

CHAPTER 3: EVOLUTION OF THE PARENTAL EMPATHY

MEASURE (PEM)

Preamble.

A primary aim of this project was the development of a clinically useful tool for the assessment of, and intervention in, child maltreatment. Essentially the process of development of the Parental Empathy Measure (PEM) was an evolutionary one informed throughout not only by the relevant literature but also by a series of consultations with professional child protection workers* including psychologists, social workers, and case-workers.

Initial consultations with professional child protection workers were focussed upon the current challenges and difficulties involved in child protection investigations, case-decisions and interventions. Such discussions in conjunction with the author's own 14 years of experience as a worker and psychologist within the child protection field, maintained the clinical utility of the project as a high priority focus.

An initial determination from this process of consultation was the need for an instrument that could provide both qualitative and quantitative information about the underlying parental psychological processes which resulted in the identified acts of child

* The child protection specialists were recruited from: DOCS, the NSW Government mandated agency responsible for investigation and intervention in cases of child maltreatment; A number of Family Support Services, which are independent but government-funded agencies with the primary role of providing counselling support for distressed and at-risk families; and the

maltreatment. The lack of such a reliable assessment tool was widely considered to be a serious impediment to effective and reliable case-work decision-making and intervention. Given the frequently adversarial nature of child protection work, it was also stressed that such an instrument must, as a matter of priority, incorporate a 'lie scale' to detect socially desirable responses.

Later discussions with child protection professionals provided feedback on concepts, item structure, and wording of the PEM. During a later stage of development the instrument was also trialed by a number of child protection professionals. This process yielded invaluable, in-depth feedback on administration, the quality of responses elicited, and the reported experience of the interviewee.

Additionally, participants in the study were routinely invited to provide feedback on the process of the PEM interview, including responses to individual items and sections.

Selection of Test Format

An initial first step in the development of a measure is the decision of the format upon which the measure will be based. Format options include: paper and pencil questionnaires, behavioural observation techniques, unstructured, investigative interviews and semi-structured interviews. Each of these approaches have advantages and disadvantages according to what is required of the measure. Each approach is discussed specifically for its utility in accessing information on the psychological processes underlying child maltreatment in turn below.

Burnside Intensive Family Based Services, that provide intensive support to

In an earlier section (see Parental Empathy and Child Maltreatment Research), instruments which purportedly measure parental empathy were reviewed. As observed in that review, the performance of these measures has been disappointing. Although one possible explanation of these disappointing results might be that the concept of parental empathy is not, as theoretically proposed, a core factor in child abuse potential, the most plausible explanation is that the instruments developed to date are not efficacious as measures of parental empathy.

There are a number of potential factors that may have impeded past instruments' measurement of parental empathy. Some of the difficulties may have arisen from the confusion regarding the definition of parental empathy. As stated, an alternative model of parental empathy incorporating four successive stages of processing: attention to the other's signals; accuracy of attributions made regarding the other's state; other orientated emotional responsivity; and helpful behavioural responsivity, is proposed in this thesis to more accurately reflect the research findings on child maltreatment. However, another possible source of impediment is that all of the instruments currently available are paper and pencil, Likert response questionnaires. Such questionnaires have a long history in the parenting research domain (Grusec & Walters, 1991; Holden & Edwards, 1989). However, such instruments have also been criticised as deficient on a number of issues.

The appeal of the paper and pencil, Likert response style of measure is in their quickness of administration and easily quantified scoring procedures. Nevertheless, as in the parental empathy measures, few paper and pencil style instruments have proved fully

families identified as at-risk of child abuse.

satisfactory (Grusec & Walters, 1991; Holden & Edwards, 1989; Maccoby & Martin, 1983).

In the attempt to capture global factors, paper and pencil surveys frequently contain items that are ambiguous, vague, abstract, and bereft of contextual information (Grusec & Walters, 1991; Holden & Edwards, 1989). Additionally, a number of assumptions underlie most paper and pencil questionnaires for parents which may not be true. For example, the items are presumed to measure factors which are global, stable over time and unidimensional (e.g., a parent is always accepting or rejecting; Holden & Edwards, 1989).

Additionally, few paper and pencil Likert response surveys (and none of the current empathy measures) include a social desirability or faking good scale. This, combined with the often transparent nature of the items, increases the likelihood that parents will respond in a socially desirable way. Especially in the case of abusive parents, this is a serious oversight (Grotevant & Carlson, 1989). Several authors have commented that maltreating parents are known to respond with socially desirable responses to self-report instruments and interviews (e.g., Brassard, et al., 1993; Grotevant & Carlson, 1989).

Likert-style response measures are also vulnerable to other response sets (Holden & Edwards, 1989). For example, the use of vague probability terms (e.g., 'often', 'moderately') as the descriptors on the various points of the Likert scales has been identified as another potential source of error, in that different participants may interpret the terms differently (Grotevant & Carlson, 1989; Holden & Edwards, 1989). As exemplified in a study by Holden and Edwards (1989), even the most well-validated and

well-phrased paper and pencil, Likert-response style instruments are vulnerable to criticisms of response biases, failure to account for social desirability, vagueness of terms and lack of contextual or situation-specific information to ground the items.

Another potential problem is that most Likert style response measures are designed to be self-administered. Although this provides for convenience of data collection, self-administered surveys may be problematic in that illiteracy is more prevalent in poorly educated, impoverished social groups. The co-occurrence of poverty and increased risk of child maltreatment makes this issue particularly pertinent. People with literacy problems are unlikely to voluntarily reveal their difficulties. The interactive format of a semi-structured interview circumvents this issue without confrontation.

In addition to the criticisms cited above, paper and pencil surveys are limited in their clinical utility due to the inherent loss of specific and contextual information (Grotevant & Carlson, 1989). Essentially, forced choice response options provide at best impoverished information regarding how any one parent is likely to respond to the parenting challenges with his or her individual children. Egeland (1991) strongly argued that in order to clinically assess and determine intervention needs of any parent-child relationship, both qualitative and quantitative data is essential.

