

Using Attribution  
Theory to Understand  
Resilience for Looked  
After Children

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## **Abstract**

Children and young people in Public Care are one of the most at risk groups for educational failure and poor life outcomes (NCH, 2005). There is now a wealth of literature detailing predictive risk factors across a range of populations and outlining factors which contribute to resilient, adaptive outcomes in the face of risk factors (e.g. Rutter, 1990; Fonagy et al, 1994). In addition, an understanding of the processes and mechanisms involved is necessary in order to identify which, if any, of the many attributes and/or circumstances that correlate with resilience may be critical targets for effective prevention and intervention. Attributions, the causes given to events, are considered to be powerful determinants of our future actions (see Fosterling, 2001). Drawing on attribution theory and conceptualisations of optimism and self-efficacy, this research uses the Leeds Attributional Coding System (LACS) to compare high and low resilience looked after youngsters' perceptions of positive and negative events in educational, social and home contexts.

Resilience was associated with how positive events were construed. High resilience (HR) youngsters made more positive attributions and tended to perceive the causes of positive outcomes optimistically, i.e. causes were relatively unchanging and wide reaching. Low resilience (LR) youngsters saw these causes as unstable and specific. HR adolescents tended to make self-efficacious controllable attributions for internal causes. LR young people were more negative about peer and carer/parent relationships, and views of school, suggesting that perceptions of more everyday contexts are more influential in resilience than major life events, such as changing school or placement, and that relationships are a key factor in positive adaptation. Furthermore, looked after adolescents tend to see themselves more frequently than

non-looked after adolescents as the target of others actions. However, HR looked after youngsters are more likely to view others' actions positively.



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## **Chapter one**

### **Literature review**

#### **Outline**

The current context of work with children in public care will be detailed, followed by a research review of resilience and the processes and mechanisms involved. The case for the importance of attributions as a crucial mechanism in resilience will then be made and the key dimensions of attributions, especially the relationship between causal beliefs and resilience, will be outlined.

#### **Current context**

The education of children and young people in public care has been a focus of much research and discussion (e.g. DoH, 2001, DoH/DfEE, 2000, Jackson and Martin, 1998). There have been a number of alerts to the poor educational and life outcomes for many in this group, for example 70% of young people leave care with no GCSE or GNVQ qualifications, 1.5% of looked after children (LAC) are excluded compared to 0.14% of all children, and 12% of LAC had missed at least 25 days of schooling during the previous school year (DoH, 2001). The education of children and young people in public care is currently the subject of government guidance (DfEE/DoH, 2000). Additionally, the concept of resilience and its utility in informing intervention with vulnerable populations has also been a feature of much research and policy (e.g. Dent and Cameron, 2003; DfEE, 2001; Gilligan, 2000).

A child can be described as ‘looked after’ or ‘in public care’ if placed in the care of a local authority by a court order or through agreement between the local authority and parents. It is now recognised that there have been organisational and professional factors which contribute to placement breakdown and poor educational attainment of young people in public care (Francis, 2000). These include instability of placements (Berridge, 1985); drift and delay in reaching and/or implementing decisions (SSI/Ofsted, 1995); inadequate planning and support (Fletcher-Campbell, 1997); low educational expectations of social workers, residential social workers and teachers (Aldgate, Colton, Ghatge, & Heath, 1992; SSI/OFSTED 1995); lack of priority to education in care planning and reviews (SSI/OFSTED, 1995); young people’s beliefs that support professionals often do not give them a chance to do well (Biehal Clayden., Stein & Wade, 1995); and changes to care placements due to non-attendance or exclusion from school, progressive breakdown to residential care with on-site education (see Francis, 2000).

The DoH/DfEE (op. cit.) guidance aims to improve educational outcomes for children and young people in public care and includes such measures as:

- Designated teachers in each school to act as a resource and advocate for young people in public care
- Personal Education Plans for children in care to ensure speedy access to services and minimise disruption and broken schooling
- A set time limit of 20 days within which Local Authorities must secure an educational placement for any pupil in public care

It is clear that any children and young people in public care face not only difficult life events or circumstances which lead to becoming looked after, but they can also face subsequent barriers to adaptive life outcomes (Social Exclusion Unit, 2003). However, not all looked after children do badly in the care of the local authority. Research has also shown that there is considerable individual difference in response to the care experience, and that despite much adversity some looked after children go on to achieve adaptive outcomes (e.g. Jackson and Martin, 1998; DoH, 2001).

## **Resilience: a research review**

### ***What is resilience?***

Individual variation in response to stress gave rise to research into resilience, i.e. although participants experienced indicators of stressful outcomes there was a large degree of variation, with some individuals not appearing to experience stress and to achieve adaptive outcomes (see Rutter, 1990; Garnezy and Rutter, 1983). Masten (1989) defines resilience in an individual as successful adaptation despite risk and adversity. The International Resilience Project (Grotberg, 1997) uses the following definition:

*‘Resilient children are better equipped to resist stress and adversity, cope with change and uncertainty, and to recover faster and more completely from traumatic events or episodes.’ (p. 1).*



There is much literature detailing predictive risk factors (see especially Rutter, 1990; Fonagy et al., 1994) and outlining factors which contribute to resilient, adaptive outcomes in the face of risk factors. For example, Jackson and Martin (1998) studied the factors involved in successful outcomes for adults who had been looked after and who had gone on to higher education. Important factors in educational attainment were found to be:

- Continuity of education
- Stable and consistent care
- Early reading skills
- Regular school attendance
- Support from well-informed carers
- Friends not in care
- A mentor outside the care system
- An internal rather than an external locus of control

As Fonagy et al. (1994) point out in their influential paper on resilience; many of these factors involved are 'reassuringly predictable'.

Jackson and Martin (op. cit.) examined factors associated with successful outcomes for adults who had been looked after as children. Thirty eight participants in their study formed a higher achieving group (those who had 5 or more O levels/GCSEs and had accessed higher education). This group were compared with twenty two participants who had 3 or less GCSEs but who were matched on features such as race, age on entering the care system and reasons for coming into care.

One factor which was found to correlate with adaptive life outcomes for the high achiever group was the development of reading skills at an early age. However, this was measured retrospectively by asking the adults to recall at what age they had learned to read and consequently may not be a totally reliable measure of early reading ability.

Weiner and Weiner (1990), in their study of 268 Israeli children placed in residential institutions from infancy, found that the minority of residential care children who had performed well on achievement tests had maintained a positive relationship with a significant and supportive adult. Jackson and Martin's research (1998) indicated that the higher achieving participants in their study were also more likely to have a long-term post care relationship with carers. There was also a significant difference between the high and lower achieving groups in the levels of encouragement received from significant adults.

However, in these studies a secure attachment was imputed from the presence of a relationship with a significant adult. What is not known is the *quality* of their infant attachments with significant caregivers and their influence on later relationships. A crucial question is, if a child experiences poor or insecure attachments as an infant, is it possible to develop appropriate attachments and relationships at a later stage in life? Fonagy et al. (1994) found that a child could internalise different working models for different caregivers, allowing for the creation of a secure internal working model alongside one or more highly insecure ones. It would seem therefore that despite insecure attachments it may be possible, at the same time to develop secure attachments with other caregivers. However, it is still not clear if this was the case for

the resilient adults and older children in the Weiner and Weiner (op. cit.) and Jackson and Martin (op. cit.) studies. A key question is: were they able to sustain relationships that they perceived to be supportive because as infants they developed secure attachments to a caregiver or did they have disorganised/insecure infant attachments but nevertheless were later able to develop significant relationships?

### *Self-reflective capacity and self-efficacy*

Fonagy et al. (1994) found that for adults, who themselves had insecure caregiver attachment yet whose children were securely attached, the mediating factor was the adults' self-reflective capacity. Caregivers' own view of childhood experiences (i.e. difficult experiences described in a balanced and reflective way) influenced their child's attachment behaviour. Fonagy et al. (op. cit.) propose that high reflective self-functioning is a protective factor particularly relevant for mothers with adverse histories. What is not yet clear is whether these mothers were always reflective and able to view their childhood experiences in a balanced way (possibly through a relationship within a secure attachment) or whether such reflective skills were developed later? In short, is it something that can be taught?

Resilience is inferred in these studies but it is possible that the participants experienced adaptive outcomes due to an absence of key risk factors and/or a supportive balance of protective and risk factors, rather than using particular skills which were helpful in overcoming adversity. It is necessary therefore to examine the mechanisms involved in promoting resilience. The implication from the Fonagy et al. (op. cit.) study is that it is the manner of processing of negative events which is important in fostering resilient outcomes.

### ***Resilience at different levels***

Rutter (1990) outlined the importance of person-environment interactions as important in considering an individual's development. He also pointed out the dynamic nature of resilience seeing it not as a fixed attribute of a person but as a situation where if circumstances change then the risk alters. Rigsby (1994) suggested that resilience could be conceptualised '...as a multilevel set of causal structures and processes giving rise to a complex set of interactions, involving person, social context and opportunities'. The factors involved may work in parallel across these different levels of subsystems, with each providing a different and complementary perspective. The factors working at different levels were well summarised in government guidance regarding the promotion of mental health within early years and school settings (DfEE, 2001, see table 1).

<b>Resilience factors in the child</b>	<b>Resilience factors in the family</b>	<b>Resilience factors in the community</b>
<ul style="list-style-type: none"> <li>• Secure early relationships</li> <li>• Being female</li> <li>• Higher intelligence</li> <li>• Easy temperament when an infant</li> <li>• Positive attitude, problem-solving approach</li> <li>• Good communication skills</li> <li>• Planner, belief in control</li> <li>• Humour</li> <li>• Religious faith</li> <li>• Capacity to reflect</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship</li> <li>• Affection</li> <li>• Clear, firm and consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationships/absence of severe discord</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Schools with strong academic and non-academic opportunities</li> <li>• Range of positive sport/leisure activities.</li> </ul>

*Table 1 Resilience factors at different levels (DfEE, 2001)*

### *Interaction of factors*

These factors and interactions within and across levels can also be conceptualised according to an 'interactive factors' framework (c.f. Frith, 1995) in which interactions between biological, cognitive, behavioural and environmental factors at all three levels can be represented (see appendix 1). This allows clearer representation of the complex concept of resilience, the many factors involved and the possible links between factors and levels, as well as attempting to represent the whole context (see appendix 2).

Wang, Haertel and Walberg, (1994) identified achievement orientation, school satisfaction, self- efficacy, academic self-concept and internal locus of control as factors involved in educational resilience. In adults, the metacognitive factors of self-reflection and planning seem to be important resilience promoting mechanisms (Fonagy et al. 1994, Rutter 1990). Regarding the specific population of care leavers, the high-achiever group in Jackson and Martin's (1998) study had better mental health and life satisfaction, as well as more internal levels of locus of control.

Many (and sometimes overlapping) cognitive factors have also been hypothesised and found to correlate with resilient outcomes for various populations. For example: IQ (e.g. Fergusson & Lynskey, 1996); problem solving ability (Masten, 1989; Cowen et al., 1990; Werner, 1984); superior coping style (Cowen, Pedro-Carroll & Alpert-Gillis, 1990); task related self efficacy (Moos & Schaefer, 1986); autonomy/locus of control (Jackson & Martin, 1998); planning (Rutter, 1990; Fonagy et al., 1994); sense of self worth (Garmezy, 1985); interpersonal awareness and empathy (Cowen et al., 1990); and sense of humour (Masten, 1986).

Numerous important factors for effective prevention and intervention identified in research and government publications would also appear to relate to each other in a reciprocal manner or in circles of causation (see Dowling and Osborn, 1994). For example in figure 1 a young person may be excluded from school which then puts pressure on a foster care placement. The care placement can then break down and the youngster is moved to residential care with schooling on site (see Francis, 2000). The factors and mechanisms associated with resilience therefore can be thought of as interactive, dynamic and reciprocal and the connections between levels and the possible connecting mechanisms will also be considered.

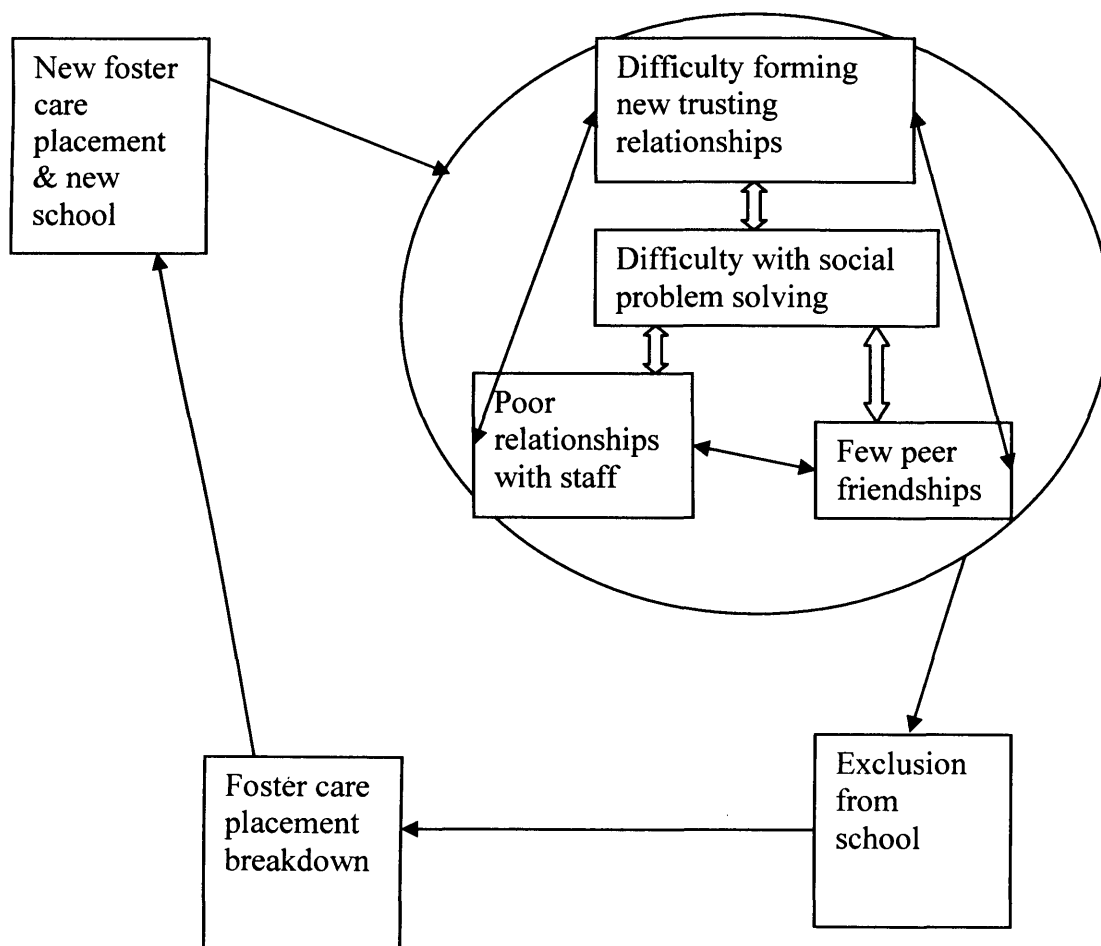


Figure 1. A likely common process leading to the relationship between foster care breakdown and school exclusion.

## **Resilience as a process**

While the factors associated with resilience are well documented, detailing the protective or risk factors which correlate with adaptive or maladaptive outcomes enables only prediction of vulnerable populations. Without an understanding of how these effects work it is difficult to progress beyond identification to illuminate the processes involved in risk itself and to identify which, if any, of the attributes and/or circumstances that correlate with resilience may be critical targets for effective prevention and intervention (see Rutter, 1979, 1990; Fonagy et al., 1994).

Garnezy and Rutter (1983) proposed that integration across levels is required in order to understand the mechanisms and processes involved in people's response to risk circumstances. For example, we could predict that a looked after pupil who experiences frequent changes of placement (and/or schools) is likely to do less well academically than one who experiences greater stability (see Berridge, 1985).

The proportion of young people leaving care with no qualifications is largest among those with a high number of placements (DoH, 2001). However, the percentage of children leaving care with no qualifications varied between 59% for children with 4 placements and 80% for children with 10 or more placements, with 66% of those with 1 placement leaving care with no qualifications. For those who obtained 5 or more GCSEs, 10% had 9 placements and 28% had 5 placements, with 24% of those who obtained 5 or more GCSEs having 1 placement. Additionally, in their study of care leavers Jackson and Martin (1998) found that the great majority of participants in both the higher achiever and less successful groups had experienced multiple placements.

It would seem, therefore, that frequent changes of placement do not necessarily have a straightforward direct effect on outcomes for looked after children, but rather may operate through mediating variables. For example, figure 1 illustrates a possible situation where frequent changes of foster and school placement may affect a youngster's skills and/or motivation to form meaningful and satisfying reciprocal social relationships, which in turn may affect their behaviour at school possibly leading to further exclusion and breakdown of foster placement.

Moreover, without an emphasis on identifying mechanisms in conjunction with indicators, it is possible to confuse the effect of one for the other. Rutter (1990) pointed out that variations in response can be an artefact resulting from confusion of risk indicators and risk mechanisms. For example, Harris, Brown and Bifulco (1986) found that loss of a parent per se was not predictive of later mental health difficulties, but the loss of a significant relationship with the remaining parent was the central factor. In relation to looked after children it would be useful to ask how or why some pupils in public care who experience frequent changes are still able to achieve well in their GCSEs. It could be, for example, that a lack of stability in placements may be a risk factor for children in public care only in the presence of other adversities, such as the loss of a relationship with a significant adult or peer group, changing schools at a crucial time and/or possessing an external perception of control.

The Jackson and Martin (1998) study of care leavers found a number of resilience promoting factors at different levels which can be organised into an interactive factors model (see appendix 3). However, the links between the factors or explanations of how factors influence each across different levels were not features of this study, and



consequently conclusions cannot be drawn about how or why the process of resilience operated for those individuals. For example, was it regular attendance *per se* which was a helpful factor or was it important because it is associated with the opportunity to develop friendships with others who are not in care? Did these eventually successful adults always have more internal levels of control or did some beliefs develop due to support from well-informed carers or a mentor outside the care system?

### **Mechanisms for resilience**

So, what are the developmental and situational mechanisms which enable maintenance of e.g. self-efficacy, availability of social support etc, which facilitate protective processes? Wang et al. (1994) point out that passivity in the face of adversity rarely provides the information for an individual to develop strategies that can be useful in stressful conditions. Similarly, Rutter (1990) views resilience as a reflection of what one does about one's plight, and stresses the active role of the individual, with protection stemming from the adaptive changes that follow successful coping.

This view is echoed in parallel research into subjective well-being (SWB). DeNeve and Cooper's (1998) meta analysis of 137 studies found that SWB, as measured by life satisfaction and positive affect, was more strongly correlated to people's experience of emotions (emotional stability, positive affectivity and tension) and explanations for life events (repressive-defensiveness, hardiness, trust and the control

variables), than to behaviour type personality traits such as extraversion and sociability.

DeNeve and Cooper (1998) described an important role for 'hardiness', i.e. the tendency to diminish the impact of stressful life events by appraising the event in an optimistic fashion and then engaging in active coping actions. They speculated that perhaps it is this propensity to optimistically appraise life events and to make attributions, especially control attributions, rather than activity or extraversion, which are meaningful for the experience of well-being. These researchers also found that the tendency to make attributions of people's actions in either an optimistic or pessimistic fashion was an important factor in SWB. It was also suggested that the tendency to believe that others are honest and trustworthy is more important to enhancing well-being than preferring large social gatherings (as measured by sociability and extraversion).

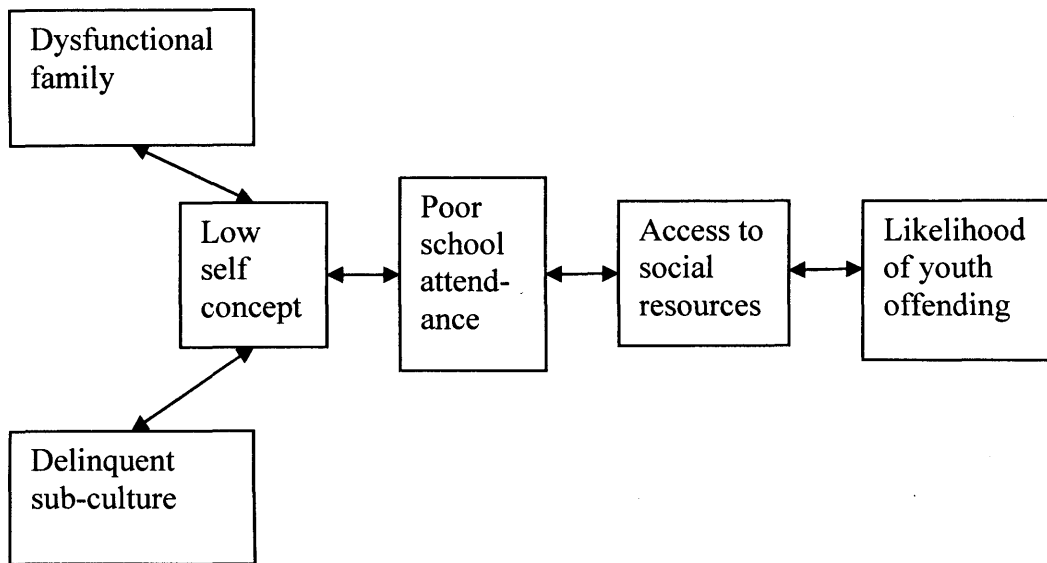
De Neve and Cooper's meta analysis (1998) focused on personality traits such as extraversion or hardiness, which are typically seen as fairly fixed characteristics of an individual. However, they concluded that how events and circumstances are appraised was felt to be a key factor in subjective well-being. This is echoed in recent research demonstrating the benefits of positive emotions (see Fredrickson, 2001). However, De Neve and Cooper (op. cit.) do not indicate if the propensity to view life events in a particular way is internal, learned, cultural or interactive. Sarason (1997) sees the concept of positive life satisfaction not as an individual phenomenon but one which is 'embedded in an interpersonal, social, familial and institutional context' (p. x). This view is similar to that found in resilience research which emphasises the

influence of factors at different levels and the situational nature of resilience (see Rutter, 1990; Rigsby, 1994).

Access to social resources is also cited as influencing how difficulties are approached (Valentiner, Holahan & Moos, 1994). Those with greater social resources tend to use more 'approach' type coping strategies rather than 'avoidant' strategies in dealing with stress, with the latter associated with greater psychological distress. However, the pathway is not clear. Do those with approach type strategies and less psychological distress find it easier to create and maintain social resources? Alternatively, do those with a greater sense of well being tend to have access to social resources and tend to develop approach type coping strategies?

As discussed earlier in relation to changes of placement, social relationships and academic achievement, it is likely that there is not a straight forward direct causal pathway but that each influences the other in a dynamic and evolving situation. For example, family functioning and local youth culture could be portrayed as linked to low self-concept, which in turn could be linked to poor school attendance, which can have an effect on access to social resources and coping skills, which may then influence the likelihood of youth offending (see figure 2).

Resilience is therefore conceptualised as an active process of experiencing and successfully coping with risk factors and utilising protective factors at different levels, rather than simply not experiencing sufficient risk or protective factors in particular combinations. If emphasis is put on the process of negotiating risk situations, with protection stemming from the adaptive changes that follow successful coping,



*Figure 2. A likely common pathway between family functioning, youth culture and youth offending.*

resilience can viewed therefore as ‘less an enduring characteristic than a process determined by the impact of particular life experiences among persons with particular conceptions of their own life history or personal narrative’ (Cohler, 1987, p. 406). Similarly, in a review of the resilience literature Newman and Blackburn (2002) state that the ability to see childhood adversities in a new way, and to recognise that one is not a powerless actor in a drama written by others are key qualities needed to trigger resilience and recovery.

It is important therefore to focus on the mechanisms by which a person organises their ‘conception of their life history or personal narrative’. The key question is what are the processes involved in viewing childhood adversities in a new way or recognising that one is not a powerless actor in a drama written by others?

### *Perceptions of control*

Of the many cognitive factors associated with educational resilience (see appendix 2) Jackson and Martin (1998) and Wang et al. (1994) focussed on locus of control (see appendix 3). Additionally, Bartlett (1994) suggests that the amount of genuine choice, or control, being employed in a decision making process is an important factor in resilience.

The construct of locus of control stems from the social learning theory of Rotter (1966), and is concerned with the attribution of reinforcement: when a reinforcement is perceived as following an event but is not contingent upon it, then it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the surrounding forces.

Interpretation of events in this way is termed a belief in external control. Perception of the event as contingent upon one's own behaviour or personal characteristics is termed a belief in internal control.

The high achiever care leaver group in Jackson and Martin's (1998) study had more internal levels of locus of control, as well as better mental health and life satisfaction, than the lower achieving group. The former group also generally had higher levels of self-esteem, although the difference between the two groups was not significant.

There is also evidence that perceptions of control are important in adaptive school behaviour. For example, Imich (1990) found that for a small group of adolescent truants involved in tutoring peers, their subsequent belief in internal control was linked to higher levels of achievement, less behaviour difficulties and better attendance. There is also some evidence for the role of internal control in coping with

stress, and that it may be age specific. Kunchi and Schaffner (1990) found that constitutional factors were relatively more important in modulating stress in infancy and early childhood, whereas intrapersonal factors, such as characteristic attribution of locus of control, play a greater part in adolescence.

Life satisfaction and SWB are both areas where ‘... research focuses on how and why people experience their lives in positive ways’ (Diener, 1984), and they hold similarities with definitions of the construct of resilience. Perceptions of control have also been shown to play a significant role in assessment of life satisfaction and SWB, for example, Ash and Huebner (2001) found that for adolescents, frequent experiences of negative life events was related to decreased perceptions of control over their lives, which in turn related to decreased life satisfaction. McCullough, Huebener and Laughlin (2000) also view internal perceptions of control as a crucial cognitive mechanism through which life experiences influence adolescents' life satisfaction.

