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Testing in Adoption Evaluations: Selections and Usage Determined from Surveying Psychologists

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**TESTING IN ADOPTION EVALUATIONS: SELECTIONS AND USAGE
DETERMINED FROM SURVEYING PSYCHOLOGISTS**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

ERIN MARIE SYLVESTER NICHTING, PSY.M.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

July, 2016

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WRIGHT STATE UNIVERSITY
SCHOOL OF PROFESSIONAL PSYCHOLOGY

June 5, 2015

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **ERIN NICHTING** ENTITLED **TESTING IN ADOPTION EVALUATIONS: SELECTIONS AND USAGE DETERMINED FROM SURVEYING PSYCHOLOGISTS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

Allison Fernander, Psy.D.,
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Abstract

A significant amount of children are adopted each year both within the United States and internationally. In fact, the United States Department of State reported that 242,602 international adoptions had taken place from 1999 to 2012 and also indicated that in 2012 alone, 52,035 children had been adopted domestically. However, research is lacking in many areas of the adoption process. One such area includes an absence of knowledge in regards to adoption evaluations, even though they may be required for both prospective parents and adoptive children during the adoption process. Another area includes how psychological instruments are incorporated into these evaluations. Because of this, there are no clear recommendations for a specific battery of psychological instruments that assessors can use during adoption evaluations. 38 licensed psychologists who have experience evaluating prospective parents and adoptive children were surveyed to better understand the components of psychological evaluations in the adoption field, including which psychological instruments were most frequently used. Results indicated that respondents spent an average of 8.26 hours (SD 3.89) on a single adoption evaluation, with the majority of respondents using psychological instruments as their primary data source (35.0%). Respondents indicated that adequate reliability ($M=4.61$ out of 5, $SD=.60$) and adequate validity ($M=4.56$ out of 5, $SD=.65$) were the two most important factors when selecting psychological instruments. When assessing prospective parents, it was found that the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) was the most often used instrument. 84.6% of participants reported that they use or have used this instrument. When assessing adoptive children, the Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV) was the most often used instrument. 75% of respondents indicated that they use or have used this instrument. Based on the results,

a preliminary battery of tests is recommended for use with prospective parents and a preliminary battery of instruments is recommended for use with adoptive children. Additionally, suggestions are made for other important components to include in adoption evaluations, along with recommendations for future research studies.

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To my committee members, Dr. Michelle Schultz and Dr. Gokce Durmusoglu, I would like to thank you for your commitment of time and your guidance during this process, as the successful completion of this dissertation would otherwise not have been possible.

Dedication

I dedicate this dissertation to children awaiting adoption both internationally and domestically. I hope that this project can promote a more active commitment in ensuring every adoptive child is placed in a strong and positive household so that they all have the opportunity to thrive.

Chapter 1: Literature Review

While a significant amount of children are adopted each year both domestically and internationally, there is a paucity of research available regarding many areas of the adoption process, specifically information about adoption evaluations as well as the process of selecting and using psychological instruments for this purpose.

Given the number of both domestic and international adoptions that occur in the United States annually, this lack of research is surprising. To clarify the number of adoptions that occur, the United States Department of State reported that from 1999 to 2012, 242,602 international adoptions had taken place (U.S. Department of State, 2012). In 2012 alone, there were 8,668 finalized international adoptions (U.S. Department of State, 2012). Domestically, the United States Department of Health and Human Services reported that in 2012, 52,035 children had been adopted (U.S. Department of Health and Human Services, 2012).

Not only is this lack of research surprising because of the number of adoptions that occur internationally and domestically, but also because of the fact that a number of countries require potential adoptive parents to be evaluated psychologically. This evaluation usually occurs within the adoptive parents' country and is then sent to the country from which they are adopting. This information was not only confirmed through various international adoption websites, but also through the U.S. Department of State (2012). A number of countries require psychological evaluations, some of which include: Brazil, Chile, Columbia, Ecuador, Haiti, Netherlands, Panama, Philippines, and Sweden.

China also requires psychological evaluations for prospective parents if either one of the parents has had a history of child abuse, trauma, substance abuse, arrest, or any type of mental health treatment (U.S. Department of State, 2012).

To be clear, for the purposes of this study, an adoption evaluation means a psychological evaluation that is conducted for a specific purpose as stated by the referral question and in some way includes psychological instruments. Not only do many international adoption agencies and countries require a psychological evaluation for potential parents, but they may also require an evaluation to be conducted on the child being adopted. Moreover, domestic adoption agencies might also require them for both prospective parents and adoptive children. Some psychologists ascertain that reasons for these evaluations include wanting to ensure that prospective parents are emotionally stable individuals (Barth, Gibbs, & Siebenaler, 2001; Bifulco, 2008; Dickerson & Allen, 2007). Another reason would be to confirm that prospective parents are engaged in a healthy, stable relationship (Barth, Gibbs, & Siebenaler, 2001; Bifulco, 2008; Rushton, 2004). If it is a foster family adoption, a qualified individual may often conduct an evaluation to determine the psychological bond between the foster parents and child (Dickerson & Allen, 2007; Orme, Cuddeback, Buehler, Cox, & Prohn, 2007). Finally, an evaluation may also be requested to determine the needs of the adoptive child (Kirby & Hardesty, 1998; Otto & Edens, 2003; Rushton, 2004). Researchers have only discussed the aforementioned reasons for why psychological evaluations take place, although evaluations could potentially be conducted for various other purposes (Barth, Gibbs, & Siebenaler, 2001; Orme, et al., 2007; Otto & Edens, 2003). While it is certain that these evaluations are conducted, again, research in this area is scarce. Subsequently, it remains

unclear how often formalized evaluations are completed, under what circumstances, and what psychological instruments are typically included when completing evaluations. Initially, it is important to describe the process of both domestic and international adoptions prior to elaborating upon the adoption evaluation literature that does exist.

Adoption Processes

Domestic adoption. There are several types of adoption possible for United States citizens. These include infant adoption, foster adoption, special needs adoption, independent adoption, and unlicensed agency adoption. Although elaborated upon in more depth below, infant adoption includes prospective parents working with adoption agencies to become connected to a child younger than two years old. Foster adoption involves a state custody case in which a temporary foster placement becomes permanent. A special needs adoption includes working with a state or county agency to adopt a child who is over the age of seven, a child of color who is over the age of four, a child whose birth mother used alcohol and/or illicit substances during her pregnancy, a child who tests positive for HIV, a child with a history of abuse, a child who has a disability, a child who has moved often, or multiple siblings being adopted together. Independent adoptions and unlicensed adoptions include prospective parents identifying a birth parent without involving an adoption agency. While an independent adoption often involves court proceedings, an unlicensed adoption does not always require such.

As mentioned above, one such type of domestic adoption is infant adoption and may involve a child who has not yet been born, or a child up to the age of two (Moe, 2007). Included in this method would be a home study, which is comprised of an inspection of the family's living area. During a home study, the prospective parents and

their family are interviewed by a social worker. Subsequently, the social worker examines the prospective parents' home and confirms that the house meets licensing standards. Such standards include working smoke alarms, adequate space, hazard free rooms, and other important elements to ensure child safety (Dickerson & Allen, 2007). Some other elements to the home study include completing background checks, income statement checks, and reading through materials such as references and autobiographical statements (Sar, 2000). Sar (2000) stated that home studies often include assessing the personal, social, marital, employment, health, income, and legal aspects of a person. Adoption agencies also often require prospective parents to complete parental training (Moe, 2007). Another component of an infant adoption includes creating an adoption agency profile which includes identifying information as well as a letter to the birth parent explaining why the prospective parents would be interested in adopting a child. Once a profile is developed, the prospective parents often wait to become chosen. Depending upon the agency, birth parents may choose the couple to adopt their child or the agency may complete this process (Moe, 2007). After the adoption has been completed, ongoing contact may continue with the two families, which is considered an "open adoption" (Moe, 2007). The frequency of communication may differ per family, but it is typical that annual pictures be sent to the birth parents when an open adoption has occurred (Moe, 2007). Researchers have explained that the contemporary trend is a tendency towards open adoptions (Dickerson & Allen, 2007; Moe, 2007; Sar, 2000).

Foster adoption is another method of domestic adoption (Conn, 2013; Moe, 2007). This occurs when a foster care placement leads to official adoption. A foster care placement is usually considered temporary, occurring when birth parents have put their

child at risk and need to follow certain court orders and directives in order to regain custody. During this time, the child is placed in a foster care setting on a temporary basis, and oftentimes, the foster parents may be asked if they would be open to a possible foster adoption in the future. In foster care situations, the emphasis is placed on permanence in the child's life and while the first priority is to return the child to the birth parents' home, if the court orders are not met, the court may terminate the parental rights permanently and allow the child to become eligible for adoption (Moe, 2007). At that time, the foster parents may choose to formally adopt the foster child. Also, foster adoptions may occur within the child's biological family, such as when children live with relatives or stepparents on a temporary basis which then turns to formal adoption.

Special needs adoption is another method of domestic adoption (Conn, 2013; Moe, 2007). In terms of adoption, to be considered a special needs case, a child needs to be over the age of seven, a child of color over the age of four, two or more siblings being adopted together, a child of a mother who used alcohol and/or illicit substances during her pregnancy, a child who has tested positive for HIV, a child who has been physically, emotionally, or sexually abused, a child who has physical, intellectual, or emotional disabilities, or a child who has moved multiple times (Moe, 2007). In order to begin the process of adopting a child with special needs, one must go through the county or state agency that has custody of the child. At times, prospective parents may also work with private agencies that are connected with a public agency to place special needs children, although not all private agencies do this (Moe, 2007).

Lastly, there are two other forms of adoption in the domestic realm: independent adoption and unlicensed agency adoption (Moe, 2007). Independent adoption is a process

by which prospective parents identify a birth parent without an agency's help. Lawyers are typically involved in this process and, at the very least, the birth parents need to provide written consent for the adoption, which the court system then needs to approve. Unlicensed agency adoptions include any type of facilitator who is not regulated by the state or country and connects prospective parents with birth parents (Moe, 2007). This method has the least amount of supervision and some states do not allow adoptions by unlicensed agencies to take place (Moe, 2007).

International adoption. Researchers proposed that adopting children internationally dramatically increased in the United States after World War II (Jasper, 2003; Moe, 2007). Many children were orphaned because of the war, and oftentimes were adopted from countries in Europe as well as Japan. International adoptions continued to increase throughout the 20th century, and various countries were seen to have a marked increase in adoption rates with the United States. Some of these countries included Korea, Vietnam, Eastern Europe, China, and Russia. However, it should be noted that oftentimes the number of adoptions would surge and then decrease, often for political reasons or because of governmental controls (Moe, 2007).

The international adoption process can be quite difficult, and most people choose to work with a licensed adoption agency in order to receive assistance with the process. Adoption agencies often have existing relationships with adoption agencies in international countries. Alternatively, some agencies might also have their own adoption agency within the international country. Regardless, agencies often have the experience necessary to streamline the adoption process and more easily connect the prospective parents with an adoptive child. Adoption agencies also have knowledge of the existing

requirements for international countries, as they largely differ with each country (Jasper, 2003; Moe, 2007). Additionally, the United States has its own regulations which include the requirement that prospective parents must be at least 25 years old, and they have also incorporated the Hague Convention into their regulations, as many other countries have done (Schmit, 2008).

Relevant Legislation

The Hague Convention was enacted within various countries in order to safeguard children, promote the best interests of children, and attempt to limit problems that differing adoption legislation creates (Schmit, 2008). Some of the existing problems that countries fought to eradicate with the Hague Convention were child abduction, child trafficking, exchanging children for money, providing false documents to prospective parents, and child buying (Johnson, Edwards, & Puwak, 1993; Schmit, 2008). In order to minimize harm to adoptive children and potential parents, the Hague Convention created regulations to form a more unifying system of international adoptions and in doing so, provided specific guidelines and procedures to help ensure child safety (Schmit, 2008). Some of these procedures include accrediting agencies for adoption, ensuring that prospective parents are fit to adopt a child, determining whether or not the child can enter and permanently live in the country in which the potential parents live, and ensuring that these guidelines are being followed by the countries who have adopted the Hague Convention (Schmit, 2008; Smolin, 2010).

Although not all countries follow the Hague Convention guidelines, it is still possible for prospective parents from the United States to adopt a child from a country which has not approved the Hague Convention. However, the process by which an

adoption takes place differs from the process by which an adoption would take place with a Hague Convention country. That is, when adopting a child from a non-convention country, prospective parents are largely governed by the requirements of their state of residence as well as the United States Citizenship and Immigration Services (U.S. Department of State, 2012). During this process, different forms need to be completed, and the United States is largely responsible to determine if the child is eligible for adoption as well as if the parents are eligible to become adoptive parents. In turn, when adopting from a convention country, that international country largely governs the requirements, and that country would determine if the child is adoptable (U.S. Department of State, 2012).

Domestically, the United States Government also signed the Adoption and Safe Families Act (ASFA) into law in 1997. This act focused on children in foster care and those in danger of being abused and neglected by their birth families. ASFA has four main goals which include moving children to permanent families as soon as possible; making safety “paramount” in all cases; making a child’s well-being the central focus of placements; and improving accountability as well as innovation for child welfare outcomes (Golden & Macomber, 2009). ASFA caused a shift in priority, making the child’s health and safety the utmost importance whereas before this piece of legislation, the priority had been keeping birth parents and their biological children together. Researchers also claimed this has been the most significant change in foster care and adoption for decades (Golden & Macomber, 2009).

Although both pieces of legislation may seem like they benefit children and their safety, researchers also indicate that some individuals believe they are both imperfect

regulations and may even hinder the adoption process (Bartholet, 2010; Golden & Macomber, 2009; Schmit, 2008; Smolin, 2010). While the specific implications and results of these documents are beyond the scope of this paper, they are mentioned here to demonstrate the regulations the United States has incorporated for both international and domestic adoptions, as well as examples of how important the protection of adoptive children and prospective parents is during both international and domestic adoptions.

Not only have national and international governing bodies put regulations into place, but many researchers have compiled information about the process of adoption and the legislation surrounding it (Jasper, 2003; Moe, 2007; Sar, 2000). As mentioned previously, however, researchers have not extensively studied the area of adoption evaluations, how often they are required, what they include, and which psychological instruments are most typically used during adoption evaluations. Despite this lack of information, it is certain that these evaluations are conducted, that psychological instruments and other assessment tools can be used as a component of these evaluations, and that these evaluations can be helpful in assessing prospective parents and adoptive children (Dickerson & Allen, 2007; Sar, 2000).

Assessment options. While researchers have concluded that evaluations may be helpful in assessing potential parents and adoptive children, these evaluations can mean very different things depending upon who is conducting them. For example, throughout the literature, various researchers have written about assessments in adoption cases, but some have referred to home studies, some clinical interviews, some referred to screeners or questionnaires, and others referenced psychological instruments (Dickerson & Allen, 2007; Sar, 2000). In terms of this present study, specific psychological instruments used

during psychological evaluations are of particular importance, but other forms of assessment tools, such as home studies, are also elaborated upon below because they often contribute, augment, or are included in psychological evaluations.

Home studies. Researchers have validated that home studies are effective ways of predicting the success of an adoption between potential parents and a child (Crea, Barth, & Chintapalli, 2007; Patel & Jones, 2008; Sar, 2000). Home studies have been explained previously but are often conducted so that the adoption agency can explore pragmatic concerns, such as the environmental conditions in which the adoptive child will live. During home studies, the potential for abuse towards a child and the emotional stability and relationship patterns of the prospective parents are also explored (Dickerson & Allen, 2007; Kirby & Hardesty, 1998).

Questionnaires and screeners. Assessors often use questionnaires and screeners in adoption because of the ease with which they are able to be administered and scored. Additionally, social workers are often the major professionals involved in the adoption process and they are qualified to use many of the questionnaires and screeners available in the field (Dickerson & Allen, 2007). Therefore, these tools can be very useful and beneficial to them. In the literature, these questionnaires are discussed in two capacities. One capacity includes screeners being used by researchers for a specific purpose, such as comparing parenting programs. The other capacity is when researchers either form or discuss screeners to specifically be used in adoption evaluations.

In one specific study, Rushton et al. (2010) compared two parenting programs designed for those who adopted older children. In this study, researchers measured the effectiveness of the two programs through several means, including the outcomes of

several completed questionnaires. Researchers analyzed and compared a total of four questionnaires across the two groups to see if any significant differences existed. The questionnaires, which are discussed in greater depth below, included the Strengths and Difficulties Questionnaire established by Goodman (2001), Expression of Feelings questionnaire established by Quinton et al. (1998), Parenting Sense of Competence Scale which was formed by Gibaud-Wallston and Wandersman (1978), and the Daily Hassles Questionnaire established by Kanner, Coyne, Schaefer, and Lazarus (1981).

The specific questionnaires that the researchers used are important for this present study. The assumption is that these questionnaires are effective tools in measuring parenting skills which is what Rushton et al. (2010) assessed in his study. Subsequently, measuring parenting skills is quite important when considering which measures to use during an adoption evaluation. These questionnaires, then, would correlate with the present study as possibilities for available questionnaires that could be used during adoption evaluations. An additional research team also used the same measures when they examined the effectiveness of home-based parenting programs (Sharac, McCrone, Rushton, & Monck, 2011).

Rushton et al.'s (2010) administered two questionnaires to the children involved. One was the Strengths and Difficulties Questionnaire which measures the potential special needs a child may have (Rushton et al., 2010; Sharac, McCrone, Rushton, & Monck, 2011). The other questionnaire administered to the children in the study was the Expression of Feelings Questionnaire which provides information about a child's ability to show feelings and seek comfort from a caregiver (Rushton, et al., 2010).

Rushton et al. (2010) asked parents to complete various questionnaires as well. These included the Parenting Sense of Competence Scale which measures a sense of satisfaction and efficacy with being in a parental role (Rushton et al., 2010; Sharac, McCrone, Rushton, & Monck, 2011). They also administered Daily Hassles to parents which measures and reflects common experiences that can pose challenges for parents, how frequently these challenges occur, and what the potential impact is on the parent (Rushton et al., 2010; Sharac, McCrone, Rushton, & Monck, 2011).

Another researcher explored the challenges of evaluating the developmental levels of children adopted internationally (Weitzman, 2003). Weitzman (2003) explored three main ways in which prospective parents and adoption agencies could evaluate a pre-adoptive child. These three ways include a review of the child's medical record and a video of the child, if possible; interviewing the adoptive parents to ensure parenting potential; and performing assessments of pre-adoptive children. In this article, Weitzman listed a variety of developmental screeners that could be used for pre-adoptive children. Weitzman (2003) incorporated the Bayley Infant Neurodevelopmental Screener which was developed by Aylward (1995). Additionally, Weitzman (2003) stated that assessors can use the Brigance Screens, which Brigance (1985) formed and has since updated in 2013. Weitzman (2003) also discussed the Denver II Developmental Screening Test (DDST-II) which Frankenburg first established in 1967 and then updated in 1992. These researchers additionally stated that social workers, pediatricians, and child development specialists can use this screener, thus making it convenient to administer (Johnson, Edwards, & Puwak, 1993). Weitzman (2003) stated that the DDST-II is the screener

used most often at international adoption clinics; however, researchers have shown that the instrument has reliability and validity issues which limit its effectiveness.

Weitzman (2003) explored other screeners that assessors could give to parents. One such screener included the Ages and Stages Questionnaire established by Bricker, Squires and Mounts (2009). Parents' Evaluations of Developmental Status, established by Glascoe (2004), is another potentially useful measure (Weitzman, 2003). Lastly, Weitzman (2003) cited that assessors could administer the Child Development Inventory, formed by Ireton (1992). Weitzman (2003) emphasized the importance of using these screeners not at the initial visit of the parents and child, but over time. She concluded that the screeners would be able to give more thorough information and feedback once the family unit's interactions increased and as the prospective parents' understanding and expectations of their adoptive child's developmental needs had become more developed (Weitzman, 2003). It is significant to note that if used as Weitzman believed they should be, these screeners may not be adequate or appropriate to use for psychological evaluations since psychological evaluations are usually done over a shorter period of time. That is, Weitzman (2003) believed that screeners should be given over a period of time, and more than once, to show how the relationship progression between the adoptive child and adoptive parent. Since psychological evaluations for potential adoptions are usually done before the adoption takes place, it may be that these screeners are of limited value when used in psychological evaluations.

Clinical interviews. Researchers also include extensive clinical interviews in adoption evaluation literature (Noordgraaf, van Nijnatten, and Elbers, 2008; Noordegraaf, van Nijnatten, & Elbers, 2009). Researchers emphasize that general protocols for

adopting a child almost always include a clinical interview of some sort. Researchers also study specific ways of conducting these interviews (Dickerson & Allen, 2007; Kirby & Hardesty, 1998; Noordgraaf, van Nijnatten, and Elbers, 2008; Noordegraaf, van Nijnatten, & Elbers, 2009; Weitzman, 2003).