In recent years behavioural observations techniques of parent-child interactions, either in structured or 'natural' settings, have increasingly found favour both as research and as clinical tools (e.g., Oldershaw, et al., 1986; Whipple & Webster Stratton, 1991). Behavioural observations of parent-child interaction require significant resources in terms of observer-training, observer and participant time, video-taping equipment, and scoring

procedures. Consequently, most empirical studies that have relied upon observational studies have usually involved very small sample sizes (Cerezo, 1997). Assessments based only on a one-off brief time-framed assessment, especially within the artificial environment of a structured setting, are also vulnerable to contamination by 'off' days of participants due to illness, stress or other factors. Even in naturalistic settings, (e.g., the family's home), family interactions may be contaminated by the presence of the observer(s), turning off the TV and barring visitors and phone calls. Thus, in order to provide minimally contaminated data, long time-frame observational studies are recommended (Mash, 1991). Additionally, observation techniques only focus on the present context. Thus, interactions in alternative contexts are not indexed.

In addition to the difficulties mentioned above, behaviour observations, by their very nature, focus on observable behaviours. As such, they may offer little direct information regarding the psychological processes which underlie the behaviour under examination.

Another technique of measurement is the unstructured, investigative interview. Most child protection workers conduct investigative interviews with maltreating parents as a matter of course. However, these interviews are rarely standardised and therefore are unable to provide comparative data. A semi-structured interview with a standardised format of open-ended questions, on the other hand, holds the promise of providing both clinically useful qualitative and quantitative data. An open-ended question format allows parents to provide a wealth of clinically important information about their thoughts, emotions, and behaviours towards their children. Much of this information would be

unavailable using either paper and pencil surveys or behavioural observations. Set questions within a set format allow for standardisation of the interview and therefore comparison across parents. Carefully specified encoding of responses allows for quantitative as well as qualitative analyses. Further, open-ended questions are less vulnerable to socially desirable and other response biases (although this quality does not alleviate the need to incorporate a lie scale).

In summary, a reliable and well-validated semi-structured interview for assessing the underlying psychological processes of parenting could provide a useful adjunct to the resources of child protection workers. Such a measure would appear to be a sensible compromise between the convenient but information-impoverished paper and pencil surveys and the potentially information-rich but resource-hungry behavioural observations.

One criticism of interviews per se is that they are vulnerable to inaccuracies because “perceptual and cognitive distortions are common in maltreating parents” (Mash, 1991, p. 232). In the model of parental empathy proposed in the current study, however, such perceptual and cognitive distortions are precisely the factors of interest. Thus, far from ‘contaminating’ the process of data collection, these phenomena are specifically elicited and tapped.

Semi-structured interviews are not a new assessment technique in parenting research. For example, Ammerman and Boerger (1998, August) utilised a semi-structured interview (the Child Abuse and Neglect Schedule-Revised) designed to examine disciplinary practises while Belsky, Slade and colleagues have recently developed a semi-structured interview (the Parent Development Interview) for the purpose of assessing parents’

representations of their relationships with their infant and toddler children (Aber, Slade, Belsky & Crnic, 1999; Slade, Belsky, Aber & Phelps, 1999). Newberger (1980, p. 48) also opted for a semi-structured reflective interview because “it permits both a standard set of questions to be asked and elaboration and expansion by the respondent using the respondent’s own words and logic”. However, to date, no semi-structured interview that specifically measures parental empathy has been developed.

Research Plan

The research programme undertaken to develop a semi-structured interview to measure parental empathy reflects the evolution of the model of parental empathy outlined earlier. The initial focus of the research programme was an examination of the role of parental attributions regarding child behaviours in relation to reported parental behavioural responses. It was proposed that a standardised series of scenarios of common parenting challenges would best allow for a comparison between participants’ attributions of child behaviour and reported behavioural response styles. The development and testing of the scenarios will be described below.

Also of interest in the early stage of test development of the project was the role of cognitive belief sets in determining parental behavioural responses. It was proposed that cognitive belief sets would be related to the type of attributions parents made about their children’s behaviours. A pilot study was conducted with a ‘convenience’ sample of first-year, part-time external students (not psychology) who were also parents. It was planned that this pilot study would provide an initial assessment of the instrument and indicate needs for modification.

The next phase of the programme was a series of case studies with known maltreating parents and matched 'good-enough' parents. Further refinement of the instrument was anticipated based in light of the interviewer's experience of administering the instrument, feedback from the participants, and qualitative analyses of the results.

In a latter phase of the research project, (see Chapter 4: Research Plan) the instrument's validity and reliability were subjected to assessment using a sample of known maltreating parents, and matched distressed and 'good-enough' parents. These assessment are reported in the following chapters (see Chapter 6: Study of the Reliability of the Parental Empathy Measure and Chapter 7: Study of the Validity of the Parental Empathy Measure). Initial tests of construct validation were planned in the form of a cross validation study with the Child Abuse Potential Inventory (CAPI; Milner, 1986).

Path analysis was used to examine the assumptions of the parental empathy model (see Chapter 8: Study of the Parental Empathy Model) on which the PEM is founded and finally, other variables also assessed by the PEM which purportedly impact upon parental empathy were examined for their mediating potential via set correlations (see Chapter 9: Mediation Potential of Parental Empathy).

Development of the Parenting Scenarios and List of Beliefs about

Children

Initial studies in developing the measure of parental empathy were, by necessity, exploratory in nature. A brief description is provided of these studies in order to illustrate the process of development of the PEM

Study 1a

In order to provide realistic parenting scenarios that had a high likelihood of familiarity with participants, an initial study was undertaken to identify common stressful challenges that parents experience with their children. To this end, 19 parents (11 mothers and 7 fathers) were solicited on the basis of being known to the author either socially or through community organisations, and asked to describe common stresses and challenging experiences that they had had with their children. From these reported experiences, scenarios were developed on the basis of the following criteria: (1) the experiences are common to a number of reported parent-child relationships; (2) the behaviour of the child, while challenging, is consistent with the child's developmental maturity; and (3) the behaviour concerned is within the bounds of 'normal' child behaviour. In all 17 scenarios were harvested by this process (see Appendix A: Scenarios Used in Pilot Study).

