

Clinical Section

COGNITIVE EMOTIONAL REACTIONS OF CARE STAFF TO DIFFICULT CHILD BEHAVIOUR

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Abstract. The attributions parents make about the problem behaviour of their children have been shown to be important determinants of their emotional and behavioural reactions to such behaviour. However, this relationship has not been studied in carers of children in residential settings. In this paper we apply Weiner's attributional model of helping to the self-predicted behaviour of 47 carers in residential children's homes in the U.K. Participants identified causes for four children's behaviours, made attributions about these behaviours on dimensions of internality, controllability, globality and stability, reported their emotional reactions to the behaviours on the dimensions of anger and sympathy and reported their likelihood of making extra effort to help in working with these behaviours. Results showed that attributions of controllability and globality, and the emotional response of sympathy were important in predicting reported likelihood of helping. The implications of these results for carer training are discussed.

Keywords: Children, carers, problem behaviour, attributions.

Introduction

An increased understanding of how carers interpret the problem behaviour of children may be important in explaining their response to such behaviours and guiding subsequent intervention (e.g., Joiner & Wagner, 1996; Dagnan, Trower, & Smith, 1998). A number of studies in this area have used attribution models to structure research and theory. Attributions are the interpretations that people use to ascribe cause to unexpected events. In attribution research these interpretations are reduced to a series of underlying dimensions. Joiner and Wagner (1996) identify at least 12 attribution dimensions that have been explored in

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research. However, the most usually considered attribution dimensions are: controllability, which is concerned with the degree that the cause of an event is seen as something that a person has some control over; internality, which is concerned with the degree to which the cause of an event is seen as within a person or external to the person; stability, which is concerned with the degree to which the cause of an event is seen as the same every time the event happens; globality, which is concerned with the degree to which the cause of an event is seen as the same in all situations.

There have been a number of studies of the role of attributions in determining the emotional and behavioural responses of parents to children's inappropriate behaviour. Johnston, Patenaude and Inman (1992) found that mothers who perceived a child's behaviour to be under the child's control had more negative affective reactions to the behaviour. Baden and Howe (1992) found that, compared to controls, mothers of children described as having a conduct disorder were more likely to interpret the negative behaviour of their children as due to intentional, stable and global factors outside the mother's control. Similarly, Smith and O'Leary (1995) found that mothers' emotional arousal and "over-reactive or harsh responses" were mediated by internal and controllable child-centred attributions. A number of studies have demonstrated differences in the way that abusive and non-abusive parents understand their children, both in terms of expectations (e.g., Azar, Robinson, Hekimian, & Twentyman, 1984; Azar & Rohrbeck, 1986) and attributions (e.g., Bugental, Blue, & Cruz-cosa, 1989; Larrange & Twentyman, 1983). There has been no work studying the cognitive and emotional responses of paid carers of children in residential settings.

Weiner (1979, 1980, 1986) presents a model that describes the relationship between causal attributions emotional responses and behavioural outcomes. This is a general model of motivation and emotion (Weiner, 1986) that has been applied specifically to helping behaviour (Weiner, 1980). When Weiner's model is applied to a possible help-giving situation (e.g., Weiner, 1979) the observer is thought to make an attributional judgement as to the cause of an event. The affective reaction is seen as primarily determined by whether the cause is seen as controllable or uncontrollable by the person requiring help. Weiner (1986) proposes that attributions to uncontrollable causes (for example, epilepsy) lead to sympathy, whereas controllable causes (for example, manipulation or spite) lead to angry responses. Stability of cause is seen as affecting expectancy of success and as having a parallel impact to controllability in predicting behavioural outcome (Weiner, 1986, 1992). The model has received empirical support in laboratory settings (e.g., Graham & Weiner, 1991; Meyer & Mulherin, 1980; Reizenstein, 1986; Schmidt & Weiner, 1988).