Regardless of when or where they are used, various researchers have focused on how assessors could conduct clinical interviews with adoptive parents (Noordgraaf, van Nijnatten, and Elbers, 2008; Noordegraaf, van Nijnatten, & Elbers, 2009). One study focused on assessing prospective parents using a biographical assessment tool approach (Noordegraaf, van Nijnatten, & Elbers, 2009). These researchers used four face-to-face interviews with the prospective parents and they instructed applicants to write out their life story in the first meeting which was then the basis for the remaining interview sessions. These researchers believed that not only was the biography important, but also their current relationships and parenting qualities. Clinical interviewers focused on these main factors in order to assess the suitability of the applicants. Noordegraaf, van Nijnatten, and Elbers (2009) believed they were able to select topics to discuss during the interviews based on their biographical approach, as well as help to assess the coping qualities of the prospective parents. Noordgraaf, van Nijnatten, and Elbers (2008) also explored the usefulness of asking hypothetical questions during their clinical interview and found that these questions could be effective if questions were prepared ahead of time and if workers were trained to ask questions in a variety of ways. The researchers did this through analyzing the individuals' written life stories, interviewing them, creating a draft record using the individuals' own words, interviewing them again in order to ensure accuracy, and then creating a final record. They suggested that their

analysis and transcription approach included focusing on “speech delivery, emphasis, intonation, and sequential detail” (Noordgraaf, van Nijnatten, and Elbers, 2008, p. 90).

Psychological Instruments

Psychological instruments cited in literature. Although assessors often augment and incorporate clinical interviews and screeners into psychological evaluations, specific research completed on psychological instruments used in adoption cases is of particular importance. Researchers have mentioned various assessment tools that psychologists give prospective parents to measure a variety of potential factors. For example, Dickerson and Allen (2007) highlighted several areas in which prospective parents could be evaluated. It should be noted that Dickerson and Allen (2007) went into detail for each instrument mentioned below but it is beyond the scope of this paper to do so.

Dickerson and Allen (2007) included mood problems as one area for possible assessment and they identified possible psychological instruments such as the Beck Anxiety Inventory which Beck developed in 1993, the Beck Depression Inventory-II developed by Beck, Steer, and Brown in 1996, the Beck Hopelessness Scale (revised) which Beck and Steer revised in 1998, the Beck Scale for Suicide Ideation which Beck and Steer revised in 1991, the Revised Hamilton Rating Scale for Depression revised by Reynolds and Kobak in 1980, the State Trait-Depression Adjective Checklists which Lubin formed in 1965, The Drug Use Questionnaire which Skinner developed in 1982, and The Substance Abuse Subtle Screening Inventory-3 updated by Miller in 1997. Dickerson and Allen (2007) indicated that these assessment tools are all measures which

can determine the possible presence of depression, anxiety, other mood disruptions, or substance abuse in individuals, including but not limited to prospective adoptive parents.

Dickerson and Allen (2007) also acknowledged several assessment tools that assist in ruling out major psychopathology. These include the Clark-Beck Obsessive-Compulsive Inventory which Clark and Beck developed in 2002, the Hare Psychopathology Checklist: Screening Version revised by Hart, Cox, and Hare in 2003, Measure of Affiliative Tendency and Sensitivity to Rejection Scales developed by Mehrabian in 1976, the Millon Clinical Multiaxial Inventory—II which Millon, Davis, and Millon formed and has since been updated to the third edition in 2009, Minnesota Multiphasic Personality Inventory-2 which Butcher, Butcher, Tellegen, Graham, and Graham revised in 2001, Personality Assessment Inventory developed by Morey in 1991, Rorschach Psychodiagnostic Series which Rorschach created in 1921, Rotter Incomplete Sentences Blank which Rotter, Lah, and Rafferty revised to its second edition in 1950, Six Factor Personality Questionnaire which Jackson, Paunonen, and Tremblay established in 2000, the Sixteen Personality Factor Questionnaire, fifth edition, developed by Cattell, Cattell, and Cattell in 1993, Structured Interview for the Five-Factor Model of Personality which Trull and Widiger created in 1997, Tennessee Self-Concept Scale, Second Edition, which Fitts and Warren developed in 1996 and the Thematic Apperception Test created by Murray in 1935.

Dickerson and Allen (2007) additionally listed multiple cognitive functioning instruments such as the Wechsler Adult Intelligence Scale, Third Edition which Wechsler developed and has since been updated to the fourth edition in 2008, the Wechsler Abbreviated Scale of Intelligence which Wechsler developed in 1999 and has since been

updated to the second edition in 2011, the Wechsler Memory Scale III established by Wechsler which is now in its fourth revision as of 2009, the Wechsler Memory Scale Abbreviated, Third Edition, developed by Wechsler in 2003, and the Wide Range Achievement Test 4 which Wilkinson and Robertson updated in 2006.

Dickerson and Allen (2007) identified multiple assessment tools that assess family conflict. Some of these include the Balanced Emotional Empathy Scale established by Mehrabian in 1997, Coping Resources Inventory for Stress which Matheny, Curlette, Pugh, Aycock, and Taylor created in 1987, Defense Mechanisms Inventory formed by Ihilevich and Gleser in 1986, Family Assessment Tool Measure Version III which Skinner, Steinhauer, and Santa-Barbara established in 1983, Life Stressors and Social Resources Inventory—Adult Form which Moos and Moos developed in 1988, Marital Satisfaction Inventory-Revised which Snyder created in 2002, State Trait Anger Expression Inventory-2 developed by Spielberger in 1999, Personal Problems Checklist-Adult which Schinka developed in 1984, Styles of Conflict Inventory which Metz developed in 1993, and The Child Abuse Potential Inventory which Milner created in 1986 (Dickerson & Allen, 2007).

Finally, Dickerson and Allen (2007) listed multiple assessments that measure parenting skills. These included the Parenting Awareness Skills Survey established by Bricklin in 1990, the Parenting Stress Index, third edition, developed by Abidin in 1995, which has since been updated to its 4th edition, Parent-Child Relationship Inventory which Gerard formed in 1994, Parenting Alliance Measure which Abidin and Konold created in 1999, Parenting Satisfaction Scale which Guidubaldi and Cleminshaw established in 1994, Home Observation for Measurement of the Environment which

Caldwell and Bradley revised in 2003, and Parent As A Teacher Inventory, which Strom revised in 1995 (Dickerson & Allen, 2007).

Multiple researchers have mentioned the Adult Attachment Interview (AAI), revised in 1996 by George, Kaplan, and Main, as a measure that may be used for assessing the attachment style of adults (Bifulco, 2008; Santona & Zavattini, 2005). Bifulco (2008) emphasized the idea that assessment tools, including the AAI, can improve communication between professionals who are integrated into the process together, as well as using these tools to evaluate the risk and positive factors of prospective parents and possible adoptive placements. The AAI is a semi-structured interview which is recorded, transcribed, and then analyzed (Santona & Zavattini, 2005). This analysis incorporates looking for themes regarding the person's probable experiences in terms of attachment and also their more current state of mind in terms of attachment. The person is then assigned to one of five classifications (Santona & Zavattini, 2005). Bifulco (2008) reported several drawbacks that include the time it takes to test and analyze the data as well as the fact that researchers have not extensively studied the AAI in the adoption field. Subsequently, researchers stress the importance of cautiously using the AAI as evidence for possible risk factors in prospective parents.

Sar (2000) assessed how mothers prepared for adopting a child with special needs using a variety of instruments. One of these included the Kansas Marital Satisfaction Scale (KMSS) which Schumm, Nichols, Schectman, and Grigsby developed in 1983. The KMSS was used to assess potential parents' levels of satisfaction with marriage and their general marital relationship. The mothers also completed the Parental Stress Scale (PSS) which Savin-Williams and Small created in 1986 to assess how they felt about parenting

their child in areas related to stress, contentment, and satisfaction (Sar, 2000). The women also completed the Eyberg Child Behavior Inventory (ECBI) which Eyberg and Ross formed in 1978 to assess for common problem behaviors seen in children. Finally, they filled out the Family Adaptability and Cohesion Scale III which Olson developed in 1985 to assess for family bonding (Sar, 2000). Overall, Sar (2000) found that there were significant negative associations between the level of preparation for adoption with certain scales of the ECBI and PSS, showing that if the mother had lower stress levels as measured by the PSS and if the child's intensity and problems were perceived to be lower as measured by the ECBI, the level of preparation was usually found to have been higher. In turn, Sar (2000) indicated that the level of preparation was indicative of higher child and family functioning, indicating a successful adoption placement.

In terms of evaluating pre-adoptive children, Weitzman (2003) not only explored various screeners as mentioned above, but she also explored other psychological instruments that could be used for children. The Bayley Scales of Infant Development – II was one such diagnostic test which Bayley developed in 1993 (Weitzman, 2003). Since this study, the Bayley Scales of Infant Development have been updated to its third version in 2005. Assessors can use this instrument for infants and toddlers up to the age of 42 months. Weitzman (2003) stated that this assessment tool may take longer than other screeners, but is probably the most used instrument for this age group. Upon completion, these scales provide a Mental Developmental Index, a Psychomotor Developmental Index, and a Behavior Rating Scale. Another developmental instrument, the Mullen Scales of Early Learning which Mullen developed in 1995, is another instrument that assessors can use with children as old as 68 months. These scales provide

five domains: gross motor domain, visual reception domain, fine motor domain, receptive language domain, and expressive language domain (Weitzman, 2003). Finally, Weitzman (2003) discussed using the Communication and Symbolic Behavior Scales – Developmental Profile established by Wetherby and Prizant in 2003. Assessors can use this measure with children from ages 8 to 24 months. This instrument is used to determine communication functioning and also can be used repeatedly to monitor changes over time (Weitzman, 2003). Weitzman (2003) indicated that these measures could be used in order to complete a comprehensive evaluation in order for the prospective parents to better understand the child, not only their possible issues, limitations, or traumas, but also possible strengths. In turn, she believed that with a more thorough understanding of the child's background, the chance for adoption success would increase (Weitzman, 2003).

Many researchers also highlighted the use of the Child Behavior Checklist (CBCL) (Horwitz, Owens, & Simms, 2000; Kirby & Hardesty, 1998; Tarren-Sweeney, 2013). Achenbach and Edelbrock updated the CBCL in 1991 and assessors can use this instrument with children 4 to 16 years of age (Horwitz, Owens, & Simms, 2000). Horwitz, Owens, and Simms (2000) not only included the CBCL in their study, but they also included various other assessment tools. Their study consisted of assessing two groups of children in foster homes, with one group getting an intervention of a comprehensive foster care clinic and the other group getting customary medical services available in the community. The researchers then assessed the children using several instruments to determine if one service was more effective than the other. The CBCL would correlate with the present study as a possible instrument that could be used in

adoption evaluations when evaluators wish to measure various areas of functioning in children.

Besides the CBCL, Horwitz, Owens, and Simms (2000) also mentioned the Children's Global Assessment tool Scale (C-GAS) which Shaffer, Gould, and Brasic established in 1983. The C-GAS is an assessment tool scale that measures social and psychiatric functioning (Horwitz, Owens, & Simms, 2000). Scores range from 1, which is most seriously impaired, to 100 which would be indicative of the healthiest child. Horwitz, Owens, and Simms (2000) additionally included the Early Screening Profile (ESP) developed by Harrison, Kaufman, Kaufman, Bruininks, Rynders, Ilmer, Sparrow, and Cicchetti in 1990. This instrument compiles items from various instruments, like the Kaufman Assessment tool Battery for Children and Home Observation for Measurement of the Environment. The ESP is used for young children two to seven years of age. It is used for children who are at risk for developmental or educational problems. The Family Environment Scale which Moos and Moos originally created, and which has since been revised in 2009, was also used. The Family Environment Scale determined family members' perceptions of how the family actually is, how individuals would ideally like their family to be, and how the individual thinks the family will most likely function in new situations (Horwitz, Owens, & Simms, 2000). Horwitz, Owens, and Simms (2000) additionally used the Peabody Picture Vocabulary Test which Dunn and Dunn (2007) developed. The instrument is used for determining language skills. Sparrow, Cicchetti, and Balla established and have since revised the Vineland Adaptive Behavior Scales in 2005. Researchers use this instrument for adaptive functioning (Horwitz, Owens, & Simms, 2000).

Kirby and Hardesty (1998) researched and outlined what was needed to assess older children who were waiting for adoption. They made recommendations for a comprehensive procedure to assess this age group. These researchers stated that there may be many reasons for a psychological evaluation, which include assessing the child for problems or determining the best placement (Kirby & Hardesty, 1998). Regardless of the reasons, Kirby and Hardesty (1998) emphasized the need for assessors to use appropriate assessment tools because the recommendations based on the assessment could affect the placement of a child.

Kirby and Hardesty (1998) included a number of intelligence assessment tools that would be appropriate to use for pre-adoptive children. For general intelligence, they included the Kaufman Brief Intelligence Test which Kaufman and Kaufman established and which has since been updated to its second version in 2004. For younger children, they also included the Wechsler Primary and Preschool Scale of Intelligence—Revised by Wechsler which has been updated to its third version in 2002 (Kirby & Hardesty, 1998). Kirby and Hardesty (1998) also incorporated the Stanford Binet which has been updated to its fifth edition by Roid in 2003. The researchers recommended this instrument for more specific intelligence information.

Kirby and Hardesty (1998) also mentioned a number of achievement instruments that may be appropriate. One such achievement measure is the Wide Range Achievement Test—Revision 3 which Wilkinson and Robertson updated to its fourth revision in 2006. Other achievement instruments would include the Wechsler Individual Achievement Test which Wechsler updated to its third edition in 2009, the Peabody Picture Vocabulary Test, the Woodcock-Johnson Reading Test which Woodcock, Mather, and Schrank

updated to its third edition in 2011, and the KeyMath-3 Diagnostic Assessment which Connolly updated in 2007 (Kirby & Hardesty, 1998).

In terms of socio-emotional development, Kirby and Hardesty (1998) also include various assessment tools like Vineland Adaptive Behavior Scales and CBCL, which have already been mentioned previously. Other scales include the Connors Rating Scales which Connors updated to its third edition in 2012, the Revised Behavioral Problem Checklist I which Hogan, Quay, Vaughn, and Shapiro established in 1989, the Louisville Behavior Checklist which Miller developed in 1967, and the Cognitive Behavior Rating Scale which Little, Davis, and Haban created in 1987. Kirby and Hardesty (1998) emphasized using these instruments to gain behavioral information from pre-adoptive children. Depending upon the age of the child, assessors might also consider the Minnesota Multiphasic Personality Inventory—Adolescent Version as an option. Butcher, Williams, Graham, Archer, Tellegen, Ben-Porath, and Kaemmer developed this tool in 1992 (Kirby & Hardesty, 1998). Finally, other instruments for neuropsychological issues would include the Bender Visual-Motor Gestalt Test, Second Edition children which was updated by Brannigan and Decker in 2003 and the Minnesota Perceptual Diagnostic Test—Revised developed by Vance, Fuller, and Lester in 1986 (Kirby & Hardesty, 1998).

Specific adoption field instruments. It is also important to note that some researchers have published articles in regards to forming new inventories for the specific area of foster care or adoption. Tarren-Sweeney (2013) is one such researcher to have done this. He developed the Brief Assessment tool Checklist for Children and Brief Assessment tool Checklist for Adolescents in order to screen for mental health difficulties

that children experience (Tarren-Sweeney, 2013). Tarren-Sweeney (2013) developed these screeners so that both health and social work professionals could administer these screeners. Tarren-Sweeney's (2013) research claimed that these screeners are both accurate and compare well to other screening instruments, like the Strengths and Difficulties Questionnaire and the CBCL.

Additionally, Orme et al. (2007) focused on reviewing other measures used for foster care. These researchers examined the Casey Foster Applicant Inventory—Applicant Version, the Potential for Foster Parenthood Scale, and the Foster Parent Potential scale (Orme, et al., 2007). Buehler, Orme, Cuddeback, Le Prohn, and Cox established these instruments in 2006 (Orme, et al., 2007). These measures assess the potential for foster families to promote child development, the potential to foster challenging children, and the potential to successfully integrate the foster children into their families. Researchers found that overall, scales were promising in terms of validity and reliability (Orme, et al., 2007).

It must be mentioned, however, that even though there are assessment options made specifically for foster care populations, Orme et al. (2007) claimed that there are still only a small number of assessment tools available for this specific population (Orme et al., 2007). Moreover, the extensive listing of numerous psychological screeners and instruments make it evident that there is not one standard testing battery or one standard instrument that researchers have determined to be particularly salient to the adoption and foster care fields. For example, researchers mention multiple assessment tools that measure child development potential. There are also many assessment tools mentioned in the research that can measure parental effectiveness. Researchers have not been able to

say that there is one instrument in particular that is either made for this specific population, or an existing instrument that seems to work better than others within this population. Moreover, researchers have not extensively explored what psychologists and mental health professionals actually prefer to use when doing adoption evaluations. Although the literature does not provide specific reasons as to why this might be, it seems possible that one reason may be the lack of follow up studies after adoptions have occurred. That is, usually evaluations are done before adoptions take place but post adoption evaluations rarely, if ever, take place, and therefore little is known about which instruments may be particularly salient and helpful.

However, one area that has been studied is which parental characteristics more often coincide with producing a safe and developmentally appropriate environment for adoptive children (Barth, Gibbs, & Siebenaler, 2001; Brooks, Allen, & Barth, 2002; Reilly & Platz, 2003; Wind, Brooks, & Barth, 2007). These characteristics are tied quite closely to adoption evaluations as these evaluations often assess some component of parental capacity, or the ability to effectively parent (Dickerson & Allen, 2007). This, then, makes it quite important to consider these parental qualities and which psychological instruments may help measure a number of these qualities.

Parental Qualities

Otto and Edens (2003) elaborated upon various parenting tasks that researchers believe are crucial for raising children. They included Barnum's (1997) thoughts on the idea that there are two basic responsibilities of parents and that is to advocate for and protect children as well as foster children's socialization in cognitive, behavioral, and emotional areas (Otto & Edens, 2003). Another example Otto and Edens (2003) included

was the theory of Azar, Lauretti, and Loding (1998). These researchers outlined five domains that included parenting skills, social cognitive skills, self-control skills, stress management skills, and social skills.

Although researchers may propose many different theories and ideas of what skills parents need in order to be effective caregivers to their adoptive children, as Rushton (2004) pointed out, trying to predict what will make a positive placement is incredibly difficult. Rushton (2004) reviewed the literature on adoption, and covered areas including outcomes of adoption, challenges new parents face, interventions with difficult adoptions, and what makes adoptions successful. In his research, Rushton (2004) indicated that successful parenting of an adoptive child may result from a variety of interactions of different factors and therefore it may be quite impossible to pinpoint what makes parenting effective. However, at the very least, researchers stress the idea that some type of safeguard needs to be enacted during the adoption process in order to help ensure children will remain safe in their new families and also help to ensure that adoptive parents have the potential to take care of these children effectively (Orme, et al., 2007; Rushton, 2004). That, in turn, spurred investigators to explore both positive and negative parental qualities in order to attempt to maximize the likelihood of a positive adoption placement (Orme, et al., 2007; Rushton, 2004). Not only that, but researchers also included that psychological evaluations can sometimes play an important role in determining whether positive or negative parental qualities are present or absent. This portion of the literature then becomes crucial when considering how, why, and when psychologists complete adoption evaluations.

Positive parental qualities. A component of providing a safe, positive placement for adoptive children includes identifying the protective factors that are present within each potential adoptive family (Bifulco, et al., 2008). Researchers highlight that a pre-adoption preparation phase should be required in order to do this. This would be comprised of a variety of services that each prospective parent be mandated to complete (Barth, Gibbs, & Siebenaler, 2001; Brooks, Allen, & Barth, 2002; Reilly & Platz, 2003; Wind, Brooks, & Barth, 2007). Although pre-adoption preparations would include different services depending upon which organization formed them, Winds, Brooks, and Barth (2007) stressed that a component of preparation services often include psychological assessments for both the adoptive child and the prospective parents. Researchers believe these services create a sense of understanding, help develop a more realistic expectation of what adoption is, help with adoption adjustment, and help create positive outcomes and placements (Barth, Gibbs, & Siebenaler, 2001; Brooks, Allen, & Barth, 2002; Farber, Timberlake, Mudd, & Cullen, 2003; Reilly & Platz, 2003; Wind, Brooks, & Barth, 2007).