However, the theoretical construct of locus of control encompasses a variety of definitions, for example Rotter’s (1966) internal/external locus of control was concerned with beliefs about the controllability of a cause or an event. However, the term has also encompassed beliefs about the location of a cause being within the person or within the environment (e.g. Peterson et al., 1982); and the uniqueness of the cause to an individual versus the likelihood that any reasonable person would act in that way (e.g. Antaki & Brewin, 1982).

Weiner (1972) criticises locus of control scales which confound dimensions of internality/externality and controllability/uncontrollability. Some internal causes,

such as effort, are seen as controllable, while others, such as amount of intelligence or mood, may be uncontrollable. Taking effort and intelligence as possible causes of, for example, success or failure at school, effort can be seen as controllable and internal to the person whereas intelligence or mood are internal but may be uncontrollable. For example:

- *I haven't done well at school because I didn't study enough.*

The cause is internal and controllable.

- *I haven't done well at school because I'm stupid.*

The cause is internal and uncontrollable.

- *I haven't done well at school because I haven't been feeling well.*

The cause is also internal to the person and uncontrollable.

- *I haven't done well at school because I stay out late every night.*

The cause is controllable, internal and says something about the characteristics of the person, as most reasonable people seeking to pass an exam would not act in that way (*c.f.* Antaki & Brewin, 1982).

For the resilient adults in Jackson & Martin's study (*op. cit.*) possessing a belief in internal control does not clarify further how they may have coped with a difficulty such as not doing well at school, and which, if any, of the four possible explanations above may have been resilient ways of viewing such an adversity. Additionally, Brewin and Shapiro (1984) conclude that locus of control for positive outcomes

should be regarded as distinct from locus of control for negative outcomes. So, is internal control a resilience inducing mechanism for positive or negative events?

When positive outcomes are perceived as being under internal control these are almost always intended (Ickes & Layden, 1978). However, since negative outcomes are not usually intended it seems strange to talk about them as internally controlled. It is not clear whether internal control of negative outcomes means that someone *caused* the negative event or whether it means that the outcome can be *escaped* or *avoided* and therefore 'controlled'. In the Brewin & Shapiro study (op. cit.) control over negative outcomes is taken to refer to a sense of causality: does this person expect negative outcomes to occur because of internal factors such as his or her own character or behaviour, or because of external factors like bad luck? Two scales were constructed to tap into the separate dimensions for positive and negative events; responsibility for negative outcomes (RNO), and responsibility for positive outcomes (RPO). They found that only the latter was related to achievement; i.e. those participants who felt causally responsible for positive outcomes (RPO scale) had better exam results than those who did not.

The resilient adults in the Jackson and Martin (op. cit.) study tended to have an internal locus of control as measured on Rotter's I-E scale. Brewin and Shapiro (op. cit.) found a significant relationship between the Rotter scale and their RPO but not RNO scale. They concluded that the Rotter scale is mainly concerned with control or responsibility for positive outcomes, and that Rotter internals tend to feel greater responsibility for their positive outcomes than do externals. Weiner (1972) also



concludes that the Rotter I-E scale has had more success predicting behaviour that involves attempts to better one's life through action on the environment.

The tendency for resilient care leavers to have a belief in internal control (Jackson & Martin, *op. cit.*) would seem therefore to be indicative of their ability to view positive outcomes as within their control, i.e. feeling responsible for positive outcomes.

Conversely, Dweck (1975) found that pupils characterised as 'helpless' as compared to 'mastery orientated' pupils had less personal responsibility for positive outcomes, and Jacobsen, Lowery and Ducette (1985) found that learning disabled pupils gave more 'luck' attributions for success.

So, resilience seems to be associated with feeling responsible for positive outcomes. However, resilience is defined as successfully overcoming risk factors not merely experiencing sufficient protective factors (Rutter, 1990). Which leaves unanswered the question of what were the helpful explanations the resilient care leavers may have used to deal with adverse circumstances or events, such as going into care, changing placements/schools or feeling isolated in school? It is likely that positive emotions have a role to play here as positive cognitions would seem to act as a protective factor in adverse circumstances (Tugdale & Fredrickson, 2004).

Finally, while the Responsibility for Positive/Negative Outcomes scales separate the dimensions of responsibility for positive and negative events, they are still subject to Wiener's (1972) criticism of ignoring and confounding the dimensions of internality/externality and controllability/uncontrollability. Brewin & Shapiro (*op. cit.*) concluded that future research should attempt to measure these various

attributional dimensions individually. They also concluded that responsibility for negative outcomes may not be a unitary construct but may harbour a number of distinct elements, such as blame directed towards one's behaviour and blame directed towards one's character.

In summary, while locus of control has been highlighted as an important factor in much prior research in the areas of resilience, subjective well-being and life satisfaction, there are methodological and conceptual difficulties with the construct and its measurement.

### *Attributions and life experiences*

Attribution is the process by which we confer meaning on to both positive and negative events by attributing causes to them. Most people when faced with significant events in their life try to arrive at some sort of understanding about why such events have occurred (Stratton, Munton, Hanks, Heard & Davidson, 1988), and attributions, whether they are accurate or not, are powerful determinants of our future actions (see Fosterling, 2001). Responses to adverse life events or situations, such as depression, aggression, peer rejection or under achievement, have been extensively explored in terms of attribution theory (e.g. Graham, 1987; Juvonen, 1991; Peterson and Seligman, 1984).

Resilience, subjective well-being and life satisfaction research also allude to the importance of attributions. In resilience research Fonagy et al. (1994) detailed the importance of the opportunity to focus on the explanations which the individuals themselves, or others significant to them, generate, in response to significant life

events and to trace the way in which these may be related to the capacity to cope with adverse circumstances. Additionally, Cohler (1987) views resilience as:

*'less an enduring characteristic than a process determined by the impact of particular life experiences among persons with particular conceptions of their own life history or personal narrative' (p. 406).*

Doll and Lyon (1998) pointed out that the subjective meaning that an individual attaches to what appears to be adverse life circumstances has the potential of greatly altering the experience of 'risk', leading to a variety of different outcomes. For example, what one person experiences as an unwanted crisis signifying loss of status, capacity or esteem, another may define as a challenging opportunity, signifying eventual betterment of self or circumstances. These authors concluded that studies that attempt to provide insight into the phenomenological world of resilient individuals, including personal reflections, attributions, and perceptions about negotiating risk situations may prove invaluable in elucidating mechanisms and processes used to overcome adversity.

Similarly, in their review of the resilience literature Newman and Blackburn (2002) emphasise the importance of perspective and reframing of adversity, and of a sense of control in triggering resilience and recovery. DeNeve and Cooper (1998) in their meta analysis of subjective well-being studies concluded that:

*‘what is most critical to subjective well-being is ... the tendency to make either positive or negative attributions of one’s life emotions and life events’*  
(p. 219).

It can be seen therefore that much of the literature on resilience, life satisfaction and subjective well-being describes a prominent role for attributions and perceptions of control, in terms of viewing events and circumstances positively and not outside one’s control. However, the types of attributions which may be helpful and less helpful in enabling a resilient sequelae of events following adversity are not detailed or defined in the above studies; and, unlike research linking attribution theory with other areas such as depression or academic achievement, attributions are not analysed along particular dimensions according to models of attribution theory (e.g. Weiner, 1985; Peterson & Seligman, 1984). The current study will therefore analyse the types of causal attributions made by resilient and less resilient groups of looked after youngsters with respect to positive and negative events they have experienced.

Causal attributions answer ‘why’ questions, such as ‘Why did I fail that exam?’ or ‘Why is that teacher always picking on me?’. In his theory Weiner (1985) proposes that the perceived causes of success and failure share three common properties: *locus*, whether a cause is internal or external to the individual; *stability*, which designates a cause as constant or varying over time; and *controllability*, whether a cause is subject to volitional influence. So, for example, as illustrated earlier, possible answers to the question ‘Why did I fail that exam?’ may be ‘...because I’m stupid’ or ‘...because I didn’t study’. The first answer concerns aptitude, which is typically perceived as *internal, stable and uncontrollable*, whereas the effort based second answer is viewed as *internal but unstable and controllable* (see appendix 4 for fuller definitions). These

differences can be related to Antaki & Brewin's (1982) distinction between causes related to behaviour and those related to character.

The causes or attributions that people use to explain the occurrence of good and bad outcomes in their lives have also been extensively studied, and have been shown to be associated with achievement motivation (Weiner, 1985; Bar-Tal & Bar-Zohar, 1977), task orientation (Fyans, Salili, Maehar and Desai, 1983); future expectancy of success and failure (Forsyth and McMillan, 1981); emotional reactions (Weiner et al., 1985); and helplessness (Abramson, Metalsky & Alloy, 1978).

#### *Gender differences*

In an investigation of gender differences in correlates of juvenile delinquency, recidivism, and seriousness of offence, Gelvin (2002) found few differences between boys and girls in risk and protective factors and resiliency. Other studies which focussed on the resilience dimension however, have shown that protective factors operated differently across gender. For example, for adolescents in rural areas in the United States, females were more influenced by friend support and males were more influenced by family support (Tusai-Mumford, 2002).

The evidence is mixed for attributions for success and failure varying by gender. Brewin and Shapiro (1984) found that women felt more responsible for negative outcomes although not for positive outcomes as measured on the responsibility for positive and negative outcomes scales. A number of other studies have also shown that females and males give different causes for failure (e.g. Nicholls, 1975; Dweck and Gilliard, 1975; Licht & Dweck, 1983), whereas other studies have not found these

gender differences (e.g. Jacobsen et al., 1986). In this study a hypothesis is not given regarding gender differences for the causes of negative and positive outcomes.

However, gender differences are an interesting variable in this study and possible gender effects will be examined.

### *Context*

Piccini (1987) found that for children, causal belief structures associated with attributions were domain-specific. The context, i.e. academic or social situations, was found to be an important influence on children's attributions. Furthermore, adolescents cite different contexts differently in appraising life satisfaction (Ash and Huebner, 2001). The peer context was cited as a significant resource and family and school experience as significant stressors.

Additionally, Rowlinson and Felner (1988) have suggested that daily hassles and major life events represent conceptually distinct sources of life stress, each of which can make an independent contribution to the individual's overall level of functioning. McCulloch et al. (2000) found that both chronic and acute experiences appear to independently contribute to experiences of positive life satisfaction and that daily events contributed variance over and above that of major life events. Ash and Huebener (op. cit.) also highlighted the importance of considering everyday events, as well as major events, in understanding adolescent subjective well-being. That is the cumulative effects of minor events, such as fights with friends, doing poorly on an exam, attending a meeting which is uncomfortable, enjoying a hobby, or helping other people.

It would seem therefore to be important to assess the perceptions of the causes of events in everyday contexts as well as the major life turning points indicated as important by Rutter (1987). It is proposed in this study therefore to sample causal attributions for everyday and major life events across a range of educational and care contexts.

### *Academic context*

#### *i. The controllability dimension*

There is a growing body of research linking control attributions to school achievement (see table 2). For example, Kistner, Osborne and Le Verrier (1988) found that for teenagers with specific learning difficulties, those who attributed failures to *unstable, controllable* causes made the greatest achievement gains and received the most positive behaviour ratings. Additionally, Connell (1985) and Skinner, Wellborn and Connell (1990) found that children's perceived control was associated with school grades. Deci and Ryan (1985) found that autonomy-oriented individuals experienced a great deal of freedom in the initiation and regulation of behaviour. These individuals also organized action in terms of personal goals as opposed to restraints, and exhibited intrinsic motivation. Control oriented individuals were externally motivated and felt controlled by deadlines, pressure, or a feeling of 'should'. Those with an impersonal orientation viewed their behaviour as being beyond their intentional control and saw themselves as impotent and helpless. Frederickson and Jacobs (2002) found that children with uncontrollable attributions for academic performance (both success and failure) had significantly lower perceived scholastic competence than children with controllable attributions, even when actual

Study	Participants	Method of measurement	Dimensions of attributions	Outcomes	Comments
Brewin & Shapiro (1984)	1 <sup>st</sup> yr psychology students 54 male, 100 female	Responsibility for positive/negative events (RPO/RNO)	-	Achievement on 1 <sup>st</sup> year exams	Confounds internal/external & control dimensions. Students who dropped out or didn't take exam lower RNO
Jacobsen et al. (1986)	75 learning disabled (LD) & 30 normally achieving (NA) 9 – 17 yr olds	Forced choice - academic, physical, peer & teacher relationship success/failure	3 internal, effort, ability, emotion 3 external, task, luck, someone else	Internal causes - perceived success External causes - more success NA decreased, LD increased	LD more attributions to luck for success
Graham & Long (1986)	148 7 <sup>th</sup> grade	Forced choice cause for academic success/failure	Effort, help, ability, strategy, task ease, luck	Success – effort, help, ability Failure – task difficulty, poor teaching	No race or class attribution differences. Low SES black pupils > perceived failure & more stable cause less likely to expect to do well in future.
Kistner et al. (1988)	Adolescents with SpLD	Effort-Ability-External Scale, Intellectual Achievement Responsibility Scale	Unstable, controllable for academic failure	Greater achievement gains & positive behaviour ratings	-
Struthers & Perry (1996)	433 1 <sup>st</sup> yr students aged 21 – 24	Causal Dimensions Scale (Russell, 1982) 9 item scale x3 locus, stability, controllability	Unstable, cont. for academic failure Stable, uncont. for failure	Greater performance & motivation Less performance and motivation	Internal/external ratings not reported. Focus on stability and controllability as important correlates of motivation and self-regulatory activities, e.g. studying (Anderson, 1991)
Weist et al. (1998)	251 junior & senior high students. 107 female, 147 education difficulties	Multi-dimensional measure of children's perception of control (MMCP)	Perceived control - social, cognitive and general	Global self worth	Perceived academic and social competence, depression & coping strategy also predicted global self worth <i>and</i> academic performance.
Frederickson & Jacobs (2001)	40 8 – 11 yr olds 17 male, 3 female SpLD, 10 female, 10 male controls	Harter self perception profile (1985) controllable/uncontrollable	Controllability for academic competence	Uncontrollable - less scholastic self perception Lower reading scores	Children asked to give a reason for answers on 6 academic competence items. These classified as cont./uncont. Attributions given in own words

Table 2 Taxonomy of studies investigating perceptions of control and academic achievement



reading attainment was taken into account. Wiest, Wong and Kreil (1998) reported that both perceived control (MMCPC) and perceived competence were significant predictors of global self-worth among normally achieving adolescents and those with learning difficulties, and perceived academic competence was related to performance. It would seem therefore that perceived control of outcomes has been found to be an important factor in academic attainment.

ii. *The internal /external dimension*

Brewin & Shapiro (1984) found that responsibility for positive events, a measure incorporating the dimensions of internality and control, was related to achievement on 1<sup>st</sup> year university exams. Less responsibility for negative events, perceiving them to be external and uncontrollable, was related to dropping out. However, as discussed earlier, the measure confounds internal/external and control dimensions. Jacobsen et al. (1986) found that internal causes, such as ability and effort, were related to perceived success for learning disabled (LD) and normally achieving (NA) pupils. But additionally, that for LD pupils external causes (particularly luck) increased with increasing perceived success, whereas the converse was true for NA pupils (see table 2).

*Depression and helplessness*

The types of causes given for negative events have also been examined in relation to depression (see table 3). The learned helplessness formulation of depression was reformulated according to attribution theory to account for earlier anomalies. It was argued that when a person perceives themselves to be helpless, they ask why they are

Study	Participants	Method of measurement	Type of event	Dimensions of attributions	Attributions correlated with?	Comments
Peterson & Seligman (1984)	130 undergraduates, 50 male & 80 female	Attributional Style Questionnaire Forced choice hypothetical situations	Negative events	Internal Stable Global	More depressive reactions, less adequate coping in connection with critical life events	-
Stratton et al (1988)	Initial family therapy sessions	LACS Coding natural discourse	Negative events	Global Personal Uncontrollable	Causes for bad events	-
Munton (1988)	Initial family therapy sessions + control families	LACS Coding natural discourse	Negative events	Stable Global External Universal Uncontrollable	Causes for bad events	-
Seligman et al. (1984)	96 8 – 13 year olds, grades 3-6 50 male + 46 female	Children's Attributional Style Questionnaire - Forced choice hypothetical situations	Negative events	Internal Stable Global	Greater depressive symptoms	Composite score across all 3 dimensions
"	"	"	Positive events	External Unstable Specific	Composite style for good events <i>not</i> predictive of depressive symptoms	-
Hilsman & Garber (1995)	439 grade 5 & 6	CASQ (Seligman et al, 1984) Forced choice hypothetical situations+ Student perceptions of control questionnaire	Negative event	Stable, Global Internal - Less control over academic achievement Unstable, specific, external More control academic achievement	Greater distress after receiving unacceptable grades  Less distressed for higher levels of stress	Harter academic competence & academic control correlated

Table 3 Taxonomy of studies investigating attributions and depression

helpless. The causal attribution made then determines the generality and chronicity of the helplessness deficits as well as later self-esteem (Abramson Seligman & Teadale, 1978).

The model stated that the basis of depression and helplessness deficits is a person's causal attribution to the self for bad events - an *internal* attribution (it's my fault). The model also predicts that depressed people will make more *global* attributions (it's like this in every situation). In addition, depressed people will make more *stable* attributions; i.e., things are seen as always staying the same. The formulation, 'learned helplessness' indicates that helplessness is not inherent but 'learned' through the following hypothesized chain of events;

- objective non-contingency
- perception of present and past non-contingency
- attribution for present and past non-contingency
- expectation of future non contingency
- symptoms of helplessness.

The expectation of non-contingency (between acts and outcomes) is the crucial determinant of the symptoms of learned helplessness. The attributions the individual makes for non-contingency between acts and outcomes determine his/her subsequent expectation of future non-contingency which in turn determines the type of helplessness symptoms (Abramson et al., 1978).

In a review of attributional style and depression Peterson and Seligman (1984) quote studies which show that persons with a tendency to make *internal*, *stable* and *global*

attributions for negative events reveal comparatively more depressive reactions and a less adequate coping behaviour in connection with critical life events than individuals who make more *external, unstable* and *specific* attributions. The control dimension was not measured in these studies. Helplessness theory views a perceived lack of control as the basis for depression yet controllability is not one of the dimensions described. As discussed earlier there seems to be some confounding with the internal/external dimension. The reformulated model essentially proposes that depressives make internal attributions for bad events and are pessimistic about the future. This reformulated model had parallels with Beck's cognitive models of depression (Beck, 1967, 1974) which hypothesized that part of the basis of human depression is internal attribution for bad events. However, there is also evidence that most depressed people see the causes of their depression as being due to outside forces, not themselves (Costello, 1982). Moreover, both the hopeless self-blamer and the hopeful self-helper see the causes of their behaviour and feelings as being internal, and therefore internal causes may lead to optimism as well as pessimism. However, this does not clarify if the feelings of helplessness or hopelessness precede and cause depression rather than just being a natural part of feeling depressed.

To deal with some of these difficulties, Abramson et al. (1989) modified the helplessness theory into a still broader hopelessness theory. The more complex hopelessness theory contends that prior to becoming hopeless the person has (a) a negative cognitive or attribution style and (b) some unfortunate, stressful experience. Because both of these factors are involved, some people with depression-prone thinking don't become depressed (by avoiding traumatic experiences) and some people go through awful experiences without getting depressed (by avoiding negative

thinking). The hopeless person expects bad things will happen in important areas of his/her life (pessimism) and/or that hoped for good things will not happen, and he/she doesn't expect anything to change that miserable situation.

Considerable research has supported parts of the hopelessness theory. For example, Metalsky and Joiner (1992) found that three cognitive views: (a) attributing bad events to unavoidable and far-reaching causes, (b) drawing negative conclusions about yourself from a negative event (it means I'm worthless), and (c) assuming one bad event will lead to others in the future, when combined with high stress, are associated with depression. In another study, they found that low self-esteem was another crucial ingredient in order to produce depression (Metalsky, Joiner, Hardin & Abramson, 1993).

In summary then, according to the hopelessness theory, the depressed person will ideally develop *internal, stable, and global* attributions for good events, e.g. 'I'm responsible for what happens, and I can make good things happen again in lots of areas'. Likewise, the shift should be to believing that *external, unstable, and specific* factors account for unpleasant life-events, e.g. 'this person is horrible to me, he/she will surely stop soon, it only happens in this situation and I will make sure I do not get into this situation again. For now, I'll just tough it out'.

However, questions remain regarding the hopelessness theory, for example, when and how are negative thinking styles learned? Which comes first the thinking or the feelings? Is it logical to feel responsible for making good things happen but not responsible for bad events? Do hopeless depressives only feel guilty and ashamed of things they failed to do? How do persons with a 'helpless/hopeless outlook regard

negative events if they were the active agent? Are the causes seen as external, i.e.

‘they made me do it’ or external but with which the person collaborated?

Stratton et al. (1988) used attribution theory as a framework for family therapy.

Using a broader range of dimensions they found that clients in initial family therapy sessions gave attributions for negative outcomes which tended to be more *global*, *personal* and *uncontrollable* than those for positive outcomes (see appendix 4 for definitions of dimensions). Using the same dimensions, Munton (1988) analysed initial therapy sessions from 10 families and interviews with 10 control families and found that the dominant pattern of attributions for negative events amongst therapy families was *stable*, *global*, *external*, *universal* and *uncontrollable* (18% of the total attributions made). Amongst control families the dominant pattern was *unstable*, *specific*, *external*, *universal* and *uncontrollable*.

As in academic contexts, the stability of causes would also seem to be a key factor in coping, i.e. perceiving negative events as having stable causes would seem to be less adaptive. The stability of events differentiated the dominant pattern of attributions for negative events between families seeking therapy and control families, and was also linked to more depressive reactions and poorer coping behaviour. However, in contrast to attribution research in academic contexts, negative events in therapy studies tend to be portrayed as uncontrollable.

The evidence from family therapy and depression research in relation to external/internal attributions for causes of negative events is also mixed. Some studies have found internal attributions for negative events to be associated with

depression. Whereas others have found that both families seeking therapy and those who are not, tend to give external causes for negative events. It may be that these different results are an artefact of the different measures used in these studies, particularly as some measures (e.g. the Attributional Style Questionnaire, Peterson et al., 1982) confounds the internal/external and controllability dimensions.

Additionally, measures which list luck as a forced choice response, assume it to be an external, unstable and uncontrollable attribution. However, it may be that the respondent perceives luck as a stable, internal characteristic, e.g. 'I am always an unlucky person' (see Graham, 1991). Studies also differed regarding whether or not participants were asked to explain their own experience or to consider hypothetical events. The types of events for which causes were queried also varied across different studies.

It is also possible that the difference in the use of internal and external attributions in relation to negative events is a reflection of differences in the participants and/or their situations. Those in the Peterson and Seligman (1984) studies were individuals who tended to be depressed whereas those in the Munton and Stratton studies were referred for family therapy. It is possible that there were qualitative differences in the levels of distress amongst these participants, or it may be that within families, causation for negative events tend to be externalised to other family members (see also Stratton, 2003).

### ***Resilience promoting attributions***

So, in conclusion, what kinds of attributions would be expected when looked after youngsters have resilient responses to adverse events and circumstances? What would be predicted as explanations of positive events? Initial examination of the evidence would suggest support for Piccini's (1987) view that attributions are context dependent, particularly with regard to the controllability dimension. *Controllability* and *instability* of outcomes are adaptive in terms of academic failure (Kistner et al., 1988; Struthers & Perry, 1996; Frederickson & Jacobs, 2001), whereas adaptive responses to more general negative outcomes or events view causes as *uncontrollable*, *unstable*, *external*, *specific* and *universal* (Peterson & Seligman, 1984; Munton, 1988).

The evidence is more mixed concerning less adaptive responses. There would appear to be some agreement that causes are seen as *stable* and *global*, and those studies which examined the controllability dimension also found causes to be viewed as *uncontrollable*. However, there is evidence for both *internality* and *externality* of causes. This anomaly may be due to the different contexts, populations and measures used in different studies. It is difficult therefore to compare like with like as different studies have focussed on different combinations of attributions dimensions, have used dissimilar methods of assessment of those attributions and have used different populations in terms of age.



### *Theoretical attributions for positive and negative events*

To further inform the generation of hypotheses, attributions for negative and positive events will also be examined from a theoretical perspective. Weiner (1972) analysed causes of academic success and failure along the *stability*, *internal* and *control* dimensions. In order to build on this premise and the empirical evidence discussed above, this section will examine causes of academic success and failure from a theoretical perspective, using Weiner's (op. cit.) dimensions but also including the *global/universal* and *personal/universal* dimensions (see Stratton et al., 1988). Analysing different reasons for academic failure, from the perspective of the youngster, produces a range of possible combinations of dimensions of the causal attribution (see table 4).

Theoretically, it seems that *controllable* attributions are more likely to be *internal* than *external*, as a logical explanation for academic failure which is both *controllable* and *external* seems less probable than one which is *internal* and *controllable*. It would seem therefore, that the explanations which best fit the research evidence; those which are *unstable*, *controllable*, are also likely to contain elements which are *internal*.

#### *i. Positive academic events*

Research evidence indicates that responsibility for positive events is predictive of more successful outcomes (Brewin & Shapiro, 1984). This would indicate the adaptiveness of causes for success which involve *internal* and *controllable* attributions. Analysing different reasons for academic success, from the perspective



of the youngster, produces a range of possible combinations of dimensions of the causal attribution (see table 5). Again, theoretically it is difficult to construct an attribution which is *controllable yet stable*, and *internal yet universal*. It would seem therefore that those attributions which contain the adaptive *internal* and *controllable* elements, are also likely to be *unstable*, and *personal*. This would indicate that *I passed the test because I studied hard*, would be the most helpful type of attribution for academic success (see table 5).

ii. *Negative life events*

The literature indicates research evidence that adaptive responses to negative life events view causes as *uncontrollable, unstable, external, specific* and *universal*.