The model has been tested in applied settings. For example, Sharrock, Day, Qazi and Brewin (1990) applied the model to carers in a "medium secure unit" for people considered "mentally-disordered". Using a modified form of the Attributional Style Questionnaire (Peterson et al., 1982; Peterson & Villanova, 1988) they examined attributions for patients' behaviour, staff optimism, emotional response and predicted helping behaviour. They failed to demonstrate a mediating role for emotion between attributions and effort in helping, but found that optimism was directly predicted by the attributional dimensions of controllability and stability. Dagnan et al. (1998) replicated this study with carers for people with learning disabilities. This study supported Weiner's model finding that help was predicted by optimism which in turn was predicted by negative emotion, this being best predicted by attributions of controllability.

Professional carers working in local authority-run, residential homes for children fulfil at

least some of the role previously assumed by parents. However, their emotional and attributional responses to children's behaviour have not been studied. This study presents data and analyses that examine the fit of Weiner's model to this carer group. It is predicted that the attribution of controllability will predict affective reactions that in turn will predict the degree to which carers report a willingness to provide extra help to the child in question.

Method

Participants

Participants were recruited from 11 Birmingham (UK) Social Services units for children. A total of 47 care staff took part, of whom 28 (59.6%) were women and 19 (40.4%) men. Of these, 29 (61.7%) were recruited from non-specialist units working with children of all ages. The remaining 18 (38.3%) belonged to a specialist unit for children with disabilities. Participants had been working with children for an average of 8.4 years ($SD = 6.9$, range = 2–31) and were all non-managerial.

Procedure

Carers were interviewed by the first author in their work settings. Each carer was presented with four simple descriptions of common problem behaviours. In response to each behaviour the carer was asked to rate attributions, emotional responses and helping intention as described below. The behaviours were chosen to reflect problem behaviours that occur in the target population (Colton, Aldgate, & Heath, 1991). The descriptions of behaviour took the following forms: 'a child you are working with becomes verbally and physically aggressive'; 'a child you are working with is withdrawn and secretive'; 'a child you are working with is found to have been using illegal drugs'; 'a child you have been working with is caught trying to steal from a staff member's jacket'.

Measures

1. A modified form of the Attributional Style Questionnaire (Peterson et al., 1982) was used to assess attributions for the four behaviour descriptions. Participants were asked to suggest possible causes for the behaviour and then to rank these causes in order of importance. Taking the most important cause, they were then asked to rate that cause on each of the attributional dimensions of internality, stability, globality, and controllability using 7-point bi-polar Likert scales. Higher scores indicated higher internality, stability, globality and controllability. Reliability and validity data for the Attributional Style Questionnaire have been reported by Peterson et al. (1982) and Peterson and Villanova (1988).

2. Participants were asked to rate what they thought their emotional reaction to the behaviour would be. Emotions were presented in the form of 7-point bipolar Likert scales. The emotions included were anger and sympathy, with a higher score indicating more emotion. For example, anger could be rated from 1, labelled as 'not angry at all', to 7 which was labelled as 'extremely angry'.

3. Willingness to offer extra help was assessed by means of a 7-point scale that required participants to state whether they would be prepared to provide 'as much extra help as

possible'' (indicated by a score of 7) to ''no extra help'' (indicated by a score of 1). This was similar to the method used by Weiner (1980), Sharrock et al. (1990) and Dagnan et al. (1998).

Results

Descriptive statistics

A single score for each carer was obtained by summing across the scores on the above scales for each behaviour. There were no significant differences between the responses of carers of children with and without disabilities to any main variables except with the reported effort in helping. For this variable the disabilities group reported higher helping scores (mean = 26.4, $SD = 2.4$) than the generic home group (mean = 22.9, $SD = 3.9$). This difference is statistically significant ($t = -3.11$, $df = 45$, $p < .01$). The groups are treated as one for further analysis.

Table 1 shows the means and standard deviations for the attributional, emotional and helping variables summed across the four behaviours.