Preparation services become especially important when an adoption is taking place with a child who has special needs. There are many researchers who have noted that the number of special needs is the most significant predictor of child outcomes and family adjustment to adoption (Brooks, Allen, & Barth, 2002; McDonald, Propp, & Murphy, 2001; Simmel, Brooks, Barth, & Hinshaw, 2001; Winds, Brooks, & Barth, 2007). Not only that, but other investigators have repeatedly found that children in foster care or children who have been placed for adoption are more likely to require some sort of medical, behavioral, or psychological needs (Cappelletty, Brown, & Shumate, 2005;

Heflinger, Simpkins, & Combs-Orme, 2000; Pilowsky, 1995; Tarren-Sweeney & Hazell, 2006; Tarren-Sweeney, 2013). Therefore, pre-adoption services, which include psychological evaluations, become invaluable to all involved to help ensure parental potential and capability, child safety, and a successful adoption outcome (Winds, Brooks, & Barth, 2007). Winds, Brooks, and Barth (2007) emphasized that pre-adoption preparations, including psychological evaluations, significantly predicted the use of post-adoption services. In turn, this is important because the use of post-adoption services strongly correlates with maintaining the commitment to one's family and the adoption, which for these researchers means a more likely positive adoption outcome and placement (Winds, Brooks, & Barth, 2007).

Pre-adoptive services, including adoption evaluations, can also help discern positive parental qualities in prospective parents. Researchers state that factors such as child centeredness, warmth, consistency, flexibility, inventiveness in parenting strategies, and even a sense of humor are positive indicators of potential adopters (Dance, Rushton, & Quinton, 2002; Rushton, 2004). Bifulco et al. (2008) and Ruston (2004) emphasized evidence-based practices to do this, which again, could include using psychological instruments or parental evaluations.

Finally, pre-adoptive services, including evaluations, can have a large impact on adoptive parents becoming more aware of the child's needs so that the parents are better able to effectively help in the child's development (Dhami, Mandel, & Sothmann, 2007; Hughes, 1999). Part of this knowledge includes gaining information about the child's history, although this may not always be available (Brooks, Allen, & Barth, 2002). When it is not available, many researchers acknowledge that assessments should be done with

the child. These assessments should ideally include information about their social characteristics, behavioral characteristics, and other areas of functioning (Brooks, Allen, & Barth, 2002, Grover, 2004; Johnson, Edwards & Puwak, 1993; Kirby & Hardesty, 1998; Rushton, 2004). However, regardless of whether or not an assessment is done for the pre-adoptive child, researchers state that assessors need to evaluate parents in order to make sure they are capable of caring for a child (Bifulco, 2008; Rushton, 2004).

Negative parental qualities. Part of helping to make a safe, positive placement for a child also includes identifying potential negative factors that may pose a risk to the pre-adoptive child (Bifulco, 2008; Rushton, 2004). Some of these include prospective parents who are in conflicted or unstable relationships, and those whose motivations are not based solely on gaining a child from the process (Rushton, 2004). Other researchers indicate that negative factors include language barriers, assimilation into a different culture, racial identity conflict, adopting older children, more pre-adoption placements for the child, and higher parental education levels (Dhami, Mandel, & Sothmann, 2007; Strijker, Knorth, & Knot-Dicksheit, 2008).

Finally, the potential to harm the child is another crucial indicator that should be assessed (Brassard, Hart, & Hardy, 1993; Brezina, 1998; Simmel, 2007). The potential to maltreat a child is incredibly important when assessing prospective parents who are interested in adopting children. Researchers have demonstrated serious consequences as a result of maltreatment including future mental health issues, suicide, delinquent behavior, and poor educational results (Brassard, Hart, & Hardy, 1993; Brezina, 1998; Veltman & Brown, 2001). Additionally, Simmel (2007) even goes so far to say that children involved in public adoptions are among the most vulnerable, and at greatest risk to experience

child maltreatment. Although maltreatment is considered a broad concept (Brassard, Hart, & Hardy, 1993; Brezina, 1998; Veltman & Brown, 2001), definitions include maltreatment as “a broad range of parental behaviors that might generally be considered forms of negative or adverse treatment” (Brezina, 1998, p. 73), Gilbert et al. (2012) defined maltreatment as “any act of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child” (p. 3). In another definition, Brassard, Hart, and Hardy (1993) incorporated the idea that there is a pattern of communicating to a child that they are worthless and unloved. They also recognize that major components of maltreatment include sexual abuse, physical abuse, and forms of neglect (Brassard, Hart, & Hardy, 1993). These major components are important to recognize as furthering the idea of what maltreatment actually is and what it incorporates under a possible broad definition.

Evaluating Maltreatment in Adoption Evaluations

Researchers have listed multiple effects that maltreatment may have on children. Simmel (2007) emphasized the importance and often paradoxical nature of adoptions. Those involved in the adoption process want children to be adopted as soon as possible to ensure they are with families. However, this “as soon as possible” mentality often comes at a risk because families may not always be comprehensively investigated before given an adoptive child, and this increases the risk of maltreatment and other potentially negative factors by quite a large margin. Simmel (2007) went on to say that methods need to be put into place to assess prospective parents, their expectations, and their preparation in order to help ensure child safety.

Many researchers have documented findings that suggest a link between child abuse and future maladaptive behaviors (Brassard, Hart, & Hardy 1993; Brezina, 1998; Doyle, 2007; Evans, Steel, & DiLillo, 2013; Groza & Ryan, 2002; Simmel, 2007; Staus, Hamby, Finhelhor, Moore, & Runyan, 1998; Tajima, Hernejohl, Huang, & Whitney, 2004; Veltman & Brown, 2001). Some of these effects could include: future delinquent behavior (Brezina, 1998; Groza & Ryan, 2002; Simmel, 2007; Straus et al., 1998; Tajima, Hernejohl, Huang, & Whitney, 2004; Veltman & Brown, 2001), becoming pregnant at a younger age (Simmel, 2007; Tajima, Hernejohl, Huang, & Whitney, 2004), engaging in violent or crime related behavior (Doyle, 2007; Tajima, Hernejohl, Huang, & Whitney, 2004), and joining welfare or the homeless population (Tajima, Hernejohl, Huang, & Whitney, 2004). Other researchers state that a maltreated child is more likely to engage in future substance abuse (Doyle, 2007; Simmel, 2007; Straus et al., 1998; Tajima, Hernejohl, Huang, & Whitney, 2004), be more likely to attempt suicide (Simmel, 2007; Tajima, Hernejohl, Huang, & Whitney, 2004), and have poor relationships with family members and peers (Groza & Ryan, 2002; Simmel, 2007).

Additionally, multiple researchers have cited educational problems as a result of past maltreatment, such as dropping out of school or becoming developmentally delayed (Brassard, Hart, & Hardy, 1993; Doyle, 2007; Simmel, 2007; Tajima, Hernejohl, Hunag, & Whitney, 2004; Veltman & Brown, 2001).

Finally, researchers have included a variety of mental health issues that could result from past maltreatment, like depression, stress, Posttraumatic Stress Disorder, anxiety, separation anxiety, self-esteem issues, attachment difficulties, and impulse

control problems (Evans, Steel, & DiLillo, 2013; Groza & Ryan, 2002; Simmel, 2007; Straus et al., 1998; Tajima, Hernejohl, Huang, & Whitney, 2004).

Effects may be more severe if the maltreatment is extensive, occurs frequently, or happens at key developmental stages of the child (Evans, Steel, & DiLillo, 2013). However, regardless of the severity of the effects, or even if it happens only once, the above list shows just how many potential issues a child could have as a result of the maltreatment. Additionally, and as Simmel (2007) addressed in his study, adoptive children are a greater risk for maltreatment. Because of this, it becomes imperative that potential parents are assessed for maltreatment potential.

Many researchers have found correlations between maltreatment and certain parental qualities. Some of these include parental punitiveness, rejection of a child, and verbal aggression (Brezina, 1998). Others include parental dissatisfaction and spurning, terrorizing, corrupting/exploiting, or denying emotional responsiveness to a child (Bradshaw, Donohue, Cross, Urgelles, & Allen, 2011; Brassard, Hart, & Hardy 1993). However, while these may be valid indicators of a parent maltreating his or her child, these factors are difficult to predict, and often, they are only able to be discerned when the parent is parenting in the moment, not when an adoption evaluation is taking place.

However, additional researchers have found other factors that may increase the likelihood of future parental maltreatment. These include parental substance abuse, cognitive delays, chronic physical illness, criminal behavior, social isolation, homelessness, and domestic violence (Bradshaw, Donohue, Cross, Urgelles, & Allen, 2011; Budd, 2001). Other issues that have been noted in the literature include psychiatric problems or mental health issues such as depression and stress (Budd, 2001; Groza &

Ryan, 2002; Strauss, Hamby, Finkelhor, Moore, & Runyan, 1998; Tonmyr, Draca, Crain, MacMillan, 2011). Additional factors are financial strain (Tonmyr, Draca, Crain, MacMillan, 2011) and lack of parenting skills or knowledge of parenting, which includes lack of knowledge in regards to typical stages of child development (Simmel, 2007; Strickland & Samp, 2013). Finally, other researchers have identified particular patterns of parenting styles that can be identified before a child is placed in a home. These include overt tendencies to control a child (Conners, Whiteside-Mansell, Deere, Ledet, & Edwards, 2006), an authoritarian or very strict parenting style (Tonmyr, Draca, Crain, MacMillan, 2011; Veltman and Brown, 2001), and a lack of empathy (Kilpatrick, 2005; Rosenstein, 1995).

While researchers have clearly distinguished several factors that may make parents more likely to maltreat their child, or even certain negative factors that were highlighted earlier, it needs to be pointed out that not all potential parents will maltreat their children if they lack empathy or have an authoritarian style of parenting. However, it becomes imperative that steps be put into place so that prospective parents are adequately evaluated in order to prevent children from being placed in potentially harmful or dangerous homes. These abovementioned potential positive factors and negative factors could be identified during the evaluation process. Subsequently, a psychological evaluation may contribute and more accurately discern the level of parenting ability a prospective parent may have, and in turn, provide a clear picture for the agency, country, or state in order to decide if a parent is appropriate to receive a child for adoption.

Adoptive Children Qualities

Not only can important indicators be explored through adoption evaluations with adults, but they can also be explored with children. Researchers have identified several important characteristics to measure in children who are being considered for adoption. These might include determining potential special needs the child may have (Rushton et al., 2010; Sharac, McCrone, Rushton, & Monck, 2011). It might also include cognitive deficits, behavioral difficulties, socio-emotional difficulties, or any past trauma (Kirby & Hardesty, 1998; Weitzman, 2003). Also provided in the literature are more specific areas that are important to consider with adoptive children, such as gross and fine motor skills, language functioning, neuropsychological issues, adaptive functioning, and psychiatric functioning (Horwitz, Owens, & Simms, 2000; Kirby & Hardesty, 1998; Weitzman, 2003). Finally, Rushton, et al., (2010) indicated that a child's ability to show feelings and seek comfort from a caregiver was also an important consideration that should be investigated.

Researchers plainly clarify that any deficits in the aforementioned areas could provide children with problems both at the time of adoption as well as in their future functioning. Alternatively, if no problems are identified in those areas, it may be more likely that the adoptive child has fewer issues with the adoption process and subsequently adoptive parents, although any major life change, adoption included, could provide for issues in functioning and adjustment, both at the time of the adoption or in the future. Regardless, the overwhelming consensus is that the correct identification of any difficulties the child may have is crucial in order to provide an appropriate and safe home

for the child, to potentially connect the child with needed services, and to confirm that prospective parents are fit and capable to parent that child.

Overall, there are several factors that may make parents more or less successful in parenting. Additionally, there are various areas and potential deficits that could impact a child's adjustment to adoption or the ability to function within an adoptive family.

However, an investigation of the literature failed to find specific psychological instruments that would be most ideal to measure these crucial qualities in the specific area of adoption.

Although studies are limited in this area, researchers have explored how psychological instruments are used in other fields. One such area is that of parenting capacity evaluations or child custody evaluations. This area is quite similar to evaluations done in the adoption field because both often require that prospective parents complete psychological instruments in order to ensure their capability of providing adequate parenting. Moreover, when foster parents wish to officially adopt their foster child, the process often requires the foster parents to take part in parental capacity evaluations (Dickerson & Allen, 2007; Orme, et al., 2007). Additionally, assessors may often use psychological instruments to evaluate the bond between the child and foster parent (Dickerson & Allen, 2007; Orme, et al., 2007). It is clear that parenting capacity evaluations are similar to adoption psychological evaluations in some ways and thus, it is necessary to explore the literature on which psychological instruments are used in parental capacity evaluations. This, then, could help inform which psychological instruments may be most appropriate to use during adoption evaluations.

Parental Capacity Evaluations

Researchers have extensively studied which psychological instruments have been used in child custody evaluations (Bow, et al., 2006; Carr, Moretti, & Cue, 2005; Choate, 2009; Emery, Otto, & O'Donohue, 2005; Flens, 2005; Gould, 2005; Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinnell & Bow, 2001). Moreover, other researchers have researched and advocated for batteries of tests they believe child custody evaluators should use (Flens, 2005; Gould, 2005; Langer, 2011). However, it is clear from this research that like psychological instruments used in adoption cases, a clear “gold standard” battery does not exist that would be used in the vast majority of evaluations. Tables 1 through 6 include a listing of the major psychological instruments researchers have included when doing studies on psychological instruments used in child custody evaluations.

It is evident from this compilation of psychological instruments that many psychological instruments listed in adoption literature were also included in parental evaluation assessment literature. This again demonstrates the similarities within both areas of assessment.

It is also significant to note that assessors may use an extensive variety of instruments during parental capacity evaluations which is a similar conclusion after reviewing the adoption literature. It should be noted, however, that options become more limited in the parental capacity realm, especially with more recent legislation and requirements for individuals completing parental capacity evaluations (Ackerman, 2006; Bow, 2006). Assessors need to demonstrate that they are using psychological instruments with established validity and reliability (Bow, 2006). Projective assessments,

for example, would not be upheld in court as an effective measurement of parental potential at this point in time (Bow, 2006; Hagan & Hagan, 2008). Although more limits are present in the child custody evaluation field, again, the tables above demonstrate a broad range of numerous assessment tools available in this area. Additionally, it still remains apparent that researchers need to more extensively study psychological instruments, their usefulness, and which specific instruments might be most appropriate to use in both parental fitness and adoption evaluations.

Table 1

Psychological Instruments of Personality and Psychopathology

Personality and Psychopathology instrument	Researchers who have mentioned the instrument	Creators of the instrument	Notes about the instrument
Minnesota Multiphasic Personality Inventory-2	Ackerman, 2006; Bow, et al., 2006; Carr, Moretti, & Cue, 2005; Choate, 2009; Clark, Connell, & Budd, 2013; Emery, Otto, & O'Donohue, 2000; Flens, 2005; Gould, 2005; Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinnell & Bow, 2001	Butcher, Butcher, Tellegen, Graham, and Graham revised this instrument in 2001.	Researchers suggest that this is the most commonly used instrument for assessing parents in parent capacity evaluations (Ackerman, 2006; Bow, et al., 2006; Carr, Moretti, & Cue, 2005; Choate, 2009; Emery, Otto, & O'Donohue, 2000; Flens, 2005; Gould, 2005; Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinnell & Bow, 2001).
Millon Clinical Multiaxial Inventory-	Ackerman, 2006; Bow, et al., 2006;	Millon, Davis, and Millon,	

III	Gould, 2005; LaFortune & Carpenter, 1998; Quinell & Bow, 2011	updated this instrument in 2009.	
Personality Assessment Inventory	Carr, Moretti, & Cue, 2005; Choate, 2009; Clark, Connell, & Budd, 2013	Created by Morey in 1991.	
Minnesota Multiphasic Personality Inventory- Adolescent	Ackerman, 2006; Quinell & Bow, 2011	Butcher, Dahlstrom, Graham, Tellegen, and Kaemmer established this instrument in 1989.	
Millon Adolescent Clinical Inventory	Quinell & Bow, 2011	Millon, Millon, Daavis, and Grossman formed this instrument in 1993.	
California Personality Inventory	Ackerman, 2006	Gough revised this instrument in 1987.	
16-Personality Factors Test	Ackerman, 2006	Cattell, Cattell, and Cattell, revised this instrument in 2002.	
NEO Personality Inventory-3	LaFortune & Carpenter, 1998; Langer, 2011	Costa and McCrae published the third edition in 2005.	LaFortune and Carpenter (1998) found that this instrument was rarely used

Table 2

Psychological Instruments of Parental Effectiveness

Parental instrument	Researchers who have mentioned the instrument	Creators of the instrument	Notes about the instrument
Parenting Alliance Measure	Gould, 2005	Abidin and Konold created this instrument in 1999.	
Parenting Stress Index-Fourth Edition	Choate, 2009; Clark, Connell, & Budd, 2013; Gould, 2005; Heinze & Grisso, 1996; Otto, Edens, & Barcus, 2000; Quinell & Bow, 2011	Abidin updated this instrument to its fourth edition in 1995.	
Adult Attachment Interview	Donald & Jureidini, 2004; Hagan & Hagan, 2008	George, Kaplan, and Main established this instrument in 1984.	
Child Sexual Behavior Inventory	Gould, 2005	Friedrich formed this instrument in 2001.	
Adult-Adolescent Parenting Inventory-2	Choate, 2009	Bavolek and Keene updated this inventory in 1999.	
Parent-child Relationship Inventory	Gould, 2005; Heinze & Grisso, 1996; Quinell & Bow, 2011	Gerard developed this instrument in 1994.	
Parent Awareness Skills Survey	Otto, Edens, & Barcus, 2000	Bricklin established this instrument in 1990.	Otto, Edens, and Barcus (2000) do not recommend this instrument for use,

Child Abuse Potential Inventory	Carr, Moretti, & Cue, 2005; Choate, 2009; Clark, Connell, & Budd, 2013; Heinze & Grisso, 1996	Milner formed this inventory in 1986.	although they stated that others have used it in the past. Carr, Moretti, and Cue (2005) investigated the profiles that are common within child custody evaluations and found that the CAPI has the best validity scales for this population.
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Table 3

Psychological Instruments Relating to Child Custody

Child Custody instrument	Researchers who have mentioned the instrument	Creators of the instrument	Notes about the instrument
Ackerman-Schoendorf scales for Parent Evaluation of Custody	Ackerman, 2006; Heinze & Grisso, 1996; LaFortune & Carpenter, 1998; Otto, Edens, & Barcus, 2000; Quinell & Bow, 2011	Ackerman and Schoendorf formed this instrument in 1992.	
Bricklin Perceptual Scales	Emery, Otto, & O'Donohue, 2005; Heinze & Grisso, 1996; LaFortune & Carpenter, 1998	Bricklin established this instrument in 1983.	

Table 4

Psychological Instruments for Children and Adolescents

Child and Adolescent Behavioral instrument	Researchers who have mentioned the instrument	Creators of the instrument	Notes about the instrument
Behavior Assessment tool Scale for Children-2	Gould, 2005	Reynolds and Kamphaus revised this instrument in 2004.	
Conner's Parent Rating Scale	Gould, 2005; Quinell & Bow, 2011	Conners updated this instrument to its third edition in 2012.	
Child Behavior Checklist	Carr, Moretti, and Cue, 2005; Emery, Otto, & O'Donohue, 2005; Gould, 2005; Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinell & Bow, 2011	Achenbach and Edelbrock updated this checklist in 1991.	
Personality Inventory for Children, Second Edition	Ackerman, 2006; Hagan & Hagan, 2008	Lachar and Gruber developed this inventory in 2001.	
Parent Perception of Child Profile	Otto, Edens, & Barcus, 2000	Bricklin and Elliot formed this instrument in 1991.	Otto, Edens, and Barcus (2000) did not recommend for use, although they stated that others have used it in the past.

Table 5

Psychological Instruments for Intelligence and Achievement

Intelligence and Achievement instrument	Researchers to have mentioned the instrument	Creators of the instrument	Notes about the instrument
Wechsler Adult Intelligence Scale-IV	Ackerman, 2006; Clark, Connell, & Budd, 2013; Emery, Otto, & O'Donohue, 2005; Hagan & Hagan, 2008	David Wechsler	updated this instrument in 2008.
Wechsler Intelligence Scale for Children-IV	Ackerman, 2006; Clark, Connell, & Budd, 2013 Emery, Otto, & O'Donohue, 2005; Hagan & Hagan, 2008	Wechsler	updated this instrument in 2003.
Kaufman Assessment tool Battery for Children, Second Edition	Ackerman, 2006	Kaufman and Kaufman	updated this instrument in 2004.
Wechsler Pre-school and Primary Scale of Intelligence, Third Edition	Ackerman, 2006	Wechsler	revised this instrument in 2002.
McCarthy Scales of Children's Abilities	Ackerman, 2006	McCarthy	established this instrument in 1972.
Stanford-Binet Intelligence Scale, Fifth Edition	Clark, Connell, & Budd, 2013	Roid	updated this instrument in 2003.
Wide Range Achievement Test, Fourth Edition	Ackerman, 2006; Clark, Connell, & Budd, 2013	Wilkinson and Robertson	updated this instrument in 2006.