Study 1b

A set of cognitive beliefs that were posited to reflect values and cognitive belief sets about children and parenting were developed from three sources: suggestions from the literature (e.g., Dix, et al., 1989; Killen, 1994; Killen-Heap, 1991; Larrance & Twentyman, 1983; Oates, 1982) suggestions from professional child protection workers; and responses from the parents whose interviews had provided the grounds for the scenarios. Cognitive beliefs were gleaned from the participating parents in response to the questions, 'What are some of the beliefs about children and parenting that guides your parenting?' and 'What do you think may be some of the beliefs that other parents may hold about children and parenting?' Child protection workers were asked to respond to the question, 'What are

some of the beliefs that, from your experiences, distinguish functional from dysfunctional parents?’ These three processes were combined to elicit twenty-two beliefs about children and parenting (see Appendix B: Pilot Study ‘Beliefs About Children’ Questionnaire).

Study 2

Following approval from the University of New England’s Deputy Vice-Chancellors Committee for Ethics in Human Experimentation (HE 960116; see Appendix C: Pilot Study Ethics Approval Form), a pilot study was conducted using a questionnaire that incorporated both the scenarios and cognitive beliefs gleaned from the previous exercises. The purpose of the pilot study was four-fold: First, to assess the scenarios’ ability to elicit child-related attributions and reports of parental behavioural responses; second, to examine the purported relationship between attributions regarding child behaviours and reported behavioural responses; third, to examine of the cognitive beliefs items purported to measure parental insight; and fourth, to examine the relationship between parental insight as illustrated by cognitive beliefs and the attributions of the child behaviours as described in the scenarios

An attempt was made to personalise the scenarios by asking participants what they most likely would do in that situation (see Appendix A: Scenarios Used in Pilot Study). However, at this phase of development participants were not asked to imagine that the subject child was their own. Instead, participants were simply asked why they thought the child was behaving in the manner described.

The list of cognitive beliefs was presented in a true/false forced choice format (see Appendix B: Pilot Study ‘Beliefs About Children’ Questionnaire).

Participants

Participants were 52 mature-age, part-time, first-year, external university who identified themselves as parents (24 fathers, 28 mothers). Participants were recruited during external schools and were students of history, economics or philosophy. The age range of participants was from 24 to 48 years. On average, participants had 2.4 children each, and children's ages ranged from 4 months old to 26 years old.

Measures

Both measures, that is the cognitive beliefs survey, titled 'Beliefs About Children Questionnaire', and the scenarios questionnaire titled 'Parental Perspectives Scale' are included in Appendix B: Pilot Study 'Beliefs About Children' Questionnaire and Appendix A: Scenarios Used in Pilot Study, respectively. A separate sheet asked participants their age, gender, and the number and ages of their children.

Procedure

Potential participants were provided with the two questionnaires and a prepaid addressed envelope. The two questionnaires were stapled together with the 'plain English' information sheet. The order of presentation was the information sheet (Appendix D: Pilot Study Form of Disclosure and Informed Consent), the 'Beliefs about Children' questionnaire, and finally, the Parental Perspectives Scale. Participants completed the two questionnaires at their leisure and returned the completed questionnaires either by post or by hand to their lecturer.

Scoring Protocols

In this early exploratory phase of development of the measure, the primary focus was an assessment of the scenarios capacity to provided adequate discrimination of parental attributions before a more formalised version of the test was developed. Consequently, attributions made by participants were scored on the basis of their appropriateness or inappropriateness as judged by the author on the basis of evidence of awareness of the child's developmental capabilities and likely underlying emotional state. Attributions that suggested hostile intention on behalf of the child or ignorance of the child's developmental capabilities, or both, were scored negatively as inappropriate. In order to see that the scenarios provided adequate, detailed scoring procedures for attributions and the other empathy variables for the formalised version of the PEM are reported in Appendix H: PEM Scoring Guide.

In this pilot study, the responses to each scenario were scored on a 3 point scale of inappropriate (-1), appropriate (+1) or neutral (0). Similarly, reported behavioural responses were scored on the basis of whether the action reported was helpful to the child (+1), punitive towards the child (-1) or neutral (0). For both constructs, the possible range of scores was from -17 to +17 with higher scores signifying more appropriate attributions about, or behavioural responses to, children's behaviours.

Before administering the cognitive beliefs survey (Beliefs about Children Questionnaire) to the participants of the pilot study, two independent raters, both psychologists with experience in working with children and families, provided input in regard to appropriate versus inappropriate responses to the belief items. Inter-rater

reliability was 100%. Participant responses that indicated agreement with appropriate belief system and disagreement with inappropriate belief systems were scored positively as 1, and inappropriate responses were scored as a 0. The score on this scale was computed as the sum of the scores of the 22 items which could range from 0 to 22.

Results and Discussion

Analysis of the relationship between participants' attribution responses and reported behavioural responses across scenarios revealed a strong positive correlation between the variables ($r = 0.85, p < .005$). Thus, the results of this pilot study provided encouragement for the premise that attributions made about a given child behaviour were related to reported choice of behavioural response. Examination of the relationship between the cognitive beliefs and attributions revealed a weak positive correlation ($r = .322, p = .021$). A weak positive correlation ($r = .292, p = .038$) was also found between cognitive beliefs and reported behavioural responses. Although the correlations found were not strong, these results indicate a relationship between cognitive belief sets and attributions that parents make about children's behaviours plus reported parent behavioural responses. The primary aim of this pilot study, however, was to assist in the refinement of the two measures.

Inspection of the descriptive data for individual items revealed that nine items on the cognitive beliefs demonstrated little variability in response across participants and were thus discarded as too transparent to be useful (e.g., 'A good belting never hurt any child' was uniformly disagreed with). Likewise, inspection of the responses of the scenarios

revealed that four had limited variability of responses. These four scenarios were also discarded as being too transparent.

Modifications to the components of instrument

The pilot study reported above provoked major modifications and development to the instrument both in terms of modification of existing items as well as an expansion of the instrument to assess a number of additional variables. Modifications occurred to the items in both the cognitive beliefs section and the scenarios section. In addition two sections were added to the measure based on the expanded model of parental empathy.