Analysing different reasons for events such as going into care, from the perspective of the youngster, produces a range of possible combinations of dimensions of the causal attribution (see table 6). If the cause is internal then it would seem to be important in terms of adaptive outcomes that the cause is also perceived to be unstable and controllable. If the cause is external to the speaker then it is likely that it will also be viewed as uncontrollable from the perspective of the speaker.

***Agent and target of outcomes***

Wang et al. (1994) point out that passivity in the face of adversity rarely provides the information for an individual to develop strategies that can be useful in stressful conditions. Similarly, Rutter (1990) views resilience as a reflection of what one does about one's plight, and stresses the active role of the individual, with protection stemming from the adaptive changes that follow successful coping. It would seem therefore to be useful to consider whether an individual views themselves as active in





that cause, or a recipient of its outcome. Being the agent of a cause means that the person is instrumental in bringing about the outcome. In the majority of cases this concerns the agent's behaviour. Being the target of a cause, however, means that the person is the one to whom the outcome occurs. The target does not have to play an active role in the cause. For example,

*'If the other kids in my class wind me up, that's it, I am in a bad mood for the rest of the day.'*

The speaker is the target of the outcome (I am in a bad mood) but 'they' (classmates) are the agents of the cause, i.e. they are instrumental in producing the cause (they wind me up).

*'I'm so proud of myself now; I've got myself so far I'm getting a lap top.'*

The speaker is both the agent and the target.

*'I was getting in trouble and my mum couldn't cope.'*

The speaker is the agent and mum is the target of the outcome, i.e. the youngster's behaviour is perceived to be impacting on the mother.

The universality (see appendix 4 for definitions of attributions), controllability and internality of an attribution can be viewed from the perspectives of the agent and the target. So, in the first example above, the cause is internal to the agents (the other kids) but external for the target (see Stratton et al., 1988). It may be that the mixed evidence regarding the internality/externality of less adaptive perceived causes of negative events may be due to not differentiating between agents and targets of

events. The agent target dimensions are not controlled for in attribution measures which employ forced choice causes. Additionally, there may be differences in the nature of the events. Academic events would seem more likely to be perceived as agent & target and therefore internal, whereas the broader range of life events may be more likely to be a mixture of agent target and target, and internal/external.

### ***Optimism***

Seligman (1991) defined optimism in terms of explanatory style and perceptions of the causality of an event. The way in which a person explains positive or negative events to themselves determines whether they are an optimist or a pessimist. An optimist sees negative events as *unstable, specific* and *external*, i.e. as temporary, confined to a particular case, and not his or her direct fault. Whereas a pessimist views such events as *stable, global* and *internal*, i.e. the event or outcome will last a long time and undermine everything he or she does, and was his or her fault.

This explanatory style, which can be acquired by children and adults, has been labelled learned optimism (Seligman, op. cit.). It has been shown that optimists tend to do better in school and college, at work and in sports than pessimists, and they tend to have better physical and mental health (Seligman, op. cit.). They also tend to cope with adverse situations in more adaptive ways (Scheier & Carver, 1992). Adolescents who are optimistic tend to be less angry (Puskar, Sereika, Lamb, Tusaie-Mumford & McGuinness, 1999) and abuse substances less often (Carvajal, Clair, Nash & Evan, 1998). On the other hand, pessimists tend to give up more easily, get depressed more often, have poorer health, be more passive (Seligman, op. cit.), have more failure in work and school, and have more social problems (Peterson, 2000).

### *Self-efficacy*

Bandura (1997) proposes that the beliefs that people have about themselves are key elements in the exercise of control and personal agency.

*'Self-efficacy is the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations.'* (Bandura, op. cit., p. 2)

Attributions are seen as providing individuals with efficacy information, and as influencing performance through their effect on efficacy expectancy. Behaviour following failure is better predicted if one takes into account both perceived self-efficacy and outcome beliefs. The effect of a bad performance may not affect perceived self-efficacy if the failure is associated with attributions such as insufficient effort or adverse situational conditions.

It would seem that an attribution which is optimistic may not necessarily be self-efficacious. For example, 'I failed the maths test because maths teacher is mean', may be termed optimistic as the cause is *external*, *specific* and *unstable* (the cause is due to the maths teacher, only maths is affected and the next maths teacher may not be so mean). However, the attribution may not be self-efficacious as the youngster has little control over the cause. An attribution such as, 'I failed the maths test because I didn't work hard enough' is *specific* and *unstable* but is also *internal* and *controllable*, and may therefore be both optimistic and self-efficacious.

It is suggested that resilience might be reflected in the type of optimistic and self-efficacious explanations one gives for events. High resilience may be the result of



how one understands the causal consequences that have led to the threats which may interfere with adaptation. It is this aspect of resilience that the study is proposing to examine.

### **Assessing Resilience**

Lewis (1999) points out that successful adaptation in the face of adversity is seen as evidence of resilience and unsuccessful adaptation as an absence of resilience, but resilience itself is never directly observed, it is always imputed. Therefore, resilience is a theoretical construct that aids identification of those aspects of a person's experience that lead them to be able to act in more resilient ways, i.e. to confront successfully the challenge of risk and adversity.

### ***Is resilience normative?***

Bartlet (1994) gives an example of leaving school early being perceived as a vulnerability factor but for a young person from a strong pro-family culture leaving school as soon as possible in order to support the family financially may also be perceived as a protective factor. The amount of genuine choice being employed in the decision making process is an important factor. Additionally, Newman and Blackburn (2002) point out that resilience can be a subjective phenomenon, for example, an adolescent who has experienced adversity and is socially withdrawn and crime free may appear resilient to a youth justice worker but not to a psychiatrist. This subjective nature of the construct illustrates the importance of considering resilience in the context of the individual's viewpoint rather than simply in terms of professional agendas or social norms.

### *Qualitative approaches*

In discussing the impact on early development on later adjustment Rutter (1979) states that the nature of the impact of variations that are experienced in the quality of early care on contemporaneous and subsequent adjustment, is still not clearly understood (Rutter, op. cit.). He concluded that it is the memory of the event and not the event itself that is important in later life. The important motivating factor is the presently remembered event and not the event as it actually happened in the past. Similarly, Cohler (1987) concluded that researchers could seek to better understand the influences on the stories that persons presently maintain of past adversity, as well as the factors leading individuals to overcome their misfortunes.

These conceptualisations of resilience as an active, complex and personal phenomenon, rather than a static and normative attribute also suggest the benefit of an approach to understanding the important factors, processes and mechanisms which includes accounts of events from the viewpoint of the individual themselves.

Qualitative research involves generating meaning through relating descriptions and explanations of phenomena to their context (Stratton, 1997). Cohler (1987) argues that qualitative approaches to the study of resilience can complement systematic predictive approaches in understanding the determinants and course of vulnerability and resilience in the study of lives.

Predictive studies of coping and resilience can be verified in terms of external criteria beyond the coherence of the narrative itself. However, this verifiability also requires some sacrifice of understanding of wishes and intents, including the sacrifice induced by the need to maintain a coherent autobiography which permits an individual to deal

with adverse events (e.g. early childhood poverty or disruptions in caretaking, which might otherwise be assumed to be a source of increased later vulnerability). At least to some extent, in the effort to provide verifiable findings, predictive studies are unable to account for precisely those aspects of the life history that may be most important in understanding resilience over time, in response to particular forms of adversity. Doll and Lyon (1998) concluded that qualitative studies which attempted to provide insight into the phenomenological world of resilient individuals, including personal reflections, attributions, and perceptions about negotiating risk situations may prove invaluable in elucidating mechanisms and processes used to overcome adversity.

In their research, Reynolds and Bezruczko (1999) focussed on the processes of resilience, and argued that a situational stance was necessary as 'many vulnerability and protective processes concern key turning points in people's lives, rather than long standing attributes or experiences as such' (Rutter, 1987). Their paper used a qualitative approach to investigate subjective causality; investigating how individuals connected events and explained behavioural trajectories over time. The possible processes involved for resilient African American youth were investigated using autobiographical essays. The youngsters involved were asked to imagine that they were asked to write the story of their lives as if it were a film, detailing significant events that had happened to them and who or what had helped them in difficult times.

The paper gives a powerful sense of the narratives constructed by the participants and has the benefit of giving an insight into resilience from the individual's own perspective, across a range of contexts which were, presumably, significant to them.

Quotes are used to illustrate the sense of resilience across a range of themes, organised under the headings of:

- individual attributes,
- family ties,
- external support and
- teachers.

Themes which, again, as Fonagy et al. (1994) have asserted, are 'reassuringly familiar'. However, while, in line with qualitative research guidelines, the steps of data collection are clear (see Yin, 1994), the methodology used to analyse the essays is unclear. From the 86 interviews and essays undertaken, 33 quotes illustrate various points with no indication of the spread of interviews from which they were taken; there is no indication of the content of those essays from which quotes were not taken; nor is there any indication if there were other processes and themes within these other accounts. There is no 'confirmability trail' (Lincon & Guba, 1985) to check how findings and interpretations have been arrived at, reducing both credibility and replicability. Additionally, as the participants were asked to record their accounts in writing with no indication given of their levels of attainment in written work it is unclear the extent to which the written skills were a factor in the length and content of the accounts.

This paper undoubtedly offers an original contribution to resilience research, providing accounts of this subjective phenomenon and the factors involved from the point of view of the resilient individuals themselves, and therefore capturing some of the nuances of resilience promoting situations. However, the methodology is unclear

and the processes by which resilience operates are not further clarified. It is proposed therefore in this study, in addition to quantitatively sampling a range of important factors associated with resilience, to use semi-structured interviews with participants and to analyse the content using a replicable qualitative methodology.

### *Defining resilience*

Resilience generally refers to ‘a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk’ (Masten & Reed, 2002, p. 75). The meaning of resilience and its operational definition have been the subject of considerable debate (Masten & Reed, *op. cit.*; Luthar, Cicchetti & Becker, 2000; Masten, 1999); and it is recognised that resilience must be inferred because two major judgements are required: firstly, that individuals are adapted with respect to a set of expectations for behaviour; and secondly, that there have been extenuating circumstances that posed a threat to good outcomes. Therefore, a definition of the criteria for positive adaptation, and the past or current presence of conditions which pose a threat are both required (Masten & Reed, *op. cit.*).

The care population has been identified as being at risk both in terms of life experiences which led to going into care and the care experience itself (Roy, Rutter & Pickles, 2000; Utting, 1997; McCann, 1996; Colton, Aldgate & Heath, 1991; Lambert, Essen & Heal, 1977). Comparisons between resilient and less resilient care leavers have already been a feature of research (Jackson & Martin, 1998), the positive outcome in that case was a particular level of educational attainment in national examinations (5 or more O levels/GCSEs and having accessed higher education) with threat defined as having been in care. Participants were interviewed regarding their

retrospective views of their educational and care experience. The proposal in this study is to extend this paradigm to school age youngsters currently in care in order to explore contemporary attributions. For the purposes of this study resilience is defined using single criteria. This choice avoids the problems arising with multiple criteria, in which participants identified as competent or incompetent using one criterion may be different from those identified if another criterion is used (Fischer et al., 1987). In this study, resilience is defined as maintaining a school place and following GCSE courses despite being in the care of the local authority.

### **Rationale for this study**

This study will bring together two strands of research to explore attributions as a mediating variable between circumstances and events in youngsters' lives and the resilience of the situation. The study will focus on examining differences in patterns of causal attributions regarding school, peers and care placement/home life made by resilient looked after youngsters, less resilient looked after youngsters and a non looked after control group. The purpose is to build on previous research which has detailed the importance of a person's view of life events in fostering resilience and of attributions as an important mechanism through which life events in different contexts are viewed. More specifically, based on well established research, it is predicted that resilience will be reflected in more optimistic and self-efficacious causal attributions.

## Hypotheses

1. Tugdale and Fredrickson (2004) found that positive cognitions act as a protective factor in adverse circumstances. It is predicted therefore that high resilience and control group participants are more likely to make positive statements and low resilience participants are more likely to make negative statements about school, peers and care placement/home life.
2. Resilience is linked to active coping with difficult circumstances (Wang et al., 1994; Rutter, 1990). It is predicted therefore that high resilience and control group participants are more likely to make statements in which they are both the agent and target of the outcome. Low resilience participants are more likely to make statements in which they are the target of outcomes.
3. An optimistic explanatory style involves positive events being perceived as relatively enduring and with wide ranging consequences (Seligman, 1991). It is predicted that in this study high resilience participants are more likely to perceive positive outcomes as stable and global, whereas low resilience participants are more likely to perceive these outcomes as unstable and specific.
4. An optimistic explanatory style involves negative events being perceived as relatively short lived and with specific effects (Seligman, 1991). It is predicted that high resilience participants are more likely to perceive negative outcomes as unstable and specific, whereas low resilience participants are more likely to perceive these outcomes as stable and global.

5. Self-efficacy is linked to personal agency and control beliefs (Bandura, 1997).

Therefore, when the participant is the agent of outcomes, high resilience young people are more likely to perceive those outcomes, positive or negative, as internal and controllable. Low resilience young people are more likely to perceive them as internal and uncontrollable.

6. When the participant is the target of outcomes, high resilience and low resilience young people are more likely to perceive the outcomes as external and uncontrollable than external and controllable.

7. Major life events such as frequent changes of placement do not have a straightforward direct effect on outcomes for looked after children (DoH, 2001; Jackson & Martin, 1998). Daily hassles and major life events have been found to represent conceptually different sources of stress (Rowlinson & Felner, 1988), and chronic experiences contributed to variance regarding positive life satisfaction over and above that of major life events (McCulloch et al., 2000). It would seem therefore that high resilience youngsters are more likely than low resilience young people to make positive attributions regarding the home, school and peer contexts. This difference will not be found for attributions made for major life events, i.e. changing school or placement.

Specific hypotheses were not made concerning gender effects as there is conflicting empirical evidence. Analysis of the gender variable will therefore be exploratory in nature. The research question will focus on possible differences between male and



female, high and low resilience participants in the types of attributions made regarding the home, school and peer contexts.

### **Concluding comments**

This study extends previous research with looked after populations as it compares resilient and non resilient participants. In addition, drawing on attribution theory and conceptualisations of optimism and self-efficacy, factors at the cognitive level are examined in greater detail. Furthermore, guided by research findings from the areas of life satisfaction and subjective well-being, differentiation is made between the distinct sources of stress related to major life events and more everyday 'hassles'.

The research will analyse participants' cognitions across different contexts using the full range of attribution dimensions indicated as important in the literature, as well as considering the agent and target of attributions. Finally, the research will also address criticisms of the validity of attribution measures by analysing natural discourse.

## **Chapter 2**

### **Pilot study**

#### **Purpose of the Pilot Study**

The purpose of a pilot study is to inform practical and theoretical aspects of the research methodology of the main study. In this research project, the principal objective of the pilot was to establish what types of attributions pupils make and how to measure them, thus informing the selection of measurements and procedures for the main study, as well as trialling procedures and information for securing participants' and carers' informed consent.

The following aims were addressed:

#### ***Methodological aims***

1. To establish an estimate of the frequency of attributions made by adolescents when describing school, social and home events and circumstances in an interview situation.
2. To trial the use of the 'Leeds Attributional Coding System' (LACS). The usefulness and effectiveness of the LACS depends on:
  - an acceptable level of reliability;
  - ability to generate sufficient data;
  - validity.
3. To establish intercoder reliability.
4. To trial the use of additional measures.

### ***Practical aims***

1. To clarify the interview schedule.
2. To clarify the time needed to conduct assessments and the procedure for administration.
3. To identify any issues not previously considered.
4. To further develop consent forms and participant and carer/parent information.

### **Possible Measures of Attribution**

The assessment of attributions was reviewed and a number of potentially relevant instruments were considered, before a decision to use the Leeds Attributional Coding System (LACS, Stratton et al., 1988) was chosen. The primary issues of consideration related to face validity, content validity and reliability.

### ***Ecological validity***

Measures using pre-determined attribution questionnaires have been open to the criticism that participants are unable to offer possible causes other than those supplied, and may therefore be forced into making attributions which they may not have made spontaneously (see Stratton et al., 1988). Kelley and Michela (1980) state that

*'the central irony of attribution research is that while its central concepts concern the causal distinctions made by common people, these have been little investigated' (p. 418).*

The opportunity for the individual to offer explanations for an outcome in their own words increases face validity (Lalljee, Watson & White, 1983; McHugh, Frieze & Hanusa, 1982). This may be particularly relevant for children due to the developmental changes in the use of attributions (Fincham, 1983) and in children's understanding of the concept of commonly used causes of success and failure such as ability, effort and chance (Nesdale & Pope, 1985; Nicholls & Miller, 1985; Little, 1985). For example, Piccinni (1987) found that for academic situations children tended to give spontaneous ability and effort attributions and did not offer the range of ability, task, effort and luck attributions usually used in forced choice studies. Thus, Bandura (1981) concluded that forcing children to fit their thinking into the investigator's few pre-selected categories is likely to yield an incomplete if not distorted picture of subject's evaluations of their capabilities.

Some studies therefore use a content-analysis of open ended responses, for example to analyse children's explanations of actions and emotions (Lalljee et al., 1983); interpersonal conflict (Orvis, Kelly & Butler, 1976); achievement attributions (Darom and Bar-Tal, 1981; Cooper and Burger, 1980; Frieze, 1976). It would seem therefore that open-ended measures of attributions are preferable to questionnaires in terms of validity, however, there are likely to be problems relating to reliability.

### ***Reliability of measures***

Some studies have compared open- and closed-ended measures statistically (e.g. Elig & Frieze, 1979; Miller, Smith & Uleman, 1981). Elig and Frieze (op cit) concluded that open ended questions are probably easier and more natural for respondents but referred to them as 'psychometrically inferior' (p 623). They found rating scale

methods to be more reliable overall, and also pointed out that rating scales can be assumed to have interval properties allowing for the use of parametric tests.

It would seem therefore that while closed-response measures may have greater psychometric properties, open ended measures would seem to have greater face validity. In a review of measures Hewstone (1989) concluded that there is no strong consensus for using one to the exclusion of the other, and each has value in relation to specific problems. Additionally, Maruyama (1982) argues for the value of open ended measures at the pilot stage of research, and concludes that they are essential when one attempts to study causal attributions in a less simplistic manner. It would seem therefore that despite the greater psychometric properties of closed-response measures, the greater face validity of open ended measures may best suit the purposes of this exploratory study.

### *Coding natural discourse*

Some measures of attribution elicit open ended responses to hypothetical situations, for example 'Imagine a pupil in your class has just done really well on a reading test. Why do you feel this pupil has done so well?' (Elig & Frieze, 1979). However, attributions have been shown to be made spontaneously across a wide range of archival and experimental studies (see Weiner, 1985); teacher accounts of pupil behaviour (Miller, 1995); distressed adult relationships (Fincham, Beach & Balloon, 1987); abusive families (Silvester, Bentovim, Stratton & Hanks, 1995). An advantage of applying coding to natural discourse over responses elicited from experimenter pre-prepared prompts regarding hypothetical situations, is the decreased possibility of

responses being an artefact of the test and the increased face validity of the attributions made.

Rogers (1982) argued that attribution theory must accommodate itself to the demands of the “real world” rather than to expect to assimilate the “real world” into its own relatively neat and orderly framework. He also made the point that discussions of Weiner’s (1972) attributional theory of achievement motivation have largely developed the concerns of the attributional theorist rather than those of the educationalist. He argued that the origins of the theory have had a limiting effect seen in the rigid application of methodologies that had been developed in laboratory settings to deal with very specific questions. There is a need for more open-ended and flexible methodologies, particularly perhaps, in an exploratory study such as this.

### *Instruments*

A number of measures of attributions were examined and rejected. The Children’s Attributional Style Questionnaire (CASQ, Seligman et al., 1984) is a 48 item forced-choice questionnaire that describes 24 positive and 24 negative events. Each item varies one causal dimension (internal-external; stable-unstable; and global-specific) while holding the other two constant. Participants choose which of two alternatives they believe to be the reason the event happened. This measure was rejected on three grounds: lower face validity due to the use of hypothetical situations and the requirement of forced choice responses (it was felt to be important to allow participants to provide their own causes). Additionally, the important dimension of controllability is not assessed.

The Children's Attribution Measure (Crick, 1995) assesses causal perceptions along four axes: internal-external; stable-unstable; success-failure; and social or academic domains. Children are asked to rate the importance they assign to effort, ability, relevant others and luck. The Causal Attributional Questionnaire (Fielstein et al., 1985) presents success or failure situations, such as 'you got all the words right in a spelling test', and children are asked to choose from 4 possibilities concerning effort, luck, difficulty of material, and ability in determining performance. Both these measures were rejected, again due to the forced response required, and the limited range of attributions assessed.

The Coding Scheme of Perceived Causality (CSPC) appears to have greater face validity as it is an instrument for analysing open-ended or free-response data generated by asking pupils why they believe success or failure events have occurred (Elig & Freeze, 1979), and high intercoder reliability can be obtained in classifying causal attributions in achievement and social situations (Elig & Freeze, 1974). Hypothetical situations are presented to participants who are then questioned about attribution, such as 'Imagine a pupil in your class has just done particularly well on a reading test. Why do you feel this pupil has done so well?' Responses are categorised along dimensions of stability, internality and intentionality (similar to controllability). So, while this measure allows participants to respond in their own words, the responses are to hypothetical situations rather than the participants' own experiences. A further short coming of this scale is that the measure does not assess responses on the dimension of globality, and it would appear to confound aspects of the internal/external dimensions as discussed in chapter one.

The instrument finally chosen for this research project was The Leeds Attributional Coding System (LACS, Stratton et al., 1988). This method employs a more comprehensive set of five dimensions to code attributions (see appendix 4). Therefore, unlike other instruments reviewed here, responses can be analysed along all salient dimensions. Stable-unstable and global-specific dimensions are used in a similar way to those described by Peterson et al. (1982). However, the internal-external dimension has been re-examined and two additional dimensions added to account for difficulties arising from previous confounding aspects; controllability/uncontrollability (see Wiener, 1972; Brewin and Shapiro, 1984), and personal-universal, the idea of whether the attribution tells us something unique about the person or if others would have behaved in a similar fashion (see Stratton et al., 1988).

The LACS was developed in order to code causal beliefs as they are expressed during natural discourse, and can therefore be applied to a semi-structured interview format. The opportunity to analyse causes for events in participants' own lives has potentially greater validity than their responses to pre-established hypothetical questionnaire situations. This was felt to be particularly important in this kind of exploratory study. The LACS identifies the agent and target of the attribution, as well as the speaker. As discussed in chapter one, many measures of attribution involve the individual rating a cause for how internal, controllable etc it is for themselves, or perhaps some other hypothetical individual. Using the LACS, the dimensions of universality, controllability and internality (see appendix 4 for definitions of dimensions) can be viewed from the perspectives of the speaker, the agent and the target.



Stratton et al. (1988) reported that, in comparison to questionnaire methods, analysis of interview material using the LACS generated a greater amount of data. However, disadvantages to using the LACS are its complexity and the time consuming nature of the extraction and coding of attributions. As with other qualitative methods of generating information it is recognised that quantitative concepts of validity and reliability do not apply directly. Rather it is important that coding be consistent, and annotated so that it is interpretable. Consistency in coding is achieved through the use of additional raters and therefore inter rater reliability must be considered.

Stratton et al. (op. cit.) reported acceptable levels of reliability between raters across a number of studies. These researchers argued that as there is no comparable coding system available, there is no direct sense in which concurrent validity can be assessed. Construct validity was imputed from analysis of family therapy using the LACS which showed the actor-observer differences predicted in the literature (Jones & Nisbett, 1972). The general tendencies in the correlations between dimensions were also in the predicted directions.

Good levels of reliability and validity have been demonstrated in material from diverse sources (e.g. Brewin, MacCarthy, Duda & Vaughn, 1991; Munton & Antaki, 1988; Silvester et al., 1995; Silvester & Stratton, 1991; Stratton et al., 1988). The LACS was therefore considered to be well suited to the exploration of spoken attributions in an interview situation. An additional advantage of this attributionally based qualitative research, compared with other methods such as grounded theory (Strauss & Corbin, 1997), is that much more of the process can be made transparent (Stratton, et al., 1988).

## **Method**

### ***Participants***

For the pilot study, three participants were recruited from a group of looked after pupils who were part of a reference group for the Corporate Parenting Service. The participants were all female and were aged from 14 years 3 months to 15 years 6 months (mean age 14 years 10 months). The aims, rationale and procedures of the study were verbally explained to the group and volunteers requested. Additional written materials explaining the purpose and procedure and consent forms were also supplied (see appendix 5) for the young people. They were also given information sheets for their carers (see appendix 6). Social workers were contacted by telephone to seek consent from a person with parental responsibility (see appendix 7). Consent forms were sent out by post with return envelopes. The return rate was 100%.

### ***Procedure and research design***

The pilot study involved in depth interviews with three looked after young people and subsequent analysis using the Leeds Attributional Coding System (LACS). The six stages of attributional coding identified by Stratton et al. (1988) were followed: identify source of attributions; extract attributions; separate cause and outcome elements of the attribution; identify speaker, agent and target; code attributions on causal dimensions; and analysis.

Participants were interviewed following meetings of the reference group, using a semi-structured interview schedule with themes suggested from the literature (see appendix 8). Interviews were tape recorded and transcribed. Following the

interviews, participants were asked for their opinions on how the consent and information forms could be made clearer and more reader-friendly.