Table 6

Projective Assessment Instruments

Projective assessment instrument	Researchers who have mentioned the instrument	Creators of the instrument	Notes about the instrument
Rorschach Psychodiagnostic Series	Ackerman, 2006; Bow, 2006; Carr, Moretti, & Cue, 2005; Emery, Otto, & O'Donohue, 2005;	Rorschach created the Rorschach Psychodiagnostic Series in 1921.	Although mentioned, several researchers mentioned that projective assessment tools were rarely used (Ackerman, 2006;
Thematic Apperception Test (TAT)	Gould, 2005; Hagan & Hagan, 2008;	TAT developed by Murray originally in 1935.	Bow, 2006; Carr, Moretti, & Cue, 2005; Emery, Otto, & O'Donohue, 2005; Gould, 2005;
Children's Apperception Test (CAT)	Otto, Edens, & Barcus, 2000; Quinell & Bow, 2001	Bellak and Bellak, created the CAT in 1949.	Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinell & Bow, 2001)
Rotter Incomplete Sentences Blank		Rotter Incomplete Sentences Blank were formed by Rotter, Lah, and Rafferty in 1950.	

Rationale

As mentioned above, researchers have not initiated studies which determine how psychological instruments are commonly used during psychological evaluations in the adoption field. This includes both psychological instruments used for prospective parents as well as pre- adoptive children. Although there are a number of studies that use certain psychological instruments when studying adoption or post-adoption functioning, those few studies evaluate specific areas of adoption, such as program effectiveness; researchers are not investigating which instruments are actually used in evaluations. Also, researchers have compiled lists of assessment tests that could be used in

psychological evaluations for adoption (Dickerson & Allen, 2007; Kirby & Hardesty, 1998), but these are such extensive lists, there is no clear indication which psychological instrument might be most fitting for adoption evaluations or specific referral questions. Finally, there is a paucity of literature investigating the specific components of an adoption evaluation. More specifically, how long adoption evaluations might take, who obtains the completed evaluations, what are typical referral questions for adoption evaluations, how often adoption evaluations are requested, and what is the primary data source used in making determinations during these evaluations.

Because of this lack of research, there are no clear recommendations for a specific battery of psychological instruments that assessors could use in the adoption area and also no clarification on other components of these evaluations. Therefore, the researcher of this current study will begin to investigate this important area through surveying psychologists who conduct these evaluations. Some information potentially gleaned from these psychologists will include more information about the process of adoption evaluations, which psychological instruments are used, and why they are used.

The information will then be used in conjunction with research and literature to make preliminary recommendations of which psychological instruments would be valuable to incorporate in adoption evaluations, and under which conditions they would be useful. These recommendations will primarily use the results of the survey, but literature from parental capacity evaluations and which psychological instruments are being used in that particular field will also be used. Also incorporated will be literature from the adoption field; more specifically, what are important areas to measure in terms of parental effectiveness as well as which psychological instruments, if any, are stated as

being currently used and for what purpose. Lastly, specific research conducted in regards to psychometric properties of specific instruments will be included.

Psychologists who conduct adoption evaluations could find this information useful and potentially invaluable. It provides the most updated information about adoption evaluations and which psychological instruments are being used in this field. This investigation could lead to a helpful reference for selection of psychological instruments to use in adoption evaluations. Moreover, this investigation could also lead to making recommendations for specific batteries that assessors could use when evaluating prospective parents and adoptive children. These recommendations would be particularly helpful as they are grounded in literature and research. Additionally, this research may catalyze the beginning of additional research in several areas. Some of these areas may include further investigation in the area of adoption evaluations for both prospective parents and adoptive children. More research could be conducted to catalyze the creation of specific measures that would be more useful and succinct for the adoption field. Finally, more thorough research could occur, exploring how adoption evaluations might change according to specific factors such international country regulations or specific regulations for domestic adoptions.

Chapter 2: Survey of Psychologists

Method

Participants. 38 psychologists who have experience evaluating parents and children in the area of both domestic and international adoptions participated in this study. 28 of those 38 psychologists provided data on specific psychological instruments they use or have used in psychological evaluations. The names of adoption evaluators were obtained from a variety of sources including internet searches, a listserv with psychologists who specialize in assessment, and evaluators known through professional contacts. These psychologists are licensed, practicing psychologists who have experience evaluating parents and children during the adoption process.

The selection criteria also required the participants to have a doctoral level degree, a license in psychology, and previous experience with completing at least one adoption evaluation. Requirements were not constrained to one particular area of the United States, making this a national sample. The respondents' demographics varied, but the majority of participants were female, 64.1%. Consequently, 35.9% of respondents were male. One respondent identified as African American, one respondent identified as being from the West Indies, and two respondents did not disclose their ethnicity. The remaining 89.7% identified as Caucasian. Age ranges varied, with 35.9% being between the ages of 45 to 54. 28.2% were between the ages of 55 to 64 and 20.5% were 35 to 44 years old. Finally, 12.8% of the respondents were between the ages of 25 to 34 and 2.6% was 65 to 74 years of age.

64.1% of respondents identified themselves as having earned a Ph.D. in Psychology and 33.3% identified themselves as having earned a Psy.D. 2.6% of respondents identified as having a master's level degree (The participants' information was not used because they did not match the study's requirements). Experience among the respondents also varied, with 23.1% of respondents indicating that they had 16 to 20 years of experience and 20.4% of respondents suggesting that they had 21 to 25 years of experience. 15.4% stated that they had 26 to 30 years of experience and 6 to 10 years of experience, respectively. 10.3% stated that they had 11 to 15 years of experience. Finally, 7.7% suggested that they had 31 or more years of experience and 1 to 5 years of experience, respectively. Respondents averaged 11 to 15 adoption evaluations, with 33.3% suggesting that they had completed over 25 adoption evaluations in their careers.

Materials. A survey was developed to highlight important aspects of the process in adoption evaluations (See Appendix A). This survey was formed using the qualtrics.com website. More specifically, questions were asked about instrument selection, what makes psychological evaluations in adoption necessary, how long a typical psychological evaluation takes, who receives the evaluation once it is completed, what elements may change which psychological instruments are used, the primary data source in making determinations related to the referral question, and which factors are important in choosing certain psychological instruments. The survey also explored how psychological instruments are specifically used within the adoption process. This was done by asking the psychologist to enter each psychological instrument they use or have used during adoption evaluations and then answering specific questions about it, such as

for what the instrument specifically assesses, how useful the instrument is, why it is useful, and how often the psychologist uses it.

Procedure. The proposed research methodology, the proposed survey, and the proposed Consent for Participation in Research documents were submitted to the Institutional Review Board (IRB) at Wright State University and subsequently approved. Researchers recruited potential participants through the means listed above. An email was sent to potential participants asking if they had experience completing adoption evaluations and if they would agree to participate in a survey. The email provided an online link which included the informed consent sheet and the survey. Participants were notified that all information provided by them would remain confidential. The data accumulated from the survey was analyzed using NCSS Statistical Software.

Results

Psychologists were asked about the individuals they tested in adoption evaluations. 60.5% respondents indicated that they tested only parents, 7.9% of respondents indicated that they tested only children, and 31.6% of respondents indicated that they tested both adults and children. 10.8% of respondents indicated that there was no element or reason they would change the psychological instruments they used during adoption evaluations. However, 89.2% suggested that they would change instruments when considering certain elements. 59.4% indicated they change instruments when considering specific diagnoses, 32.4% indicated they change instruments when concerned about malingering issues, 48.6% when concerned about the age level, 54.1% when considering the level of functioning, and 13.5% when considering the ethnicity of the individual being evaluated. An additional 5.4% indicated that requirements of the specific

country from which the child was being adopted changed the instruments used. Finally, 2.7% of respondents indicated that they changed instruments when considering individual differences, criminal backgrounds, and certain court requirements, respectively.

Respondents provided information regarding when adoption evaluations may be necessary and who determines this. When conducting evaluations for adults, participants specified that the adoption agency may require evaluations, the court may refer the prospective parents for an evaluation, or it may be a requirement of the international country from which they are adopting a child. Other respondents indicated that some states require mental health screenings for each adoption evaluation and some private adoption agencies require evaluations to be completed for each prospective parent. More specifically, respondents indicated that specific referral questions may include the appropriateness of someone adopting, the ruling out of any issues with mental illness or personality disorders, or determining the appropriateness of fit between the child and parent. Other adults may be referred when there are behavioral, emotional, or parental fitness concerns.

When conducting evaluations for children, participants indicated that evaluations may be required by the courts, the foster care system, social workers from child protective services, therapists, or newly adoptive families. More specifically, respondents indicated that children may be referred for adoption evaluations when a family wishes for assistance with proactive parenting plans or when they would like more information about the child's cognitive ability or academic aptitude. They also stated that therapists may want diagnostic help or treatment recommendations for newly adopted children.

Finally, other respondents indicated that referral questions can center upon adoptive children who are struggling developmentally, behaviorally, socially, or academically.

Subsequently, when asked to whom they send their completed evaluations, the vast majority of respondents, 94.6%, reported that completed evaluations are sent to an adoption agency, 83.8% of respondents indicated they send their completed evaluations directly to the parent, 54.1% of respondents suggested they send their completed evaluation to a social worker, 40.5% of respondents reported that the evaluation they complete is sent to a judge, 5.4% of respondents indicated that they send their reports directly to the adoptive child's country of origin, and 2.7% of individuals reported that they send their evaluations to a pediatrician and child protection agency, respectively.

When conducting adoption evaluations, participants reported an overall mean of 8.26 hours for completing the entire assessment process (SD 3.89). More specifically, respondents averaged 3.02 hours for completing psychological instruments (SD 1.60). They suggested a mean of 1.65 hours for the clinical interview (SD 0.83) and reported averaging 2.91 hours for report writing (SD 2.04). 78.8% of respondents indicated that they utilized feedback sessions and suggested a mean of 1.06 hours to do so (SD .46). Others mentioned that interpretation of psychological instruments may take an average of one hour to complete. Respondents indicated that collateral contacts with teachers, therapists, and others are included in the evaluation process but they did not provide specific time allotments for such. Other participants specified that they review records, but they also did not provide specific time frames. Additionally, one respondent indicated that it may take an average of one hour to review files and complete phone calls to

caregivers and other professionals. Finally, one respondent reported that evaluations may require notarization which typically took an average of 30 minutes.

Findings indicated that 35.0% of respondents used psychological instruments as the primary data source in making determinations related to the referral question they were evaluating. In consequence, 32.5% used clinical interviews as the primary data source and 2.8% used both the country of origin's requirements and materials as the primary data source. No respondents indicated they used only behavioral observations as a primary data source. However, 29.7% used an integration of psychological instruments, clinical interviews, and behavioral observations in making determinations related to the referral question.

When respondents indicated that they used psychological instruments as their primary data source, the mean number of instruments used was 3.89 (SD=3.82, n=9). Respondents who used clinical interviews as their primary data source used an average of 3.9 instruments (SD=3.14, n=11). Finally, respondents who indicated that they used an integration of multiple sources reported using a mean of 5.14 instruments (SD=2.91, n=7). The average number of assessments used was not found to be significantly different based upon how respondents made their primary determinations.

In selecting psychological instruments to use during adoption evaluations, respondents were asked to rank certain factors on a Likert scale ranging from 1 (not at all important) to 5 (very important). The findings are displayed in Table 7. The most important factors were adequate reliability research, adequate validity research, and acceptability within the field. Each of these factors obtained a mean of 4 or higher. Additionally, at least 89% of respondents rated these factors as being "important." The

factors receiving lowest rankings included interpretive report availability and computer scoring. 45.7% respondents indicated that these particular factors were “not at all important.”

The respondents were also asked to rank the factors from one (most important) to nine (least important). The findings are displayed in Table 8. Rankings were generally consistent with the previous ratings of factors; adequate validity, adequate reliability, and acceptability within the field were found to be the most important factors, while interpretive report availability and computer scoring were found to be the least important factors when ranked.

Overall, respondents entered a total of 115 psychological instruments they use or have used in adoption evaluations. The respondents reported using an average number 4.11 instruments during adoption evaluations (SD 3.25). Results suggested that when assessing prospective parents, the most often used instrument was the MMPI-2 with 84.6% of respondents indicating they use or have used it. When assessing adoptive children, the WISC-IV was the most often used assessment with 75% of respondents indicating that they use or have used this instrument.

35.7% of respondents indicated that they use or have used projective measures during adoption evaluations. Of those respondents, 60% of participants indicated that they used multiple projective instruments during adoption evaluations. Moreover, 100% of those respondents who indicated that they used projective measures reported using at least three psychological instruments in their evaluations. In fact, an objective personality measure such as the MMPI-2, PAI, or MCMI-III was reported to be used with projective instruments 60% of the time and intelligence testing such as the WAIS-IV or WISC-IV

was used 50% of the time with a projective measure. No respondents indicated that they only used projective measures in their adoption evaluations.

When adding each psychological instrument they use or have used in adoption evaluations, participants were asked what that instrument specifically measured. Results indicated that when evaluating prospective parents, 75% of all instruments recorded assessed for personality functioning, 68% of all instruments recorded assessed for psychopathology, 57% of all instruments recorded assessed for parental strengths and weaknesses, 42% of all instruments recorded assessed for family conflict, 34% of all instruments recorded assessed for parental capacity, 32% of all instruments recorded confirmed hypotheses, 29% of all instruments recorded tested or generated hypotheses, 28% of all instruments recorded assessed for parenting stress, 22% of all instruments recorded assessed for adult attachment level, 14% of all instruments recorded assessed for cognitive functioning, and 8% of all instruments recorded assessed for maltreatment.

Table 7

Importance of Factors in Selecting Psychological Instruments for Adoption Evaluations

Factor	Average Rating	Standard Deviation
Adequate Reliability	4.61	0.60
Adequate Validity	4.56	0.65
Acceptability within the Field	4.23	0.81
Acceptability within Forensic settings	3.38	1.10
Time to Administer	2.91	0.87

Cost	2.61	.96
Interpretive Report	2.05	1.14
Availability		
Computer Scoring	1.97	1.04

Note. Respondents rated the factors on a Likert scale ranging from 1 (not at all important) to 5 (very important).

Table 8

Frequencies of Ranked Factors in Selecting Psychological Instruments for Adoption

Evaluations

Factor	One (Most Important)	Two	Three	Four	Five	Six	Seven	Eight	Ranking Nine (Least Important)
Adequate Validity	19	8	5	2	1	0	0	0	0
Adequate Reliability	6	15	4	8	1	1	0	0	0
Acceptability within the Field	6	4	13	6	3	2	0	0	1
Acceptability within Forensic settings	0	3	4	5	10	3	3	5	2
Time to Administer	0	1	1	2	7	13	8	0	3
Cost	0	0	0	3	3	5	10	9	4
Computer Scoring	0	0	0	1	5	2	8	15	5
Interpretive Report Availability	0	0	1	1	1	7	3	5	17

Note. Respondents ranked the factors from 1 (most important) to 9 (least important).

When adding each psychological instrument they use or have used in adoption evaluations, participants were asked what that instrument specifically measured. Results indicated that when evaluating adoptive children, 40% of all instruments recorded assessed for a child's level of socio-emotional functioning, 34% of all instruments recorded assessed for cognitive functioning, 32% of all instruments recorded assessed for psychopathology, 32% of all instruments recorded tested or generated hypotheses, 21% of all instruments recorded assessed for personality functioning, 21% of all instruments recorded confirmed hypotheses, 19% of all instruments recorded assessed for strengths and weaknesses, 15% of all instruments recorded assessed for maltreatment, 15% of all instruments recorded assessed for family conflict, 9% of all instruments recorded assessed for parenting stress, and 6% of all instruments recorded assessed for child attachment level.

Correlations conducted indicated that the number of instruments used by each respondent was not significantly related to their experience in the adoption evaluation field. ($r=.15$, $p=.44$). The correlation between the number of adoption evaluations completed and the number of instruments used was also not significant. ($r=.36$, $p=.06$). Additionally, the correlation between the respondents' reported length of time to administer instruments and the number of instruments used was not significant ($r=-0.09$, $p=.68$). Finally, the relationship between the respondents who indicated they used psychological instruments as their primary data source and the number of instruments used was also not significant ($r=.05$, $p=.81$).

Adult psychological instruments. Participants were asked to indicate all psychological instruments they had ever used for adoption evaluations. Findings were

separated into instruments used with adult adoption evaluations, Table 9, and instrument used with child adoption evaluations, Table 11. When evaluating prospective parents for adoption, the overwhelming majority of participants use or have used the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) in at least one of their completed adoption evaluations. In fact, 27% of respondents suggested they used only the MMPI-2 and no other instrument in their evaluations. Overall, 84.6% reported using the MMPI-2 when assessing prospective parents (n=22). In fact, 77.3% of respondents indicated that they always use this instrument during adoption evaluations, while 22.7% suggested that they sometimes used this instrument. In terms of how useful they thought the MMPI-2 was, respondents indicated an average of 4.0 out of 5 (SD=.98). 4.8% of participants found the MMPI-2 to be “minimally useful,” 33.3% found it to be “moderately useful,” 19% found it to be “useful”, and 42.9% found it to be “very useful.” When asked what makes the psychological instrument valuable to use, 95.4% of respondents indicated the MMPI-2 was valuable because of its acceptability within the field. 90.9% indicated that the MMPI-2 was valuable because of its validity statistics. 81.8% indicated that the MMPI-2 was valuable because of its reliability statistics. 68.1% indicated that the MMPI-2 was valuable because of its acceptability within forensic settings. 63.3% indicated that the MMPI-2 was valuable because of computer scoring. 27.2% indicated that the MMPI-2 was valuable because of its interpretive report availability and 22.7% indicated that the MMPI-2 was valuable because of its cost. 13.6% indicated that the MMPI-2 was valuable because of its time to administer.

When asked what the MMPI-2 assesses for in adoption evaluations, 95.4% of respondents indicated it assesses for personality functioning. 81.8% of respondents

indicated that the MMPI-2 assesses for parent psychopathology. 40.9% of respondents indicated that the MMPI-2 assesses for parental strengths and weaknesses. 31.8% of respondents indicated that the MMPI-2 tests or generates hypotheses. 22.7% of respondents indicated that the MMPI-2 confirms hypotheses and 22.7% of respondents indicated that the MMPI-2 determines parenting capacity. 18.1% of respondents indicated that the MMPI-2 assesses for parental stress. 13.6% of respondents indicated that the MMPI-2 assesses for family conflict. 9.1% of respondents indicated that the MMPI-2 assesses for adult attachment level, 9.1% of respondents indicated that the MMPI-2 is an acceptable instrument to use for many countries requesting evaluations, 9.1% of respondents indicated that the MMPI-2 assesses for malingering, 9.1% of respondents indicated that the MMPI-2 assesses for major mental illness, and 9.1% of respondents indicated that the MMPI-2 assesses for substance abuse potential. Finally, 4.5% of respondents indicated that the MMPI-2 assesses for cognitive functioning. No participants indicated that the MMPI-2 assesses for child abuse or maltreatment potential.

Table 9

Psychological Instruments Used with Adult Adoption Evaluations

Specific psychological instrument	Percentage typically using
<i>Objective Personality Instruments</i>	
Minnesota Multiphasic Personality Inventory-2	84.6%
Millon Clinical Multiaxial Inventory, Third Edition	23.1%
Personality Assessment Inventory	19.23%
Myers-Briggs Type Indicator, Second Edition	3.8%
Beck Depression Inventory, Second Edition	7.7%
Coping Strategy Indicator	3.8%
Test of Self-Conscious Affect, Third Edition	3.8%
Traumatic Stress Inventory	3.8%

Borderline Personality Inventory	3.8%
Taylor-Johnson Temperament Analysis	3.8%
Sensation Seeking Scale	3.8%
Dissociation Experiences Scale	3.8%
Internal-External Scale	3.8%
Symptom Checklist 90 Revised	3.8%
<i>Intelligence Instruments</i>	
Wechsler Adult Intelligence Scale, Fourth Edition	19.2%
Bender Visual-Motor Gestalt Test, Second Edition	3.8%
Kaufmann Brief Intelligence Test, Second Edition	3.8%
<i>Projective Personality Instruments</i>	
Rorschach	23.1%
Thematic Apperception Test	23.1%
Sentence Completions	11.5%
<i>Parenting Inventories</i>	
Parenting Stress Index, Fourth Edition	15.4%
Child Abuse Potential Inventory	11.5%
Adult Adolescent Parenting Inventory, Second Edition	3.8%
Assessment of Capacity to Parent	3.8%
Parenting Relationship Questionnaire	3.8%
Stress Index for Parents of Adolescents	3.8%
<i>Marital Inventories</i>	
Marital Satisfaction Inventory-Revised	3.8%
PREPARE/ENRICH	3.8%

When using the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III) (n=6), 50% of respondents indicated that they always use this instrument during adoption evaluations while 50% sometimes used this instrument. Respondents indicated an average of 4.17 out of 5 (SD=.41) in terms of how useful they believed the MCMI-III to be. 83.3% of participants found the MCMI-III to be “useful” and 16.7% found it to be “very useful.” When asked what makes the psychological instrument valuable to use, 100% participants stated that it was valuable to use because of its validity statistics.