Modifications to existing items

A factor analysis of the cognitive beliefs items was conducted and those items that failed to load were discarded as were items that demonstrated little or no variability in responses across participants (see Appendix E: Factor Loading Tables). Such items were judged to be too transparent to provide useful information regarding parental insight. Thus, 9 of the 22 items were discarded on these grounds leaving 13 to be included in the formal prototype of the instrument.

Likewise, as stated above, four scenarios from the 'Parents' Perspective of Children' or scenarios section were discarded on the basis of transparency and limited variability of response across participants. Three additional scenarios that dealt with parenting challenges with adolescents were also discarded as a considerable diversity existed in the parenting challenges across the span of childhood and an attempt to capture all of these challenges could ultimately weaken the instrument. A decision, therefore, was made to concentrate the measure on parental responses to children during infancy and early

childhood on the basis that it is at these ages when children are most vulnerable to maltreatment. On the same grounds, one new scenario focusing on toilet-training challenges was incorporated following anecdotal evidence from child protection workers that such situations are frequent ‘flash-points’ for abusive parents.

Several of the remaining scenarios were also reworded. In particular, the ages of the children depicted in a scenario were generalised slightly in a number of instances. The questions regarding attributions and behavioural responses were also revised to capture more fully the nature of the participant’s relationship with his or her own child. For example, participants were asked “If this was your child, why do you think he or she would be behaving this way?” and “As the child’s parent, what would you most likely do?”

Following these modifications, the ‘Beliefs about Children’ consisted of 13 items of forced choice, mostly agree/mostly disagree format. The ‘Parents’ Perspective of Children’ consisted of 10 scenarios featuring children from 3-months-old to primary-school-aged.

The results of the pilot study suggested a further development of the model of parenting processes under examination. At this point, the need to incorporate the parent’s emotional responsivity as well as ability to perceive or be aware of the child’s emotional signals became evident. As such, the proposed model of parental empathy was encapsulated and the need to assess the additional two factors in the model was highlighted. Thus, the scenarios section was further developed to include open ended questions (OEQs) designed to capture the participant’s likely emotional responses to the subject child’s behaviour. The parent’s attention to the child’s signals was assessed in a

new section of the instrument titled 'Open-Ended Questions' (OEQ). This section is discussed in detail below.

New Sections

The need to incorporate both direct personal questions and questions about hypothetical dilemmas in measuring parent-child relationships has been stressed by Newberger (1980). The need for direct personal questions that focus on the parent's perception of his or her own children is also highlighted by evidence that maltreating parents are likely to make significantly more negative attributions about their own children than they do about other children (Larrance & Twentyman, 1983). Consequently, the OEQ section, designed to assess participants' perception of and relationship with their own children, was added to the measure. The OEQ section was designed to fulfil a number of requirements as described below.

As stated earlier, the OEQ section incorporated items created to more specifically address the nature of the participant's relationship and perception of his or her own children. Questions were designed to assess the participant's ability to perceive his or her child's individual signals in addition to the empathy variables already under examination in the scenarios section. Consistent with earlier studies (e.g., Crittenden & Bonvillian, 1984; Erickson & Egeland, 1987; Frodi & Lamb, 1980; Kropp & Haynes, 1987), the ability to read one's child's signals was conceptualised as being able to distinguish different emotional states within the child in addition to the ability to identify the likely provoking stimuli. A further conceptualisation of the participant's ability to read his or her children's signals was encoded as the participant's capacity to describe his or her children as unique

individuals as opposed to only in terms of the child's impact upon the respondent (Erickson & Egeland, 1987).

In addition to the items designed to focus on the participant's empathic response to his or her own children other items were designed to provide information on variables that have been demonstrated by both empirical and anecdotal clinical evidence to be robustly associated with child maltreatment risk. These variables included: the parents' own child abuse history; insight into parenting, drug/alcohol abuse, social isolation; stress; parental depression or anxiety, and openness to professional input.

It is recognised that an attempt to achieve an in-depth assessment of all of these variables within the one instrument would be both cumbersome and redundant, and this was not the aim of incorporating these items. Rather, it was hoped that these items would, in a clinical interview, provide indications for the need of further assessment of these variables and their impact upon the participant's parenting competency.

First Series of Case Studies

The next phase of the development of the instrument, now termed the Parental Empathy Measure (PEM) was a series of case studies. Approval from the university of New England's Deputy Vice-Chancellor's Committee for Ethics in Human Experimentation was gained for this and the subsequent empirical stage of the study simultaneously (HE 970041; see Appendix F: Ethics Approval Notice for Main Study).

The first series of two case studies involved the administration of the instrument to a known maltreating mother and a matched 'good-enough' mother. Both participants were single parents and financially dependent on social security pensions, both had left school

before completing year 11, both had children of similar ages although the maltreating mother had three children and the 'good-enough' mother, two children. The maltreating mother had been under the supervision of DOCS and was receiving support from several community agencies. This participant was recruited on the basis of being known to the author through her previous involvement in a victims of domestic violence therapy group facilitated by the author ten months previously. The other participant was also known to the author through her volunteer work in a community agency.

Qualitative analysis and comparison of the two PEM interviews revealed stark contrasts between the two participants. The maltreating mother's responses were impoverished and inappropriate on all four empathy variables. In terms of attention to children's signals, she was unable to discriminate between her children feeling sad or upset and angry. Further, she was unable to articulate whether her children had any worries or what factors may have impacted upon their self-esteem. Her descriptions of her children's personalities were extremely impoverished; for example in response to the question 'Tell me about your child's personality' she replied about her 6-year-old daughter: "I don't know how I feel about her, I'm not close to her. Her father says she's like me, she doesn't want to help, she waits for everyone to run after her." About her 2-year-old son she replied "He's got a pretty nice personality as well as a bit of a temper, he tries to be helpful - brings wood in and tries to light the fire".

This mother's emotional responses were typified by comments of anger and 'crankiness'. Her most frequent reported behavioural responses were screaming at the child and physical punishment. She was unable to answer four of the ten scenarios in the section

regarding attributions (that is, her response was “I don’t know”) and in two other scenarios her attributions suggested hostile intent on behalf of the child, (e.g., “they’re just doing it to annoy me”).