Table 1. Descriptive statistics for attributions, emotions, and self reported willingness to offer extra effort in helping

	Mean	Standard Deviation
Controllability	15.3	4.2
Internality	13.8	3.0
Globality	15.2	3.8
Stability	16.0	4.3
Anger	14.3	4.6
Sympathy	19.0	3.8
Helping effort	23.6	3.9

Associations between variables

Pearson correlations were calculated for all measures over all 47 participants. The only significant relationship between carer characteristics and the attributional, emotional or helping variables was the significant positive correlation of sympathy with the participants' length of experience of working with children ($r = 0.38$, $p < .01$).

The correlations between the main variables within Weiner's model are presented in Table 2. Correlations of particular interest for this model are those between attributions (particularly of controllability and stability), emotions and predicted helping behaviour. It is notable that, in a table showing 21 correlations, only those that are predicted by Weiner's model are significant. Correlations of interest include the negative relationship between the attributional dimension of controllability and sympathy ($r = -0.39$, $p < .01$) and between controllability and intended effort in helping ($r = -0.46$, $p < .01$). Sympathy is also significantly correlated with intended effort in helping ($r = 0.57$, $p < .001$).

Table 2. Correlations between main attribution, emotion and helping variables

		Controllability	Internality	Globality	Stability	Anger	Sympathy	Helping effort
		1	2	3	4	5	6	7
Internality	2	0.03						
Globality	3	-0.20	0.14					
Stability	4	-0.21	-0.05	0.54***				
Anger	5	0.09	0.15	0.15	0.04			
Sympathy	6	-0.39**	-0.15	-0.22	0.10	0.01		
Helping effort	7	-0.46***	-0.06	0.01	0.25	-0.11	0.57***	

* = $p < .05$; ** = $p < .005$; *** = $p < .001$.

Regression analysis

Further analysis of the compatibility with Weiner's model was carried out using regression analysis. We used a recursive regression approach suggested by Duncan (1966) to test the mediating role of emotion in the attributional model. In this analysis the variables are put together in blocks representing their role within the attributional model. The first block contains only the effort in helping variable, the second block contains the two emotion variables and the third block contains the attribution variables. In the first step all variables in blocks two and three are regressed onto the dependent variable in block one. If any variable from block two is found to predict the dependent variable then the variable from block two is regressed onto variables from block three.

Table 3 summarizes these analyses. In analysis one it can be seen that sympathy is the only significant and independent predictor of effort in helping (Multiple $R = 0.67$; Adjusted R -Square = 0.36; $F(6, 40) = 5.34$, $p < .001$). Thus, in analysis 2 we regress sympathy onto the preceding attributions (Multiple $R = 0.53$; Adjusted R -Square = 0.28; $F(4,42) = 4.19$, $p < .01$). This analysis shows that both controllability and globality independently and significantly predict sympathy in response to children's difficult behaviour. The conclusions that can be drawn from these two analyses are that effort in helping is best predicted by sympathy, which is best predicted by the attribution of controllability and globality.

However, in order for sympathy to be considered truly mediative of the relationship between attributions and effort it is necessary to demonstrate that without emotions present, attributions directly and significantly predict effort in helping (Baron & Kenny, 1986). Thus, in analysis 3, effort in helping was regressed onto the attributions (Multiple $R = 0.54$; Adjusted R -Square = 0.22; $F(4,42) = 4.34$, $p < .005$). This final analysis shows that, of the attributions, only controllability independently and significantly predicts intended effort in helping. Thus, the three analyses shown in Table 3 demonstrate that the data from this study can be modelled to show that the emotion of sympathy mediates between the attributions of controllability and predicted effort in helping for carers in local authority run children's homes.

