

THE ADULT-ADOLESCENT PARENTING INVENTORY AND THE MMPI "AT- RISK" SCALE: A Clinical Validity Study

Robert H. Gordon
Applied Mental Health Consultants
Janesville, Wisconsin

and

Paula E. Gordon
Applied Mental Health Consultants
Beloit, Wisconsin, 1985

Abstract

The present study evaluated the relationship between the Adult-Adolescent Parenting Inventory (AAPI) and the MMPI "At Risk" Scale and whether these scales accurately predict potential child abuse and response to psychotherapy and assess parenting skills. Twenty-three clients were involved in counseling with the second author and attended from one to twenty-one counseling sessions. The subjects included correctional clients and/or their affected family members. During the course of psychotherapy, each subject completed the AAPI and the "At-Risk" scale. Review of the data indicates that the AAPI and the "At-Risk" Scale may be clinically helpful and therefore possibly preventing child abuse.

THE ADULT-ADOLESCENT PARENTING INVENTORY AND THE MMPI
"AT- RISK" SCALE:
A Clinical Validity Study

Robert H. Gordon
Applied Mental Health Consultants
Janesville, Wisconsin

and

Paula E. Gordon
Applied Mental Health Consultants
Beloit, Wisconsin, 1985

Informed estimates on the number of child abuse and neglect cases in the United States per year run from 600,000 to one million, with many perceiving the actual number being significantly higher. Over 2,000 of these children die from abuse. Many cases involve helpless parents who inflict beatings, neglect, emotional strain, or sexual abuse on their children. (Quirk, 1980)

Further, it has been shown that both neglect and abuse are self-perpetuating. Parents who mistreat their children were generally mistreated emotionally or physically by their own parents. Parents who abuse their own children are those whose own dependency needs have not been met and whose early years were characterized by criticism from parents whose expectations were not fulfilled. Abusing parents often have very low self-esteem and often find partners who abuse them and cannot meet their needs. (Ebeling, 1975)

A very important characteristic found in parents with the potential to abuse is their inappropriate expectations of children. When children fail to meet their expectations, neglect and abuse may occur. In addition, role-reversal in parent-child relationships often occurs when children are perceived as objects for adult gratification. Role reversals are often characteristic of individuals who are very needy, insecure, and inadequate. Another important behavior of parents who abuse their children is lack of empathy. This type of parent-child interaction also is typical of those parents who place their own needs and satisfactions before their children's needs. (Helfer, 1976) Also relevant to child abuse are the strong beliefs in American culture that children are easily spoiled and a strong belief in corporal punishment as a valuable tool in the educational process. (Helfer, 1976) Only

seven states have legally abolished corporal punishment in the schools. Physical punishment also exists in the privacy of the home from the earliest years of a child's development.

Since abused children often grow up to be abusive parents, better parenting skills, improved parental attitudes and personality functioning, and more direct family communication might prevent the continuing cycle of abuse. "Treatment of child abusive parents is most successful when the abuse is viewed as a symptom of serious family dysfunction or unhappiness and when treatment addresses itself to the needs of both parents. In most situations, the active abuser is supported in his (or her) partner, who passively condones the actions." (Ebeling, 1975)

Two scales, the AAPI and the MMPI "At-Risk" Scale, have been constructed to measure parenting attitudes and predict potential child abuse. No data have been collected regarding the relationship between these two scales, especially in correctional populations where child abusive behavior and family dysfunction are most evident. In order to prevent child abuse, targeting and treating the most potentially abusive parents are crucial.

The AAPI (Bavolek, 1980) consists of four parenting constructs identifying parenting and child rearing practices most commonly associated with abusive parents. Scales measure Inappropriate Parental Expectations of the Child, Lack of Empathy Towards Children's Needs, Parental Value of Physical Punishment, and Parent-Child Role Reversal.