In contrast, the ‘good-enough’ parent’s responses to questions for all four variables were appropriate and detailed. This mother was able to provide detailed descriptions of her children that included on average 10 descriptors per child, the majority of which were phrased as qualities of the child rather than behaviour that impacted upon herself. She provided detailed descriptions that suggested she was well able to distinguish between her children’s emotional states and had a clear idea of the stimuli that were likely to provoke each state. Her attributions were mostly appropriate, and her behavioural responses indicated a variety of parenting strategies the majority of which demonstrated sensitivity towards the child’s needs. Although her reported emotional responses included frustration at times, at other times they were clearly child-focussed and empathic.

Some differences between the two mothers were also noted in terms of the extraneous variables that were surveyed by the PEM. Although both participants reported some personal child abuse history, the maltreating mother reported experiencing a greater number of abuse types (that is, neglect, physical abuse, and sexual abuse) while the other participant reported minor sexual abuse only. Most notably, in the open ended questions section the ‘good-enough’ mother demonstrated substantially high levels of insight whereas the maltreating mother’s insight was limited. Both participants reported experiencing depression and anxiety, but the maltreating mother reported her depression and anxiety to be chronic (she stated that she could not remember a time when she had not been

depressed) and more resistant to treatment. Both mothers reported using marijuana and alcohol, but the maltreating mother used the drugs on an everyday basis whilst the ‘good enough’ mother reported using the drugs on weekends only.

Further Modifications following initial case studies

Although the results from the initial case studies were highly encouraging, as expected, they emphasised the need for further modifications to the instrument. In particular, the need to incorporate items that assessed the participant’s likelihood of lying or faking good now became a priority. To this end, new items designed to assess faking good were included in both the OEQ section and the Scenarios section. On the basis that few if any parents are able to be perfectly consistent with their children items in both the scenarios and OEQ sections asked about differences in the parent’s response on good versus bad days. A wealth of both anecdotal and empirical evidence supports a relationship between stress and child abuse risk. As such, the new items in the scenarios section which enquired about the participant’s likely behavioural and emotional responses ‘on a bad day’ provided additional information on these variables when the participant was under stress. Participants were also asked to identify their ‘ideal’ or ‘perfect’ parent and to estimate on a percentage basis how well they measured up to their ideal; Responses to this question which indicated that participants claimed to have achieved 90 to 100% of their ideal was interpreted as a further indicator of ‘faking good’.

Other social desirability scale items in the OEQ included questions as to whether the participant had ever felt badly about his or her parenting, and whether things had ever been difficult with the children in the past. Given the clinical priority of the study an

additional question was incorporated under this last item to help the participant identify successful problem-solving in their parenting.

Second Series of Case Studies

A second series of case studies used four participants, two of whom were known to be abusive and were registered with DOCS, and two of whom were not known to be abusive. Each was administered the PEM. All participants were of low socio-economic status being financially dependent on single parent social security pensions and having failed to complete high school. Three of the four participants were mothers, one participant was a father.

One of the interviews was conducted by a social worker, and another was conducted by another psychologist. Both of these interviewers were experienced in child protection work. Participants were recruited on the basis of being known to the interviewers, although none of the participants were currently clients of the interviewers.

Feedback from the interviewers and the participants provided information for further refinement of the items and instructions to interviewers. Qualitative analysis of the completed interviews revealed a similar pattern of responses as the first two case studies. Following refinement of the items and instructions the PEM was considered ready for the more formal, quantitative series of studies. A copy of the PEM is provided in Appendix G: Parental Empathy Measure (PEM).

Development of Encoding Procedures for Quantitative Analysis

On the basis of the qualitative analyses of the six case studies, procedures were developed for encoding participant responses for quantitative analysis (see Appendix H: PEM Scoring Guide; Appendix I: PEM Scoring Sheet for Open-Ended Questions; and Appendix J: PEM Scenario Scoring Sheet). These procedures will now be described in detail.

Encoding of the Primary Variables

Attention to the Child's signals

Attention to the child's signals was scored essentially by counting the number of unique descriptors provided in response to the questions which asked participants to describe their child's personality and positive characteristics. Responses to the question "what don't you like about your child?" were not included in this category as it was felt that this question was too likely to elicit biased and non-empathic responses to the child in question.

In line with Egeland and Erickson's (1987) findings, descriptors were also examined for their status as a comment on the child's individual qualities, needs and issues as opposed to descriptors that merely commented upon the child's impact upon the respondent. In these terms, descriptors were encoded as 'relational' (that is, impact upon respondent) or 'internal' (that is, individual qualities) or other (if the descriptor did not fall neatly into either category). For purposes of assessing the respondent's overall perception of the child, descriptors were also coded for their negative (that is, disapproving or critical) versus positive (approving) qualities.

Responses to the questions which asked respondents to describe their children in different emotional states were encoded on the basis of the total number of unique descriptors used. Hence, descriptors used by the respondent to describe, for example, both the subject child's signals when angry and his/her signals when upset or sad were scored only once. Thus, the total number of unique descriptors used by the respondent provided a measure of the parent's ability to discriminate different emotional states within his or her child.

Additionally, responses to questions which asked respondents to identify the things that have influenced their child's self-esteem and what things their children found challenging or stressful were also counted as indicators of the participants' ability to attend to their children's emotional cues.

Participants were also asked to put themselves in their children's shoes and then describe what they thought their child liked and disliked about him or herself. The number of individual characteristics were then summed to provide a score for this item.

Finally, the respondent's ability to identify when the subject child is worried and what issues have provoked this emotional reaction was also examined. This item was based on the premise that all children have worries of one sort or another, such as peer group anxieties, separation anxieties in younger children, marital conflict, sibling rivalry, and school and sport performance worries. Responses to this question were also encoded in terms of the total number of unique issues commented upon.