83.3% indicated that the MCMI-III was valuable because of its reliability statistics and acceptability within the field. 50% of participants indicated that the MCMI-III was valuable because of its acceptability within forensic settings, computer scoring, time to administer, and its interpretive report availability. No participants indicated that the MCMI-III was valuable because of its cost.

When asked what the MCMI-III assesses for in adoption evaluations, 83.3% of respondents indicated that the MCMI-III assesses for personality functioning. 66.7% of respondents indicated that the MCMI-III assesses for parent psychopathology. 50% of respondents indicated that the MCMI-III assesses for parental strengths and weaknesses, tests or generates hypotheses, and assesses for family conflict. 33.3% of respondents indicated that the MCMI-III determines parenting capacity, confirms hypotheses, and assesses for parental stress. 16.6% of respondents indicated that the MCMI-III assesses for cognitive functioning, assesses for diagnostic clarifications, assesses for a possible personality disorder, and also assesses for substance abuse potential. No participants indicated that the MCMI-III assesses for adult attachment level or child abuse or maltreatment potential.

When using the Personality Assessment Inventory (PAI) (n=5), 40% respondents indicated that they always use this instrument during adoption evaluations while 60% sometimes used this instrument. In terms of how useful they thought the PAI was, respondents indicated an average of 4.4 out of 5 (SD=.55). 60% of participants found the PAI to be “useful” and 40% found it to be “very useful.” When asked what makes the psychological instrument valuable to use, 100% of those who used the PAI indicated that it was valuable because of its validity statistics and its acceptability within the field. 80%

of respondents indicated that the PAI was valuable because of its reliability statistics and its acceptability within forensic settings. 60% indicated that the PAI was valuable because of its computer scoring, its time to administer, and its interpretive report availability. 40% indicated that the PAI was valuable because of its cost.

When asked what the PAI assesses for in adoption evaluations, 100% of respondents indicated that the PAI assesses for parent psychopathology and personality functioning. 40% of respondents indicated that the PAI assesses for parental strengths and weaknesses and tests or generates hypotheses. 20% of respondents indicated that the PAI confirms hypotheses, determines parenting capacity, assesses for adult attachment level, assesses for parental stress, and assesses for family conflict. No participants indicated that the PAI assesses for child abuse or maltreatment potential and cognitive functioning.

When using the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV) (n=4), 75% of respondents indicated that they always use this instrument during adoption evaluations while 25% of participants reported that they rarely used this instrument. No participant indicated they sometimes used it. In terms of how useful they thought the WAIS-IV was, respondents indicated an average of 4.25 with the highest rating being a 5 (SD=1.5). 25% of participants found the WAIS-IV to be “minimally useful” and 75% of participants found the WAIS-IV to be “very useful.” When asked what makes the psychological instrument valuable to use, 100% participants stated that it was valuable to use because of its validity statistics, reliability statistics, and acceptability within forensic settings. 75% of those who used the WAIS-IV indicated that it was valuable because of

its acceptability within the field and time to administer. 50% indicated that the WAIS-IV was valuable because of computer scoring, its cost, and interpretive report availability.

When asked what the WAIS-IV assesses for in adoption evaluations, 100% of respondents indicated that the WAIS-IV assesses for cognitive functioning. 50% of respondents indicated that the WAIS-IV tests or generates hypotheses. No participants indicated that the WAIS-IV assesses for parent psychopathology, assesses for personality functioning, assesses for parental strengths and weaknesses, determines parenting capacity, confirms hypotheses, assesses for parental stress, assesses for family conflict, assesses for adult attachment level, or assesses for child abuse or maltreatment potential.

When using the Rorschach (n=6), 66.7% of participants reported that they sometimes used this instrument while 33.3% of respondents indicated that they always use this instrument during adoption evaluations. In terms of how useful they thought the Rorschach was, respondents indicated an average of 4.33 out of 5 (SD=.82). 16.7% of respondents found the Rorschach to be “moderately useful,” 33.3% of participants found the Rorschach to be “useful,” and 50% of participants found the Rorschach to be “very useful.” When asked what makes the psychological instrument valuable to use, 83.3% of those who used the Rorschach indicated that it was valuable because of its acceptability within the field. 66.7% participants stated that it was valuable to use because of its validity statistics and reliability statistics. 33.3% indicated that the Rorschach was valuable because of its computer scoring and interpretive report availability. 16.7% indicated that the Rorschach was valuable because of its acceptability within forensic settings, its cost, the fact that it circumvents defensiveness, and because it gives

additional information regarding possible underlying issues. No participants indicated that the Rorschach was valuable because of its time to administer.

When asked what the Rorschach assesses for in adoption evaluations, 100% of respondents indicated that the Rorschach assesses for parent psychopathology and personality functioning and 66.7% of respondents indicated that the Rorschach assesses for parental strengths and weaknesses and generates hypotheses. 50% of respondents indicated that the Rorschach assesses for cognitive functioning. 33.3% of respondents indicated that the Rorschach assesses for adult attachment level, parental stress, and family conflict. No participants indicated that the Rorschach confirms hypotheses, determines parenting capacity, or assesses for child abuse or maltreatment potential.

When using the Thematic Apperception Test (TAT) (n=6), 66.7% of participants reported that they sometimes used this instrument. 16.7% of respondents reported that they always used this instrument and 16.7% of respondents rarely used this instrument. In terms of the TAT's usefulness, respondents indicated an average of 3.67 with the highest rating being a 5 (SD=1.03). In fact, 16.7% respondents found that the TAT was "minimally useful" and "very useful," respectively. 50% of respondents found the TAT to be "useful." When asked what makes the psychological instrument valuable to use, 66.7% of those who used the TAT indicated that it was valuable because of its acceptability within the field. 33.3% of participants stated that it was valuable to use because of its time to administer. 16.7% of participants stated that the TAT was valuable to use because of its validity statistics, underlying psychological factors, relational dynamics, and because it circumvents defensiveness. No participants indicated that the TAT was valuable to use because of its reliability statistics, computer scoring,

acceptability within forensic settings, interpretive report availability, or because of its cost.

When asked what the TAT assesses for in adoption evaluations, 66.7% of respondents indicated that the TAT assesses for parent psychopathology, assesses for personality functioning, and assesses for parental strengths and weaknesses. 50% of respondents indicated that the TAT assessed for family conflict. 33.3% of respondents indicated that the TAT assesses for adult attachment level, dynamics, and parental stress. 16.7% of participants stated that the TAT tests or generates hypotheses, confirms hypotheses, determines parenting capacity, assesses for child abuse or maltreatment potential, and cognitive functioning.

When using the Parenting Stress Index, Fourth Edition (PSI-4) (n=4), 75% of participants reported that they sometimes used this instrument while 25% of participants reported that they always used this instrument. In terms of how useful they thought the PSI-4 was, respondents indicated an average of 2.75 out of 5 (SD=.96). When asked what makes the psychological instrument valuable to use, three out of four respondents stated that it was valuable to use the PSI-4 because of its time to administer. Two out of four respondents reported that the PSI-4 was valuable to use because of its acceptability within the field. One out of four of those who used the PSI-4 indicated that it was valuable because of its validity, reliability statistics, computer scoring, acceptability within forensic settings, interpretive report availability, its cost, and because the courts request it.

When asked what the PSI-4 assesses for in adoption evaluations, three out of four respondents indicated that the PSI-4 assesses for parental stress. Two out of four

respondents indicated that the PSI-4 assesses for parental strengths and weaknesses and family conflict. Finally, one out of four respondents indicated that the PSI-4 assesses for personality functioning, helps test or generate hypotheses, assesses for child abuse or maltreatment potential, and assesses for socio-emotional functioning. No respondents believed that the PSI-4 helps assess for cognitive functioning or helped to confirm hypotheses.

When using the Sentence Completions (n=3), one participant reported that they always use this instrument, one reported that they sometimes use it, and another participant reported that they rarely use it. In terms of how useful they thought the Sentence Completions was, respondents indicated an average of 3.67 out of 5 (SD=1.53). One of the respondents found Sentence Completions to be “very useful” and valuable in providing a writing sample or using it as an icebreaker. Another found them to be “minimally useful” but valuable to use because of the time to administer. Finally, the third participant found it “useful” because of its acceptability within the field and because of its ability to measure underlying issues. No participants who endorsed using sentence completions believed they were valuable for its acceptability within the field, validity statistics, reliability statistics, computer scoring, interpretive report availability, acceptability within forensic settings, or cost.

When asked what the Sentence Completions assess for in adoption evaluations, two participants reported that sentence completions assess for personality, parenting stress, family conflict, and child abuse and maltreatment potential. One participant reported that sentence completions assess for parent psychopathology, analyzing parental strengths and weaknesses, confirming hypotheses, and determining parenting capacity.

The other participant believed sentence completions test or generate hypotheses as well as provide an opportunity to glean information that may have been avoided in the interview.

Two participants reported sometimes using the Beck Depression Inventory, Second Edition (BDI-II) (n=2). In terms of how useful they thought the BDI-II was, respondents indicated an average of 3.5 out of 5 (SD=.71). One of respondents found the BDI-II to be “useful” and the other found it to be “moderately useful.” Both individuals found the BDI-II to be valuable because of its validity statistics, reliability statistics, and acceptability within the field. One participant found the BDI-II to be valuable because of its acceptability within forensic settings while the other individual found it to be valuable because of its time to administer. Neither respondent found it to be valuable for computer scoring, interpretive report availability, or cost.

When asked what the BDI-II assesses for in adoption evaluations, both participants reported that it assesses for parent psychopathology. One participant indicated that the BDI-II also assesses for personality functioning, analyzing parental strengths and weaknesses, parenting stress, and family conflict. Neither participant believed the BDI-II assesses for parenting capacity, testing or generating hypotheses, confirming hypotheses, adult attachment level, or child abuse or maltreatment potential.

Two participants reported sometimes using the Child Abuse Potential Inventory (CAPI) (n=2). In terms of how useful they thought the CAPI was, respondents indicated an average of 4.5 out of 5 (SD=.71). One of respondents found the CAPI to be “useful” and the other found it to be “very useful.” Both individuals found the CAPI to be valuable because of its acceptability within the field, acceptability within forensic

settings, and its time to administer. One participant found the CAPI to be valuable because of its validity statistics and reliability statistics. Neither respondent found it to be valuable for computer scoring, interpretive report availability, or cost.

When asked what the CAPI assesses for in adoption evaluations, both participants reported that it assesses for parent psychopathology, analyzing parental strengths and weaknesses, confirming hypotheses, parenting capacity, and child abuse or maltreatment potential. One participant indicated that the CAPI also helped test or generate hypotheses. The other participant believed that the CAPI assesses for personality functioning, parenting stress, and family conflict. Neither participant believed the CAPI assesses for adult attachment level or cognitive functioning.

Each other psychological instrument was endorsed by only one participant and is listed in table 10.

Table 10

Psychological Instruments Endorsed by Psychologists

Psychological instrument	How often the instrument is used	How useful is the instrument	What makes the instrument useful	For what does the instrument assess
Adult Adolescent Parenting Inventory, Second Edition	Sometimes	Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Time to administer	Not specified
Assessment of Capacity to Parent	Always	Useful	Validity statistics,	Analyzing parental strengths and

Bender Visual-Motor Gestalt Test, Second Edition	Rarely	Minimally Useful	Reliability statistics, Cost, Time to administer, Facilitates collateral interview Required by the country of origin	weaknesses, Confirming hypotheses, Determining parenting capacity, Family conflict Parent Psychopathology, Personality functioning, Analyzing Parental strengths and weaknesses, Cognitive functioning, Neuropsychological deficits
Borderline Personality Inventory	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing Parental strengths and weaknesses, Confirm hypotheses, Determines parenting capacity, Adult attachment level, Family conflict
Coping Strategy Indicator	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirm hypotheses, Determining parenting capacity, Adult attachment level, Family conflict

Dissociation Experiences Scale	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirming hypotheses, Determining parenting capacity, Adult attachment level, Family conflict
Internal-External Scale	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirming hypotheses, Determining parenting capacity, Adult attachment level, Family conflict
Marital Satisfaction Inventory-Revised	Sometimes	Moderately useful	Validity statistics, Reliability statistics, Cost, Time to Administer	Confirm Hypotheses, Parenting Stress, Family Conflict
Parenting Relationship Questionnaire	Always	Useful	Validity statistics, Gives relevant information	Analyzing parental strengths and weaknesses, Determines parental capacity, Parental stress
PREPARE/ENRICH	Sometimes	Useful	Reliability statistics, Relevant to the referral question	Personality functioning, Analyzing parental strengths and weaknesses, Family Conflict, Strength

Stress Index for Parents of Adolescents	Sometimes	Useful	Validity statistics, Reliability statistics, Cost, Time to Administer	of couple dyad, Adoption readiness and expectations Analyzing parental strengths and weaknesses, Parenting Stress
Taylor-Johnson Temperament Analysis	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirming hypotheses, Determining parenting capacity, Adult attachment level, Family conflict
Kaufmann Brief Intelligence Test, Second Edition	Sometimes	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Time to administer	Testing or generating hypotheses, Confirming hypotheses, Cognitive functioning
Myers-Briggs Type Indicator, Second Edition	Always	Very useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirming hypotheses, Determining parenting capacity,

Sensation Seeking Inventory	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Adult attachment levels, Family conflict Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirming hypotheses, Determining parenting capacity, Adult attachment levels, Family conflict
Symptom Checklist 90 R	Sometimes	Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Determining parenting capacity, Parenting stress, Family conflict
Test of Self-Conscious Affect, Third Edition	Always	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost	Parent Psychopathology, Personality functioning, Analyzing parental strengths and weaknesses, Confirming hypotheses, Determining parenting capacity, Adult attachment level, Parenting stress
Traumatic Stress Inventory	Always	Very Useful	Validity statistics, Reliability	Parent Psychopathology, Personality

statistics,	functioning,
Acceptability	Analyzing parental
within the	strengths and
field,	weaknesses,
Acceptability	Confirming
within the	hypotheses,
forensic field,	Determining
Cost	parenting capacity,
	Adult attachment
	level, Family stress

Child psychological instruments. Participants were asked to indicate all psychological instruments they use or have ever used for child adoption evaluations. The findings are provided in Table 11. When evaluating adoptive children, it appeared that a wide range of intelligence instruments were used. In fact, results showed that 75% of evaluators used the Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV).

When using the WISC-IV (n=6), all participants reported that they always use this instrument. Respondents indicated that they believed the WISC-IV's usefulness was an average of 4.5 out of 5 (SD=.84). 16.7% of respondents rated the WISC-IV as "moderately useful" and "useful," respectively. 66.7% of respondents rated the WISC-IV as "very useful." 83.3% of respondents found the WISC-IV to be valuable because of its validity statistics, reliability statistics, acceptability within the field, and acceptability within the forensic field. 66.7% of individuals thought the WISC-IV was valuable because of its administration time. 33.3% of respondents found its cost and computer scoring to be valuable. 16.7% of individuals found the WISC-IV to be valuable because of the interpretive report availability, its cognitive profile, and the information it provides about functioning and recommendations.

When asked what the WISC-IV assesses for in adoption evaluations, 100% of respondents indicated that the WISC-IV assesses for cognitive functioning. 33.3% of respondents reported that the WISC-IV assesses for analyzing strengths and weaknesses and testing or generating hypotheses. 16.7% of respondents indicated that the WISC-IV confirms hypotheses and determines capacity. No participants reported that the WISC-IV assesses for child psychopathology, assesses personality functioning, assesses a child's level of socio-emotional functioning, family conflict, child abuse or maltreatment, respectively.

Table 11

Psychological Instruments Used with Child Adoption Evaluations

Specific instrument	Percentage typically using
<i>Objective Personality Instruments</i>	
Trauma Symptom Checklist for Children	25%
Millon Adolescent Clinical Inventory	12.5%
Minnesota Multiphasic Personality Inventory-Adolescent	12.5%
Beck Youth Inventories, Second Edition	12.5%
Columbia DISC Depression Scale	12.5%
<i>Intelligence and Academic Instruments</i>	
Wechsler Intelligence Scale for Children, Fourth Edition	75%
Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition	37.5%
Wechsler Individual Achievement Test, Third Edition	37.5%
Woodcock Johnson Test of Achievement, Third Edition	37.5%
Wide Range Assessment of Memory and Learning, Second Edition	12.5%
Wide Range Achievement Test, Fourth Edition	12.5%
Kaufmann Brief Intelligence Test, Second Edition	12.5%
Test of Variables of Attention	12.5%
Bracken School Readiness Assessment,	12.5%

Third Edition	
NEPSY, Second Edition	12.5%
Test of Everyday Attention for Children	12.5%
<i>Projective Personality Instruments</i>	
Roberts Apperception Test, Second Edition	50%
Rorschach	37.5%
Sentence Completions	37.5%
Thematic Apperception Test	12.5%
<i>Rating Scales</i>	
Child Behavior Checklist	37.5%
Behavior Assessment System for Children, Second Edition	25%
Autism Spectrum Rating scales	12.5%
Vineland Adaptive Behavior Scales, Second Edition	12.5%
Gilliam Autism Rating Scales, Third edition	12.5%
Carey Temperament Scales	12.5%
Vanderbilt ADHD Rating Scales	12.5%

When using the Roberts Apperception Test, Second Edition (Roberts-2) (n=4), three out of four participants reported that they sometimes used this instrument during adoption evaluations. One participant indicated that they always use this instrument during adoption evaluations. In terms of how useful they thought the Roberts-2 was, respondents indicated an average of 4 out of 5 (SD=1.15). Two respondents found the Roberts-2 to be “very useful” and two of participants found the Roberts-2 to be “moderately useful.” When asked what makes the psychological instrument valuable to use, three out of four of those who used the Roberts-2 indicated that it was valuable because of its acceptability within the field and its time to administer. One of those who used the Roberts-2 indicated that it was valuable because of its validity statistics, reliability statistics, acceptability within forensic settings, and ability to identify psychological defenses/underlying problems. Another participant indicated that the Roberts-2 was valuable because it helped to measure underlying psychological factors.

No participants stated that it was valuable to use because of its computer scoring, cost, and interpretive report availability.

When asked what the Roberts-2 assesses for in adoption evaluations, all respondents indicated that the Roberts-2 assesses for a child's level of socio-emotional functioning. Three out of four respondents indicated that the Roberts-2 assesses for child psychopathology. Two out of four participants indicated that the Roberts-2 confirms hypotheses and also assesses for child abuse or maltreatment. One participant indicated that the Roberts-2 assesses for personality functioning, analyzes children's strengths and weaknesses, assesses for stress, family conflict, and tests or generates hypotheses. No participants indicated that the Roberts-2 assesses for cognitive functioning.

When using the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV) (n=3), two participants reported that they always use this measure and one respondent reported that they sometimes use this instrument. In terms of how useful they thought the WPPSI-IV was, respondents indicated an average of 5 out of 5 (SD=0). All three respondents found the WPPSI-IV to be valuable because of its validity statistics, reliability statistics, acceptability within the field, and acceptability within the forensic field. Two individuals thought the WPPSI-IV was valuable because of the time of administration. One of the respondents found the WPPSI-IV to be valuable because of its cost. No participants found the WPPSI-IV to be valuable because of computer scoring and interpretive report availability.

When asked what the WPPSI-IV assesses for in adoption evaluations, all three respondents indicated that the WPPSI-IV assesses for cognitive functioning. Two of the respondents reported that the WPPSI-IV tests or generates hypotheses. One of the

respondents indicated that the WPPSI-IV analyzes strengths and weaknesses and confirms hypotheses. No participants reported that the WPPSI-IV assesses for child psychopathology, assesses personality functioning, assesses a child's level of socio-emotional functioning, assesses for family conflict, or assesses for child abuse or maltreatment.

When using the Wechsler Individual Achievement Test, Third Edition (WIAT-III) (n=3), two participants reported that they always use this instrument and one respondent reported that they sometimes use this instrument. In terms of how useful they thought the WIAT-III was, respondents indicated an average of 4.67 out of 5 (SD=.58). All respondents found the WIAT-III to be valuable because of its acceptability within the field. Two found the WIAT-III to be valuable because of its validity statistics and reliability statistics. One found the WIAT-III to be valuable because of its acceptability within the forensic field, computer scoring, and time to administer. No participants found the WIAT-III to be valuable because of cost and interpretive report availability.

When asked what the WIAT-III assesses for in adoption evaluations, all respondents indicated that the WIAT-III assesses for cognitive functioning. One participant indicated that the WIAT-III analyzes strengths and weaknesses, tests or generates hypotheses, and confirms a learning disorder. No participants reported that the WIAT-III assesses for child psychopathology, assesses personality functioning, confirms hypotheses, assesses a child's level of socio-emotional functioning, assesses for family conflict, or assesses for child abuse or maltreatment.