Discussion

The results of this study provide support for Weiner's cognitive-mediational model. Professional carers' attributions of controllability and globality have been found to be important pre-

Table 3. Regression analysis indicating the mediating effect of emotion for attribution on predicted effort in helping

Regression	B	Standard error of B	Beta	Significance
Analysis 1				
Dependent variable: Effort				
Controllability	-0.22	0.13	-0.25	.076
Internality	0.22	0.16	0.17	.162
Globality	-0.06	0.16	-0.06	.702
Stability	0.18	0.13	0.20	.179
Anger	-0.10	0.10	-0.12	.320
Sympathy	0.47	0.14	0.46	.002
Analysis 2				
Dependent variable: Sympathy				
Controllability	-0.37	0.12	-0.42	.003
Internality	0.06	0.17	0.07	.606
Globality	-0.41	0.16	-0.41	.012
Stability	0.23	0.14	0.23	.151
Analysis 3				
Dependent variable: Effort				
Controllability	-0.42	0.12	-0.45	.001
Internality	0.16	0.17	0.12	.343
Globality	-0.27	0.16	-0.27	.097
Stability	0.28	0.14	0.31	.057

dictors of sympathy and potential helping behaviour in response to difficult behaviours in children. There is a strong negative relationship between the level to which the cause of a given behaviour is seen as controllable and global and the observer's degree of sympathy. Thus, the more controllable and global the attribution the less the sympathy engendered. Sympathy itself was the best single predictor of reported helping when included in the analysis with attributions. Controllability is the only significant and independent predictor of effort in helping when emotion is not included in the model. Thus we can support that sympathy has a mediating role for controllability on effort in helping, although this mediating role is not present for globality.

Weiner's (e.g., Weiner, 1986, 1988) model also predicts that attributions of high controllability are likely to lead to negative reaction, particularly anger. This relationship was not found in these results, although attributions of controllability do lead to low sympathy. It is possible that participants' angry responses to difficult behaviour are genuinely unrelated to the attributions they make about behaviour. This conclusion is not supported from the literature on the relationship between parental attributions and negative affect (e.g., Bugental, Blue, & Lewis, 1990) and between carer behaviour and attributions in other client groups (e.g., Dagnan et al., 1998). It is perhaps more likely that failure to acknowledge anger might reflect the effects of social and professional desirability. However, it could be argued that lack of sympathy is in itself a negative emotional response, particularly for those working with children.

In this paper we have operationalized carer behaviour as intention to offer help in order to allow comparison with studies that have used a similar measure. Future research could opera-

tionalize the helping response into specific behaviours. For example, Scott-Little and Holloway (1994) found that attributions among teachers for child misbehaviour that were made to internal causes were associated with power-assertive rather than ignoring or re-directive strategies.

This study has demonstrated that cognitive and emotional factors have a prominent role to play in understanding the way care staff respond to difficult behaviour. Their understanding of the causes of difficult behaviour, in particular the attribution of controllability, plays a crucial part in self-reported effort in helping. The carers' emotional response appears to mediate this effect. Similar results have been demonstrated for parents (Joiner & Wagner, 1996) and professional carers working with other client groups, such as people with learning disabilities (Dagnan et al., 1998). This, therefore, has important implications for the way in which care staff are trained, supervised and supported. Intervention with a cognitive focus may impact on carers' emotional experience of difficult behaviour and on their behaviour towards children who behave in this way. In using training of this type we identify that emotional responses and interpretations of behaviour will affect carer behaviour towards children. We then introduce the cognitive model (e.g., Kushlick, Dagnan, & Trower, 1998) and identify common beliefs in working with children. These are then used to help carers separate their observations of children's behaviour from their interpretations based upon unhelpful assumptions. In particular, we find that it is useful to target the attribution of controllability. In order to do this we would help carers examine the abilities and history of a child they are caring for in order to put their behaviour into a functional context that often challenges the assumption that the child is in control of their behaviour. Attributional approaches to dysfunctional parent-child relationships have already been applied with some success (Alexander, Waldron, Barton, & Mas, 1989; Goddard & Miller, 1993). The addition of a cognitive perspective has already been successfully employed with carers of people with a learning disability (Kushlick, Trower, & Dagnan, 1997; Kushlick et al., 1998). Staff management that ignores such factors is likely to miss an important avenue for positive change.

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