In the initial pilot interview the participant was asked to describe a typical school day, starting from getting up in the morning and going through to going to bed at night. Secondly, questions were asked about education in general. Analysis of the transcript indicated that this interview was descriptive in nature and yielded very few causal statements. The interview schedule was then modified to allow for greater generation of causal statements. These interviews asked participants to rate themselves on how much they liked school etc (see appendix 8 for 2<sup>nd</sup> pilot interview questions), and were then asked to explain why they rated themselves at that point. The interviews lasted approximately 15 minutes. Interviews were transcribed and examined by the author and one other rater for causal statements. The second rater was blind to the aims of the experiment. A total of 78 statements were extracted across the two interviews, representing a rate of 2.6 attributions per minute of transcribed interview: this is a similar rate to that found in other research (e.g. Munton, 1988; Stratton, 1997).

### ***Extracting attributions***

There are a number of definitions of attributional statements, the LACS defines a causal statement as:

*'One that provides an indication of the relationship between events, outcomes and/or behaviours and their causes.'* (Stratton et al., 1988, p. 44).

A wide definition of causal statements has therefore been adopted, including both the reasons and causes of events.

Transcribed interviews were examined and all statements which indicated a belief about why an outcome happened were recorded. In order to be considered a causal statement, the following criteria needed to be satisfied:

- i. Does the statement refer to a specific event, outcome or behaviour?
- ii. Does the statement offer a specific cause as being responsible for the event?
- iii. Are the cause and event linked together in the statement? (Stratton et al., op. cit., p. 45 - 46).

For example, is there a key-word present that link the cause and the event, such as 'because', 'so' or 'that'? However, in some attributions the presence of a key word is not always necessary. For example, '*She was so horrible, I hit her*'. Here the link is implied. For each statement the cause and outcome were identified and the cause of the event underlined.

The method of extraction generated a set of causal statements from each rater for each transcript. An agreement between the raters was scored if they identified the same statement within a sentence, whether or not the wording in which they expressed it was identical. Only those statements that were agreed by both raters were included. Over the two interviews a total of 181 causal statements was extracted and of these, 78 were identified by both raters, a percentage agreement of 86.2%. The disputed statements were reviewed and discarded. Percentage agreement as an indication of

inter-rater reliability has been criticised as likely to over-estimate the level of agreement (Lombard, Snyder-Duch & Bracken, 2004). However, false positives (identifying a statement which is not an expression of a causal belief) are not a major problem as these will usually prove uncodable in the next phase (Stratton et al., 1988).

### *Coding statements*

Once causal statements have been identified they are extracted and coded along each of the five attributional dimensions (see table 7). Examples of each dimension are given in table 8 and fuller definitions can be found in appendix 4.

Dimension	Definition
Stable or unstable	Will the cause operate reliably in the future?
Global or specific	Has it a range of important outcomes?
Internal or external	Does it originate within that person or thing?
Personal or universal	Does it differentiate that person, thing or situation from others?
Controllable or uncontrollable?	Does it indicate that the person or thing could influence the outcome?

*Table 7 Dimensions of attributions*

In using the LACS it is essential for the coding to be consistent, and annotated so that it is interpretable. The list of agreed causal statements was entered onto coding sheets

and distributed with the coding manual (Stratton et al., 1988) to the two raters. Each statement was individually coded along five dichotomous attribution dimensions and whether the outcome was positive or negative. The agent and target of each causal statement was also identified. For each statement the cause of the event is underlined.

Dimension	Coded Attribution
Stable	It was enjoyable 'cos drama's always been my favourite <u>lesson.</u>
Unstable	I have improved much more at this school than at any other school 'cos I've had more extra help than I have <u>normally.</u>
Global	I wasn't as strong as I am now, 'cos I've really <u>grown up and matured.</u>
Specific	My geography teacher is really nasty 'cos he <u>screwed up my work.</u>
Internal	I said 'no, I'm not moving (schools)', <u>I just need to settle down and want to get on with it.</u>
External	I improved at school 'cos <u>people helped me learn things.</u>
Personal	What helped you to keep away from the wrong crowd? <u>Myself, if I want to do something then I'll do it.</u>
Universal	I don't want to leave school 'cos you've got so many <u>responsibilities when you leave school.</u>
Controllable	What helped you to keep away from the wrong crowd? <u>Myself, I used to be easily led but now I go my own way.</u>
Uncontrollable	I didn't do well there <u>because it was a rubbish school.</u>

Table 8 Examples of dimensions of attributions.

Each attributional statement is coded from the perspective of the speaker, the agent of the cause and the target of the cause. For example,

*I was bad 'cos she didn't like me.*

	Stable	Global	Internal	Personal	Controllable
Speaker (1)	1	1	0	0	1
Agent (9)	1	1	1	1	1
Target (9)	1	1	0	0	1

In this attribution the agent is 'she' (the foster carer) and the target, 'I' is the youngster being interviewed (the speaker in all cases is the study participant). The foster carer is instrumental in producing the outcome (she didn't like me), and the youngster is the person to whom the outcome occurs (I was bad). In order to distinguish between individuals the LACS assigns a number to speakers, agents and targets, for example, in this thesis the following numbers were assigned:

teachers 1    peers 2    foster carers 3    parents 4  
 siblings 5    social services 6

Each attributional dimension is rated on a dichotomy and given a score of 1 if the main label applies (e.g. stable) and 0 if the opposite applies (e.g. unstable). The example given is coded *stable* and *global* because the speaker believes the behaviour to ongoing and unchanging, and the outcome has a wide range of consequences (see table 8). In order to make such decisions it is often necessary to refer to the transcript for context. The stability and globality do not vary with the perspective of agent or target, and so are not coded for agent or target.

The internal/external, personal/universal and controllability dimensions are coded from the perspectives of speaker, agent and target. As discussed earlier, in this way it is possible to examine the youngster's beliefs about whether they are instrumental in the cause or simply affected by it. Additionally, as the literature indicates the importance of the intractional nature of resilience (see Garnezy & Rutter, 1983), a method which allowed an assessment of how internal or controllable a youngster viewed a cause for their teacher or carer provides a more comprehensive view of a situation.

In this example, the cause is believed to be internal to the foster carer (she didn't like me) and external to the youngster. Similarly, the cause is perceived to be personal to the carer, and universal to the youngster (any foster child would have left). Finally, the youngster perceives both herself and the foster carer to have some control over part of the attribution. The foster carer's actions are perceived to be intentional and therefore controllable, and the youngster also perceives her own actions in leaving as controllable.

### ***Reliability of coding***

An overall test of agreement between the two raters for each dimension over the 67 statements is provided by Cohen's Kappa using the guidelines suggested by Landis and Koch (1977). The test provides a formal correction for chance agreements, and as such is superior to the percentage agreement method (Lombard et al., 2004). Rather than treat 'don't know' as a score on which agreement should be assessed, those cases in which it occurred were omitted from the analysis. The values of Kappa with estimated standard errors and approximate significance levels are reported in table 9.



As an example of how this table can be interpreted, for the stable/unstable dimension the proportion of agreement after chance has been excluded is 73%, kappa (N = 67) = 0.73,  $p < 0.0005$ . Kappa has a range from 0 – 1.00, with larger values indicating better reliability. Generally, a Kappa > 0.70 is considered satisfactory (Lombard et al., 2004; Fliess, 1971).

Dimension	Kappa	Standard Error	Approx. Sig.
Stable	0.73	0.10	0.00
Global	0.75	0.12	0.00
Internal	0.88	0.06	0.00
Personal	0.88	0.06	0.00
Control	0.65	0.12	0.00
Agent	0.73	0.10	0.00
Target	0.88	0.07	0.00

*Table 9 Measures of reliability of coding each dimension by Cohen's Kappa*

Disputed attribution dimensions were discussed and disagreement resolved as suggested by Lombard et al. (2004). The control dimension had a value of Kappa lower than 0.70. Discussion between raters revealed that one rater was employing too stringent a criterion. A random selection of statements (20%,  $n = 13$ ) were recoded on the controllability dimension, with 100% percent agreement.

## **Results**

The data were explored to indicate likely trends for the main study. Of the 67 attributions, 6 were neither positive nor negative. As the focus here is on the different

types of attributions for positive and negative outcomes, neutral statements were discarded in this analysis. Similar numbers of attributions were made by both participants, 31 and 30 respectively, and both participants made more positive than negative attributions (see table 10). This difference was not significant,  $\chi^2(2) = 0.512, p > .05$ .

	Participant 1	Participant 2	totals
Positive attributions	19	21	40
Negative attributions	12	9	21
totals	31	30	61

Table 10 Frequency count of positive and negative attributions

Agent – target combination	Positive attributions		Negative attributions		All attributions		Total
	Participant 1	Participant 2	Participant 1	Participant 2	Participant 1	Participant 2	
speaker is agent & target	12	9	2	3	14	12	26
speaker is agent, other is target	0	1	0	1	0	2	2
other is agent, speaker is target	4	10	4	3	8	13	21
other is agent & target	3	1	6	2	9	3	12
Totals	19	21	12	9	31	30	61

Table 11 Frequency count of positive and negative attributions by agent and target

Speaker is agent & target is the most common category, that is the participants were most often describing effects on themselves. The next most common category is

where the speaker is target and other is agent, that is others causing events in which they are the target. There were relatively few causal statements where the youngsters were describing the effect they had on others. Further analysis was not possible due to low numbers in some cells. It is anticipated that the greater number of participants involved in the main study will ensure that this is not a difficulty.

Table 12 shows the percentage of attributions made across each of the dimensions, and table 13 shows percentages of attributions for positive and negative statements.

Dimensions	Percentage	
Stable/unstable	74.6	25.4
Global/specific	83.6	16.4
Internal/external	50.7	49.3
Personal/universal	47.8	52.2
Controllable/uncontrollable	68.7	31.3

*Table 12 Percentage of attributions for each dimension*

Dimensions	Positive	Negative
Stable	77.5	66.7
Global	85.0	81.0
Internal	60.0	23.8
Personal	62.5	23.8
Controllable	85.0	47.6

*Table 13 Percentage of positive and negative attributions for each dimension*

Significant differences were found across two of the dimensions, controllable attributions were more likely than uncontrollable attributions to be made for positive statements, ( $\chi^2 = 9.572(2), p < 0.01$ ). For the personal/universal dimension, personal attributions were more likely to be made than universal for positive statements, and the converse for negative statements, ( $\chi^2 = 8.248 (2), p < 0.01$ ).

## **Discussion**

A major benefit of this pilot study was that the LACS proved to be a satisfactory and robust measure. A key aim of the pilot study was to examine if the LACS would offer a useful method of detailed investigation of an individual's attributional system, that is to test the utility of the method to detect and code attributions when present. The LACS was found to be satisfactory in this respect. Additionally, an acceptable level of inter-rater reliability was established.

Other practical and theoretical aims of the pilot study were to establish the type of semi-structured interview schedule best suited to elicit causal statements, and to establish an estimate of the rate of causal attributions made by adolescents. The initial interview schedule, asking the participant to describe a typical day, yielded very few causal statements. However, the amended schedule yielded attributions rates similar to that found in other research (e.g. Munton, 1988; Stratton, 1997). In order to tap into the potentially separate sources of resilience regarding major life events and daily activities it was decided in the main study to add questions regarding changes of school and care placement, and the reasons for coming into care.

A practical aim of the pilot study was to determine the appropriateness of the information and consent forms for the participants. Feedback indicated some minor changes in order to improve the clarity and comprehensibility of the forms.

### **Limitations**

The major limitation of the pilot study is that it involved a restricted number of participants. In order to determine the rate and nature of causal attributions made, and the utility of the LACS as a coding method, the number of participants was not as important as the number of causal attributions generated. However, in terms of assessing the utility of the interview schedule, the nature of the attributions made, the user friendliness of the consent forms and the time scales for the interviews, it would have been beneficial to include a larger number of pilot participants to provide a more representative range of views.

Additionally, according to the definition used here (looked after, year 9 or 10 pupils who are following, or about to start GCSE courses), both the participants could be described as resilient looked after youngsters. It is not clear therefore if the planned design and procedure for the main study will be appropriate for the proposed control and comparison groups (Control group - non looked after year 9 or 10 youngsters, following or about to follow GCSE courses, who, in the view of their teachers are well adjusted and have not experienced any major life traumas. Comparison group – looked after year 9 or 10 pupils who are out of school and who are following or could follow GCSE courses).

It would also have been beneficial to include questions regarding major life events in the pilot interviews, and to have been able to gain an indication of the rate and nature of attributions made.

### **Implications for main study**

The main implication for the main study is that the LACS provided a useful method of coding attributions in natural discourse, and that inter-coder reliability was established.

The interview schedule was restructured in the main study to take account of what was learnt in this study regarding eliciting attributions, and to include questions about major life events. Appropriate time frames for interviews were established. Consent and information forms were also amended to ensure greater legibility and user friendliness (see appendices 5 & 7).

## **Chapter 3**

### **Main study**

The aim of this study is to examine the relationship between resilience and causal attributions. Attributions made by high resilience (i.e. educationally successful) looked after adolescents, low resilience (i.e. less educationally successful) youngsters and a non-looked after control group. Specifically, it was predicted that, if resilience is related to perceptions of causality, then causal attributions apparent in more resilient youngsters will be more positive, stable, global, internal and controllable than those apparent in less resilient youngsters.

### **Aims**

This study seeks to investigate if the relative school success of the participants is related to attributional style, i.e. the causes they give for events.

### **Hypotheses**

1. It is predicted that high resilience and control group participants are more likely to make positive statements and low resilience participants are more likely to make negative statements about school, peers and care placement/home life.
2. Youngsters' attributions when they are instrumental in producing an outcome (agent), and when they are the person to whom the outcomes occurs (target) will also be examined. It is predicted that high resilience and control group participants are more likely to make

statements in which they are both the agent and target of the outcome. Low resilience participants are more likely to make statements in which they are the target of outcomes.

3. It is predicted that in this study high resilience participants are more likely to perceive positive outcomes as stable and global, whereas low resilience participants are more likely to perceive these outcomes as unstable and specific.
4. It is predicted that high resilience participants are more likely to perceive negative outcomes as unstable and specific, whereas low resilience participants are more likely to perceive these outcomes as stable and global.
5. When the participant is the agent of outcomes, high resilience young people are more likely to perceive those outcomes, positive or negative, as internal and controllable. Low resilience young people are more likely to perceive them as internal and uncontrollable.
6. When the participant is the target of outcomes, high resilience and low resilience young people are more likely to perceive the outcomes as external and uncontrollable than external and controllable.
7. It is predicted that high resilience youngsters are more likely than low resilience young people to make positive attributions regarding the home, school and peer contexts. This difference will not be found for attributions made for major life events, i.e. changing school or placement.



Analysis of the gender variable will be exploratory in nature, focussing on possible differences between male and female, high and low resilience participants in the types of attributions made regarding the home, school and peer contexts.

## **Method**

### *Design*

Resilience generally refers to 'a class of phenomena characterised by patterns of positive adaptation in the context of significant adversity or risk' (Masten & Reed, 2002, p 75). In this study adversity is defined as being in care (see Roy et al. 2000; Utting, 1997; McCann et al., 1996; Colton et al., 1991; Lambert et al., 1977) and positive adaptation is maintaining a school place and following (or about to begin) national examination (GCSE) courses (see Jackson & Martin, 1998). The experimental design was between groups. Looked after youngsters who were in school in year 9 or 10 and following (or about to begin) GCSE courses formed the high resilience group. The low resilient group was made up of looked after youngsters attending GCSE courses who had been excluded or were not accessing full time education. The control group was made up of non-looked after youngsters in year 9 who were about to begin GCSE courses. Causal statements extracted from verbatim interview transcripts were compared between high and low resilience looked after adolescents and a non-looked after control group.

### *Participants*

The high resilience group comprised 6 adolescents (4 females and 2 males), average age 14 years 8 months (range from 14 years 1 months to 16 years 1 month). The low resilience group was made up of 6 looked after youngsters (3 males and 3 females), average age 15

years 5 months (range 14 years 6 months to 16 years 2 months). The control group included 10 year 9 youngsters (5 female and 5 male), average age 14 years 4 months (range from 13 years 10 months to 14 years 8 months). The average age is slightly higher for the low resilience group as interviews were conducted later in the school year, and this group contained two individuals who were out of year group, that is chronologically they were year 11 but were in year 10. The high resilience group also contained one individual who was out of year group.

### ***Procedure***

Looked after participants were recruited through the Corporate Parenting Service (CPS). The CPS is a service within local government to promote life chances for looked after children. The aims, rationale and procedures of the study were verbally explained to potential participants by the author or colleagues in the CPS and volunteers requested. The control group was recruited through the Head of Year at one secondary school within the same local authority. The Head of Year asked for volunteers from youngsters considered to be doing well at school, to have good attendance, good relationships with peers and staff, and not known to have experienced any particular adversity. Additional written material explaining the purpose and procedure of the study and consent forms were also supplied for the young people (see appendix 5) and their parents or carers (see appendix 6). For the looked after groups, social workers were contacted by telephone to ascertain the appropriate person with parental responsibility from whom consent should be sought (see appendix 7). Consent was sought directly from the parents of control group participants. Parental responsibility information and consent forms were sent out by post with return envelopes for consent forms. All consent forms were returned.

### ***Interview procedure***

The causes a person gives for success or failure have been found to vary according to the audience. In an analysis of attributions made in job interviews, Silvester (1997) found that the majority of attributions for negative events produced by candidates were unstable and universal. However, successful candidates were also less defensive and more willing to describe certain negative outcomes as ongoing and personal. It is speculated that the audience (job interviewers) had an effect on the types of attributions made. Additionally, adolescents tend to communicate to authority figures (teachers or parents) that their failure was due to lack of ability rather than lack of effort and that success is due to effort rather than lack of ability. To their peers however adolescents convey that lack of effort rather than lack of ability was the cause for failure and that success would be due to high ability rather than effort (Juoven and Murdock, 1993). Therefore, in this study, in order to minimise the effects of the researcher as a potential authority figure, all interviews were conducted anonymously. Participants entered a room where they addressed their comments to a camera. The identity of the interviewer, who was behind a screen, was not known. Participants completed additional questionnaire material before entering the 'diary room'.

Video taped recordings of all twenty two interviews were transcribed; 10 from the control group and six each from the high resilience and low resilience looked after groups. Each interview lasted approximately 15 minutes. Each transcript was then examined by the experimenter and all statements judged to represent attributions were extracted for coding. A total of 653 statements were extracted for coding, representing a rate of approximately 30 attributions per interview or two per minute of transcribed interview. Each attribution was then coded by the experimenter according to the definitions provided in the LACS. Each

statement was coded for the valence of outcome and those which were neither positive nor negative (3.2%) were not included in subsequent analyses.

### *Ethical issues*

The purposes of the research were explained and the risks and benefits for young people (i.e. just talking or thinking about their experiences could raise issues for them which they may want to talk about with someone). In all cases the researcher's assistant checked that they had someone with whom they felt they could talk later if they needed. At the beginning of the interview, it was clarified that they could withdraw at any stage or could refuse to answer any questions. All of the young people had given signed consent. Eisner (1991) raises the issue of whether consent to take part in any qualitative interview is truly informed, as the researcher does not know precisely what the research event will be like and what its possible effects may be due to its open ended nature. In this study, the researcher felt that with the semi-structured interview format the risks were less than with a less formal approach.

When discussing informed consent, the interviews were set up so that the young people knew that any information collected was anonymous, and that the data would not be available to anyone else. However, it was also discussed in line with child protection procedures that if they discussed anything which suggested they may be unsafe from harm then it would need to be discussed with them and passed on to their social worker (or appropriate child protection person within school for the control group). The information was duly anonymised as discussed.

## *Measures*

### *Interview Schedule*

Based on the literature (e.g. Jackson & Martin, 1998) and the pilot study, an interview schedule was designed (see appendix 8) to elicit information on the participants' estimates of current overall success in the following key areas:

- How much they like school
- How well they are doing in lessons
- How good is their attendance
- How good is their behaviour
- How well they get on with teachers
- How well they get on with peers
- How well they get on with carers/parents

Participants were asked to rate each domain on a scale of 1 to 10. They were then asked why they rated themselves at that point. The interview followed a semi-structured format and follow up questions were also asked. For example, 'How well do you feel you can do the work in lessons?' 'About 8 'cos I can do the worksheets.' 'How come you can do the worksheets?' 'I've just done most of them before.' Participants were also asked how they thought they would do in their GCSEs, what they planned to do after leaving school, and if there was anything else that was important that hadn't been discussed.

Rutter (1987) concluded that 'many vulnerability and protective processes concern key turning points in people's lives, rather than long standing attributes or experiences as such'. Therefore if participants had changed school outside of the usual transfer point at Year 7, they were asked the reasons for changing school, if they had been involved in the decision to

change schools. All participants were asked why the new school was chosen, i.e. whether they had last changed school at year 7 or some other time. Additionally, the looked after groups were asked the reasons for the last placement change and if they had been involved in the decision to change. They were also asked the reasons why they came into care (see appendix 8). Obviously these questions were not applicable to the non-looked after group.

There was some cross over of the content of answers to different questions, for example when discussing attendance participants also tended to give a view of school, teacher or peers. Participants' responses were therefore analysed into 10 categories (see appendix 9), a small sample (20%) were also categorised by a second rater with 100% agreement.

#### *Leeds Attributional Coding System (LACS)*

The LACS can be applied to verbatim interview material (see appendix 10 for an example of a complete interview transcript). Attributions were extracted from the interview transcripts following the procedure described in the pilot study (see appendix 11 for an example of a list of extracted attributions). The LACS was used to analyse participants' responses to interview questions along five attributional dimensions. These are:

- Globality;
- Stability;
- locus (internal or external);
- personal or universal;
- and controllability (see appendix 4 for definitions).

In addition, statements were coded for valence of outcomes (positive or negative), and combination of agent and target of the action (see appendix 12 for an example of codings derived from the attributions).

### *Multi-dimensional Measure of Children's Perception of Control (MMCPC)*

The MMCPC (Connell, 1985) is a domain-specific measure of children's perceived control with respect to success and failure. The measure does not incorporate differentiations concerning the controllability of external and internal causes (see Abramson et al., 1978) or the stability of causes (see Weiner et al., 1972). However, it has the benefit of assessing aspects of control across different domains and different sources of control. The 48-item self-report instrument assesses three dimensions of perceptions of control: internal, powerful others, and unknown. Each of these sources of control is assessed within three behavioural domains: cognitive, social, and physical; general items are also included. Perceptions of control over success outcomes and failure outcomes are assessed separately.

Respondents were asked to rate the applicability of each statement to themselves on a 4 point scale where 1 is 'not at all true' and 4 is 'very true'. Adequate reliability for each subscale (Connell, 1985) and validity of the measure (Connell & Tero, 1982) have been reported. The measure was standardised on 8 to 14 year olds in the United States.

### *Statistical Analysis*

Log linear models of contingency tables will be used where possible (Gray & Kinnear, 1998), as this method of statistical analysis allows investigation of the relationships among multiple attributes. Log linear analysis begins with a model which involves all possible interactions between the variables; this is called the saturated model. Successive models are constructed and a backward elimination is carried out to produce the most parsimonious model which includes the least number of interactions but nonetheless retains significant predictive power. The model which acceptably generates the data will not be significantly different from the observed table, and therefore will exhibit a non significant  $p$ - value.

### *Assumptions*

The assumptions for multivariate and 2x2 analysis for nominal data, log linear & chi squared, dictate that no cell must have an expected frequency of less than 1, and no more than 20% of cells must have an expected frequency less than 5 (Gray & Kinnear, 1998). In this data, attributions where the participant was agent of actions in which another was the target accounted for a very small number of statements, only 5.22% (33 out of 632) attributions fell into this category. 3.82% of the total number of causal statements made by the high resilience group were statements where the youngster was the agent and another person was the target (*agent statements*). The figures for the control and low resilience groups were 5.94% & 5.46% respectively. With such small numbers many of the expected frequencies in contingency tables involving the *agent* variable were less than 5. This variable was therefore excluded from subsequent analysis. Attributions where another person is both the agent and target are of less interest theoretically and therefore were not included in the analyses. The agent target combinations used were: participant as agent & target, i.e. they were the target of their own actions (*agent & target*) or participant as the target of another's actions (*target*).

### *Constructing models*

Previous research using the LACS (Stratton et al., 1988) has found a correlation between the dimensions of personal and internal. Constructing a model in log linear analysis is possible using all five dimensions. However, it should be remembered that if a sufficient number of analyses are carried out on these data, some significant effects will emerge purely on the basis of chance. The opportunity to limit model building should therefore be taken where possible. For this reason this analysis will first seek to determine if an analysis of attributions for causes perceived as internal and personal will provide any additional information to an analysis of attributions for causes perceived as internal.



Models using the variables of internal, personal and resilience were constructed for both positive and negative attributions. The log linear analysis for positive attributions selected the model made up of associations between resilience and internal; resilience and personal; and internal and personal. The relationship of interest in this model concerns the association between the dimensions internal and personal. Reference to the relevant data marginal table shows that of 224 attributions rated internal, 218 were also rated personal (97.3%).

The model for data concerning negative attributions shows a similar association between the internal and personal dimensions, of 104 attributions rated internal, 101 were also rated personal (97.1%). As the two dimensions vary in a similar manner, an analysis involving both the personal and the internal dimensions will not give significant additional information when compared to an analysis considering just one of the dimensions. Therefore, as the personal dimension is of less interest theoretically, it will be omitted from further analysis.

Additionally, the internal and external poles of the locus dimension vary in a similar manner to the agent & target and target statements. The majority of agent & target statements were rated as internal (92.6%), and the majority of target statements were rated as external (96.2%). Therefore in order to avoid small cell counts, external agent & target and internal target statements were excluded from further analysis. In addition, in order to limit model building the internal/external and controllability dimensions were also considered together. Table 14 shows the attributions with very small cell counts which were omitted from the final analysis, 31 of 535 attributions; 5.8% of the total.