When using the Woodcock Johnson Test of Achievement, Third Edition (WJ-III) (n=3), two participants reported that they always use this instrument and one respondent

reported that they sometimes use this instrument. In terms of how useful they thought the WJ-III was, respondents indicated an average of 4.33 out of 5 ($SD=.58$). All respondents found the WJ-III to be valuable because of its acceptability within the field. Two found the WJ-III to be valuable because of its validity statistics, reliability statistics, and computer scoring. One found the WJ-III to be valuable because of its acceptability within the forensic field and time to administer. No participants found the WJ-III to be valuable because of its cost and interpretive report availability.

When asked what the WJ-III assesses for in adoption evaluations, one out of three respondents indicated that the WJ-III tests or generates hypotheses and assesses academic functioning. No participants reported that the WJ-III assesses for child psychopathology, assesses personality functioning, analyzes strengths and weaknesses, confirms hypotheses, assesses a child's level of socio-emotional functioning, assesses for family conflict, assesses for cognitive functioning, or assesses for child abuse or maltreatment.

When using the Child Behavior Checklist (CBCL) ($n=3$), all participants reported that they always use this instrument. In terms of how useful they thought the CBCL was, respondents indicated an average of 4.67 out of 5 ($SD=.58$). 100% of respondents found the CBCL to be valuable because of its validity statistics, reliability statistics, and acceptability within the field. One participant found the CBCL to be valuable because of its computer scoring, cost, interpretive report availability, and assessing the child. No participants found the CBCL to be valuable because of its acceptability within the forensic field or time to administer.

When asked what the CBCL assesses for in adoption evaluations, 100% of respondents indicated that the CBCL assesses a child's level of socio-emotional

functioning. 66.7% of respondents indicated that the CBCL assesses for child psychopathology and tests or generates hypotheses. No participants reported that the CBCL assesses personality functioning, analyzes strengths and weaknesses, confirms hypotheses, assesses for family conflict, assesses for cognitive functioning, or assesses child abuse or maltreatment.

When using the Rorschach (n=3), two participants reported that they sometimes used this instrument and one of the respondents indicated that they always use this instrument during adoption evaluations. In terms of how useful they thought the Rorschach was, respondents indicated an average of 4.33 out of 5 (SD=1.15). One respondent found the Rorschach to be “moderately useful” and two participants found the Rorschach to be “very useful.” When asked what makes the psychological instrument valuable to use, two individuals indicated that that Rorschach was valuable because of its validity statistics, reliability statistics, acceptability within the field, and interpretive report availability. One participant indicated that the Rorschach was valuable because of computer scoring, cost, and because it may give additional information regarding possible underlying issues. No participants stated that it was valuable to use because of its acceptability within forensic settings and time to administer.

When asked what the Rorschach assesses for in adoption evaluations, all respondents indicated that the Rorschach assesses for child psychopathology, personality functioning, and also tests or generates hypotheses. Two respondents indicated that the Rorschach assesses for strengths and weaknesses. One respondent indicated that the Rorschach assesses for a child’s level of socio-emotional functioning, cognitive

functioning, and family conflict. No participants indicated that the Rorschach confirms hypotheses or assesses for child abuse or maltreatment potential.

When using the Sentence Completions (n=3), one participant reported that they always use this instrument. One other participant reported that he or she sometimes use it, and the third indicated that he or she rarely use it. In terms of how useful they thought the Sentence Completions was, respondents indicated an average of 3.67 out of 5 (SD=1.53). One respondent found the Sentence Completions to be “very useful” and valuable in providing a writing sample or using them as an icebreaker. The other found them to be “minimally useful” but valuable to use because of the time to administer. The third participant found Sentence Completions to be “useful” because of the acceptability of this instrument within the field as well as a useful projective measure for underlying issues. No participants who endorsed using sentence completions believed they were valuable for their validity statistics, reliability statistics, computer scoring, interpretive report availability, acceptability within forensic settings, or cost.

When asked what the Sentence Completions assesses for in adoption evaluations, two participants reported that sentence completions assess for personality functioning, parenting stress, and family conflict. One participant reported that sentence completions assess for child psychopathology, confirm hypotheses, determine the level of the child’s socio-emotional functioning, analyze parental strengths and weaknesses, determine parenting capacity, and assess for child abuse or maltreatment potential. Also endorsed by one participant was the belief that sentence completions test or generate hypotheses as well as provide an opportunity to glean information that may have been avoided in the interview.

Two participants reported always using the Behavior Assessment System for Children, Second Edition (BASC-2). In terms of how useful they thought BASC-2 was, respondents indicated an average of 4.5 out of 5 ($SD=.71$). One participant indicated that the BASC-2 is “useful” and valuable for assessing the child. The other participant indicated that the BASC-2 is “very useful” and is valuable for its computer scoring and cost. Neither participant found the BASC-2 to be valuable for its validity statistics, reliability statistics, acceptability within the field, acceptability within the forensic field, time to administer, or interpretive report availability.

When asked what the BASC-2 assesses for in adoption evaluations, both participants reported that it assesses for the child’s level of socio-emotional functioning. Neither participant indicated that the BASC-2 assesses for child psychopathology, personality functioning, strengths and weaknesses, testing or generating hypotheses, confirming hypotheses, cognitive functioning, or child abuse and maltreatment.

Two participants reported sometimes using the Trauma Symptom Checklist for Children (TSCC). In terms of how useful they thought TSCC was, respondents indicated an average of 4.5 on a 5 point scale ($SD=.71$). One participant indicated that the TSCC is “useful” while the other participant indicated that the TSCC is “very useful.” Both participants reported that the TSCC is valuable for its validity statistics and reliability statistics. One participant found the TSCC to be valuable for its acceptability within the field, its acceptability within the forensic field, its cost, and its time to administer. Neither participant found the TSCC to be valuable for its computer scoring or interpretive report availability.

When asked what the TSCC assesses for in adoption evaluations, both participants reported that it assesses for child psychopathology, the child’s level of socio-emotional functioning and possible child abuse or maltreatment. One participant reported that the TSCC confirms hypotheses. Neither participant indicated that the TSCC assesses for personality functioning, strengths and weaknesses, testing or generating hypotheses, family conflict, or cognitive functioning.

Each other psychological instrument was endorsed by only one participant and is listed in table 12.

Table 12

Psychological Instruments Endorsed by Psychologists for Children

Psychological instrument	How often the instrument is used	How useful is the instrument	What makes the instrument useful	For what does the instrument assess
Autism Spectrum Rating Scales	Sometimes	Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost, Time to administer	Autism
Beck Youth Inventories-II	Sometimes	Useful	Validity statistics, Reliability statistics, Acceptability within the field, Time to administer	Child psychopathology, Personality functioning, Child’s level of socio-emotional functioning
Bracken School Readiness	Sometimes	Moderately Useful	Validity statistics,	Not specified

Assessment-3 rd Edition			Reliability statistics, Acceptability within the field, Cost, Time to administer	
Carey Temperamental Scale	Always	Useful	Validity statistics, Reliability statistics, Interpretive report availability	Personality functioning, Temperament and attachment
Columbia DISC Depression Scale	Sometimes	Useful	Cost, Time to Administer	Child's level of socio-emotional functioning
Gilliam Autism Rating Scales, Third Edition	Rarely	Minimally Useful	Acceptability within the field, Cost, Time to Administer	Not specified
Kaufmann Brief Intelligence Test, Second Edition	Sometimes	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Time to administer	Testing or generating hypotheses, Confirming hypotheses, Cognitive functioning
Millon Adolescent Clinical Inventory	Sometimes	Very useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Computer scoring, Time	Psychopathology, Personality functioning, Testing or generating hypotheses, Level of socio-emotional functioning, Family conflict, Child abuse or maltreatment

Minnesota Multiphasic Personality Inventory-Adolescent	Sometimes	Very useful	to administer, Interpretive Report Availability Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Computer scoring, Time to administer, Interpretive Report Availability	Psychopathology, Personality functioning, Testing or generating hypotheses, Level of socio-emotional functioning, Family conflict, Child abuse or maltreatment
NEPSY, Second Edition	Sometimes	Very Useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability within the forensic field, Cost, Time to Administer	Social ability
Thematic Apperception Test	Sometimes	Useful	Relational dynamics	Test or Generate Hypotheses, Child's level of socio-emotional functioning, Dynamics
Test of Everyday Attention for Children	Sometimes	Very useful	Validity statistics, Reliability statistics, Acceptability within the field, Acceptability	Attention

Test of Variables of Attention	Sometimes	Very useful	within the forensic field, Cost, and Time to administer Validity statistics, Reliability statistics, Computer Scoring	Ruling out Attention Deficit/Hyperactivity Disorder (ADHD)
Vanderbilt ADHD Rating Scales	Always	Very Useful	Acceptability within the field, Cost, Time to administer	Child's level of socio-emotional functioning
Vineland Adaptive Behavior Scales, Second Edition	Sometimes	Moderately Useful	Validity statistics, Acceptability within the field, Acceptability within the forensic field, Computer scoring, Cost, Time to administer	Gives a comprehensive picture
Wide Range Assessment of Memory and Learning, Second Edition	Rarely	Useful	Validity statistics, Reliability statistics, Acceptability within the field, Cost, Time to administer	Memory and attention
Wide Range Achievement Test, Fourth Edition	Always	Very Useful	Validity statistics, Reliability statistics, Cost, Time to administer	Analyzing strengths and weaknesses, Test or generate hypotheses, Confirm hypotheses

Discussion

The adoption process can require an adoption evaluation for both prospective parents and adoptive children (Dickerson & Allen, 2007; Kirby & Hardesty, 1998; Wind, Brooks, & Barth, 2007). Because of this, it is important to investigate the major components of an adoption evaluation, specifically as research is lacking in this area. In particular, it is unclear which psychological instruments are typically used in adoption evaluations and how they are being used. This study attempted to explore this issue by surveying psychologists who performed adoption evaluations.

Results largely indicated that the majority of psychologists changed the instruments they used when certain elements were being considered, majorly when considering specific diagnoses, the level of functioning, or specific age. These findings appear to be consistent with what is found in literature. Researchers have established the fact that a battery of psychological instruments needs to be changed based on various issues, such as the referral question, hypotheses being considered, or the diagnoses being considered (Flanagan, Ortiz, & Alfonso, 2013; Groth-Marnat, 2003; Meyer, et al., 2001; Wright, 2011). Additionally, it is unsurprising that age and level of functioning often changed the instruments that were used. It is simply that many instruments have been normed on specific populations and can only be used with adults or children, or with individuals who evidence a certain level of functioning.

However, it appeared that evaluators often used psychological instruments for specific reasons. That is, participants who evaluated parents indicated that they most commonly used measures to assess for personality functioning, psychopathology, and parental strengths and weaknesses. When completing adoption evaluations for children,

participants indicated that they most often used instruments to assess for a child's level of socio-emotional functioning, cognitive functioning, psychopathology, and testing or generating hypotheses.

Results indicated that participants largely varied in their time spent on components of adoption evaluations. For example, respondents recorded a mean of 8.26 hours overall completing a single adoption evaluation, but the standard deviation of 3.89 demonstrated that this time largely varied. Results also indicated that participants spent approximately 3.02 hours completing psychological instruments during their evaluations. However, again, with a standard deviation of 1.60, the amount of time administering these instruments appeared to be quite varied as well. In terms of time spent on specific components, it appeared that the most time was spent on completing the actual psychological instruments, closely followed by the clinical interview. In fact, the average time spent on the clinical interview was 1.65 hours.

It is important to note that 32.5% of respondents stated they used clinical interviews as their primary data source. If such a large percentage is almost solely using clinical interviews for conclusions made in their evaluations, it would subsequently become important to obtain detailed, comprehensive information which may account for the large amount of time being spent on clinical interviewing.

Participants suggested that the large majority of completed evaluations were sent to the adoption agency with which the prospective parents were working, but many also sent the completed evaluations directly to the social worker or parents of the adopted child. Approximately 40% also sent their evaluations to the judge or justice system. Based on this finding, the assumption is that these evaluations need to follow legal

guidelines. A component of these legal guidelines include the Daubert Standard which is formed by four major components in determining admissibility of expert testimony, which includes psychological evaluations and subsequently psychological instruments (Bow, et al., 2006). In other words, a psychological instrument must meet the Daubert Standards in order to be used in the justice system as admissible evidence for or against a certain decision (i.e. parental capacity). The guidelines are as follows: the theory or technique has been tested or falsifiable, it has been subjected to peer review and publication, it has a known or potential error rate and maintenance of standards controlling the technique's operation, and it is generally accepted (Daubert v. Merrell Dow Pharmaceuticals, Inc., 1993).

Many issues have arisen in this area of psychological testing and studies have been conducted to determine which psychological instruments meet the Daubert Standard. Bow et al. (2006) for example, surveyed psychologists who reported how often they used certain instruments and whether or not they felt those instruments fit the Daubert Standard. While many of the major instruments like the MMPI-2, MCMI-III, PAI, WAIS-IV, WISC-IV and others were found to meet the criteria, the biggest dispute was over projective measures. In Bow et al.'s (2006) study, it was found that over 78% of participants determined that projective drawings did not meet the Daubert standard, while still roughly 10% of participants used them. This included Sentence Completions, Children's Apperception Test (CAT), and the TAT. The Rorschach failed to meet the standard unless using the Comprehensive Scoring System.

The results of Bow et al.'s (2006) study become important when considering the present study and which instruments are being used for the evaluations being sent to a

judge or to the justice system. Of the 40% being sent to a judge or to the justice system, it was found that 23.1% were using the Rorschach, 15.4% were using Sentence Completions, 15.4% were using the CAT, and 15.4% were using the TAT. These percentages suggest that there are a significant amount of individuals using projective measures when sending their evaluations to the court. This becomes quite interesting and sparks questions that could be utilized in future studies as to whether or not this has caused legal scrutiny or questions about using these instruments to draw conclusions in the evaluations.

As previously mentioned, psychological instruments were used the most often by respondents for making determinations related to the referral question followed closely by clinical interviews. 29.7% indicated they used an integration of multiple elements in making determinations. This number is lower than might be hypothesized given that research often indicates that one source of data collection, such as clinical interviews or psychological testing alone, should not be used solely but instead be used in conjunction with other data points (Bow et al., 2006; Gould, 1998; Grisso, 2010; & Helibrun, 2001). Multiple data points should be used not only when considering certain hypotheses, but also when making specific recommendations or decisions in psychological evaluations (Grisso, 2010).

Participants rated adequate validity, adequate reliability, and acceptability within the field as the most important factors when considering which psychological instruments to use during adoption evaluations. In turn, other factors were rated lower, particularly interpretive report availability and computer scoring, which appeared less to do with the integrity of an instrument within the psychological field and instead more related to the

convenience with which it can be used. This finding is quite consistent with existing literature as factors referred to in the literature as the most critical when selecting psychological instruments (Bow et al., 2006; Chicchetti, 1994; Otto, Eden, & Barcus, 2000).

When looking at the results of each instrument's ratings, it appeared that what made each instrument valuable was generally consistent with what the respondents valued in choosing certain psychological instruments. For example, validity and reliability statistics, as well as acceptability within the field consistently received the highest percentages among the factors available. However, there were exceptions to this. Overall, projective measures were rated lower on certain aspects of what made the measure valuable to use, particularly in the area of validity and reliability statistics.

When rating projective measures, participants also ranked "acceptability within the forensic field" less frequently. As mentioned earlier, this would make sense in light of the fact that Bow et al. (2006) found that a vast majority of his respondents ranked projective techniques such as Sentence Completions, TAT, and Roberts-2 as failing to meet the Daubert Standard. The Rorschach, however, was the one exception to this, as long as the Comprehensive Scoring System was used.

Results indicated that the participants were generally accurate while rating what is valuable about each instrument, and also for what the instrument itself assesses. For example, when using the WAIS-IV or the WISC-IV, all participants included "cognitive functioning" as one of the items for which these instruments would assess. Another example was indicating that the PAI assesses for parent psychopathology as well as the CBCL assessing for a child's level of socio-emotional functioning.

It also appeared that psychologists emphasized certain areas of assessment depending upon whether they were evaluating an adult or child. For example, psychologists who evaluated adults identified 14 different objective measures while those who evaluated children only identified 5 measures. In turn, those who evaluated children identified 11 intelligence or academic functioning measures while those who evaluated adults identified only 3. While a component of this finding may include the fact that age requirements need to be taken into consideration for young children, school-aged children, and adolescents, it still appears that these evaluations, depending upon measuring prospective parents or adoptive children, may have different emphases. That is, when asking psychologists what referral questions may be typical, when evaluating children, participants more often said that they completed evaluations in order to determine a child's cognitive ability or academic aptitude. Other referral questions included development, behavior, or social issues. With adults, however, objective personality instruments were much more prevalent. This again appears consistent with the information about typical referral questions centering on personality functioning, behavior or emotional concerns, as well as concerns regarding various parenting issues or capacity. It appears, then, that the instruments used are consistent with both the referral questions highlighted in this study.

Chapter 3: Psychological Instrument Battery Proposals

Adult Proposal

When considering a proposal for a specific battery of psychological instruments to be used in evaluating prospective parents for adoption, not only is it important to consider the psychological instruments within the battery, but also the entire evaluation process itself. When surveying psychologists, 32.5% of respondents indicated that they used the clinical interview portion as their primary data source. Additionally, results indicated 1.65 hours (SD 0.83) spent on the interview itself. When exploring adoption literature, it becomes clear that researchers also believed that the clinical interview is an important component of adoption evaluations. More specifically, certain researchers believed that current relationships and parenting qualities could be made clear during this portion of the evaluation, making this a very important aspect while doing adoption evaluations (Noordgraaf, van Nijnatten, and Elbers, 2008; Noordegraaf, van Nijnatten, & Elbers, 2009). Therefore, this proposal includes the need for a comprehensive and thorough clinical interview before beginning psychological testing. The clinical interview could enlighten the psychologist to not only important aspects like relationships and parenting qualities, but the interview could also better help determine hypotheses to be tested or elucidate possible issues. A comprehensive collection of the following areas are important: a developmental history, mental health history, substance use history, medical history, educational history, vocational history, legal history, family history, social history, multicultural history, and a mental status exam (Wright, 2011). Moreover,

participants also indicated that behavioral observations, collateral contacts, and review of records are also done, which would help in the comprehensiveness of adoption evaluations and is therefore encouraged.

While surveying psychologists who completed adoption evaluations, many participants discussed that prospective parents were often referred in order to determine the appropriateness of those individuals adopting, the need to rule out issues of mental illness or personality disorders, the appropriateness of fit between a child and parent, and concerns regarding behavioral, emotional, or parental fitness. With a potentially wide range of specific referral questions, based upon the results of this study, it is clear that multiple psychological instruments need to be used as it is impossible at this time to use one instrument to appropriately measure all of these domains.

While completing the survey, psychologists were asked to determine whether the psychological instruments they used during adoption evaluations measured aspects specifically related to adoption evaluations. These aspects included measuring parent psychopathology, analyzing parental strengths and weaknesses, confirming hypotheses, measuring parenting capacity, measuring child abuse or maltreatment potential, testing or generating hypotheses, measuring personality functioning, measuring parenting stress, measuring family conflict, measuring adult attachment level, and measuring cognitive functioning. These specific aspects were included as elements in this survey because they were found to be valuable when making conclusions about parental fitness or when completing child custody evaluations (Bow et al., 2006, Dance, Rushton, & Quinton, 2002; Rushton, 2004; Simmel, 2007). Subsequently, when considering a proposal for a

specific battery of psychological instruments to use for adoption evaluations, it is quite important to ensure that all of these aspects are being adequately measured.

Not only did psychologists specify if certain psychological instruments were useful in determining the above mentioned items, but participants also indicated why psychological instruments were useful. Results indicated that the most important factors were adequate validity research, adequate reliability research, and acceptability within the psychological field. These findings are consistent with existing literature as factors that are most critical when selecting psychological instruments, making it important to consider which psychological instruments were ranked highly by psychologists in terms of these factors (Bow et al., 2006; Chicchetti, 1994; Otto, Eden, & Barcus, 2000).

Based on the results of this study, the MMPI-2 was the most often used psychological instrument with 84.6% participants using it. Of that percentage, 77.3% suggested that they always use this instrument during adoption evaluations. A vast majority of participants, 95.4%, indicated that the MMPI-2 measured personality functioning as well as 81.8% of respondents indicating that it assessed for parent psychopathology. Not only that, but 40.9% also reported that it measured for parental strengths and weaknesses. An overwhelming majority of psychologists reported that the MMPI-2 was valuable to use because of its acceptability within the field (95.4%), its validity statistics (90.9%), and its reliability statistics (81.8%).

Researchers have found that the original MMPI and subsequent MMPI-2 is one of the most widely used instruments to test for psychopathology and personality (Archer, 1992; Nichols, 1992; Nagayama Hall, Bansal, & Lopez, 1999; Parker, Hanson, & Hunsley, 1998; Zalewski & Gottesman, 1991). Additionally, it has been found to be one

of the most reliable and valid instruments available (Nagayama Hall, Bansal, & Lopez, 1999; Zalewski & Gottesman, 1991). Moreover, researchers suggest that this is the most commonly used instrument for assessing parents in parent capacity evaluations (Ackerman, 2006; Bow, et al., 2006; Carr, Moretti, & Cue, 2005; Choate, 2009; Emery, Otto, & O'Donohue, 2000; Flens, 2005; Gould, 2005; Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinnell & Bow, 2001).