The "At-Risk" Scale (Paulson Afifi, Chaleff, Lui, Thomason, 1975) was derived from the MMPI, consisting of thirteen true-false items for men and twelve items for women, which measure one's potential to abuse children. The validity and reliability of the "At-Risk" Scale needs to be further studied so the scale can be better used to predict who is at risk and to provide them with help in order to prevent future child abuse. There is a need for further validation of the "At-Risk" measurement as stated by the author: "The abusive parents are in every case positively identified, however, the sample size is not large. Even more crucial is the absence of a cross-validation study." (Paulson, 1975)

This scale needs to be less experimental and further validated so that its clinical applicability can be increased, Consequently, the present study used these two scales with a correctional population attempting to discern whether parental attitudes and potential child abuse are related and secondly whether these scales predicted response to treatment. Due to

difficulties already encountered by correctional clients, it only makes sense that they would be a logical population with whom to investigate these hypotheses.

Method

Subjects

The subjects were twenty-three adult men and women in Beloit and Janesville, Wisconsin (three black and twenty Caucasian) ranging in age from twenty to forty-six. Offenses were varied and included incest, child abuse, armed robbery, battery, possession of marijuana, theft and writing checks with insufficient funds. The only other serious offense that was not included was that of first degree murder.

Instruments

The AAPI was designed to assist professionals and paraprofessionals in assessing the parenting and child-rearing attitudes of adolescent and adult populations. Developed from the known parenting and child-rearing practices of abusive and neglecting parents, information gathered from administering the AAPI indicates degrees of agreement and disagreement with maladaptive parenting behaviors. The responses show the areas of risk (high, medium, low) for abusive and neglecting parenting behaviors. High scores on the AAPI are indicative of better parenting attitudes. The AAPI also assesses individual strengths and weaknesses involved in child rearing. Set standards were derived from inappropriate attitudes and practices of abusive parents. In addition, research has found that these behaviors occur in all cultures and ethnic boundaries.

The "At-Risk" Scale was derived from 566 items on the MMPI which measured the potential to abuse children. Separate scales were derived for males and females with true or false responses and consisted of thirteen and twelve, respectively.

Procedure

During the course of counseling, the Ss were evaluated by use of the AAPI and the "At-Risk" Scale of the MMPI. The objective test responses for the AAPI and the "At-Risk" Scale were scored independently by two experienced doctoral level psychologists who did not have access to the social history of the current Ss. The second author also rated the Ss in terms of degree of resistance on a seven-point scale before she was aware of the testing results.

Results

Due to the limited number of Ss, statistical analyses were not carried out, but instead mean scores were computer. Based on the "At-Risk" Scale, individuals who scored above a determined reference value, or critical score, were judged to be potential abusers. Individuals who scored below the critical score were judged to be not at risk as child abusers. For comparative purposes, the data were next divided into four groups:

1. Men who scored above the critical score on the "At-Risk" Scale,
2. Men who scored below the critical score on the scale,
3. Women who scored above the critical score on the "At-Risk" Scale, and
4. Women who scored below the critical score.

The means of the four construct scores derived from the AAPI are shown on Table 1.

Table 1

Summary of the Construct Scores from the AAPI				
	Inappropriate Expectations	Lacks Empathy	Corporal Punishment	Role Reversal
Men "at-risk"	3.8	1.4	3.2	2.6
Men not "at-risk"	3.5	3.5	3.7	3.2
Women "at-risk"	4.7	2.8	4.5	3.5
Women not "at-risk"	5.5	5.0	5.5	4.8

Of the total sample of twenty-three subjects, thirteen were found to be "at risk": five males and eight females. It is interesting to point out that three of the five "at-risk" males were married to "at-risk" females.

The ratings of the severity of the offenses were based on the potential maximum sentence for each crime and assigned the following numbers with the higher number equaling a more severe offense: Armed robbery, burglary, incest, possession of marijuana, child abuse, battery, and shoplifting. The means of the man "at-risk" group, men not "at-risk" group, women "at-risk" group and women not "at-risk" group are 4.0, 4.0, 2.2, and 2.8, respectively.