Attribution	Percentage of total
External, agent & target, negative and uncontrollable	0.75
External, agent & target, negative and controllable	0.37
External, agent & target, positive and uncontrollable	1.68
External, agent & target, positive and controllable	1.31
Internal, target, negative and uncontrollable	0.37
Internal, target, negative and controllable	0.00
Internal, target, positive and uncontrollable	0.19
Internal, target, positive and controllable	1.12

*Table 14 Attributions with very low frequencies*

### *Variables*

The variables of interest in this study are the level of resilience (high resilience looked after children, low resilience looked after children and a non-looked after control group), the valence of the attribution (positive or negative), the combination of agent – target (agent & target or target) and the dimensions of the attribution (e.g. globality, stability, locus and controllability). Earlier on in the research review gender differences were briefly discussed. However, the evidence is mixed. In order to clarify the data collected in this study, possible gender effects will be considered. Gender will therefore be considered as a further variable in the analysis.

### *Independence assumption*

Log linear analysis and chi squared tests make similar assumptions regarding data, one of which concerns the independence of observations from one another. For the data in this study, because more than one attribution is drawn from each participant, the independence

assumption is violated. It could be possible that any significant differences found between the high resilience, low resilience and control groups may be due to one participant within a group making attributions very differently to the rest of the group. It is necessary therefore to show that the groups are homogenous in order to be able to demonstrate that any differences between the groups are not due to within group variation, i.e. it is necessary to establish that the participants within each group are making similar patterns of attributions. If this can be shown, then violating the independence principle will not seriously affect the interpretation of results.

In order to do this it is necessary to compute how much variation there is among the three groups and compare that to the variation within each group. The percentages of total number of attributions were entered into a one way ANOVA using SPSS to calculate the standard deviations and homogeneity of variance.

*i. Valence of outcome & agent – target combination*

Participants within each group made similar numbers of positive and agent & target statements. The groups were homogenous as the variances within the three groups were not significantly different for percentages of positive statements (*Levene statistic = 1.318, p = 0.291*) and agent & target statements (*Levene statistic = 2.431, p = 0.115*).

*ii. Dimensions of attributions*

Participants within each group also made similar numbers of attributions across each of the dimensions. The groups were homogenous as the variances within the three groups were not significantly different for percentages of stable (*Levene statistic = 2.119, p = 0.153*), global

(Levene statistic = 3.039,  $p = 0.076$ ), internal (Levene statistic = 2.026,  $p = 0.159$ ).and controllable (Levene statistic = 0.252,  $p = 0.780$ ) attributions made.

## Results

### a) Resilience, valence of outcome and agent - target combination codings

	Control		High resilience		Low resilience	
	agent & target	target	agent & target	target	agent & target	target
<b>Positive</b>	78.3	13.8	80.3	35.2	61.8	50.5
<b>Negative</b>	21.7	86.2	19.7	64.8	38.2	49.5

Table 15 Percentage of positive and negative statements made by each group for agent & target and target statements

If the high resilience group make more optimistic and self-efficacious attributions than the low resilience group then it is predicted that they will make more positive attributions and they will make more agent & target attributions. Figure 3 illustrates that, as predicted in hypothesis 1, the high resilience participants made more positive statements than low resilience participants. A chi squared test analysing resilience (high resilience, control and low resilience) and valence of statement (positive or negative) found a reliable association between these factors ( $\chi^2 = 30.349 (2), p < 0.001$ ).

It was predicted in hypothesis 2 that the high resilience group would make more agent & target statements and less target statements. Figure 4 shows that in fact the two looked after groups made more target statements than the control group. A chi-squared test analysing resilience (high resilience, control and low resilience) and agent – target combination (agent & target or target) found a reliable association between these factors. The two looked after

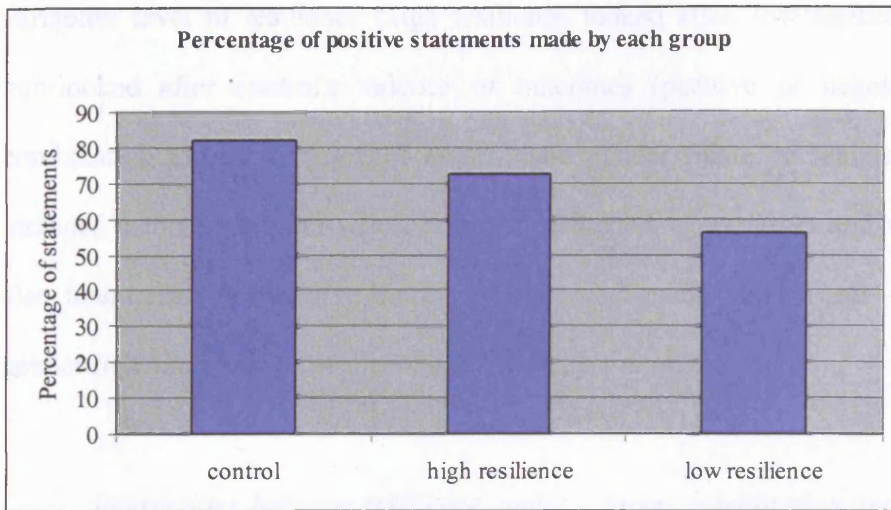


Figure 3 Percentage of positive statements made for each group

groups were significantly more likely than the control group to make statements in which they were the target of others' actions ( $\chi^2 = 10.814 (2), p < 0.005$ ).

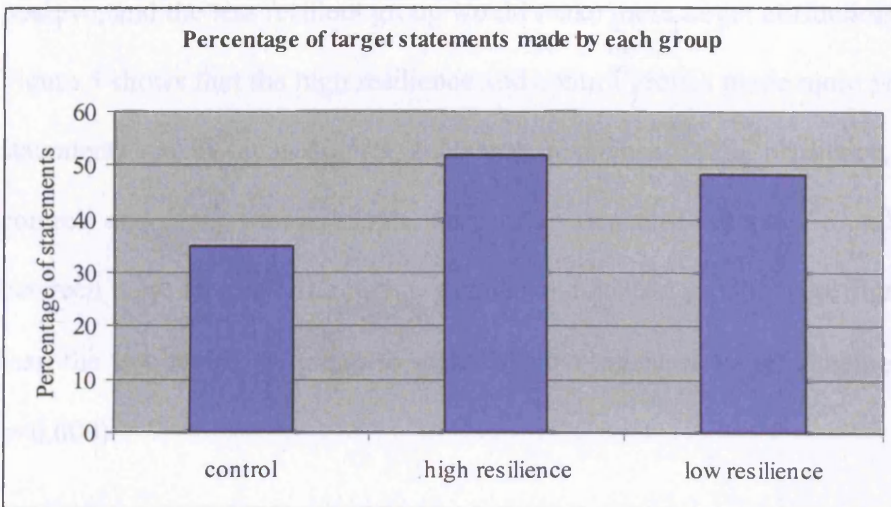


Figure 4 Percentage of target statements made by each group

#### Interactions

The SPSS log linear procedure was used to test for interactions between factors. A four-way frequency analysis was performed to develop a hierarchical linear model using the following

variables: level of resilience (high resilience looked after, low resilience looked after and non-looked after control); valence of outcomes (positive or negative); agent – target combination (agent & target or target); and gender (male or female). The final model included a three-way interaction between resilience, agent-target and valence. There were also interactions between resilience, valence and gender; and agent – target, valence and gender (*likelihood ratio chi squared 3.781 (4), p = 0.436*).

*i. Interactions between resilience, agent – target combination and valence of outcome variables*

Considering the interaction between the resilience, agent – target combination and valence of outcome variables, if the high resilience group make more optimistic and active attributions then one prediction would be that they would make more agent & target statements which are positive, and the less resilient group would make more target attributions which are negative. Figure 5 shows that the high resilience and control groups made more positive agent & target statements. Chi-squared tests analysing resilience (high resilience, low resilience and control) and agent – target combination and valence of outcome, found reliable associations between these factors. The high resilience and control groups were significantly more likely than the low resilience group to make positive agent & target statements ( $\chi^2 = 10.388 (2)$ ,  $p < 0.000$ ).

Figure 6 shows that the less resilient group made more negative target statements. The low resilience group were significantly more likely than the high resilience or control groups to make statements in which they were the target of negative outcomes ( $\chi^2 = 23.250 (2)$ ,  $p < 0.001$ ).

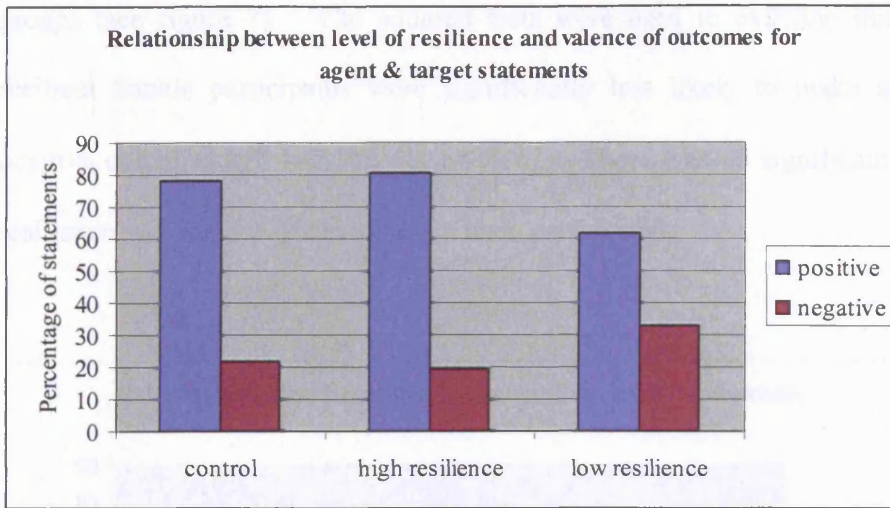


Figure 5 Percentages of negative and positive attributions made by each group for agent & target statements

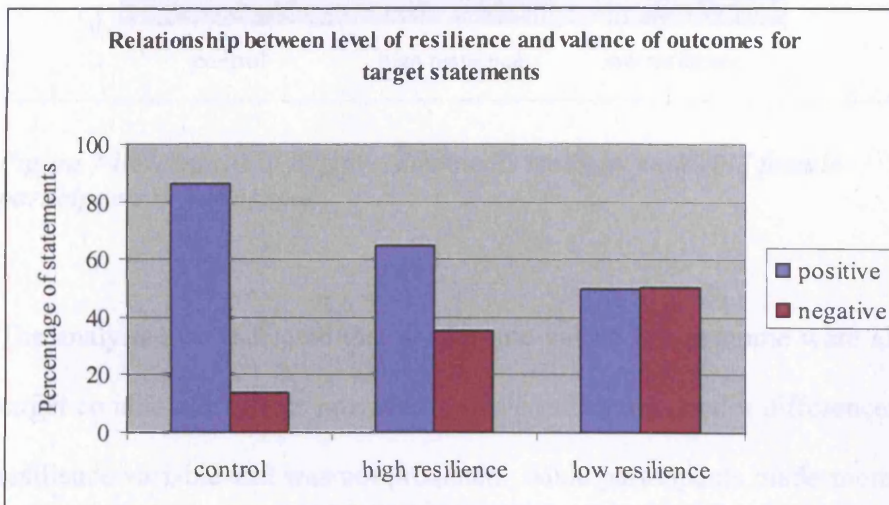


Figure 6 Percentages of negative and positive attributions made by each group for target statements

ii. Interactions with the gender variable

Specific hypotheses regarding gender were not made but the analysis indicated an interaction between the factors of resilience, valence of outcome and gender. Low resilience female participants made the less positive statements than females in the high resilience or control



groups (see figure 7). Chi squared tests were used to examine this relationship. Less resilient female participants were significantly less likely to make attributions involving positive outcomes ( $\chi^2 = 42.589 (2), p < 0.001$ ). There was no significant association between resilience and valence of outcome for male participants.

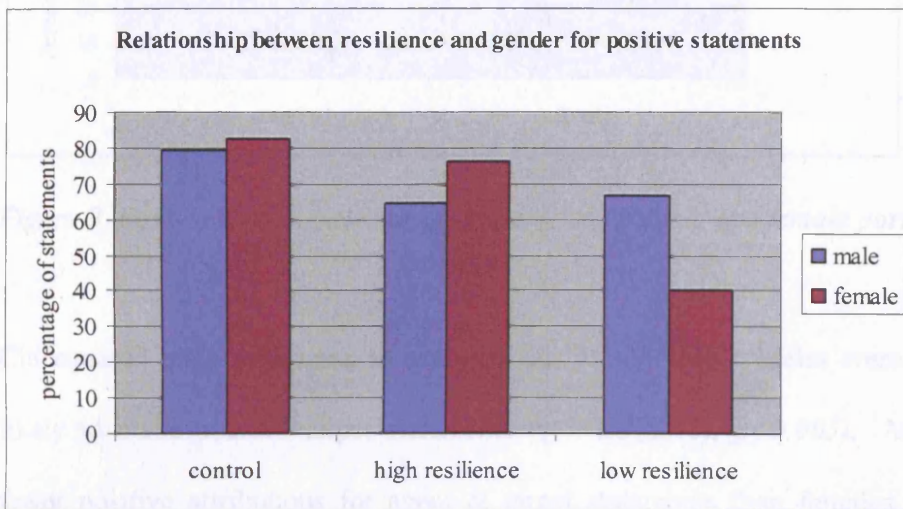


Figure 7 Percentage of positive statements made by male and female participants in each group

The analysis also indicated that gender and valence of outcome were also related to agent – target combination. This interaction, while indicating gender differences, did not include the resilience variable and was not predicted. Male participants made more positive attributions than female participants when they were the target of another’s actions (see figure 8).



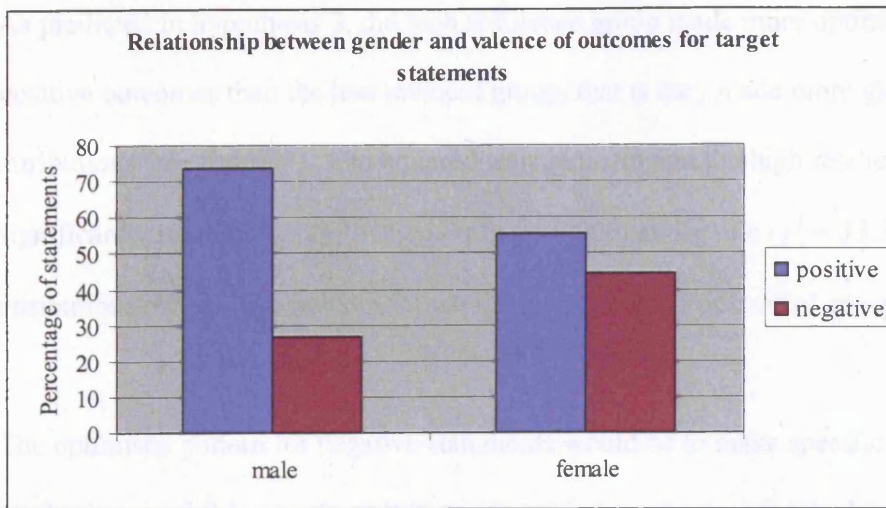


Figure 8 Positive and negative target statements for male and female participants

Chi squared tests were used to examine this relationship. Males were significantly more likely to make positive target statements ( $\chi^2 = 8.282 (1), p < 0.005$ ). Males made slightly fewer positive attributions for agent & target statements than females, 68.3% and 76.8% respectively. This difference was not significant ( $\chi^2 = 2.718 (1), p = 0.099$ ).

**b) Dimensions of attributions**

*i. Stability and globality of dimensions*

	Control				High resilience				Low resilience			
	agent & target		target		agent & target		target		agent & target		target	
	+	-	+	-	+	-	+	-	+	-	+	-
Stable	76.5	23.5	87.5	12.5	88.7	11.3	65.1	34.9	60.7	39.3	53.7	46.3
Unstable	79.7	20.3	82.4	17.6	46.2	53.8	62.5	37.5	63.3	36.7	33.3	66.7
Global	85.2	14.8	88.9	11.1	84.9	15.1	68.2	31.8	50.0	50.0	39.1	60.9
Specific	72.7	27.3	84.2	45.8	61.5	38.5	59.3	40.7	76.0	24.0	57.9	42.1

Table 16 Percentage of stable/unstable and global/specific attributions made by each group for positive and negative agent & target and target statements (+ = positive, - = negative).

As predicted in hypothesis 3, the high resilience group made more optimistic attributions for positive outcomes than the less resilient group, that is they made more global and stable attributions (see figure 9). Chi-squared tests indicate that the high resilience group made significantly more global ( $\chi^2 = 30.577(2), p=0.000$ ) and stable ( $\chi^2 = 33.327 (2), p<0.000$ ) attributions for positive outcomes than the low resilience or control groups.

The optimistic pattern for negative statements would be to make specific and unstable attributions, and this was the pattern predicted in hypothesis 4 for the high resilience group.

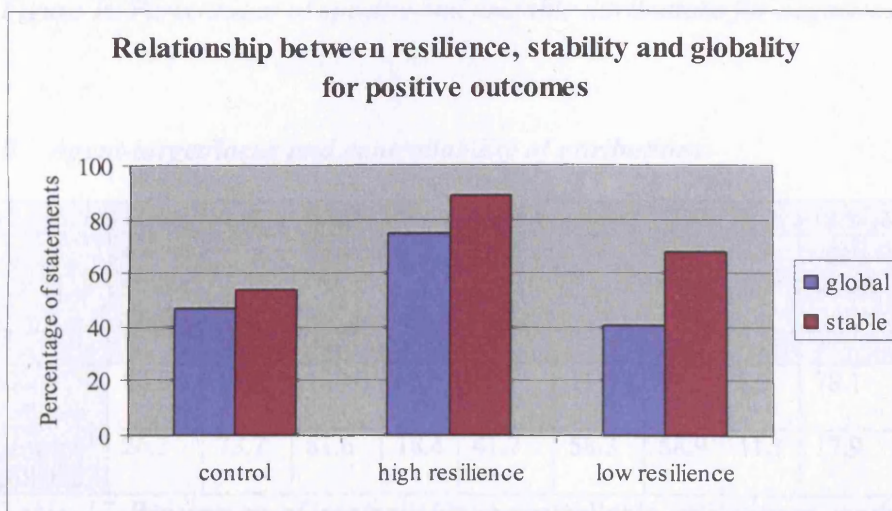


Figure 9 Percentages of global and stable attributions for positive outcomes

However, attributions made by both the high resilience and low resilience looked after groups were relatively similar. Both groups made more unstable attributions for negative outcomes than the control group. Both groups also made less specific attributions than the control group for negative outcomes (see figure 10). As predicted in hypothesis 4, the control group made significantly more specific attributions for the causes of negative outcomes ( $\chi^2 = 9.655 (2), p<0.05$ ). The differences between the groups for unstable attributions did not reach significance ( $\chi^2 = 4.106 (2), p>0.05$ ).



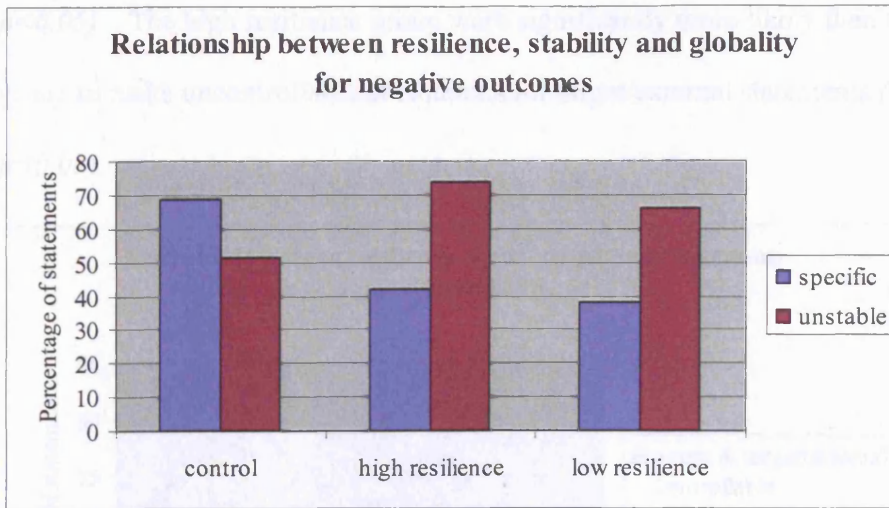


Figure 10 Percentages of specific and unstable attributions for negative outcomes

ii. Agent-target/locus and controllability of attributions

	Control				High resilience				Low resilience			
	agent & target /internal		Target/ external		agent & target /internal		Target/ external		agent & target /internal		Target/ external	
	+	-	+	-	+	-	+	-	+	-	+	-
Controllable	88.8	11.2	100.0	0.0	88.7	11.3	91.7	8.3	78.1	21.9	66.6	33.3
Uncontrollable	26.3	73.7	81.6	18.4	41.7	58.3	58.9	41.1	17.9	82.1	41.4	58.6

Table 17 Percentage of controllable/uncontrollable attributions made by each group for positive and negative agent & target/internal and target/external statements (+ = positive, - = negative).

As predicted in hypothesis 5, the control and high resilience groups made more self-efficacious controllable attributions for agent –target/internal statements. However, contrary to the prediction in hypothesis 6, there was a difference between the high and low resilience groups in the controllability of attributions made for target/external statements (see figure 11). Chi squared tests were used to test for reliable associations between these factors. The high resilience and control groups were significantly more likely than the low resilience group to make controllable attributions for agent –target/internal statements ( $\chi^2 = 6.618 (2)$ ,

$p < 0.05$ ). The high resilience group were significantly more likely than the low resilience group to make uncontrollable attributions for target/external statements ( $\chi^2 = 4.106 (1)$ ,  $p < 0.05$ ).

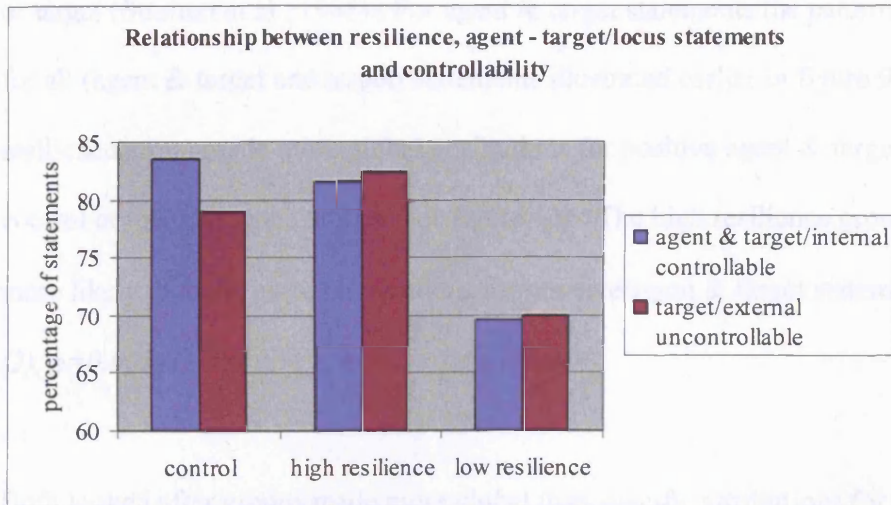


Figure 11 Percentages of agent & target controllable and target/external uncontrollable attributions for each group

### Interactions

#### i. Globality

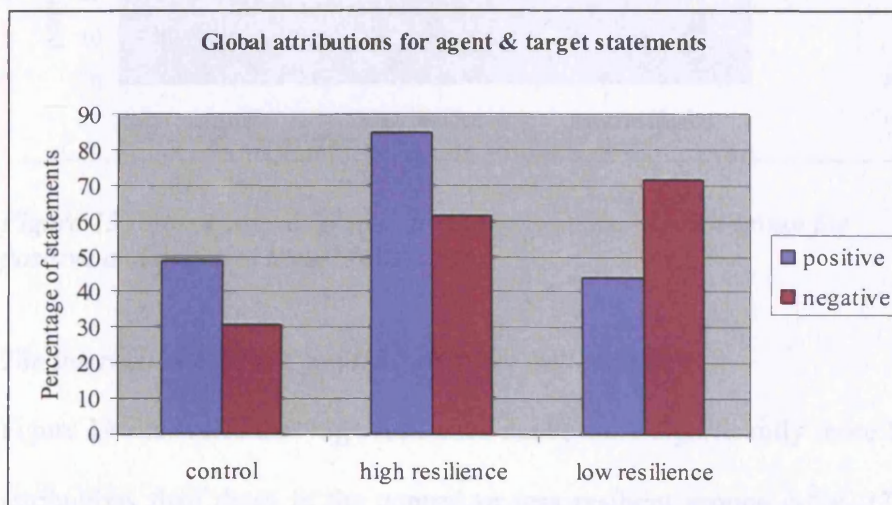
Analysis using the variables of resilience, globality, valence, agent – target and gender found support for hypothesis 3. The predicted interaction between resilience, valence and globality was illustrated earlier in figure 9. However, in the log linear analysis this interaction also included the agent – target variable. The analysis produced a model which was made up of the following interactions: gender, agent – target, valence and resilience; agent – target, valence, globality and resilience; and gender, globality and resilience (likelihood ratio chi squared 6.04907 (9),  $p = 0.735$ ).



*The interaction between resilience, globality, outcome and agent – target combination*

It was not predicted that globality, resilience and valence of outcome would vary with agent – target combination as the globality dimension is not coded from the perspectives of the agent or target (Stratton et al., 1988). For agent & target statements the pattern was similar to that for all (agent & target and target) statements illustrated earlier in figure 9. The high resilience group made more global attributions for positive agent & target statements than the control or low resilience groups (see figure 12). The high resilience group were significantly more likely to make global attributions for positive agent & target statements. ( $\chi^2 = 10.961$  (2),  $p=0.005$ ).