When combining the results of this study as well as the literature on the MMPI-2, this psychological instrument becomes one component of the proposed battery. More specifically, it can be used to determine parent psychopathology and personality functioning. Not only that, but it could be helpful in potentially identifying parental strengths and weaknesses.

The results of this study have shown that if prospective parents' cognitive or intellectual functioning level is of concern, the WAIS-IV is the primary psychological instrument that is used. 19.2% of respondents indicated that they use the WAIS-IV and it was found to be "very useful" by 75% of participants who used it. 100% of respondents who used the WAIS-IV indicated that it was valuable to use because of its validity statistics, reliability statistics, and acceptability within forensic settings. 75% of participants indicated that it was also valuable because of its acceptability within the psychological field. Unsurprisingly, all respondents who used the WAIS-IV during adoption evaluations indicated that it was used to measure cognitive functioning.

Overall, researchers have found that the WAIS-IV is the most frequently administered intelligence test and has been shown to have strong validity and reliability (Canivez, 2010; Hartman, 2009; Lichtenberger & Kaufman, 2009; Nelson, Canivez, &

Watkins, 2013; Schraw, 2010). In fact, some researchers are adamant that the WAIS-IV is considered the “gold standard” of intelligence tests (Hartman, 2009). Other researchers have found it to be useful in both parental capacity evaluations and a potential option for adoption evaluations (Ackerman, 2006; Clark, Connell, & Budd, 2013; Emery, Otto, & O’Donohue, 2005; Hagan & Hagan, 2008). When combining the results of this study as well as the literature on the WAIS-IV, this psychological instrument becomes one component of the proposed battery. More specifically, it can be used to determine cognitive functioning for prospective parents.

In terms of more specific parenting measures, the results of this study showed that the PSI-4 was used by 15.4% of respondents. The PSI-4 was found to have a 2.75 rating of usefulness on a 5 point scale which is a bit lower than other instruments like the MMPI-2 and WAIS-IV. However, many participants found this instrument useful for measuring parental stress (75%), measuring parental strengths and weaknesses (50%), and measuring family conflict (50%). Less than half of participants who used the PSI-4 thought it also measured for child abuse or maltreatment potential (25%). Respondents indicated that it was valuable to use for a variety of reasons, but 50% found it to be valuable because of its acceptability within the psychological field. Only 25% found it to be valuable because of reliability and validity statistics.

When examining the literature, the PSI-4 has been found to measure the stress in a parent-child relationship (Clare, 2014; Young, 2014). It has demonstrated sound psychometric data, such as reliability and validity, and has been found to be an overall strong measure (Young, 2014). Other investigators have found it to be a useful instrument in child custody evaluations as well as a potential option in adoption

evaluations (Bow et al., 2006; Choate, 2009; Clark, Connell, & Budd, 2013; Gould, 2005; Heinze & Grisso, 1996; Otto, Edens, & Barcus, 2000; Quinell & Bow, 2011). Although this psychological instrument has somewhat lower rankings based on the results of this study, participants still endorsed the instrument on a higher scale than other instruments in the psychological field. Not only that, but when investigating the literature on the PSI-4, it appears that important aspects of this instrument, such as reliability, validity, and acceptability within the psychological field are strong, making it a valuable asset to this proposed battery. That is, with its sound psychometric properties, it adds the ability to measure important aspects such as parental stress, parental strengths and weaknesses, and family conflict.

The other proposed psychological instrument that is specific to parenting is the CAPI. The results of this study evidenced that the CAPI was used by 11.5% of respondents. The CAPI was found to have a 4.5 rating of usefulness on a 5 point scale. 100% of participants found the instrument applicable to investigating parental strengths and weaknesses, parent psychopathology, confirming hypotheses, parenting capacity, and child abuse or maltreatment potential. 50% found that the CAPI helped to test or generate hypotheses and helped to measure personality functioning, parenting stress, and family conflict. Respondents indicated that it was valuable to use for a variety of reasons, but 100% found it to be valuable because of its acceptability within the psychological field and forensic settings. 50% found it to be valuable because of reliability and validity statistics.

When examining the literature, the CAPI has been found to provide an estimate of parental risk in child physical abuse (Hart, 1989). It has also been found to assess for a

range of difficulties, such as level of distress, capacity to cope, and potential risk for violence in terms of abuse (Walker & Davies, 2010). Researchers clearly indicate that this is the best instrument for its intended purposes at this time (Begle, Dumas, & Hanson, 2010; Hart, 1989; Walker & Davies, 2010). In fact, Carr, Moretti, and Cue (2005) investigated the profiles that are common within child custody evaluations and found that the CAPI has the best validity scales for this population. Other investigators have noted its psychometric strengths, like reliability and validity (Choate, 2009; Clark, Connell, & Budd, 2013; Hart, 1989; Heinze & Grisso, 1996; Melton, 1989; Walker & Davies, 2010). However, some researchers, despite positive aspects of the instrument, caution psychologists in using the CAPI because of the possibility that it could indicate that abuse has occurred or is likely to occur when this in fact is not the case (Melton, 1989). Regardless, the vast majority of researchers encourage psychologists to use this in conjunction with other instruments so that a holistic approach can be taken (Walker & Davies, 2010). That is, conclusions that abuse has occurred, or will likely occur, cannot be based only on the CAPI's results but must be made in conjunction with other forms of data (Begle et al., 2010; Walker & Davies, 2010).

This CAPI had high rankings based on the results of this study. It also has established and strong psychometric properties, and is documented as the strongest psychological instrument available at this time for measuring child abuse potential. However, a review of the literature provided more cautionary usage of this instrument. Regardless, it is still believed that this will be a valuable asset to this battery in order to form a preliminary idea of potential risk of abuse, or at the very least, areas in which the prospective parents may be experiencing distress. Because other instruments have been

proposed within this battery, it is clear, and again stressed, that the potential for abuse should not be based solely on the results of the CAPI but used in conjunction with the clinical interview, behavioral observations, and other psychological instruments.

It also must be noted that 23.1% of respondents indicated that they used the TAT during adoption evaluations. As a projective measure, the TAT is questioned and criticized as having a lack of established validity and reliability (Bow et al., 2006; Lilienfeld, Wood, & Garb, 2000). Additionally, researchers have made it clear that the TAT fails to meet the legal criteria for admissibility and should not be used in forensic psychological testing (Bow et al., 2006; Medoff, 2009). Moreover, researchers mentioned that projective assessment measures were rarely used in child custody evaluations (Ackerman, 2006; Bow, 2006; Carr, Moretti, & Cue, 2005; Emery, Otto, & O'Donohue, 2005; Gould, 2005; Hagan & Hagan, 2008; Otto, Edens, & Barcus, 2000; Quinell & Bow, 2001). Finally, results indicated that the majority of participants indicated that the TAT assessed for parent psychopathology, personality functioning, and parental strengths and weaknesses (66.7%). 50% indicated that the TAT assessed for family conflict. However, the above mentioned psychological instruments, MMPI-2, PSI-4, and CAPI, were rated as measuring the same elements, and because they have been shown to have stronger and more established reliability and validity statistics, the TAT will not be considered in this proposed battery of psychological instruments.

The Rorschach will also not be considered as an instrument to be proposed in this adoption evaluation battery even though 23.1% of respondents indicated that they used this measure. 50% of respondents found this instrument to be "very useful" and the majority of participants believed that the Rorschach measured parental strengths and

weaknesses (66.7%) and also generates hypotheses (66.7%). Again, because the above mentioned psychological instruments were rated as measuring the same elements, and because they have been shown to have stronger and more established reliability and validity statistics, these appear to be more suitable for use, as well as less controversial in terms of psychometric properties. However, it should be noted that if psychologists believe a projective instrument is needed, the Rorschach would be encouraged. Although the psychometric properties are debated, the Rorschach has been known to be admissible in court, if using the Comprehensive System (Bow et al., 2006). Not only that, but others have found that the validity and reliability are established and sufficiently strong (Aschieri, 2014; Weiner, 2003). Again, however, the Rorschach is not without critics and many would disagree that the Rorschach psychometric properties are adequate; some researchers believe it should not be admissible in court and believe that the reliability and validity of this instrument is found lacking (Erard & Viglione, 2014; Grove, Garb, Barden, & Lilienfeld, 2002; Wood, Nezworski, Stejskal, & McKinzey, 2001).

In summation, it is believed that a battery of psychological instruments including the MMPI-2, the WAIS-IV, the PSI-4, and the CAPI will provide a good basis with which to measure the breadth of important factors needed when assessing prospective parents. These instruments were ranked highly by the participants in this study as well as researchers in literature. Moreover, these instruments were found to assess qualities in crucial areas as indicated by the respondents and researchers in literature. Again, these include: personality functioning, possible psychopathology, cognitive functioning, parental strengths and weaknesses, potential maltreatment tendencies, parental stress, and family conflict. Finally, it is noted that respondents averaged 3.02 hours for completing

psychological instruments during adoption evaluations. Based on the manuals for the four proposed instruments, it typically takes 60 to 90 minutes to administer the MMPI-2 (Butcher, et al., 2001), 60 to 90 minutes to administer the WAIS-IV (Wechsler, 2008), 20 minutes to administer the PSI-4 (Abidin, 1995), and 12 to 20 minutes to administer the CAPI (Milner, 1986). Overall, this would equate to a maximum of 3 hours and 40 minutes which is quite close to the average amount of time suggested by respondents.

The importance of considering specific referral questions cannot be understated here. Results from this study indicate that 89.2% of respondents would change the instruments they use based on several factors, such as malingering issues, specific diagnosis considerations, age level, level of functioning, or ethnicity. In fact, it may be that these instruments need to be supplemented with other psychological instruments, or taken out altogether under certain circumstances. Additionally, it is also important to consider specific requirements of international countries, as some have specific regulations on which psychological instruments must be administered.

Researchers have also emphasized that prospective parents should ideally have a thorough knowledge of a child's developmental needs (Barth, Gibbs, & Siebenaler, 2001; Brooks, Allen, & Barth, 2002, Grover, 2004; Johnson, Edwards & Puwak, 1993; Kirby & Hardesty, 1998; Orme, et al., 2007; Reilly & Platz, 2003; Rushton, 2004; Simmel, 2007; Strickland & Samp, 2013; Weitzman, 2003; Wind, Brooks, & Barth, 2007). However, no instruments were reported in this study that would allow this area to be specifically assessed. Therefore, it is believed that this is important to consider when choosing whether or not to add certain instruments to this proposed battery.

Finally, researchers have established the fact that a battery of psychological instruments needs to be changed based on various issues, such as the referral question, hypotheses being considered, or the diagnoses being considered (Flanagan, Ortiz, & Alfonso, 2013; Groth-Marnat, 2003; Meyer, et al., 2001; Wright, 2011). Regardless, of these cautions, it is believed that this battery might be used with a wide range of prospective parents. Additionally, it is believed that this battery would provide valuable and plentiful information about a wide range of referral questions as well as the specific elements that need to be considered in terms of adoption evaluations and parental fitness. Finally, it is believed that this battery could be used in a dynamic way. That is, the battery is able to provide a strong grounding with which to potentially add additional instruments when considering other elements. Also, it could be used as model to recognize the need to highlight all the components that the above mentioned instruments cover. For example, if the MMPI-2 cannot be used because of an individual's reading level, this battery would help highlight the need for a personality instrument to be used. Subsequently, the MMPI-2 could be substituted with the PAI which requires a lower reading level.

Child Proposal

When considering a proposal for a specific battery of psychological instruments to be used in evaluating adoptive children, again, it is important to consider the entire evaluation process, much like when evaluating prospective parents. As mentioned above, both the results of this study and a research of the available literature indicate the importance of an integration of data, including the clinical interview, behavioral observations, and psychological instruments (Noordgraaf, van Nijnatten, and Elbers, 2008; Noordegraaf, van Nijnatten, & Elbers, 2009). Therefore, this proposal includes the

need for a comprehensive and thorough clinical interview before beginning psychological testing, as well as detailed behavioral observations throughout the evaluation and a comprehensive review of records. These components could enlighten the psychologist to not only important aspects such as the child's history and current ways of interacting, but they could also better help determine hypotheses to be tested, or bring to light any issues that may alter the instruments needed to be used. Again, the clinical interview should include the following important areas: a developmental history, mental health history, substance use history, medical history, educational history, vocational history, legal history, family history, social history, multicultural history, and a mental status exam (Wright, 2011).

While surveying psychologists who completed adoption evaluations, many also discussed that children were often referred in order to determine a child's cognitive ability as well as specific struggles within the developmental, behavioral, or social domains. This was consistent with literature as well (Brooks, Allen, & Barth, 2002, Grover, 2004; Johnson, Edwards & Puwak, 1993; Kirby & Hardesty, 1998; Rushton, 2004; Weitzman, 2003). With a potentially wide range of specific referral questions, based upon the results of this study, it is clear that multiple psychological instruments need to be used as it is impossible at this time to use one instrument to appropriately measure all of these domains.

While completing the survey, psychologists were asked to determine whether the psychological instruments they used during adoption evaluations measured aspects specifically related to adoption evaluations. These aspects included measuring child psychopathology, cognitive functioning, analyzing strengths and weaknesses, testing or

generating hypotheses, confirming hypotheses, determining capacity, assessing personality functioning, assessing a child's level of socio-emotional functioning, assessing family conflict and assessing for child abuse or maltreatment. These specific aspects were included as elements in this survey because they were found to be valuable when making conclusions about an adoptive child's functioning as well as child custody evaluations completed on the children themselves (Bow et al., 2006, Dance, Rushton, & Quinton, 2002; Rushton, 2004; Simmel, 2007). Subsequently, it is important to consider which psychological instruments were ranked highly by psychologists in terms of these factors.

Not only did psychologists specify if certain psychological instruments were useful in determining the above mentioned items, but participants also indicated why psychological instruments were useful. Similar to adult evaluations, results indicated that the most important factors were adequate validity research, adequate reliability research, and acceptability within the psychological field. These findings are consistent with existing literature as factors referred to in the literature as the most critical when selecting psychological instruments (Bow et al., 2006; Chicchetti, 1994; Otto, Eden, & Barcus, 2000). Again, it is important to consider which psychological instruments were ranked highly by psychologists in terms of these factors.

Based on the results of this study, 75% of respondents who completed child adoption evaluations indicated that they used the WISC-IV, making it the most often reported psychological instrument used with children. All participants indicated that the WISC-IV measured cognitive functioning, while some also indicated that the WISC-IV assessed for strengths and weaknesses as well as testing or generating hypotheses

(33.3%). An overwhelming majority of psychologists reported that the WISC-IV had adequate validity and reliability statistics as well as acceptability within the psychological and forensic fields (66.7%).

Overall, researchers have found that the WISC-IV is the most frequently administered intelligence test with children and has been shown to have strong validity and reliability (Flanagn & Kaufman, 2004; Maller, 2005; Ryan, Glass, & Bartels, 2009; Thompson, 2005; Watkins & Smith, 2013). In fact, some researchers believe that the WISC-IV should be incorporated into all cognitive related assessment batteries (Prifitera, Saklofske, & Weiss, 2008). Others have found it to be a useful instrument for child custody evaluations and potentially in adoption evaluations as well (Ackerman, 2006; Clark, Connell, & Budd, 2013; Emery, Otto, & O'Donohue, 2005; Hagan & Hagan, 2008). When combining the results of this study and the literature on the WISC-IV, this psychological instrument becomes one component of the proposed battery. More specifically, it can be used to determine cognitive functioning for adoptive children as well as help to determine specific strengths and weaknesses. However, if a child is under the age of 6, or over the age of 16, a different form of the Wechsler intelligence tests should be given, such as the WAIS-IV for older individuals or the WPPSI-IV for younger children, which 37.5% of respondents indicated they have used or are currently using for cognitive functioning instruments. Given that the WPPSI-IV has also been found to have excellent psychometric properties, it is easily substituted if the child is not within the age range of the WISC-IV (Canivez, 2014; Thorndike, 2014).

Not only that, but as mentioned earlier, it appears that intellectual functioning is a more frequent referral question with children than it might be for adults. Because of this,

it becomes imperative to consider an achievement test within the proposed battery so that a well-rounded view of the child and his or her functioning can be provided.

37.5% of individuals responded that they use the WIAT-III and 37.5% of individuals also indicated that they used the WJ-III for measuring achievement. The WIAT-III was ranked 4.67 out of 5 on a usefulness scale, while the WJ-III was rated 4.33. All respondents found both the WIAT-III and WJ-III to be valuable because of its acceptability within the field. The majority of participants also found both the WIAT-III and WJ-III valuable because of their validity statistics and reliability statistics.

The WIAT-III and WJ-III have established evidence of solid reliability and validity (Mather, Schrank, & Woodcock, 2007; Miller, 2010; Reynolds & Fletcher-Janzen, 2007; Willse, 2010). Because of the adequate psychometric properties, because the respondents rated both achievement tests so closely, and also because it usually is a personal preference of which achievement test to use, it is proposed that this battery should include an achievement test, but the specific instrument selection can depend on preference. It should also be noted that the WIAT-III can be used with individuals as young as four while the WJ-III can be used with individuals as young as two.

The CBCL was used by 37.5% of those who conducted child adoption evaluations. All who used it stated that it was useful, with a rating of 4.67 out of 5. All participants indicated that it measures socio-emotional functioning, and a majority indicated that it assesses for child psychopathology and tests or generates hypotheses (66.7%). All respondents indicated that the CBCL was valuable because of its validity statistics, reliability statistics, and acceptability within the field.

Researchers indicated that the CBCL is the most commonly used child and adolescent instrument in this area (Frick, Barry, & Kamphaus, 2010; McClendon, et al., 2011). The CBCL is also noted to assess for psychosocial dysfunction, adaptive functioning, competencies, and general problems (McClendon, et al., 2011). In fact, research indicates that the CBCL is the preferred choice of many child clinicians for its established psychometric properties and its history of successful use (Flanagan, 2005; Frick, Barry, & Kamphaus, 2010; Watson, 2005). Finally, the CBCL was found to be more often used in forensic assessments with child custody evaluations than the BASC-2 (Bow et al., 2006). This is ultimately why the CBCL is a component of this proposed battery, especially in light of the fact that the BASC-2 is a similar psychological instrument, was used by 25% of the respondents who endorsed completing child adoption evaluations, and also has positively established reliability and validity (Frick, Barry, & Kamphaus, 2010).

The TSCC was used by 25% of participants. It was rated a 4.5 on a 5 point scale of usefulness. All respondents indicated that it was useful in assessing for child psychopathology, a child's level of socio-emotional functioning, and possible child abuse or maltreatment. One individual indicated that it was useful in confirming hypotheses. All respondents indicated that the TSCC was valuable because of its validity statistics and reliability statistics, while one indicated that it was valuable because of its acceptability within the psychological and forensic fields.

Researchers indicate that this is a widely used and helpful instrument when considering past trauma and a Posttraumatic Stress Disorder (PTSD) diagnosis (Mackler, 2007; Stinnett, 2007; Wolpaw, Ford, Newman, Davis, & Briere, 2005). Researchers also

indicated that this is a valid instrument in assessing distress levels (Sadowski & Friedrich, 2000). While some researchers have indicated solid reliability and validity, and clear acceptance in the psychological field, others have questioned its psychometric properties (Stinnett, 2007; Strand, Pasquale, Sarmiento, 2005). Therefore, investigators encourage this instrument to be given in conjunction with other assessments in order to create solid and consistent conclusions (Stinnett, 2007). When considering the other instruments within this proposed battery, it is believed that the TSCC will be appropriately used with other instruments in order to remain aligned with the literature. It appears that this is a potentially valuable instrument to use in assessing a variety of important factors as well as unique factors such as past child abuse or maltreatment. However, it is noted that the value is limited because it can only be used within a specific age range. Therefore, special attention will have to be given to the age of the adoptive child.

The Minnesota Multiphasic Personality Inventory-Adolescent edition (MMPI-A) was used by 12.5% of those who conducted child adoption evaluations. It was rated as being “very useful” because of its ability to assess psychopathology, personality functioning, level of socio-emotional functioning, family conflict, and child abuse or maltreatment. It was also noted to test of generate hypotheses. All respondents indicated that the MMPI-A was valuable because of its validity statistics, reliability statistics, and acceptability within the psychological and forensic fields.

Researchers indicated that the MMPI-A is the most commonly used instrument to assess psychopathology in adolescents (Butcher, 2009; Claiborn, 1995; Lanyon, 1995). It is also noted to have solid validity and reliability (Butcher, 2009; Claiborn, 1995; Lanyon, 1995). When paired with the results of this study and the literature on this

psychological instrument, it appears that this is a potentially valuable instrument to use in assessing a variety of important factors. However, it is noted that the value is limited because it can only be used with individuals who are 14 to 18 years of age. Therefore, while it is included in this proposed battery, its use is restricted to administering it to children within the appropriate age range.