Attributions

As in the initial pilot study, attributions made by participants were scored on the basis of their appropriateness or inappropriateness. Attributions were judged as very inappropriate if they included a perception of hostile intent on behalf of the child and as inappropriate if they indicated a lack of awareness of the child's developmental capabilities. Attributions were judged as very appropriate if they indicated not only awareness of the child's developmental needs but also the child's underlying emotional state, and attributions judged appropriate demonstrated some awareness of the child's developmental state or that this behaviour was 'normal' for children of this age.

However, the 3-point scoring protocol used in the pilot study was replaced with a 5-point protocol in order to provide a more sensitive measure of the potential variability of responses. Thus scoring of responses was judged from very inappropriate (1) to very appropriate (5) with a neutral response (3) in the middle. A no-response (e.g., 'I don't know') was also incorporated and scored as a '0', although for the purposes of statistical analysis responses of 'I don't know' were re-scored as inappropriate (2).

As in the pilot study, a neutral score was incorporated to include the possibility that the attribution given did not fit into either the appropriate or inappropriate continuum.

Ten items in the scenarios section and two items in the OEQ section were designed to assess attributions. These items and a detailed scoring guide are shown in Appendix H: PEM Scoring Guide.

The two questions in the OEQ invited the respondent to provide explanations for their child's behaviour, both in terms of their child's behaviour in comparison to other children's behaviour and in terms of times when their child does misbehave.

Emotional Responsiveness

Twenty questions in the scenarios section and three questions under one item in the OEQ section were designed to assess emotional responsiveness. These items and their scoring guide are specified in Appendix H: PEM Scoring Guide. Ten of the questions in the scenarios ask respondents how they would feel on a bad day under the circumstances of given scenario occurring. By implication, the other ten questions invited respondents to comment on their emotional response to the scenario on a 'normal' day. The three questions in the OEQ invite parents to specify their emotional reaction to their child's expression of different emotional states (happy, upset or sad, and angry). An additional question in the OEQ section asks parents if they have ever felt rejected by their children. For this question the response was scored in a binary Yes (score 0) No (score 1) manner.

As in the case of Attributions, the encoding of the emotional responses was expanded from the 3-point protocol of the pilot study to a 5-point scale from very inappropriate (1) to very appropriate (5). Again, a no-response (e.g., 'I don't know') was also incorporated and scored as a '0', although for the purposes of statistical analysis responses, responses of 'I don't know' or the like were re-scored as inappropriate (2).

Consistent with the empirical evidence (e.g., Bousha & Twentyman, 1984; Egeland & Sroufe, 1981a; Killen-Heap, 1991) discussed in the section Emotional Responsiveness, emotional responses were judged as very inappropriate if they evidenced negative

emotions at a level which suggested the potential to be overwhelmed in the respondent. These emotions included anger, significant stress, depression and/or helplessness. Milder expressions of negative emotions such as irritability, frustration and expressions of comparatively less overwhelming levels of stress, irritation or depression were encoded as inappropriate (2), for example, 'frustrated', 'a bit stressed', 'sort of low', or 'tired'.

Emotions that were clearly positive and child focussed (such as sympathetic, loving, and/or compassionate) were encoded as very appropriate (5). Milder expressions of positive emotions, including responses such as 'I'd feel OK about this', were scored as appropriate (4).

As in the pilot study, a neutral score was incorporated to include the possibility that the emotional response given did not fit into either the appropriate or inappropriate continuum. As in the encoding of the attributions, no-answer or 'I don't know' scores were initially coded as a '0', but for purposes of statistical analysis, scored as inappropriate. A detailed scoring guide of the items is presented in Appendix H: PEM Scoring Guide.

Behavioural Responses

Similar to the Emotional Responsiveness category, there were twenty questions in the scenarios section and three questions incorporated in the one item in the OEQ section designed to assess behavioural responses. Ten of the questions in the scenarios asked respondents what they would do in the circumstances of the scenario on a normal day. The other ten questions ask respondents what would they do in the circumstances of the scenario on a bad day. The three questions in the OEQ invite parents to specify their

reaction to their child's expression of different emotional states (happy, upset or sad, and angry).

Consistent with the encoding of both the attributions and emotional responses variables, behavioural responses were expanded from the 3-point protocol of the pilot study to a 5-point continuous scale from very inappropriate to very appropriate. As in the encoding of the earlier two variables, a no-response (e.g., 'I don't know') was also incorporated and coded as a '0', although for the purposes of statistical analysis responses of 'I don't know' were scored as inappropriate (2).

Very appropriate behavioural responses (5) were judged on the basis of their ability to meet both the physical and emotional needs of the child in question. Appropriate behavioural responses (4) were judged as meeting the physical needs of the child only.

Behavioural responses that failed to meet the needs of the child either physically or emotionally were judged inappropriate (2). Behavioural responses that failed to meet the needs of the child and were psychologically or physically abusive and/or neglectful, were judged as very inappropriate (1).

'Faking Good' Responses.

Indicators that respondents are likely to be defensive or 'faking good' were scattered throughout the PEM. Based on the premise that it is highly unlikely that any parent does not have 'bad' days that influence their emotional and behavioural responses to their children, a failure to indicate a difference in these variables on 'normal' versus 'bad' days was taken as a positive indicator of faking good. Thus, two faking good indicators,

one pertaining to a failure to identify a difference in emotional response and the other a failure to identify a difference in behavioural response, were embedded in each scenario.

In the same vein, Question 25 in the OEQ section specifically asked the respondents if they have good and bad days that impact on their parenting.

Other questions in the OEQ section that are designed to assess the respondent's potential for faking good include the following: Questions 7 and 8, wherein a respondent states that his or her child has no qualities or behaviours that the respondent finds unlikeable or 'challenging' (1 point); Question 10 wherein the respondent indicates that his or her child has a self-esteem rating of 90 to 100% (1 point); Question 23 wherein the respondent replies in the negative to the question have you ever tried to have fun with your child and had it end up badly? (1 point); Question 25, when respondents indicated that they were above 80% consistent in their parenting, a response of 100% consistency is awarded 3 points for faking good, 90% awarded 2 points for faking good, and 80% 1 point; Question 34, wherein respondents are asked to estimate how well they believe that they measure up to their ideal parent, with responses of 90-100% scoring 1 point for faking good; Question 35 where a negative response is given to the question 'have there been any times that the way that your child responded to you made you think twice about what you did and your parenting in general? (1 point)'; Question 38 wherein a negative response to the question 'In the past have there been any times when things have been difficult between yourself and your children?' (1 point).