Both looked after groups made more global than specific attributions for negative agent & target statements (see figure 12), again this was similar to the pattern for all statements illustrated earlier in figure 10). The control group were significantly more likely to make specific attributions for negative agent & target statements ( $\chi^2 = 23.799$  (2),  $p < 0.0001$ ).



*Figure 12 Percentages of global attributions made by each group for positive and negative agent & target statements*

As would be expected, the high resilience group made more optimistic global attributions for positive target statements, and the low resilience group made more pessimistic specific attributions for negative target statements (see figure 13). The high resilience group were significantly more likely than the low resilience group to make positive global attributions for agent & target statements ( $\chi^2 = 10.961 (2), p < 0.000$ ). However, for negative target statements the low resilience group made more optimistic specific attributions, and, as for all statements, the high resilience group tended to make pessimistic global attributions (see figure 13). The less resilient and control groups were significantly more likely than the high resilience group to make specific attributions for negative target statements ( $\chi^2 = 23.799 (2), p < 0.0001$ ).

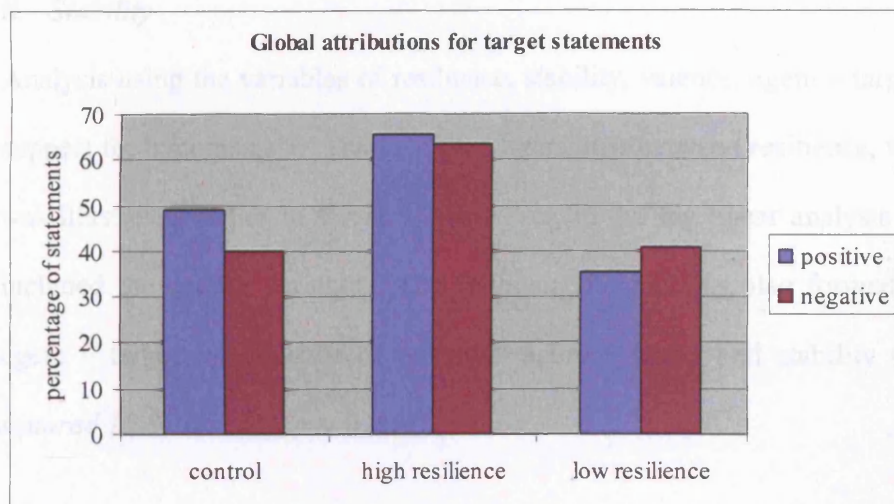


Figure 13 Percentages of global attributions made by each group for positive and negative target statements

#### The interaction between gender, resilience and globality

Figure 14 illustrates that high resilience males were significantly more likely to make global attributions than those in the control or less resilient groups ( $\chi^2 = 27.539 (5), p < 0.0001$ ).

High resilience females were also significantly more likely to make global attributions than control or low resilience females ( $\chi^2 = 7.081(5), p < 0.05$ ).



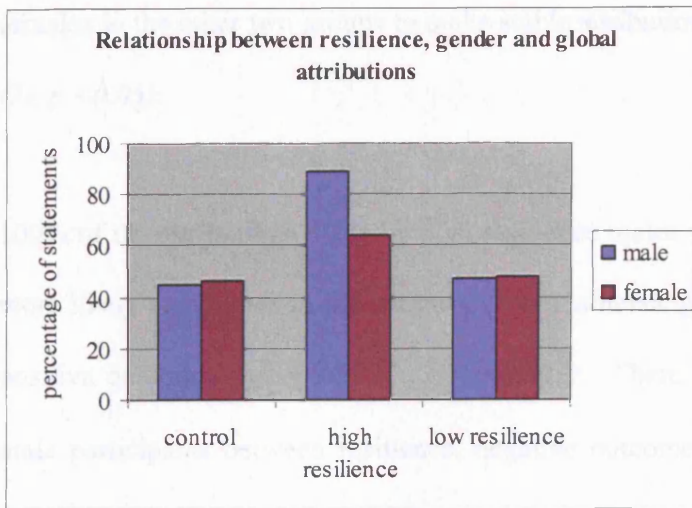


Figure 14 Percentages of global attributions made by male and female participants in each group

**ii. Stability**

Analysis using the variables of resilience, stability, valence, agent – target and gender found support for hypothesis 3. The predicted interaction between resilience, valence and globality was illustrated earlier in figure 9. However, in the log linear analysis this interaction also included the gender variable. The following interactions also formed the model: gender, agent – target and valence of outcome; agent – target and stability (*likelihood ratio chi squared 15.84071 (15), p = 0.393*).

*The interaction between gender, resilience, stability and valence of outcome*

It was not predicted that the stability and valence of outcomes would vary with gender as well as level of resilience. Females in the high resilience group made more stable attributions for positive outcomes. Chi squared tests were used to examine this relationship. High resilience females were more likely to make stable attributions for positive outcomes than control and low resilience females ( $\chi^2 = 20.213 (2), p < 0.0001$ ). They were also more likely than

females in the other two groups to make stable attributions for negative outcomes ( $\chi^2 = 7.139$  (2),  $p < 0.05$ ).

100% of the attributions made by high resilience males were stable. They were significantly more likely than males in the control or low resilience groups to make stable attributions for positive outcomes ( $\chi^2 = 16.321$  (2),  $p < 0.001$ ). There were no significant associations for male participants between resilience, negative outcomes and stability of attributions ( $\chi^2 = 0.104$  (2),  $p > 0.05$ ).

The other interactions within the model: gender, agent – target and valence of outcome; and agent – target and stability; were not examined further as they do not include the resilience variable and are of less interest theoretically.

### ***iii. Internal/external and controllability***

Analysis using the variables of resilience, valence of outcome, controllability, agent – target/locus and gender indicated a final model which incorporated the interaction predicted in hypothesis 5, between resilience, agent – target/locus and controllability. This was illustrated in figure 11. Other interactions in the model included: agent – target/locus, valence and controllability; resilience, agent – target/locus and valence; gender, agent – target/locus and valence; resilience, gender and valence; and resilience, gender and controllability (*likelihood chi-squared ratio* = 17.201 (17),  $p = 0.441$ ).

#### *The interaction between valence of outcome, controllability and agent – target/locus*

The analysis indicated an interaction between controllability, agent – target/locus and valence of outcome which was not expected. This interaction did not include the resilience factor.



Therefore, the interaction between controllability, agent – target/locus and valence of outcome does not vary significantly across the three groups. Chi squared tests used to examine the relationship between controllability and agent – target/locus across positive and negative outcomes found reliable associations between these variables. The majority of negative target/external statements were uncontrollable, and just over half of all negative agent & target/internal statements were uncontrollable ( $\chi^2 = 145.960 (2), p < 0.000$ ; see figure 15).

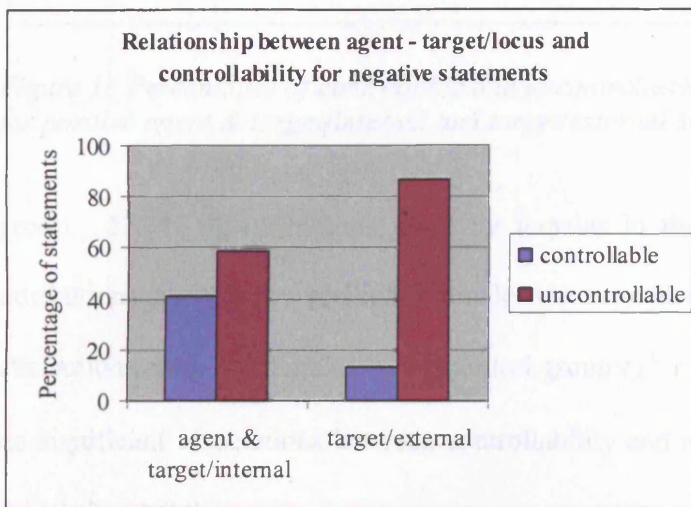


Figure 15 Percentages of controllable and uncontrollable attributions for negative agent & target/internal and target/external statements

The majority of positive agent & target/internal statements were controllable, 92.5%, and positive target/external statements tended to be uncontrollable ( $\chi^2 = 16.254 (2), p < 0.000$ ; see figure 16).

The model indicated by the log linear analysis specified an interaction between resilience, controllability and gender which was not predicted. Female participants in both the looked after groups were more likely to make uncontrollable attributions than females in the control

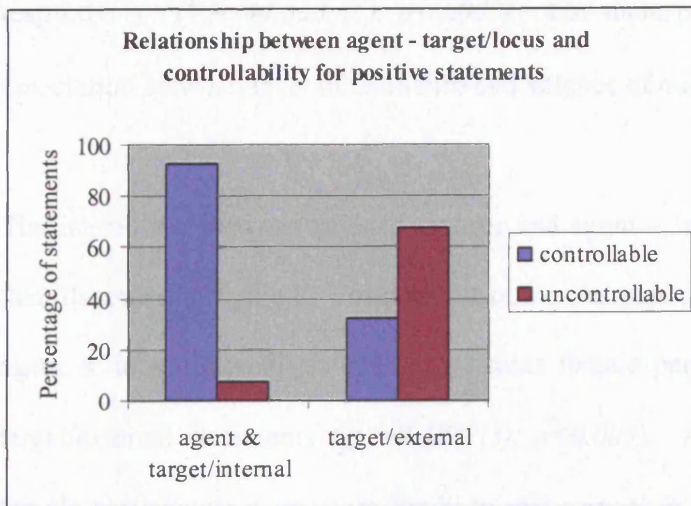


Figure 16 Percentages of controllable and uncontrollable attributions for positive agent & target/internal and target/external statements

group. 57.3% of attributions made by females in the high resilience group, and 68.0% attributions made by low resilience females were uncontrollable, compared to 33.0% of attributions made by females in the control group ( $\chi^2 = 22.286 (2), p < 0.0001$ ). There were no significant associations between controllability and resilience for male participants ( $\chi^2 = 0.359 (2), p > 0.05$ ).

The interaction between valence, resilience and agent – target/locus combination is similar to that illustrated in figures 5 and 6. The high resilience and control groups were more likely than the low resilience group to make positive agent & target/internal statements ( $\chi^2 = 11.535 (2), p < 0.05$ ). The control group were the least likely to make negative target/external statements and the low resilience group the most likely ( $\chi^2 = 22.036 (2), p < 0.0001$ ).

The interaction between resilience, gender and valence of outcome is similar to that illustrated in figure 7. Low resilience females were more likely to make negative attributions than either high resilience or control females, 62.7% compared to 23.6% & 17.0%

respectively ( $\chi^2 = 44.553 (5), p < 0.000$ ). For male participants there was no significant association between level of resilience and valence of outcomes ( $\chi^2 = 5.340 (5), p > 0.05$ ).

The interaction between valence, gender and agent – target/locus combination is similar to that illustrated in figure 8. For negative outcomes male participants were more likely to make agent & target/internal statements, whereas female participants were more likely to make target/external statements ( $\chi^2 = 9.378 (5), p < 0.005$ ). Additionally, for positive outcomes, female participants were more likely to make agent & target/internal statements, and male participants were more likely to make target/external statements ( $\chi^2 = 4.410 (5), p < 0.05$ ).

### *c) Categories of interview response*

Differences in the attributions made across the different contexts of relationships, life events and views of school were investigated. Each attribution was categorised into one of ten categories (see appendix 9). For each of these categories the difference in percentages of positive and negative statements made was assessed across the high and low resilience looked after groups, and the non-looked after control group. These differences were examined using chi-squared tests. Overall differences were found for views of school, relationships with peers and relationships with parents/carers. No significant differences were found for positive and negative views of changing schools or care placement.

#### *i. View of school*

The less resilient group made proportionally more negative attributions regarding school than the resilient or control groups.

<b>Resilience</b>	<b>Percentage of negative attributions</b>	
Resilient & less resilient	12.5	39.3*
Resilient & control	12.5	17.1
Control & less resilient	17.1	39.3*

Table 18 Percentage of negative statements regarding school (\* $p < 0.05$ )

ii. Peer relationships

The low resilience group made proportionally more negative attributions regarding peers than the high resilience or control groups.

<b>Resilience</b>	<b>Percentage of negative attributions</b>	
Resilient & less resilient	0.0	44.4***
Resilient & control	0.0	4.1
Control & less resilient	4.1	44.4**

Table 19 Percentage of negative statements regarding peer relationships (\*\* $p < 0.01$ , \*\*\* $p < 0.001$ )

iii. Academic work

There were no significant differences between the three groups in terms of proportions of positive and negative views about academic work.

iv. Teacher relationships

There were no significant differences between the three groups regarding their relationships with teachers.

v. Behaviour

There were no significant differences between the three groups for positive and negative attributions made for their behaviour.

vi. Changing school

There were no significant differences between the three groups regarding their views of changing school.

vii. Relationship with carers/parents

The high resilience group made less negative statements than either the control or low resilience group regarding their relationships with carers or parents.

<b>Resilience</b>	<b>Percentage of negative attributions</b>	
Resilient & less resilient	0.0	35.7***
Resilient & control	0.0	32.3**
Control & less resilient	32.3	35.7

Table 20 Percentage of negative attributions regarding parent/carer relationships (\*\* $p < 0.01$ )

viii. Changing placement

There were no significant differences between the high and low resilience looked after groups regarding the proportions of positive and negative attributions made for changing placement.

ix. Reasons for coming into care

All participants in both the high and low resilience looked after groups made negative attributions regarding the reasons for coming into care.

**d) Multi-dimensional Measure of Children's Perceptions of Control**

There were differences in the mean scores of the three groups in the cognitive and social domains. The resilient group scored lower, i.e. had less perception of internal control in the cognitive domain than the control or less resilient groups ( $F=6.098 (2), p<0.05$ ).

The control and less resilient groups scored higher than the resilient group in perceptions of powerful others having control in the social domain ( $F=3.377(2), p=0.058$ ). However, this difference did not quite reach significance.

## **Chapter four**

### **Discussion**

A central theme of this thesis has been to examine how the causes that looked after adolescents offer for events in their lives come to influence resilience. More specifically it attempted to analyse if resilience might be reflected in optimistic and self-efficacious explanations. Seligman (1991) defined optimism in terms of explanatory style and perceptions of the causality of an event. An optimistic outlook has been shown to be adaptive in coping successfully with a range of adversities (Tugdale and Fredrickson, 2004; Schieder & Carver, 1993; Puskar et al., 1999; Carvajal et al., 1998). Additionally, Bandura (1997) proposes that the self-efficacy beliefs that people have about themselves are key elements in the exercise of control and personal agency. Attributions are seen as providing individuals with efficacy information that they are able to and capable of performing in a situation. People with high self-efficacy expect favourable outcomes, are more motivated and will persevere.

This thesis examined the interactions between a number of variables associated with resilience at the individual cognitive and affective level. The interactions between the valence of outcomes and the combination of agent-target elements were examined. It was predicted in hypothesis 1 that high resilience and control group participants would be more likely to make positive statements and low resilience participants would be more likely to make negative statements about school, peers and care placement/home life. It was also predicted in hypothesis 2 that high resilience and control group participants would be more likely to make statements in which they were both the agent and target of the outcome. Low resilience participants were

predicted to be more likely to make statements in which they are the target of outcomes.

The interactions between the dimensions of attributions, the valence of outcomes and the combination of agent-target elements were also considered. Regarding the stability and globality of attributions, it was predicted in hypothesis 3 that high resilience participants would be more likely to perceive positive outcomes as stable and global, whereas low resilience participants would be more likely to perceive these outcomes as unstable and specific. Hypothesis 4 predicted that high resilience participants would be more likely to perceive negative outcomes as unstable and specific, whereas low resilience participants would be more likely to perceive these outcomes as stable and global.

With respect to the locus and controllability of attributions, hypothesis 5 predicted that when the participant is the agent of outcomes, high resilience young people would be more likely to perceive those outcomes, positive or negative, as internal and controllable, and low resilience young people would be more likely to perceive them as internal and uncontrollable. Hypothesis 6 predicted that when the participant is the target of outcomes, high resilience and low resilience young people are more likely to perceive the outcomes as external and uncontrollable than external and controllable. Perceived control across a range of contexts was also examined.

Finally, positive and negative attributions were considered across a range of contexts. Hypothesis 7 predicted that high resilience youngsters would be more likely than low resilience young people to make positive attributions regarding the home, school and



peer contexts. It was also predicted that this difference would not be found for attributions made for major life events, i.e. changing school or placement.

Specific hypotheses were not made regarding gender. Examination of this variable was exploratory in nature as there is conflicting empirical evidence for its effects.

### ***Interactions between resilience, valence of outcomes and agent – target combination***

There is a growing body of evidence regarding the importance of positive emotions and having a positive outlook in fostering resilience (Fredrickson, 2001; Kumpfer, 1999; Seligman, Reivich, Jaycox & Gillham, 1995) and, as predicted in hypothesis one, the finding here was that the high resilience and control groups were more positive than the low resilience group. The overall balance of people's positive and negative emotions has been shown to contribute to their subjective well being (Diener, Sandvik & Pavot, 1991); that is, positive emotions *signal* optimal functioning. However, Fredrickson (2001) demonstrated that positive emotions (such as joy at good news or interest in a new idea) also *produce* optimal functioning, not just within the present, pleasant moment but over the long term as well. It would seem therefore that the incidence of greater positive outcomes in the high resilience group may not only be indicative of their greater adaptation but is also likely to contribute to their well-being

Personal agency is linked to self-efficacy (Bandura, 1997), and it was predicted in hypothesis two that the high resilience group would be more likely to make agent & target statements and would be less likely to be the target of others' actions.

However, the results from this study show that both looked after groups were more likely than the control group to see themselves as the target of another's actions (51.8 & 48.4% respectively of all attributions made). The control group was more likely to make agent & target statements; only 35.1% of their attributions were statements in which they were the target of another's actions. Examples of agent & target statements (the cause is underlined):

- How well do you feel you get on with other kids, on a scale of 1 – 10?

About 8, 'cos I tend to get along with people quite well.

- I wind the teachers up 'cos I get bored

Examples of target statements:

- I came into care because mum went into hospital.
- I don't like the teachers 'cos they pick on me
- I haven't skived (from school) for two years now (because) social services, they were there for me.

The two looked after groups were more likely to perceive themselves to be the target of others' actions. The literature regarding looked after children's involvement in planning and decision making supports this finding. Many youngsters felt they were not consulted about decisions about daily routines within their home (Baldry & Kemmis, 1998); and although children and young people may attend meetings, they do not necessarily feel well prepared and there is uncertainty amongst social workers

about how best to involve youngsters (Baldry & Kemmis, 1998; Thomas, 1995; Thomas & O'Kane, 1994). It would seem that young people in public care are more likely to perceive that 'things are done to them' than to feel they are agents in their own fate.

This can have further consequences as helpless individuals see themselves as not being in control of the forces that importantly affect their lives (Abramson et al., 1978; Seligman & Peterson, 1986). Helplessness may in turn induce depression, anxiety, and low self-esteem (Seligman, 1975; Seligman & Peterson, 1986). Several researchers have suggested that the effects of personal helplessness on mental health can be modified by strategies that enhance control over events (Abramson et al., 1978; Seligman & Peterson, 1986; Sue & Zane, 1980). While perceptions of control are not equivalent to actual control, the feeling that one has control may be a vital factor affecting mental health outcomes (Taylor & Brown, 1988; Sue & Zane, 1980). Issues regarding perceptions of control will be further discussed in the section on locus and controllability.

Regarding children and young people's participation, over ten years ago changes were being promoted to medical procedures to allow children appropriate input and control regarding what is done to them (Johnson et al., 1992). Such change is also now being advocated in social service and educational settings. For example, in a study describing interagency work to prevent school exclusion, Lloyd, Stead and Kendrick (2001) have also suggested that involvement in decision making is beneficial not only in terms of the quality of the outcomes, but that the process *in itself* may have been supportive for the young people. They concluded that the most effective support was

not about a matching of perceived problems with a standard model of support; instead it took account of the wishes and the life circumstances of the young people.

Additionally, Boylan & Ing (2005) found that young people in care who had an advocate felt more involved and satisfied with decisions.

Active involvement in bringing about positive outcomes appears to be important in fostering resilience. For example, when Jackson & Martin's (1998) results from their study of resilient care-leavers are considered in the light of Brewin & Shapiro's (1984) analysis of the Rotter locus of control scale, it would seem that the resilient care-leavers' greater scores for internal control are indicative of their ability to view positive outcomes as within their control.

It was predicted in hypothesis 2 that high resilience and control group participants would be more likely to make statements in which they were both the agent and target of the outcome. Results indicated that the high resilience group in this study were more likely to make target statements than agent & target statements (see figure 4). However, when the interaction between resilience, outcome and agent – target combination is considered, it can be seen that the resilient and control groups made proportionally more positive agent & target statements than did the low resilience group (80.3 and 78.3% compared to 61.8% respectively, see figure 5 ). Examples of positive agent target statements made by participants in the resilient group (the cause is underlined):

- I find it easy to get along with people (because) I take people as I find them and don't judge them straight away.

- I go there (school) to get a good education because I want to get a good job when I am older.

In these statements the youngster is active in the cause and the recipient of its outcome. The low resilience group made proportionally less positive agent & target statements and were more likely than the other two groups to make negative agent & target statements. 38.2% of agent & target statements were negative compared to 19.7 & 21.7% for the resilient and control groups respectively. Examples of low resilience group negative agent & target statements (the cause is underlined):

- I got so fed up, I started cutting myself and taking overdoses.
- I wanted to get out of the school (so I) got myself suspended and expelled, I never wanna go back to that school.
- I had a choice if I wanted to go to school and I couldn't be bothered
- I needed someone to take it out on, didn't feel too good about myself

The low resilience group were more likely than the high resilience or control groups to describe bringing about negative outcomes for themselves.

Although the high resilience group were frequently the target of others' actions, rather than the more self-efficacious combination of agent and target of their own actions, there were differences between the two looked after groups when the valence of outcomes for which they were the target were considered. Positive cognitions appear to be important for the high resilience youngsters when considering others' actions as

well as their own. The high resilience and control groups tended to see themselves on the receiving end of others' positive actions more frequently than the low resilience group (64.8 and 86.2% compared to 49.5% respectively). Examples of high resilience positive target statements:

- I get on well in lessons because teachers explain things well.
- I like my placement because Anne understands how I feel.

When the youngsters saw another person as the agent of a cause and themselves as the recipient of its outcome, 35.2 and 13.8% of statements made by the high resilience and control groups respectively were negative, compared to 50.5% for the low resilience group. The low resilience group were more likely to see themselves as the target of others' negative actions or to see others as the cause of their own negative behaviour or outcomes. Examples of low resilience negative target statements:

- I'm only doing one (GCSE), cos the teachers didn't start us on the course work when they were meant to
- if they're (teachers) having a go at someone and it ain't someone's fault, I get involved
- Somebody pushed me into a wall so I kicked him in the face.
- A teacher told us not to play in the snow so I threw one at the teacher's face

### *Gender*

The gender of the participants was also an influential factor in the pattern of the results of this study. The log linear analysis showed an interaction between resilience, outcome and gender. For male participants there were no significant differences in the proportions of positive and negative outcomes across the three groups. Male participants in all groups were more likely to make positive statements. Female participants in the resilient and control groups were more likely than those in the low resilience group to make positive statements (76.1 and 82.7% compared to 40.2% respectively). It would seem therefore that the tendency for the low resilience group to make negative statements was particularly so for low resilience female participants.

There was also an interaction between gender, outcome and agent – target combination. For negative outcomes, male participants across all three groups were more likely to make agent & target statements, whereas female participants were more likely to make target statements. It would seem that, unlike previous resilience research (see DfEE, 2001) in this study, female adolescents had less adaptive outcomes than males. However, these results must be treated with caution as there were relatively small numbers of participants involved.

In summary, the high resilience group made more positive statements and the tendency for the low resilience group to make negative statements was especially true for low resilience female participants. Additionally, all female participants were more likely than males to make target statements. While the percentage of agent & target and target statements made by the two looked after groups was not significantly different, the high resilience group were more likely to perceive others' actions

positively, and low resilience youngsters tended to perceive others' actions negatively.

#### *Low resilience negative target statements*

The low resilience group may have perceived others' behaviour more negatively because they have actually experienced more negative actions from others. Or it may be that the low resilience group make less adaptive attributions for others' actions, the intent of which is not necessarily negative. For example, in ambiguous social situations, depressed children tend to attribute hostile intentions to others (Quiggle, Garber, Panak & Dodge, 1992). It could also be the case that such negative attributions have a basis in previous experience, and may be accurate reflections of past interactions rather than simply biased interpretations (*c.f.* MacKinnon-Lewis, Lamb, Hattie & Baradaran, 2001). The low resilience group could have experienced more negative interactions in the past which influenced their current interpretations of others' behaviours; and the high resilience group, despite being in care, may have experienced less negative interactions with significant others. That is, the low resilience group may generalise more from earlier experiences of negative interactions to current interactions with others.

Perceiving others' actions negatively seems to be associated with poorer problem solving and consequential thinking. Quiggle et al. (1992) found that in ambiguous social situations, depressed children tended to attribute hostile intentions to others and were less likely to generate assertive solutions to interpersonal problems. There is also evidence that impulsive and inhibited children, when asked what would happen in various social situations, tend to give responses in which the consequences were



directed towards themselves (Spivak & Sure, 1974). For example, children were asked 'If a child takes something from an adult without asking, what will happen next?' Answers included 'he'll get whooped', 'he'll have to go to his room', 'Mom will take his toys away'. More socially adapted children gave a wider range of responses, including empathy with the adult, e.g. 'Mom will be sad'.