It also must be noted that 50% of respondents indicated that they used the Roberts-2 during adoption evaluations. As a projective measure, the Roberts-2 is questioned and criticized as having a lack of established validity and reliability (Bow et al., 2006; Lilienfeld, Wood, & Garb, 2000). Additionally, researchers have conducted investigations that indicate psychologists in the field believe that the Roberts-2 fails to meet the legal criteria for admissibility and is unable to be used in forensic psychological testing (Bow et al., 2006; Medoff, 2009). Moreover, results indicated that all participants who used the Roberts-2 suggested that this instrument assessed for socio-emotional functioning. The majority of others indicated that it also assessed for child psychopathology (75%). Finally 50% indicated that the instrument confirmed hypotheses and also assessed for child abuse or maltreatment. In this study, the respondents identified the other psychological instruments proposed for this battery to measure the same elements. The instruments in this proposed battery also have been shown to have stronger and more established reliability and validity statistics. Therefore, the Roberts-2 will not be considered in this proposed battery of instruments.

The same is also true of the Rorschach, although 37.5% of participants indicated that they use or have used this instrument with children. 66.6% of respondents found this instrument to be “very useful” and all of the participants who used the Rorschach

indicated that it assesses for child psychopathology, personality functioning, and also tests or generates hypotheses. The majority of participants believed that the Rorschach measured strengths and weaknesses (66.7%). Because the respondents also identified the other proposed battery instruments to measure the same elements, and because they have been shown to have stronger and more established reliability and validity statistics, these appear to be more suitable for use, as well as less controversial in terms of psychometric properties. However, it should be noted that if psychologists believe a projective measure is needed, the Rorschach would be encouraged as long as the child is seven years of age or older.

In summation, it is believed that a typical battery of tests including the WISC-IV, the WIAT-III or WJ-III, the CBCL, the TSCC, and the MMPI-A (when applicable) will provide a good basis with which to measure the breadth of important factors needed when considering the referral questions noted from the results of this study. Moreover, these instruments were found to assess qualities in crucial areas as indicated by researchers in literature. These include assessing for deficits in cognition, social factors, behavior factors, and emotional factors. Finally, it is also noted that respondents averaged 3.02 hours for completing psychological instruments during adoption evaluations. Based on the manuals for the proposed instruments, it typically takes 60 to 90 minutes to administer the WISC-IV (Wechsler, 2003), 45 to 90 minutes to administer the WIAT-III (Wechsler, 2009), 55 to 65 minutes to administer the WJ-III (Woodcock, et al., 2007), 30 to 60 minutes to administer the CBCL (Achenbach & Edelbrock, 1991), 15 to 20 minutes to administer the TSCC (Briere, 1996) and 60 minutes to administer the MMPI-A (Butcher, et al., 1992). Overall, this would equate to a maximum instrument

administration time of 4 hours and 20 minutes without the MMPI-A and a maximum instrument administration time of 5 hours and 20 minutes with the MMPI-A. This is above the average amount of time suggested by respondents and it may therefore be necessary to remove certain instruments if time is an issue, or if an adoptive child works at a slow pace and may not be able to handle the entire battery of tests.

Additionally, as mentioned in the adult battery proposal, the importance of considering specific referral questions cannot be understated. In fact, it may be that these instruments may have to be supplemented with other psychological instruments at times, or simply not used. Results from this study indicate that 89.2% of respondents would change the instruments they use based on several factors, such as malingering issues, considering specific diagnoses, age level, level of functioning, or ethnicity. Additionally, it is also important to consider specific requirements of international countries, as some have specific regulations on which psychological instruments must be administered. Not only that, but it is also important to consider that some adoptive children from international countries may not speak English, or instruments may not have existing norms that are appropriate to use with certain adoptive children. The possibility of changing or supplementing psychological instruments are also important when considering age requirements. Therefore, this battery could also be considered as a model. That is, instruments may need to be changed or removed depending upon the child's country of origin or if the child does not meet age requirement. Or, if additional concerns are found based on the testing proposed in this battery, more specific testing may need to be conducted in order to rule out or confirm specific diagnoses. One such

example might be that of an Intellectual Disability (ID); adaptive functioning testing would have to be added if considering an ID diagnosis.

Finally, it is important to note that this battery is preliminary. Fewer psychologists identified themselves as having completed adoptive child evaluations. Therefore, it is important to consider this as an area of future study; to confirm the results of this study, and augment and possibly change the battery proposed. However, no instruments were proposed within the battery without being endorsed by at least two respondents, with the exception of the MMPI-A. Moreover, conclusions were made in conjunction with literature in order to confirm that the instruments proposed were reliable and valid measures. Because of this, it is believed that this battery might be used with a wide range of adoptive children as well as being able to provide valuable and plentiful information for a wide range of referral questions.

Chapter 4: Implications for Practice

The findings from this study, especially when combined with the literature on adoption evaluations, provide guidance for a preliminary recommendation of which psychological instruments should be incorporated in adoption evaluations. This investigation was focused upon surveying psychologists who conduct adoption evaluations but was also grounded in a review of relevant literature. This study was able to survey psychologists and integrate the results of which psychological instruments are routinely used during adoption evaluations. This not only increases psychologists' awareness of which psychological instruments are being used in adoption evaluations, but this study can also help provide a better rationale for why a psychological instrument is being used and for what purpose. This may then further help inform psychologists when making decisions about which psychological instruments to use during adoption evaluations, and how these instruments can be particularly helpful during adoption evaluations.

Several factors gleaned from this study can help psychologists when making decisions about which psychological instruments to use in adoption evaluations. It is clear from the results of this study that when choosing psychological instruments, factors such as validity, reliability, and prevalence in the fields of psychology and forensic psychology are important. This is a significant implication for practicing psychologists as they could use certain instruments more confidently knowing that these instruments are strongly grounded in research and have been shown to meet the above mentioned factors.

Without adequate reliability, validity, and even acceptance within the psychological field, psychologists may not be as confident in the integrity of adoption evaluations if they are using instruments with dubious or less significant scientific grounding. Therefore, again, it becomes important to use instruments that are strong in their psychometric data, and that have been shown to meet required criteria in the psychological community. Not only that, but it is important to research such statistics before using particular instruments.

When considering which psychological instruments to use, this study has also helped in identifying salient and prevalent reasons why particular instruments are used, whether it be to confirm hypotheses, rule out psychopathology, assess personality traits, or a variety of other factors. It becomes important to consider these factors when deciding which instruments to use in a particular battery. For example, when evaluating prospective parents to determine their capacity to parent, it might not be prudent to only use instruments that assess for cognitive functioning. Nor might it be useful to only use one instrument that assesses for particular personality traits. As researchers have pointed out in the literature, it is important not only to use multiple data points, but also to make sure psychological instruments are being selected for a specific purpose, and that the instrument be salient for that purpose (Flanagan, Ortiz, & Alfonso, 2013; Groth-Marnat, 2003; Meyer, et al., 2001; Wright, 2011).

The results from this study also point to the idea that test batteries are not static; instrument selection is contingent upon many different variables. The vast majority of participants indicated that they would change the psychological instruments used in an adoption evaluation for a variety of reasons. While this study has attempted to provide a preliminary battery for adoption evaluations, it should never be used without first

considering factors such as ruling out specific diagnoses, age level, level of functioning, malingering concerns, and other crucial factors. The battery proposed is again based upon the results of this survey and a study of the literature on adoption evaluations and general psychological instruments, but instruments could be added or eliminated depending upon the specific context. Regardless, this is a guide and a helpful starting point based upon research and specific findings.

Chapter 5: Limitations of this Study

One limitation of this study was the small sample size. Perhaps in the future, this study could be replicated with a larger number of psychologists to be surveyed. With the sample size, caution needs to be used in generalizing the results. This limitation is especially salient to the proposed battery of instruments to use for adoptive children. There were fewer psychologists who indicated that they evaluated adoptive children, and subsequently, there was less data with which to make conclusions. However, no instruments were proposed within the battery without being endorsed by at least two respondents, with the exception of the MMPI-A. Moreover, conclusions were made in conjunction with literature in order to confirm that the instruments proposed were reliable and valid measures. That is, if an instrument were not found to be highly regarded in the literature, it was not included in the battery of instruments. One example of this was the MMPI-A. It was found to have strong psychometric data in the literature and so it was incorporated within the proposed battery.

Related to this was another limitation. Because this survey included psychologists' data for evaluations conducted with both prospective parents and adoptive children, the questions were broader in scope. In the future, this study could be replicated and used only with psychologists who complete evaluations with prospective parents, or only those who complete evaluations with adoptive children. At that time, more specific questions could be developed within those surveys in order to gain more comprehensive and detailed information about evaluations done with both populations.

Other more specific questions could also be asked within a revised survey. One such example includes asking whether respondents complete domestic adoption evaluations, international adoption evaluations, or both. This would allow for additional investigation on how the evaluation process may change depending upon the referral source and from which country that referral comes.

A final limitation included the fact that many of the psychologists endorsed using instruments because they were accepted within the field of psychology. While that may be an important factor at times, attention needs to be given to certain instruments that might have the acceptance of the psychological field but may be lacking in terms of other crucial factors such as validity and reliability. Because so many of the psychological instruments that were endorsed were also so often rated as valuable because of popularity within the field, the results of this study should undoubtedly be replicated and expanded to incorporate additional psychologists' views as well as keep in mind that their opinions and choices may be influenced by more than psychometric data.

Chapter 6: Future Directions of Study

Based upon the limitations of this study, it would be invaluable to replicate this study in order to reach across to a bigger sample size and confirm the results of this study as well as provide an opportunity for more psychological instruments to be incorporated and evaluated through the survey of psychologists.

Moreover, as mentioned above, replicating this study and revising the survey in order to gain more specific information about adoption evaluations would also be important. As discussed, incorporating specific questions for psychologists who specialize in adoption evaluations with only prospective parents could be valuable, or including specific questions for psychologists who specialize in evaluations with only adoptive children. Another element that could be revised on the survey includes asking more specific information about the clinical interview, and respondents' processes for engaging in such. As results indicated, participants spent a significant amount of time clinically interviewing those they were evaluating, and many used the clinical interview as their primary source in making determinations. Therefore, asking more specific questions about the process by which they conduct their interviews could be an important area for future research. Subsequently, this research could then provide valuable data for elements that need to be included when clinically interviewing individuals in the adoption evaluation field.

Another important future direction of this study could include more specifically investigating how evaluations change when working with children from international

countries. This was touched upon briefly in the survey, by allowing individuals to endorse the factor of “ethnicity considerations” as a reason they may change the psychological instruments used. However, the survey did not allow psychologists to input specific information on how the evaluation process changes, and whether they used different instruments because of it. The survey also did not allow psychologists to identify if they completed domestic adoption evaluations, international adoption evaluations, or both. In the future, the survey could be revised in order to include this information so that more specific information about adoption evaluations conducted with children from international countries could be collected. Questions could be asked in order to determine what these evaluations look like and which psychological instruments are appropriate to use, or are presently being used by psychologists.

Additionally, many international countries have requirements of testing prospective parents from the United States, but many of these parents may be from diverse backgrounds. Also, children in foster care, or children being adopted domestically, may be from diverse backgrounds or may be children with special needs. Future research could emphasize what aspects, if any, change psychological evaluations when considering these diverse and multicultural backgrounds. From the literature, researchers are clear that when testing needs to be done, the use of psychological instruments needs to be appropriately validated in that population, and certain cultural factors need to be incorporated into the entire assessment process (Acevedo-Polakovich, 2007; Gopaul-McNicol & Armour-Thomas, 2002; Suzuki & Ponterotto, 2007). Some of these factors include acculturative status, immigration history, language, how these factors alter the evaluation, how certain ethnicity factors will change how the client

presents, and dynamic psychological instrument selection. These factors, among others, need to be carefully considered. Moreover, this need has been clearly established in the literature, although what that might look like with adoption evaluations is unclear (Acevedo-Polakovich, 2007; Gopaul-McNicol & Armour-Thomas, 2002; Suzuki & Ponterotto, 2007). This is a topic that has not been researched at this point in time and would be a valuable asset for any psychologist working in the adoption evaluation field.

Investigating adoption evaluations specifically within the forensic field could also be an area of future study. As mentioned previously, a large percentage of psychologists reported that they sent their evaluations to the justice system and also reported using projective measures. While it has been established that psychological instruments need to meet the Daubert Standard (Bow et al., 2006), this standard has not yet been studied specifically within the adoption evaluation field. Therefore, future studies could focus upon this standard and investigate how it may influence instrument selection for psychologists completing adoption evaluations, and if the use of certain instruments has caused legal scrutiny.

Finally, future studies could also investigate possible elements that appear in the literature as important aspects to measure in prospective parents or adoptive children that do not appear to be integrated within current adoption evaluations. For example, researchers have also emphasized that prospective parents should ideally have a thorough knowledge of a child's developmental needs but no instruments within this study specifically assessed for such. (Barth, Gibbs, & Siebenaler, 2001; Brooks, Allen, & Barth, 2002, Grover, 2004; Johnson, Edwards & Puwak, 1993; Kirby & Hardesty, 1998; Orme, et al., 2007; Reilly & Platz, 2003; Rushton, 2004; Sim 2007; Strickland & Samp,

2013; Weitzman, 2003; Wind, Brooks, & Barth, 2007). By replicating this study and increasing its sample size, it could be determined if this area is possibly evaluated by some psychologists. If not, future researchers could assist in advocating for certain instruments to be used or created in order to measure important areas that are missing from existing adoption evaluations.

Based upon the results of this study, it is clear that no psychological instruments endorsed by psychologists were used exclusively for adoption evaluations. And while a few such instruments are referenced in the literature, it is clear that they are not often used and are not universally known among the field of psychology. Information gleaned from this study could be quite useful in catalyzing additional research in the creation of specific psychological instruments for adoption. In fact, in culmination of the literature and the results of this study, it would appear that it is advantageous to have an instrument that would be specifically applicable to the adoption field while also being grounded in strong scientific research. However, it would also appear to be important to have an instrument that is eventually acceptable within both the psychological and forensic fields, especially when this instrument might be used in evaluations going to the justice system. Beyond that, future studies could provide more in-depth information than this present study and help form psychological instruments that are able to be specifically used in the adoption evaluation field. Not only that, but future studies could more extensively research the already existing instruments to determine if they would be appropriate for more widely disseminated use.

Chapter 7: Conclusion

It is hoped that this study has provided valuable information to the psychological field about adoption evaluations, and more specifically, information about what components are included in adoption evaluations and how psychologists form conclusions for referral questions. Not only that, but it is hoped that this study provided valuable information about the specific psychological instruments used in adoption evaluations and, when linked to the literature, how preliminary conclusions were able to be made in terms of which psychological instruments may be most valuable to use during adoption evaluations with both prospective parents and adoptive children. Through gaining this information, psychologists may become better informed about how to complete adoption evaluations as well as the testing batteries to use while completing them.

Appendix

CONSENT FOR PARTICIPATION IN RESEARCH

Psychological Measures in Adoption Evaluations:
Selections and Usage Determined from Surveying Professionals

Purpose and Background:

Erin Nichting, Psy.M., (principal investigator) and Allison Fernander, Psy.D. (advisor) in the School of Professional Psychology at Wright State University, are conducting a research study to glean more information about psychological measures used in adoption evaluations. Additionally, this study will explore how different psychological measures are used in conjunction with different referral questions, concerns, and sources. The study will also examine how useful professionals believe psychological measures are in adoption evaluations, as well as how the evaluations are used once they are completed. In conjunction with existing literature, this study will potentially recommend batteries of psychological measures that can be used with specific populations, such as evaluations conducted with potential adoptive parents, adoptive children, and adoptive children with special needs. You are being asked to participate in this study because you have experience with adoption evaluations.

Procedures:

In the course of this study, researchers will gather information about your history of conducting adoption evaluations. This study will consist of an online survey including a brief demographic questionnaire and questions regarding your experience with psychological measures related to adoption evaluations. Additionally, the survey will consist of questions regarding when psychological evaluations are necessary and how they are used. This survey should take approximately 20 to 30 minutes to complete.

Risk/Benefits:

Risk of participation is judged to be minimal and it is not expected that you should suffer any adverse effects from participating in this study.

There will be no direct benefit from participating in this study. However, the information you provide may help us gain a better understanding about measures used for adoption evaluations. This may then help inform more effective and useful future adoption evaluations.

Confidentiality:

All information obtained will be treated with the strictest confidence and stored securely. This study is anonymous and no one will know that the information you provide came

from you. Research found from this study may be presented at meetings or published in papers, but no names or identifying information will be used. Additionally, no IP addresses will be collected.

Contact Information:

If you have questions about this research study, you can contact the researcher, Erin Nichting at Sylvester.7@wright.edu or (937) 775-3490 or the faculty advisor, Allison Fernander, Psy.D. at Allison.Fernander@wright.edu or (937) 775-3490. If you have general questions about giving consent or your rights as a research participant in this research study, you can call the Wright State University Institutional Review Board at 937-775-4462. If you would like a copy of the group (not individual) results of this study, you can contact Erin Nichting. It is estimated that these results will be available on or after May, 2015.

Voluntary Participation and Right to Withdraw:

You are free to refuse to participate in this study or to withdraw at any time. Your decision to participate or not to participate will not adversely affect any future interactions with this institution, or cause a loss of benefits to which you might otherwise be entitled. The completion and return of the survey implies your consent to participate.

Thank you for your participation,

Erin Nichting
Clinical Psychology Doctoral Student
Wright State University

Allison Fernander, Psy.D.
Faculty Advisor
Wright State University

Survey

What is your gender?

- Male
- Female

What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

What is your race? Mark one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Caucasian
- Hispanic
- Native Hawaiian or Other Pacific Islander
- Other (please specify): _____

What is the highest degree you have received?

- Ph.D.
- Psy.D.
- Ed.D.
- MD
- JD
- MSW
- DSW
- Other (please specify): _____

How many years of experience do you have in your field?

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 to 30 years
- 31 or more years

How many adoption evaluations have you completed?

- 0 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- More than 25

When is it necessary to perform adoption evaluations, and who determines this?

Have you performed adoption evaluations on parents, children, or both?

- Parents
- Children
- Both parents and children

How long does a typical psychological evaluation take for you to complete?

For assessment measures:

For clinical interview:

For writing the report:

For possible feedback:

Other:

Other:

Other:

Who receives the information once the assessment is completed? (Check all that apply)

- Judge/Justice System
- Adoption agency
- Social Worker
- Parent
- Other (please specify): _____

Do you use the same battery of tests each time an assessment is conducted?

- Yes, for children
- No, for children
- Yes, for parents
- No, for parents

Do certain elements, if any, change the tests that are used? (check all that apply)

- No, certain elements do not change the tests that are used
- Diagnoses being considered
- Malingering/defensiveness
- Age
- Level of functioning
- Ethnicity
- Other (please specify): _____

What do you use as the primary data source in making determinations related to the referral question?

- Assessment measures
- Clinical interviews
- Observations
- Other (please specify): _____

How important are the following factors in choosing certain psychological measures to use in adoption evaluations?

	Not at all Important	Minimally Important	Moderately Important	Important	Very Important
Interpretive report availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptability within the field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Validity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer scoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptability within forensic settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to Administer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rank, in order of importance, the factors in choosing certain psychological measures to use in adoption evaluations (use one as the most preferred item).

- Acceptability within forensic settings
- Interpretive report availability
- Acceptability within the field
- Validity
- Computer scoring
- Cost
- Reliability
- Time to administer

Please consider each measure you currently use or have used in the past for adoption evaluations. Please write the name of only ONE psychological measure you use and then you will be asked questions about it. A new page will be added for EACH test you wish to list.

Please enter the psychological measure you wish to list:

Do you use this measure for children, parents, or both?

- Parents
- Children
- Both parents and children

How often do you use this test?

- Rarely

- Sometimes
- Always

How useful do you find this measure for adoption evaluations?

- Not at all useful
- Minimally useful
- Moderately useful
- Useful
- Very useful

What makes this psychological measure valuable to use? (Check all that apply)

- Acceptability within forensic settings
- Interpretive report availability
- Acceptability within the psychological field
- Validity
- Computer scoring
- Cost
- Reliability
- Time to administer

What does this psychological measure assess for in your evaluations? (Check all that apply)

- Child or parent psychopathology
- Assessing personality functioning
- Analyzing parental strengths and weaknesses
- Test or generate hypotheses
- Confirm hypotheses
- Determine parenting capacity
- Child's level of socio-emotional functioning
- Adult attachment level
- Parenting stress
- Family conflict
- Child abuse/maltreatment
- Cognitive functioning
- Other (please specify): _____

Do you wish you add another psychological measure you have used or currently use for adoption assessments?

- Yes
- No

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