). One reason that the CAPI is such a strong assessment for use in PCAs is because it contains validity scales to screen for socially desirable or “faking-good” responding, a behavior that is often observed in the PCA context (Budd, 2001). Indeed, researchers have established that a large percentage of parents typically “fake good” on the CAPI; this includes 7–11 percent of parents with no child welfare affiliation (Milner, 1986), and 19–58 percent of parents at risk for, or perpetrators of, child maltreatment (Bradshaw, Donohue, Cross, Urgelles, & Allen, 2011; Budd, Heilman, & Kane, 2000; Carr, Moretti, & Cue, 2005; Costello & McNeil, 2014). This phenomenon is alarming, given the data collected during PCAs often result in serious consequences regarding parent-child reunification and treatment. Therefore, it is important to understand why parents present with invalid responding. Researchers in this field have acknowledged that, although specific parental characteristics may be associated with socially desirable responding on the CAPI, these characteristics have not yet been consistently identified and established (Carr et al., 2005).

Indeed, only three published studies since the CAPI manual was first published (Milner, 1986) appear to have addressed which parental characteristics are associated with socially desirable responding (Budd et al., 2000; Carr et al., 2005; Costello & McNeil, 2014). Furthermore, findings from these studies were mixed. For example, in investigations examining faking-good responding (i.e., the tendency to purposefully alter responses to achieve a desired goal), one study found that parents with below average IQ did not significantly differ in such responses from parents with a higher IQ (Carr et al., 2005); however, an additional study demonstrated that parents who had a lower IQ than their counterparts were more likely to engage in faking-good responding (Costello & McNeil, 2014). Another study found that mothers with an invalid faking-good profile had lower reading comprehension scores than mothers with valid profiles (Budd et al., 2000), but these authors did not test for parent intelligence.

Measuring IQ and reading comprehension is important because individuals with low intellectual functioning, educational level, and socioeconomic status frequently present to the child welfare system and may be at risk for experiencing stigma in the mental health context (Azar, Robinson, & Proctor, 2012; Carr et al., 2005). Compounded with this stigma, parents may have more difficulty than their peers completing self-report measures, which require them to reflect on their own attitudes and behavior in a critical manner, as opposed to judgment-based or behavioral tasks (Norris, Larsen, Crawford, & Cacioppo, 2011). Thus, these individuals may have potential difficulty completing a measure like the CAPI in a valid manner.

Additionally, a notable limitation in the CAPI literature is that no published studies have directly examined parental characteristics like psychopathy, which are associated with manipulation and lying. Costello and McNeil (2014) examined whether antisocial personality disorder behaviors (e.g., stealing, vandalism, being arrested) affected CAPI responses and found no differences between parents with faking-good and valid profiles. Although antisocial personality disorder is thought to be comprised of maladaptive behaviors, psychopathy is argued to be a distinct set of personality characteristics (including lying, manipulation, lack of remorse) (Skeem, Polaschek, Patrick, & Lilienfeld, 2011). Therefore, using a measure that assesses psychopathy, rather than antisocial behavior, may better capture traits related to socially desirable responding.

Costello and McNeil (2014) also found that parents with faking-good profiles reported lower depressive symptoms than parents with valid profiles. These authors argued that parents in the child welfare system may present with a tendency to maintain unrealistically high perceptions of themselves, their children, and their parenting, despite a stressful and/or chaotic home environment. Furthermore, individuals who harbor positive illusions may experience temporary or even prolonged or pervasive relief from experiencing negativity in their environment (Colvin & Block, 1994; Taylor & Brown, 1988). Indeed, Mezulis et al. (2004) identified the self-serving attributional bias (i.e., in which individuals attribute positive life events to themselves, and negative events to outside causes) as one such positive illusion that was found to be robust and stable over time. Additionally, individuals who are non-depressed have been shown to rate themselves more positively than independent observers (Lewinsohn, Mischel, Chaplin, & Barton, 1980). Costello and McNeil (2014) argued that perhaps positive illusions are adaptive coping skills for parents who are often in environments that are highly negative, and thus may be reflected on self-report measures like the CAPI, artificially endorsing (or not endorsing) items on the measure.

Given diagnostic impressions of parents who respond in a socially desirable manner during PCAs may be interpreted differently by mental health professionals than parents with valid responses, it is important to better understand how various parental characteristics may affect responding on the CAPI. Anecdotally, parents with faking-good profiles on the CAPI are often viewed as possessing the intellectual ability to understand how to purposefully lie and manipulate (e.g., Laulik, Allam, & Browne, 2015). This view of parents is concerning, because their responses may be quite different from their actual characteristics and competencies, and may yield missed opportunities for needed services and family reunification.

Using a multimethod data collection approach with a treatment seeking sample (many of whom were determined to be “at-risk” for abuse and/or neglect), the current investigation sought to examine if key variables which are typically assessed in PCAs (i.e., parental intelligence, reading comprehension skills, psychopathy, and a positivity bias) are predictive of socially desirable responding on the CAPI. In this exploratory study, it was hypothesized that low parental intelligence and reading comprehension scores, as well as a positivity bias and low depressive symptoms, would predict elevated socially desirable responding. Although no published studies to date have assessed psychopathy in the context of socially desirable responding on parenting measures, it was hypothesized that high scores on a self-report psychopathy measure would also predict an elevated Lie Scale.

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