The resistance means of the men "at-risk" group, men not "at-risk" group, women "at-risk" group, and women not "at-risk" group are 5.8, 5.5, 4.0, and 5.3 respectively. Finally, as another measure of resistance, the mean number of missed appointments was completed. The means of the men "at-risk" group, men not "at-risk" group, women "at-risk" group, and women not "at-risk" group are 4.0, 1.5, 3.1, and 3.5, respectively.

These data suggest that women not "at-risk" had higher scores on four out of four scores of the AAPI while men not "at-risk" had higher scores on three out of four scales of the AAPI. The "At-Risk" Scale also correctly classified three out of three known abusers.

In addition, the AAPI showed a lack of empathy for the men "at-risk", while the women "at-risk" scored somewhat higher. The women "at-risk" also were rated as less resistant while the men "at-risk" were more resistant.

Men "at-risk" had more missed appointments and more severe crimes than men not "at-risk." These data indicate an inconsistency with women "at-risk" having less severe crimes and fewer missed appointments than women not "at-risk".

Discussion

Most importantly, this study suggests that the "At-Risk" Scale is related to the AAPI: that is, individuals classified at-risk for potential child abuse obtained poorer scores on the AAPI. In addition, there were three known child abusers who were correctly classified by the "At-Risk" Scale. However, one of these subjects responded to the AAPI in a manner suggestive of good parenting skills. One possible explanation is that the AAPI is more transparent and has greater face validity than the "At-Risk" Scale. This subject was a bright woman who has taken many parenting classes and counseling and thus could have been prepared to answer in a socially desirable way. This may point out the need for a validity scale on the AAPI.

Another possibility for future studies would be the construction of a validity scale separate from the MMPI validity scales which could be used in conjunction with the AAPI and a revision of the "At-Risk" Scale and the AAPI with a more elementary reading level. For example, this approach is taken with the Carlson Psychological Survey, a personality test designed for correctional populations that requires only a fourth grade reading level, unlike the sixth grade reading level of the MMPI. If future studies do not reduce the reading level of the "At-Risk" Scale and the AAPI, then it is recommended that the examinee's reading

level be assessed. If his/her reading level or level of intellectual functioning is limited, then the results of the AAPI and the "At-Risk" Scale should be interpreted cautiously.

In summary, it appears that the "At-Risk" Scale is related to the AAPI. Therefore, in helping to prevent child abuse, the four identified constructs of the AAPI might be areas of intervention that could be focused on by social service agencies. The scales also might be used to target potential abusers who might be most in need of assistance. Future use of these scales might include the use of the MMPI to determine test-taking attitude and validity of responses to the "At-Risk" and the AAPI Scales and consideration might be given to developing a specific validity measure for these scales. Although the conclusions drawn from this study are based only on review of the data and not on any statistical analysis, the findings suggest that poor parenting skills are related to potential physical abuse. In addition, the present study provides further documentation of the validity of the "At-Risk" Scale in predicting abuse. Finally, the present study could certainly generate future research which might use a larger sample of subjects and a thorough statistical analysis of the data. It is hypothesized that such a study would substantiate the findings of the present study which are consistent with current theories about child abuse.

References

Bavolek, Stephen J. The AAPI. Schaumburg, IL: Family Development Association, In., 1984.

Carlson, Kenneth A. Carlson Psychological Survey Journal of Abnormal Psychology, 1972, 79, 84-93.

Ebeling, Nancy B., and Hill, Deborah A. Child Abuse: Intervention and Treatment. Acton, Mass: Publishing Sciences Group, Inc., 1975.

Helfer, Ray E., and Kempe, C. Hendry. Child Abuse and Neglect. Cambridge, Mass: Ballinger Publishing Co., 1976.

Paulson, M.O., Afifi, A., Chaleff, A., Lie, V., and Thomason, M.A. Discriminant Function Procedure for Identifying Abusing Parents. Suicide. 1975, 5, 104-114.

Quirk, John P., ed. Readings in Child Abuse. Guildford, Conn: Special Learning Corp., 1980.