With the exception of those items specified above, each Faking Good item was scored in a simple binary fashion of 0 if no indication of faking good was present or 1 if the

response was theoretically consistent with faking good. Total 'faking good' scores were computed as the sum of these values and ranged from 0 to 30 points.

Encoding of Secondary Variables

Four secondary variables were selected for quantitative analyses as potential mediators of parental empathy. These variables were beliefs about children and parenting, the respondent's drug/alcohol usage; the respondent's own childhood history (that is, whether abusive or not); and finally, the respondent's insight into his or her parenting practices.

Beliefs

The encoding of the variable Beliefs about Children and Parenting followed the protocol already established in the earlier pilot study. That is, scores are based on the binary coding of 0 for an inappropriate response to the belief item and a score of 1 for an appropriate response to the belief stated. Of the 13 Beliefs items obtained from the original pilot study four items were reverse scored. A total belief score is computed as the sum of the 13 items, and thus can range from 0 to 13.

Alcohol and Drug Usage

Alcohol and drug usage was initially encoded on the encoding sheet in four categories: daily number of cigarettes smoked, problematic alcohol usage, problematic heroin usage, and problematic other drug usage. With the exception of smoking, a 3-point scale of 0 to 2 was employed to rate the level of problematic drug usage. Cigarette smoking was scored on the basis of the number of cigarettes smoked.

No reported drug/alcohol usage, or drug/alcohol usage that was reported as occasional and not problematic, was scored as 0. An example of non-problematic alcohol usage was one or two glasses of wine regularly at dinner, and/or social drinking which did not reach a point of endangerment, for example, less than five drinks in a sitting.

Drug usage was reported as non-problematic if the participant reported usage of marijuana alone and only on an occasional basis (e.g., less than once a week). Heroin and other drugs were only scored at 0 if the respondent reported no usage. Reported usage of heroin and other drugs on occasional basis (e.g., less than once a week) was coded as a moderate level of drug usage and scored 1. Respondents' were rated as having a moderate level of problematic alcohol usage and scored 1 if they reported daily intake of more than two but less than four drinks or reported occasional excessive 'binge' drinking (more than five drinks in a sitting). Respondents who reported regular daily usage of marijuana, heroin or other drug usage were scored as having a severe level of problematic drug usage (2). Likewise, daily alcohol usage that exceeded four drinks was also scored as severe level of problematic alcohol usage.

Childhood Abuse History

The variable of childhood abuse history comprised two different items. One item directly asked respondents whether they had experienced anything in their childhood which they would consider abusive or neglectful and, if the answer was affirmative, to name the types of abuse experienced. As reported in earlier studies (Egeland, et al., 1987; Zuravin, McMillen, DePanfilis, & Risley Curtiss, 1996), responses to this item were simply added to provide a total number of different forms of abuse experienced. Other

incidents of significant trauma, (e.g., the death of a parent in childhood) was also added into this score.

An additional item asked respondents to rate the happiness or unhappiness of their childhood on a 10 point scale wherein 10 was very happy and 1 was very unhappy. Scoring of this second item was then reverse scored to allow integration with the previous item. Thus the combined score on these two items yielded a Childhood Abuse score range from 0 upwards.

Insight.

The variable of Insight was defined as the process of actively thinking about, reflecting upon, and seeking information on children and parenting. The presence of Insight was determined by evidence that the respondent was actively engaged in considering and reviewing his or her parenting practices and the impact of these practices on the child concerned. As such, Insight was essentially evidence of active, thoughtful parenting as opposed to reactive thoughtless parenting. The 10 items designed to assess Insight were placed in the OEQ section of the interview schedule. Scores for responses to these items ranged from 0 to 3 with 0 reflecting no response given or no insight evident. Guidelines on scoring are provided for each item below. Each respondent's total Insight score was calculated by simply summing scores over the 10 items.

The first Insight item, Question 17, asked respondents what they had taught their children about feelings and expressing feelings. High scoring responses were those that indicated the importance of teaching children to know and accept their various emotions and to express their emotions in appropriate ways. Scores of 2 were awarded to responses

that indicated the importance of acceptance of children's emotional states but did not include the importance of teaching children appropriate ways of dealing with and expressing negative emotions. Scores of 1 were awarded for responses that included instructions to the children of being able to talk to the parent about their emotional states. Responses that either were non-response or that indicated unacceptance of children's various emotional states (e.g., 'I taught them that they should always be happy') were rated as 0.

Question 20 asked respondents to consider what influences their children's level of behaviour/ misbehaviour and question 21 specifically asked respondents to reflect on the reasons why their children do misbehave. For a score of 2, responses had to indicate awareness of a broad range of variables, including the child's developmental stage, the normality of children sometimes misbehaving, the need of children to sometimes test their boundaries, the influence of variables such as being tired or bored, and awareness that children's behaviour is often an expression of their emotional and psychological well-being. Responses that indicated some of these variables were scored as 1. Non-responses or responses blaming the child (e.g., 'because he's a shit of a kid') were scored as 0.

Question 23 asked respondents to reflect on times when attempts to have fun with their children have ended up badly, and on the probable causes of these outcomes. Responses that indicated awareness of child developmental limitations (e.g., 'at that age they're not good at taking turns and sharing'), took responsibility for not setting appropriate boundaries, and/or indicated awareness of other stresses that may have interfered in the activity (e.g., 'everyone started getting tired') were scored 2. Responses

that suggested one of these variables with only limited detail scored a 1. Responses that reflected highly negative and hostile judgements of the child concerned were scored 0, as were non-responses as neither of these two responses indicate parental insight.

Question 25 asked respondents to reflect on what variables influence their consistency as parents. Non-responses, or responses that involved blaming the child were scored as 0. Responses that commented upon the complexities and challenges involved in parenting and that 'owned' the responsibility were scored positively as 1 for Insight with higher scores reflecting greater detail and awareness (2).