Spivak and Sure (op. cit.) concluded that less socially adapted children had poorer consequential thinking. However, it may not be that these children were not capable of thinking of other possibilities, but in their experience in that context, these were the most likely consequences. These children may have been able to think of a broader range of consequences of an action in different (and for them more neutral) contexts. That is, they may have been showing a bias to make negative attributions based on earlier experiences in a similar context (see MacKinnon-Lewis et al., op. cit.).

Fredrickson (2001) offers a further possible interpretation in the broaden-and-build theory of positive emotion. The first central claim of the broaden-and-build theory is that experiences of positive emotions broaden a person's momentary thought-action repertoire; that is positive emotions appear to 'enlarge' the cognitive context. Positive thoughts and emotions widen the array of thoughts and actions that come to mind, enabling flexible and creative thinking whereas negative emotions do not.

Positive emotions can be linked to increases in physical, intellectual and social resources. Improvements in positive emotions also predict increases in broad-minded coping, such as 'think of different ways to deal with the problem', 'try to step back and from the situation and be more objective'. Fredrickson (op. cit.) concluded that

experiences of positive emotions, through their broadening effects, build people's enduring personal resources. It is suggested that, over time, positive emotions and broad-minded coping mutually build on one another, triggering upward spirals toward emotional well-being.

### ***Stable and global attributions***

Hypothesis 3 predicted that the resilient and control groups would make optimistic stable attributions for positive outcomes, and the low resilience group would make unstable attributions. Conversely it was predicted that the resilient and control groups would make unstable attributions for negative outcomes, whereas the low resilience group would make stable attributions. The results of this study show that for positive outcomes, the high resilience group made significantly more stable attributions than both the low resilience and control groups (88.9% compared to 54.0 and 68.1% respectively). For negative outcomes it was the control group who made more optimistic attributions. This group made more significantly more unstable attributions than both the resilient and low resilience groups (48.5% compared to 26.3 and 34.0% respectively). Both the looked after groups made more stable than unstable attributions for negative outcomes. This was predicted for the low resilience group but not for the high resilience group. It would seem that, as expected, the resilient group were more likely to make stable attributions for positive outcomes, and the low resilience group tended to make stable attributions for negative outcomes but were no more likely to do so than the resilient group.

It is assumed that people's expectancies for the future derive from their view of the causes of events in the past (Peterson & Seligman, 1984; Seligman, 1991). If

explanations for negative outcomes focus on causes that are stable, the person's expectancy for the future in the same domain will be for bad outcomes because the cause is seen as relatively unchanging. If attributions for negative outcomes focus on causes that are unstable then the outlook is more optimistic as the person believes the cause may no longer apply (see Roberts, Brown, Johnson, & Reinke, 2002). In this study, all the participants tended to have this less optimistic outlook, but the control group were significantly more likely than the two looked after groups to make more optimistic unstable attributions for negative outcomes. For positive outcomes all groups tended to make stable attributions but the high resilience group were significantly more likely than either of the other two groups to have the more optimistic outlook of seeing the causes as relatively unchanging.

Hypothesis 3 also predicted that the high resilience and control groups would make more global attributions for positive outcomes. This was again found to be the case for the high resilience group. This group made global attributions for over 80% of positive outcomes compared to 46.7 and 40.3% respectively for the control and low resilience groups. The prediction was also that the high resilience and control groups would make optimistic specific attributions for negative outcomes, whereas the low resilience group would tend to make pessimistic global attributions. This was found to be the case for the control and low resilience groups. Almost 70% of attributions made by the control group for negative outcomes were specific, and 61.7% of the low resilience group's attributions for negative outcomes were global. However, only 38.5% of attributions made by the resilient group for negative outcomes were specific.

If explanations are global (apply across many aspects of life), the expectancy for the future across many domains will be for bad outcomes because the causal forces are at work everywhere. If the explanation is specific, the prognosis for other areas of life is more optimistic as the causes do not apply there (see Roberts et al., op. cit.). The resilient group had this more optimistic outlook for positive outcomes, tending to make global attributions for these causes, and the low resilience group had the less optimistic outlook for negative outcomes, perceiving them to global. However, the resilient group shared this less optimistic outlook for negative outcomes, tending to also to make global attributions.

The resilient group were most likely to make stable and global attributions for positive statements. Examples of global and stable attributions:

- I get on with other kids because I'm always understanding.

Stable - I will be understanding with the other kids in the future

Global - I am understanding in other situations.

The control and low resilience groups were more likely to make unstable and specific attributions for positive outcomes, for example;

- How come you can do the worksheets? I've just done most of them before.

Unstable – I may not have done the next lot of worksheets before

Specific – having done the work sheets before does not affect any other areas of life.

statements, with the resilient group making more global attributions for positive outcomes than the control or low resilience groups; and the control group making more specific attributions for negative outcomes. Positive target statements also varied in a similar way to that for all statements, with the resilient group again more likely than the other two groups to make more optimistic global attributions.

However, there was a different pattern for negative target statements. The control and low resilience groups were more likely than the resilient group to make optimistic specific attributions for negative target statements (60 and 59.1% respectively compared to 36.4%). Hypothesis 4 predicted that the low resilience group would make the less optimistic global attributions for negative target statements and the resilient group would make more optimistic specific attributions. However, the reverse pattern was found.

The resilient group were more likely to make global attributions for negative target statements, for example:

- (I came in to care because) mum couldn't look after me properly.

The cause (mum not being able to look after the speaker) was perceived to have a significant impact on several different outcomes. The attribution therefore is global.

The control and low resilience groups were more likely to make specific attributions for negative target statements, for example:

- How well do you feel you get on with other kids? Well, excellently, but there is the odd occasion where someone will really try and annoy me.

The cause (someone really trying to annoy the speaker) is perceived not to have repercussions beyond affecting how the person sometimes gets on with peers. The attribution is therefore rated as specific.

In summary, the high resilience group made more optimistic stable and global attributions for positive outcomes, this supports hypothesis 3. Both looked after groups tended to make stable and global attributions for negative outcomes.

However, males in the high and low resilience groups were almost equally likely to make unstable as stable attributions for negative outcomes. Contrary to the prediction in hypothesis 4, the high resilience group were also the most likely to make pessimistic global attributions for negative target statements.

### ***Positive and negative outcomes***

As resilience is viewed as successfully overcoming risk factors not merely experiencing sufficient protective factors (Rutter, 1990), it was expected that there would be differences between the three groups in terms of how negative outcomes were perceived. It was also expected that these differences would help to illuminate the question of what helpful explanations are given in resilient situations to deal with adverse circumstances or events such as going into care, changing placements/schools, feeling isolated in school, failing a test etc. Considering the context of academic failure there is evidence that adaptive responses view the causes of academic failure as *controllable* and *unstable* (Kistner et al., 1988). On the other

hand, there is also some consensus in the research evidence to indicate that adaptive responses to more general negative outcomes or events view causes as *uncontrollable*, *unstable*, *external*, *specific* and *universal*. The evidence is also mixed concerning less adaptive responses. There would appear to be some agreement that causes are seen as *stable* and *global*, and those studies which examined the controllability dimension also found causes to be viewed as *uncontrollable*. However, there is evidence for both *internality* and *externality* of causes. This anomaly may be due to the different populations and measures used in different studies, and the different nature of the negative events involved.

In this study however, there were no significant differences between the high resilience and low resilience groups when negative outcomes were considered. Both these groups tended to make the less optimistic *global* and *stable* attributions for causes of negative outcomes. However, the low resilience group were more likely than the other two groups to make negative statements. There were differences between the two looked after groups in attributions for the causes of positive outcomes. The high resilience group were more likely to make optimistic *stable* and *global* attributions, i.e. the causes are affect many areas and are relatively unchanging.

In summary, in this study there were no differences between the high resilience and low resilience groups in the stability and globality attributions given for the causes of negative outcomes. The differences between these two groups were found for stability and globality of causes of positive outcomes. It would seem therefore that in contrast to other findings (e.g. Rutter, 1990) in this study, levels of resilience were operationalised by differences in attributions for the causes of positive outcomes.

Tugdale and Fredrickson (2002) established that resilient people show more positive emotions in the face of a negative event, this study has demonstrated that there are also differences between high and low resilience adolescents in the perceptions of the causes of positive outcomes.

### ***Internal/external and controllable dimensions***

Hypothesis 5 predicted that when the participant is the agent of outcomes, the high resilience young people would be more likely to perceive those outcomes as internal and controllable; and low resilience young people would be more likely to perceive them as internal and uncontrollable. Thompson (2002) in a review of the role of personal control in adaptive functioning, concluded that in general, perceptions of control help people maintain emotional well-being and deal effectively with life problems. In this study, hypothesis 5 was supported, with the high resilience and control groups making more internal and controllable attributions for agent & target statements than the low resilience group. For example:

- (I get on well with other kids because) I am nice to them.

Internal – ‘I am nice to them’, the cause is internal to the speaker.

Controllable - the speaker can influence the outcome; neither the cause, link nor outcome is inevitable.

- I don't always get on well in lessons because sometimes I muck around with a few boys.



Internal – the cause, ‘I muck around’, is internal to the speaker.

Controllable - the speaker can influence the outcome; neither the cause, link nor outcome is inevitable.

As predicted in hypothesis 5, the low resilience group were more likely to make internal and uncontrollable attributions for agent & target statements, for example;

- ‘Cos I’ve got ADHD, I can’t concentrate.

Internal – the cause, having ADHD, is internal to the speaker.

Uncontrollable – not being able to concentrate is perceived by the speaker to be an inevitable consequence of having ADHD.

- What’s helped (to think more about yourself)? It’s just part of growing up you either grow out of it or you don’t, and I did.

Internal – the cause, growing up, is internal to the speaker.

Uncontrollable – growing up is inevitable and not directly under the control of the speaker.

The results indicate that all groups tended to make more external and uncontrollable than external and controllable attributions for target statements, this supports hypothesis 6. For example:

- I call them my mum and dad cos these people wanted to adopt me when I was seven. (low resilience group)

External – the cause, ‘they wanted to adopt me’, is external to the speaker

Uncontrollable – there is a sense of inevitability that the speaker should call them mum and dad, having lived with them from a relatively young age.

- they used to throw things at me and get me kicked out of class. (low resilience group).

External – the cause, ‘they used to throw things at me’, is external to the speaker.

Uncontrollable – there is a sense of inevitability from the speaker about having things thrown at her and getting sent out of class.

- if a certain person is in my class, I can’t stop misbehaving. (high resilience group).

External – the cause, ‘if a certain person is in my class’, is external to the speaker.

Uncontrollable – there is a sense of inevitability from the speaker about their misbehaviour in this situation.

However, while all groups tended to make uncontrollable attributions for target/external statements, contrary to the prediction in hypothesis 6, the low resilience group made significantly more controllable attributions for these statements than the high resilience group. For example:

- like it (going to cadets) because it’s something to do. (low resilience group).

External – the cause, ‘it’s something to do’, is external to the speaker.

Controllable – it is not inevitable that the speaker should like it.

- I changed schools to get away from the people who were horrible. (low resilience group).

External – the cause, ‘to get away from the people who were horrible’, is external to the speaker.

Controllable – I decided I should move

Research focussing on perceived control (the judgement that one has the means to obtain desired outcomes and to avoid undesirable ones) has found that it is associated with better coping with stressful life circumstances (Glass, McKnight & Valdimarsdottir, 1993; Thompson, Sobolew-Shubin, Galbraith, Schwankovsky & Cruzen, 1993); and with more adaptive responses to academic failure (Kistner et al., 1988; Frederickson & Jacobs, 2002).

Thompson (2002) found that perceived control was associated with positive emotions, and facilitated taking action and avoiding stressful situations, activating problem solving and attention to solutions, preparation for an upcoming stressor and reducing anxiety in the face of stress, as well as buffering against negative physiological responses.

### ***Multi-dimensional measure of Children's Perceptions of Control (MMCPC)***

It was expected that the high resilience group would show greater perceptions of internal control, rather than unknown or powerful others control, across the cognitive, social, physical and general domains of this measure. However, there were generally no differences between the groups' responses. This may be due to the forced response nature of the measure not really tapping into participants' actual perceptions. Additionally, the measure does not include items which assess the tendency to give socially acceptable responses. Therefore it is not possible to estimate if respondents were giving responses which they perceived to be socially acceptable rather than their actual perceptions. Furthermore, three of low resilience group requested that the statements be read to them. The research assistant read out statements which the participants then marked on their own papers. This may have had a significant influence on the social acceptability of their answers.

There were differences in the levels of internal control for cognitive items. These were: If I want to do well in school, it's up to me to do it; If I don't do well in school, it's my own fault; If I want to get good marks in school, it's up to me to do it; and If I get bad marks, it's my own fault. The majority of respondents rated each item as 'sort of true' or 'very true', with the high resilience group on average rating the items as 'sort of true.' This may be because unlike previous research (e.g. Jacobsen & Frederickson, 2001), despite their relative educational success this group do not perceive themselves as having high levels of academic control. Or it may be that inadequacies in the measure and its administration have masked any differences between the groups in terms of their perception of academic control.

### ***Perceived control***

Thompson (2002) concluded that perceived control could be conceptualised in two parts: the locus, the perception that most people's outcomes are influenced by personal action (internal) versus outside forces or other people (external); and self-efficacy, the belief that one personally has the ability to enact the actions that are necessary to get desired outcomes. In short, outcomes are influenced by personal action and a judgement of whether the individual considers themselves to have the skills to take effective action. Some studies which purport to measure perceived control in fact have assessed responsibility, self-blame, availability of a choice, or attempted problem solving. People can feel responsible without having a sense of control and can judge that they have control without blaming themselves for negative outcomes.

It is also important to distinguish between desired control and perceived control.

Wallston, Smith, King and Smith (1991) found that desire for control can determine whether actual control is beneficial. Thus the interaction between the level of desired control and the control afforded by a situation are important to investigate. People with serious loss or trauma have less real control, yet perceived control is just as beneficial for those who are facing more severely restrictive or adverse circumstances (Helgeson, 1992; Thompson et al., 1993); indicating that control does not have to be realistic to be beneficial. However, there is also some evidence that over-estimation of control may be maladaptive in the context of health-related behaviours. Thompson (2002) speculated that it may be that when the driving motive for over-estimating control is to avoid an effective but difficult behaviour, then the illusory control can be maladaptive. In contrast, when illusory control allows one to feel safe and experience

less anxiety when undergoing a stressful experience (the situation being addressed in studies of coping), over-estimations of control can provide important benefits.

People in circumstances with objectively more control have a higher perception of control, and Thompson (2002) concluded that it appeared that people with many available options and opportunities for control will have perceptions of high control. Some ethnicity differences were found, e.g. for African Americans there was no relationship between perceived control and adjustment.

### *Academic control*

Skinner et al. (1990) found that high perceived control was a necessary but not sufficient condition for engagement in learning activities. Even when pupils had beliefs which should have promoted engagement, if they felt pressurised or alienated from their teachers, they did not fully engage in school. Consequently, these researchers speculate that these processes may also buffer the effects of low perceived control, for example even when children perceive that they have little control over academic success or failure, high perceived autonomy (feeling that school is important) and high relatedness (feeling closely connected to teachers) may nevertheless maintain engagement. There are again implications for the quality of relationships between pupils and teachers.

This may be especially important to children in environments that do not provide high contingency, or during periods of failure or transition, when perceived control and competence may falter. If these potential negative effects of temporarily losing perceived control were buffered, continued high engagement would allow children to

maximise their adaptation by figuring out what strategies and capacities may apply in new environments.

### ***Self serving bias***

A 'self serving bias', involving internal attributions for positive events, and external attributions for negative events is generally regarded as important for maintenance of self-esteem (e.g. Munton, Silvester, Stratton & Hank, 1999). Several investigations (Luginbuhl, Crowe & Kahan, 1975; Miller, 1976; Miller & Ross, 1975) supported Weiner's (1979) contention that locus of causality is related to affect. The normal self-esteem attribution pattern is to attribute success more internally and failure more externally. Covington and Omelich (1979) in a test of Weiner's (1974) attributional model of achievement motivation, found little support for a strict information processing interpretation of the model, but did find support for an attributional model that assumed that pupils were motivated to do what they could in their attributions to protect their levels of self-esteem.

Additionally, Stratton et al.'s (1988) analysis of family therapy sessions (from different stages of therapy) found that beliefs tended towards *stable, global, universal, external* and *uncontrollable* attributions. They concluded that this seems to be a style that would be functional in maintaining self-esteem while exempting the holder from any feeling that they should be doing something about the problem, as causes are unchanging and uncontrollable and have wide consequences, but they originate outside the speaker, and the sequences do not pick out individuals as unusual. Causal attributions are also thought to influence self-efficacy and vice-versa (Maddux, 1999). Therefore, in terms of increasing the perception of self-efficacy and

personal competence one should attribute success to one's own effort and ability rather than to environmental circumstances or to the expertise and insights of others (Fosterling, 1986; Golfried & Robins, 1982; Thompson, 1991). However, Kistner et al. (1988) found that those who made *unstable & controllable* effort attributions for academic failure achieved better results. An effort attribution is also *internal*. It would seem therefore that for academic events at least, the 'self-serving bias' is not the most adaptive response. For negative academic outcomes the maintenance of self-esteem is not as adaptive as the more self-efficacious response, of *unstable, controllable* and *internal attributions*. In this study the two looked after groups tended to employ more self-esteem maintaining attributions for negative events (*global, stable* and *external*), whereas the control group tended to make more self-efficacious *specific, unstable*, and *internal* attributions.

It would seem that the operation of the 'self serving bias' is related to the agency of the action. Internal attributions tend to be made for agent & target statements, and external attributions for target statements. In this study, the looked after groups tended to make more target statements, and for the low resilience group more of the outcomes of which they were a target were negative. By definition, self-efficacy is more difficult to establish if one is not the agent of a cause. However, if one is the target of a negative event it is possible to maintain self-esteem.

### ***Context of statements***

One of the initial findings of this study was that the low resilience group made more negative statements than either the high resilience or the control group. However, this tendency to make more attributions involving negative outcomes was not found



across all categories of statements. Rak and Patterson (1996) and Werner (1984) point out the important role of environment, including teachers, school counsellors, coaches, mental health workers, clergy, and good neighbours, in the lives of resilient children. This view is supported in this study where the low resilience group tended to make more negative statements than other groups when talking about school and relationships with peers. It could be argued that the tendency towards negative views of school and peers simply reflects that fact that the low resilience group were the only group who were out of school. However, this group did not differ from the other groups in terms of their views of relationships with teachers or their view of academic work.

The low resilience group also tended to make more negative statements regarding carers or parents. The high resilience group made proportionally more positive statements regarding carers. Rosenthal, Feiring and Taska (2003) found that for children and adolescents who had experienced sexual abuse, those who reported greater satisfaction with support from peers and/or caregivers experienced more adaptive outcomes. Additionally, in a study of rural adolescents at risk for psychosocial distress, Tusaie-Mumford (2002) also found that optimism and perceived family support were most predictive of psychosocial resilience. Interestingly, there were also gender effects, with females being influenced more by friend support and males being more influenced by family support.

In summary, there were significant differences between the groups in terms of peer and carer/parent relationships, and views of school. This would suggest that in this study attributions for more everyday contexts were more influential in resilience than

major life events, such as changing school or placement. This finding would seem to have connections with both McCulloch et al.'s (2000) conclusion that daily events contributed variance over and above that of major life events when assessing positive life satisfaction. It would seem that the daily hassles or pleasures associated with key relationships and views about school are important sources of resilience, more so than the key turning points, such as changing school or placement, as suggested by Rutter (1987). However, the evidence is mixed, as McLeod (2003) also found that there were noticeable differences in the general resiliency levels of students during periods of major school transitions. It may be that it is disruption to key relationships which is the mediating mechanism (*c.f.* Harris et al., 1986).

Jordan (2005) described a relational-cultural theory (RCT) which contends that all psychological growth occurs in relationships, and that movement out of relationship (chronic disconnection) into isolation constitutes the source of much psychological suffering. It is also suggested that resilience resides not in the individual but in the capacity for connection. The finding in this study which showed that the low resilience group were more negative regarding peer and carer relationships adds further support for the view that relationships are a key factor in positive adaptation.

### ***Relationships***

The best documented asset of resilient children is a strong bond to a competent and caring adult, who need not be a parent (Masten & Reid, 2002). Harvey, Pauwels and Zickmund (2002) state that attributional activity is a central way in which a sense of meaning about our relationships is developed. There has been much research into romantic relationships which has concluded that attributions reflect trust and belief in

partners (see Harvey et al., op. cit.). When a partner's negative behaviour, such as rudeness or insensitivity, is attributed to outside causes, essentially the message is that they are not really insensitive, it is the situation. If positive caring acts are attributed to outside events or to self-interest, their love or sincerity is being doubted.

Relationship enhancing attributions tend to be those that attribute others' positive behaviours to dispositional causes, and negative behaviours are attributed more often to external causes. It would seem therefore that the type of attributions made for another's behaviours affects the nature of the relationship.

Negative attributions have been found to affect aggressive behaviour within mother-son dyads. MacKinnon-Lewis et al. (2001) found that mothers' and sons' negative attributions about one another's intent were associated with the aggressiveness of the behaviour that each of them directed toward the other. Boys' negative attributions predicted their subsequent aggressive behaviour with their mothers, but the same was not true of mothers. Their attributions indirectly influenced their subsequent behaviour.

Boys' earlier aggressive behaviour did not predict more negative subsequent attributions in mothers. However, mothers' negative behaviour did predict subsequent negative attributions on the part of their sons. Coercive mother-son interactions are promoted by their continuing patterns of negative behaviour toward one another, rather than by negative attributions about one another. However, even after considering both mother's and children's earlier negative behaviour (as well as mother's concurrent behaviour), children's negative attributions about their mothers contributed significantly to the aggressiveness of their behaviour with their mothers.

This suggests that the children's negative behaviour did not simply represent a behavioural response to the mothers' negative behaviour or a stable tendency on the part of the children to behave aggressively. Rather, children's negative attributions about their mothers appeared to play an independent role in shaping their aggressive behaviour toward their mothers.

Similar information processing occurs when aggressive children interact with their peers (Dodge, Petit, McClaskey & Brown, 1986). The fact that the children's earlier experiences contributed to their subsequent negative attributions, which in turn potentiated aggressive behaviour, has implications beyond the mother-son dyad. For example, the tendency of aggressive children to harbour negative attributional biases which foster aggressiveness with peers (Dodge et al., *op. cit.*), may have its origin in earlier experiences within the family, particularly as boys exposed to more coercive family experiences are more likely to be aggressive and rejected by their peers (Dishion, Patterson, Stool, Miller & Skinner, 1991; MacKinnon-Lewis et al., 1994).

It would seem that explanations for others' negative and positive actions not only influence relationships, but relationships are also the context in which types of explanations are developed. Seligman et al. (1995) stated that the origins of optimism are thought to be in genetics, the child's environment and life experiences. There is a strong relationship between a mother's explanatory style and that of her child (Seligman et al., *op. cit.*). It is suggested that criticism can be a source of influence on optimism. If an adult makes a stable criticism, e.g. 'you just can't learn this', the child is more likely to develop a pessimistic explanatory style (Roberts et al., 2002). So, not only do the attributions made for significant other's behaviour affect the

quality of the relationship, but carers may influence the kinds of attributions a child makes, influencing a more optimistic or pessimistic outlook, and therefore possibly contributing to the resilience of a situation. There are obvious implications for promoting resilience or optimism through work with parents, carers and teachers. A productive response to a child's academic difficulty may be 'you could do better if you work harder', an unstable attribution which holds the possibility of improvement in the future. It would also seem important to look for positiveness in situations.

### **Implications**

While the factors associated with resilience are well documented, detailing the protective or risk factors which correlate with adaptive or maladaptive outcomes enables only prediction of vulnerable populations. Without an understanding of how these effects work it is difficult to progress beyond identification to illuminate the processes involved in risk itself and to identify which, if any, of the attributes and/or circumstances that correlate with resilience may be critical targets for effective prevention and intervention (see Rutter, 1979, 1990; Fonagy et al., 1994).

The results of this study suggest that attributions are a likely key process in resilience and may be critical targets for prevention and intervention. Additionally, the finding that differences exist between high and low resilience youngsters for the interpretation of the causes of positive outcomes; and high resilience young people experience more positive outcomes, would seem to suggest that the experience of positive events is important in facilitating optimistic thinking. Gilligan (2000) suggested that by managing to build on even one positive factor in a child's life may provide a turning

point to an upward spiral of change, which may then alter the child's perception of themselves, and equally importantly may change adult perceptions of the child.

The broad implications therefore for educational psychology practice fall into four areas: a focus on assessment and intervention of competence; an awareness of the important effects of attributions made by children and the adults around them; the importance of considering the effects of quality of relationships, as well as key events or transitions; and the value of promoting agency and self-efficacy.

### ***Attributional retraining***

Attributional retraining, which trains individuals to have more realistic attributions, has been shown to be related to cognitive outcomes such as increased expectations of success as well as behavioural outcomes such as enhanced task performance (Forsterling, 1985; 1986). Furthermore, causal attributions appear to be risk factors, not only for depression but also for a variety of difficulties such as anxiety, substance abuse, and eating disorders (Peterson, Maier & Seligman, 1993); and attributional retraining has been shown to yield positive outcomes for these disorders (Forsterling, 1986). Attributional style is not the only influence on actual causal explanations, of course, because people's causal explanations are also shaped by the information that events afford as well as the degree of cognitive processing that they undertake (Gilbert et al., 1988). But all other things being equal, attributional style predicts depression, achievement, and even physical well-being (Buchanan & Seligman, 1995). It seems likely therefore that attributional retraining could be a source of fostering resilience.