A combined score was generated from Questions 30 and 31 which attempt to access respondents' level of consideration in regard to their own parents' practices and strategies and the decisions they have made in incorporating these parenting practices and strategies into their own parenting behaviours. High scoring responses (3) were those that demonstrated evidence that the respondent had reflected in detail upon their experiences of being parented, and in particular, that the respondent had developed a clear 'map' of the positive practices that they wished to incorporate into their own parenting, as well as the negative practices that they had abandoned. Scores of 2 or 1 were given to responses that reflected some of these issues but were less detailed; with only one comment received a score of 1, and responses including two or three comments received a score of 2. No response or non-responses were scored as 0.

Question 33 incorporated two Insight components. Respondents were first asked to describe the qualities of a perfect or ideal parent. Consistent with authoritative parenting models, responses were considered to be insightful if they incorporated both unconditional

love and setting of appropriate boundaries. Responses scoring higher points included additional comments such as setting good examples, providing stability, having fun with the children, and giving them lots of opportunities to grow and develop. No responses and non-responses were scored as 0 as well as responses that provided a highly impoverished view of the requirements of being a good parent (e.g., 'have lots of money'). The second section of this question asked respondents to reflect on what restrictions prevent them from meeting the standards of their ideal or perfect parent. Similar to Question 25, responses that commented upon the complexities, challenges and social stresses involved in parenting and that 'owned' the responsibility were scored positively for Insight with higher scores reflecting greater detail and awareness. Responses that indicated no idea or that blamed the child or that were extremely impoverished (e.g., 'I don't have enough money') were scored as 0 level of insight.

Question 37 asked respondents to comment on the causes of changes (either positive or negative) in the nature of their relationships with their children. High scoring responses (score of 2 for insight) accepted responsibility for the changes and were able to detail clearly either stresses that had influenced the relationships negatively or strategies employed successfully to enhance the relationships. Question 38 similarly asks respondents how previous difficulties in their relationships were overcome. High scoring responses included specific strategies employed and again indicated that the parent was the responsible party.

Underlying Premises of the Parental Empathy Measure

The model of the parental empathy measure is based on a number of premises. A brief recapitulation of these premises is timely:

1. To be operationally useful, theoretical constructs in the child maltreatment domain must be relevant to both the clinical and empirical contexts.
2. Although empirical research relies heavily on quantitative analyses, a measure that claims clinical utility must have the capacity to provide both quantitative and qualitative information regarding any given parent-child relationship.
3. Semi-structured interviews for parental empathy, if able to be codified for quantitative analysis, provide the best promise of meeting the challenge of both clinical and empirical utility.
4. Requirements of validity necessitate that any assessment instrument must be strongly grounded in a cohesive theoretical model.
5. Lack of parental empathy is the core issue of psychological maltreatment which in turn is the core issue of all child maltreatment.
6. Parental empathy is best represented in a four-stage model incorporating the ability to attend to the child's signals, the ability to make realistic attributions regarding the child's signals, the ability to respond with child-focussed sympathetic emotions, and the ability to respond with child-focussed appropriate behaviours.
7. Breakdowns within any of the processing stages in the model are consistent with dysfunctional and abusive parenting.

8. To provide the most meaningful information about the parent's relationships with his or her children, the items that comprise the measure should focus on the parent's own children rather than hypothetical 'other' children.

CHAPTER 4: RESEARCH PLAN

Two intertwined objectives dominate the present research project. One objective is the development of an coherent operational model of parental empathy. The other objective is the development of a clinically useful measure of parental empathy that will hold relevance in clinical assessment of child maltreatment risk. In order to achieve these objectives a number of relatively discrete analyses were conducted. The nature of these analyses are described below.

The first study of the Parental Empathy Measure (PEM) involved tests of the instrument's reliability, that is, inter-rater reliability and internal consistency reliability.

The second study of the PEM involved tests of the instrument's construct and concurrent validity. The 'Child Abuse Potential' and 'Rigidity towards Children' factors of Milner's (1986) Child Abuse Potential Inventory (CAPI) were selected to assess the construct validity of the PEM's parental empathy variables, both individually and collectively. As an index of construct validity, the PEM's Faking Good scale was assessed by comparison with the CAPI's Lie scale. The PEM's concurrent validity was assessed by the measure's ability to discriminate between abusive, distressed and non-abusive groups of parents. A comparison of the PEM and the CAPI's ability to discriminate between risk groups also was conducted.

A third study, using path analysis, was conducted in order to test efficacy and coherency of the four stage model of parental empathy upon which the PEM is based.

A fourth study was conducted to test the premise that a lack of parental empathy is the core risk factor of child maltreatment. In order to assay this premise, the capacity of

the purported empathy variables to mediate between secondary child maltreatment risk variables measured by the PEM and parenting behavioural responsiveness (Behaviour) was evaluated. These secondary variables indexed participants' cognitive beliefs about children and parenting (Beliefs), insight into parenting (Insight), own history of child abuse (Childhood Abuse), and drug and alcohol usage (Drug & Alcohol Use).

A fifth study of the PEM's capacity to yield qualitative data was conducted. Three additional variables that from case-study reports and clinical experience appear to relate to child maltreatment risk were assessed by qualitative analysis: these variables were the parents' perception of their children as 'just-like' a strongly disliked other; the ability of the parents' to describe their children's personalities in terms other than how they impact upon themselves; and, the parents' overall negative versus positive perception of their children.

Finally, in order to provide an illustration of the instrument's clinical potential as a tool in the assessment of child maltreatment risk, two case studies were conducted. In both of these case studies predictions were made, on the basis of quantitative and qualitative data generated by the PEM interview, that the children concerned were of imminent risk of further maltreatment. In both cases a substantiation of the predictions was sought, thus providing evidence for the PEM's predictive validity and clinical utility.

The data used in the studies described above were obtained from a sample of 103 participants described in Chapter 5: Description of General Methodology (below). Detailed descriptions of each study, including rationale, individual methodology, results and discussion are provided in the subsequent chapters.