Attribution style (explanation of negative events in terms of *internal, global* and *stable* causes) has been shown to be associated with depressive symptoms. This style is also a risk factor for subsequent depression when bad events are encountered (Peterson & Seligman, 84). Furthermore, Hilsman and Garber (1995) found that negative cognitions also predicted increases in negative affect and depressive symptoms. They point out that this result is different to that reported elsewhere in the literature (e.g. Barnet & Gotlib, 1988; Lewinsohn, Steinmetz, Larson & Franklin, 1981). Cognitive diathesis-stress models of depression (Abramson at al., 1978; 1989; Beck, 1976) have argued that cognitive vulnerability increases the likelihood of depression after a stressor occurs and in the absence of stressors will not necessarily predict depression. However, the Hilsman and Garber (op. cit.) study found that in children, negative cognitions appeared to increase their vulnerability to depression even before the stressor occurred.

It would seem therefore that there is good support for defining 'at risk' pupils in terms of attribution style questionnaire scores. Hilsman and Garber (op. cit.) found that children at higher levels of stress who reported more positive cognitions were less distressed. In the presence of an academic stressor (receiving grades lower than felt acceptable), positive cognitions (as measured on the academic sub scale of Harter's Perceived Competence Scale for Children (Harter, 1982) and The Student Perception of Control Questionnaire (Skinner, Zimmer-Genbeck & Connell, 1998; Wellborn, Connell & Skinner, 1989) seemed to act as a protective factor against negative affect, i.e. children with more positive cognitions about their academic competence and control appeared to be buffered from sustained negative affect in the face of a less than acceptable grade report.

The interactions indicated that students who reported a negative explanatory style or perceptions of lack of academic competence and control expressed more depressive symptoms after receiving unacceptable grades than did students without these negative cognitions. Moreover, children with more positive cognitions about their academic competence and control appeared to be buffered from sustained negative affect in the face of a less than acceptable grade report. However, these children may not have given a true report of what would be an unacceptable grade, i.e. they may have given a higher level of grade acceptability that they really thought as in order to please the adult and/or to appear to have higher standards for themselves.

A cognitive approach of attributional retraining has been found to be effective in changing damaging patterns with positive effects on the lives of those who reverse the style (Munton et al., 1999). Roberts et al. (2002) concluded that optimism can be taught, and learned optimism can be helpful in alleviating and even preventing some of the problems of childhood and adolescence. The Penn Prevention Programme is an intervention-orientated research project that has investigated the costs of pessimism in children (Jaycox, Reivich, Gillham & Seligman, 1998). The intervention addresses explanatory style and social-problem solving skills. Children were taught to identify negative beliefs, to evaluate those beliefs by examining evidence for and against them, and to generate more realistic alternatives. They were also taught to identify pessimistic explanations for events and to generate more optimistic alternatives. Additionally, the children learned social problem solving; ways to cope with parental conflict; behavioural techniques to enhance negotiations; assertiveness and relaxation. The children in the prevention group had half the rate of depression as the control group. Immediately after the prevention programme, the treatment group were



significantly less depressed than the control group, and this effect grew over the period of the study's 2-year follow up.

However, Pattison and Lynd-Stevenson (2001) failed to replicate these results in a study which evaluated the Penn Prevention Programme in Australia. There were no significant differences post intervention or at 8 month follow up, on measures of depression, anxiety or social skills. Cognitive style, was assessed rather than attributions, and there were no significant differences in terms of positive or negative views of self, the world and future. These authors speculated that the expected differences may not have been found due to a 'floor effect' (participants had initially healthy scores) and/or a smaller sample size.

Interestingly, in the Jaycox et al. (op. cit.) study, despite resulting in lower rates of depression, the programme did not result in a major shift in the types of attributions made (as measured on the Children's Attributional Style Questionnaire, Seligman et al., 1984). Attributions for positive and negative events across the dimensions of stability, globality and internality were measured. Improvements post programme were found only for the negative stable dimension. It may be that this small change, perceiving the causes of negative events to be less stable, was sufficient to facilitate less depressive thinking.

Stratton (2003) also demonstrated that an attributional pattern does not have to be converted to its complete opposite in order to substantially reduce its negative consequences. It can be sufficient to change just one of the dimensions. For example, *stable, global, internal, personal* and *uncontrollable* attributions for negative

outcomes are known to be associated with feelings of hopelessness. There may be benefit in encouraging the use of specific rather than global attributing, i.e. discussing limiting the consequences of negative aspects of a person's life.

Educational Psychologists routinely reframe children's and adults' views in this way. For example solution focussed approaches seek exceptions to a problem, which may influence the stability or controllability dimensions of an attribution for the cause of the problem. Or teachers may view a pupil's behaviour difficulties as due to factors which are stable and internal to the child, such as ADHD, and therefore perceived themselves to have little control over facilitating behaviour change. Attributing some of the causes of inappropriate behaviour to external factors within the classroom may increase teachers' perceived control.

Psychological adjustment is also enhanced by minor distortions in the perception of control over important life events (e.g. Taylor & Brown, 1998). Therefore, strong beliefs of self-efficacy can be self-confirming as such beliefs encourage us to set challenging goals, persist in the face of obstacles, attend to efficacy enhancing information, and select efficacy-enhancing environments. Encouraging discouraged people to believe that they are more competent than they think they are (based on their own observations) may prompt them into action and lead to efficacy-enhancing success (Maddux, 2002).

### ***Interventions with parents***

Reivich, Gillham, Chaplin and Seligman (2005) concluded that one way to strengthen the effects of interventions is to incorporate other parts of the adolescent's world as

targets of intervention. Garber & Flynn (2001) found that children's explanatory styles are correlated with parents' explanatory styles, particularly parents' explanatory styles for child-related events. Reivich et al. (2005) reported on a small pilot study of the combined parent and adolescent PRP intervention. Forty four middle school students and parents were randomly assigned to PRP or control groups. Results indicated that the combined parent and child programme prevented depression and anxiety symptoms through the 1 year follow up. Findings were reported to be particularly strong for anxiety; controls were almost five times more likely than intervention participants to report moderate to severe levels of anxiety.

Beardsley et al. (1997) also reported on a parent and child intervention. The programme was aimed at parents who had unipolar or bipolar depression. The goal was to educate parents about the effects of depression, to improve family communication, and to increase children's understanding of parental depression so they would be less likely to blame themselves for parental symptoms and behaviour. Participants in the family intervention reported improved communication relative to those in a lecture intervention condition. Children in the family intervention reported greater understanding of parental depression and greater global functioning. Children in the family intervention were less likely than those in the lecture intervention to develop depressive disorders although this difference was not statistically significant.

### ***Universal versus targeted interventions***

Factors which benefit children in adversity have been found to benefit normally developing, already motivated children (Soloman, Battistich, Watson, Schaps & Lewis, 2000), and the fundamental systems which foster competence in development

operate as protective factors in adverse circumstances (Masten & Coatsworth, 1998).

It would seem there that universal approaches would benefit all children.

In general effects for the average participant are larger in targeted interventions than universal interventions (Reivich et al., 2005). This is because targeted intervention participants are more likely to develop the disorder or problem and there is thus greater room for change in each individual. However, universal interventions can have large effects for society (Offord, 1996).

Reivich et al. (2005) argued for broad based interventions which include cognitive-behavioural skills, e.g. thinking realistically about problems, perspective taking, considering a variety of solutions to a problem, considering consequences when making decisions. Winslow, Sandler and Wolchik (2005) described a framework for intervention including programmes which were universal, selective (for those at risk) and indicated (for those showing sub-clinical symptoms), across the levels of child, family and community-organizational.

Universal school based interventions are also more likely to have the potential benefit of directly involving school staff. Thus the intervention becomes embedded in the school context, but also, and perhaps more importantly, the adults may learn to adjust their attributions for causes of the child's behaviour and academic success or failure.

As discussed earlier, a productive response to a child's academic difficulty may be 'you could do better if you work harder', an unstable attribution which holds the possibility of improvement in the future.

### ***Prevention***

Taub and Pearrow (2005) cited Durlak and Wells' (1997) conclusion that primary prevention programmes are more effective when targeting younger children. Pre-school and infant aged children are more likely to benefit most from interventions that increase students' awareness and expression of feelings, as well as interventions that enhance cognitively based social problem solving skills. Such interventions will most likely enhance resilience and decrease aggression and violence. However, there is not yet a great deal of longitudinal data available to verify that comprehensive interventions in the early school years will establish the expected repertoire of healthy interpersonal interactions that will serve as a strong base through middle childhood, adolescence and adulthood.

It may be that the government's Social, Emotional and Behavioural Skills (SEBS) and Social and Emotional Aspects of Learning (SEAL) materials (DfES, 2004) will form a sound basis for the teaching of a shared language and skills for positive and healthy interpersonal interactions within entire school communities, allowing all parties to communicate positively and effectively, enhancing social interaction, reducing interpersonal conflict and therefore fostering resilience.

### ***Involvement in Decision Making***

The ability to plan is identified as a resilience building factor (Rutter, 1990). Planning is an important part of many subjects within the national curriculum and is also highlighted in 'The Guidance of the Education of Children and Young People in Public Care (DoH/Dfee, 2000). There are clear links between levels of young people's participation and the development of life planning skills, and participation in

personal education planning, care planning and individual education planning, as well as participation more generally in school life and decisions is highlighted in much policy and guidance. For those youngsters whose pre-care or care experience has not equipped them with the opportunity for participation and development of planning skills at a variety of levels, who is responsible for ensuring that they are armed with the wherewithal to plan and execute choice, and furnished with the relevant information on which choice can be wisely based (Lewis, 1999)?

On a very pragmatic level, in the context of difficulties establishing effective multi-disciplinary systems (DoH/Dfee, 2000), it can be problematic to take the pre-requisite step of establishing what are the choices for an individual youngster, before moving on to establish where the responsibilities lie in guiding and advocating for the youngster in making such choices and decisions.

### *Perceptions of control*

Thompson (2002) reported on a series of comprehensive programmes that involved teaching stress-reduction and coping skills, based on the premise that successful experience in reducing stress and handling problems will increase sense of control. These types of interventions, largely involving hospital patients, have found positive effects but given the comprehensive nature of the programmes, it cannot be deduced that it was the enhancement of control per se that produced the positive effects.

Another approach has been to encourage participation. Again, studies in this area have largely been focussed on involvement in medical treatment or treatment

decisions. It would seem that there has been little psychological research on perceptions of control with children and adolescents beyond the academic sphere. Thompson (2002) concluded that interventions in which patients are given more control may need to be matched to desired level of control, and may be most effective for those who already are attuned to ways that they control outcomes. An area for development was identified as research on interventions to increase personal control in ordinary life circumstances. For those who are not adept at finding a strong sense of personal control, control enhancing programmes could make the benefits of personal control more widely available. Establishing environments where more people feel empowered to make positive changes in their lives is an important step in that direction. Involvement in decisions is also important, particularly at key transitions, as potentially negative events are not as stressful when accompanied by a belief in personal control (Miller, 1979).

The Framework for Assessment (DoH, 2000) details the importance of enabling children to express their wishes and feelings and make sense of their circumstances and contribute to decisions that affect them at key turning points in their lives. The Revised code of Practice (DFES, 2001) also highlights the need to involve pupils in decisions and planning. The literature also suggests an important role in resilience for planning and self reflection. How is the development of the ability to think a situation through and plan accordingly facilitated in children in public care? The Guidance on the Education of Children and Young People in Public Care (DfEE/DoH, 2000) states that a Personal Education Plan (PEP), is needed for those in care, which identifies developmental and educational needs and long term plans and aspirations.

The current picture from research of looked after children's involvement in planning and decision making is mixed. Although children and young people may attend meetings, they do not necessarily feel well prepared and there is uncertainty amongst social workers about how best to involve youngsters (Baldry and Kemmis,1998; Thomas, 1995; Thomas and O'Kane,1999). It will be interesting to see if the use of PEPs will improve children and young people's satisfaction with their preparation for reviews. However, with many youngsters feeling they are not consulted about decisions about daily routines within their home (Baldry and Kemmis,1998), it is possible that youngsters are missing out on valuable opportunities to learn planning and decision making skills. Additionally, looked after children may feel they do not have the support of their natural advocates: their parents and close networks (Herbert and Mould, 1992). Their vulnerability is therefore increased. Feelings of powerlessness also increase as decision making processes exclude them, eroding any trust they may have had in adults (Wattam & Woodward,1996). Boylan and Ing (2005) found that many adolescents in care described feeling excluded, marginalised and not listened to. Some young people described having to resort to harmful and self-destructive mechanisms in attempt to have their 'voice' heard.

Lloyd et al. (2001) in a study describing interagency work to prevent school exclusion found that the process of discussing the issues and reviewing progress *in itself* may have been supportive. Additionally, the most effective support was not about a matching of perceived problems with a standard model of support; instead it took account of the wishes and the life circumstances of the young people. The voice of the young people was not always clearly heard however, and the place of young



people in planning and evaluating was patchy; sometimes they felt clearly involved, but others felt themselves to be the subject of professional intervention.

Participation took the form of being present at meetings; where views ranged from valuing the opportunity to be present to finding meetings intimidating or upsetting; to meeting with a sub-group of staff before or after meetings, where some felt they would have preferred to have been at the wider meeting whereas others would have found it uncomfortable. Some young people were not clear about what had been discussed.

In the last decade, the development of child and youth advocacy has been increasingly incorporated into policy and legislation for young people in receipt of welfare services (Dalrymple, 2005). Through examining the varying perspectives of young people, advocates and commissioners of advocacy services, Dalrymple (op. cit.) found that although there was some consensus about how advocacy should be provided, the construction of advocacy by adults can have a significant impact on how it is experienced by young people. That is, there can be a tendency to advocate on behalf of, rather than to enable young people. It is argued that the construction of advocacy in an adult proceduralised way is likely to compromise its potential to challenge the structures that deny young people opportunities to participate in decision making about their lives.

### ***Event debriefing***

Joseph, Brewin, Yule and Williams (1993) found that in the context of a traumatic event, more internal causal attributions for negative and uncontrollable events during

the incident were associated with greater post-traumatic stress one year later. These findings were presented within an attributional model of shame. In this thesis the low resilience group were the most likely to make internal and uncontrollable attributions. In the context of a negative event it can be seen how this can be a non-adaptive response as the cause is perceived to uncontrollable (decreasing healthy perceptions of control) but also internal and perhaps, therefore leading to self blame, and shame.

Additionally, Deblinger & Runyon (2005) found that the impact of shame and dysfunctional attributions were important mediating factors in influencing a child's recovery from abuse. These authors describe trauma-focused interventions that have demonstrated efficacy in helping children overcome feelings of shame. It would seem that the attributions made following a range of traumatic events may be a fruitful area of focus for psychologists involved services offering crisis response and event debriefing.

### **Concluding comments**

The contribution of this thesis to the field is the finding that the interpretation of positive events differentiates high and low resilience looked after adolescents. There was support for hypothesis 1, in that high resilience youngsters made more positive statements. Additionally, high resilience young people were more likely to perceive the causes of positive events optimistically, i.e. as stable and global. This supported hypothesis 3.

Hypothesis 4 predicted that for negative outcomes high resilience adolescents would tend to make unstable and specific attributions, whereas low resilience adolescents would tend to make stable and global attributions. However, no significant differences were found between the low and high resilience groups in their levels of optimism regarding the causes of negative events. Both looked after groups tended to make global and unstable attributions for negative outcomes.

It was predicted in hypothesis 2 that high resilience adolescents would be more likely to make statements where they were the agent and target of outcomes rather than targets of others' agency. However, both looked after groups made significantly more statements target statements than the control group. When the interaction between valence of outcomes, agent – target combination and level of resilience was considered, it was found that high resilience youngsters were more likely than low resilience young people to make agent and target statements which were positive. Additionally, low resilience adolescents made more target statements which were negative than the high resilience group.

When the youngster was the agent and target of outcomes it was predicted in hypothesis 5 that the high resilience group would tend to make more self-efficacious controllable attributions for internal causes. This was supported. Low resilience adolescents also tended to make controllable attributions but were significantly less likely to do so than high resilience youngsters. Hypothesis 6 predicted that both high and low resilience young people would tend to make uncontrollable attributions when they were the target of others' outcomes. This was the case, but again the low

resilience group were significantly less likely to do so compared to the high resilience group.

Hypothesis 7 predicted that there would be differences between high and low resilience adolescents in how they viewed everyday activities but not major life events. This was supported. The low resilience group were more negative about peer and carer/parent relationships, and views of school, suggesting that perceptions of more everyday contexts are more influential in resilience than major life events, such as changing school or placement, and that relationships are a key factor in positive adaptation.

These findings open up many possibilities for intervention and prevention and the promotion of resilience in educational psychology practice: the importance of promoting agency and self-efficacy for children and young people; the significant effects of the attributions made by children and the adults around them; the necessity for a focus in assessment and intervention on competence; and the importance of considering the effects of quality of relationships, as well as key events or transitions in children's lives.

The aim in promoting resilience for children and young people is to develop contexts which provide the ongoing relationships and communication that helps children develop productive thinking, goals and confidence in confronting new challenges. In this way children can learn that no matter how difficult some situations may be, they have some sanctuary where everyone is heard and accepted and they have the agency

to solve problems. Thus, they are then enabled to learn to think for themselves and cope with the challenges of an unpredictable world.

## **Chapter 5**

### **Evaluation**

The critique of this study is based on the critical evaluation checklist from Rudestam and Newton (1982); the theoretical framework and conceptualisation are explored, followed by a critique of research design, results and discussion; and finally the major themes and implications will be examined.

#### ***Theoretical framework and conceptualisation***

Luthar, Cicchetti and Becker (2000) argued for future work in resilience to be carried out within a clearly delineated theoretical framework within which ‘hypotheses about salient vulnerability and protective processes are considered vis-à-vis the specific adversity under study’ (p. 555). In this study resilience was clearly conceptualised as operating across many levels but was examined at the individual level, and operationalised through the concepts of optimism and self-efficacy. Regard was given to the importance of identifying mechanisms in addition to factors (Rutter, 1979, 1990; Fonagy et al., 1994), and drawing on extant attributional frameworks, perceptions of positive and negative events were examined across a range of contexts.

Psychological research into the educational experience of children in care had previously focussed on individuals’ internal control (Jackson and Martin, 1998). This work further developed this, bringing together two stands of research to explore attributions as a mediating variable between circumstances and events in youngsters’ lives and the resilience of the situation. Additionally, based on findings from both the

resilience and subjective well-being literature, perceptions of key transition points and everyday contexts were analysed.

Heller, Larrieu, D'Imperio and Boris (1999) in a review of the research on resilience, pointed out that there are few standards to guide the operational definitions of risk, resilience and competence. Rutter (1990) stated that in defining resilience, underlying risk mechanisms need to be identified and understood. It needs to be ensured that the same level of risk has been experienced by participants so that it is known that those who are more successful are so, not because they have encountered a lower dosage of the risk. It was not possible to quantify the level and dosage of the risks experienced by the youngsters in this study. This was due to a lack of previous psychological research with this group and a lack of a robust current model of underlying risk mechanisms. However, the emphasis in this study was on ecological validity in order to facilitate greater illumination of the nuances of the process of resilience.

### ***Research Design***

Attributional analysis lends itself to a combined qualitative and quantitative application as recommended by Sells, Smith and Spenkle (1995). This study used statistical analysis as well as qualitative analysis, and engaged in hypothesis testing. However, it could be argued that a larger sample of attributions than was generated in these interviews would be preferable in order to be able to conclude that the absence of a particular pattern for certain groups was meaningful. Due to the relatively small numbers of participants in each group, the results reported here are not directly generalisable to resilient and less resilient groups of looked after children.

The types of attributions made by all the participants are likely to have been influenced by a number of factors ranging across the micro, meso and exo systems identified by Bronfenbrenner (1979). The nature of these factors were not controlled for in this study, however, the participants were differentiated by their level of school adaptation. Schools are not the sole or main determinant of resilience but it would have added to this study if further data regarding school effectiveness had been included for the participants' current and/or previous schools. This would have allowed some analysis of the influence of school factors, and would have facilitated illumination of the degree to which any differences between the groups may have been due to differences in their schools.

OFSTED ratings of the effectiveness of schools are available, however, schools are not necessarily equally effective across all their populations (Nuttall, Goldstien, Prosser & Raudenbush, 1989) and the difference that schools make appears to be at the level of the classroom (Reynolds, 1995). Although difficult to gather in secondary schools, information regarding matters of pedagogy within a classroom and the interpersonal dynamic between pupil and teacher and amongst pupils would have added to this study.

Data regarding the number of school and care placement moves was sought, where relevant, for each of the participants. However, the data gathered, particularly for the looked after groups was incomplete and not used. It was clear that there were no significant differences between the looked after groups regarding positive and negative views of transition. However, data regarding the number of school and care



placement moves set would have allowed these findings regarding youngsters' views of transition to be placed in greater context.

Resilience is described as operating across three primary systems in the child's world – family, school and community (e.g. DfEE, 2001; Garmezy and Rutter, 1983), and this study focussed on obtaining adolescents' views across different contexts of their lives. However, data was provided only from the viewpoint of the young person.

Data from participants at more than one of the above levels, for example, information from social workers, carers and teachers about the youngster, and their school and care experiences, would have promoted greater validity through appropriate triangulation of information (Robson, 1993). It would also then have been possible to compare views of one level from another, e.g. pupil and teachers' attributions regarding social and academic success and failure. Further research in this area may seek to systematically gain views from all levels of each of the other levels, e.g. an individual's view of themselves, school and home; teachers' views of the individual, school and home etc.

Finally, resilience is a dynamic construct embedded in context, i.e. it is a descriptor of a current state. Participants were therefore classified as showing high or low resilience based on their current access to full time education. However, that situation may change and although the high resilience, low resilience and control groups were homogenous in their views, there were some differences. One participant in the low resilience group, who had recently moved to live with new foster carers, seemed to divide his comments between pre- and post-placement change. His views regarding his carers and their influence seemed to be very positive, and may have been

resilience enhancing in the longer term. Those views may, of course, also have simply reflected a 'honeymoon' period of a new placement. Either way, a longitudinal study is required in order to track the nuances of resilience over time.

### ***Participants***

The participants were not recruited randomly which may have affected the sample in important, but unaccounted for, ways, therefore biasing the pattern of results. The method of recruiting participants is important as it affects the generalisability of results (Heller et al., 1999), but additionally it should be recognised that the looked after population is not a homogenous group, further limiting generalisability. Finally, differences found between the high resilience, low resilience and control groups may have been an artefact of their different ages.

### ***Measures***

#### *i. Interview schedule*

The semi-structured interview schedule was made up of categories of questions determined from the literature, and were experimenter determined categories, rather than participant led. However, all participants were invited to describe anything more that was important to them about school, relationships or being in care. Only two participants added additional information, one related to teachers and the other to care home staff. It would seem therefore that the questions asked may have covered the domains considered important to the participants. However, an improvement to the design would be to specifically ask about the most important personal problem currently being faced (*c.f.* Tugdale & Fredrickson, 2004), and their proudest success.

This would have allowed greater focus on participant selection of the current most salient factors for them.

An alternative approach which could have been used was that designed by Howard and Johnson (2000). This study used a qualitative approach to gather teachers' and children's views on 'what makes a difference' for children with difficult lives who displayed resilient behaviours. Children and teachers were asked (a) what they thought a 'tough life' was; (b) why 'some kids have a tough life and don't do OK' and; (c) why 'some kids have a tough life but do OK'. This approach would again have had the benefit of the youngsters not being constrained by researcher definition of the range of factors discussed, and additionally the youngsters themselves would have defined resilience. The above approach elicits views of resilience in general not in relation to the specific individual participant. An interesting approach would have been to have extended this interview schedule to also include participants' views of the 'toughness' of their own lives and whether they perceived themselves to be 'doing ok' or not. This would have allowed a further level of analysis between general and individualised perceptions of 'what makes a difference'.

ii. *The Leeds Attributional Coding System (LACS)*

The LACS was an appropriate measure to use given the qualitative approach and verbatim interview data generated. However, the manual (Stratton et al., 1988) concedes that the instrument is not verified against other measures. Therefore, it may not be measuring what it purports to measure. However, construct validity was imputed from analysis of family therapy using the LACS which showed the actor-observer differences predicted in the literature (Jones & Nisbett, 1972). The general

tendencies in the correlations between dimensions were also in the predicted directions.

### *iii. Multi-dimensional Measure of Children's Attributions*

This measure was standardised on a population aged from 8 to 14 years of age. This is below the age range of participants in this study. Data generated from this measure must therefore be treated with caution.

### ***Procedure***

The interview procedure used, based on a popular reality television programme proved to be very successful. The participants seemed to be further motivated to take part when they discovered this aspect. It is hoped that, additionally, this device may have minimised the effects of the researcher being viewed as a potential authority figure. Adolescents tend to communicate reasons for success and failure differently depending on the audience. The finding is that they communicate to authority figures that their failure was due to lack of ability rather than lack of effort and that success was due to effort rather than lack of ability. To their peers however adolescents convey that lack of effort rather than lack of ability was the cause for failure and that success would be due to high ability rather than effort (Juoven & Murdock, 1993).

### ***Statistical analyses, results and discussion***

The statistical analysis used, log linear analysis, was appropriate given the categorical nature of the data and the number of variables involved. Additionally, interactions between the variables allows illumination of some of the nuances of resilient situations. However, on the other hand, the number of variables involved in the study

meant that the analysis was complicated and lengthy. The results and discussion were organised according to the hypotheses made, and the discussion was consistent with the results.

### ***Implications and major themes***

The implications from this study were discussed in relation to the current, extant literature and suggestions were drawn out for educational psychology practice in general, and intervention with looked after populations in particular.

### ***Further research***

What is the most influential aspect of attributional change for increased positive adaptation? There are small differences between the attributions made by high and low resilience adolescents, and small changes in the attributions made for the causes of events are linked to changes in, for example, levels of depression. A useful area for further research therefore would seem to be the areas of change in attributions needed to facilitate positive outcomes.

For example, if youngsters hold the pessimistic view of the causes of positive events being transitory and narrow in the range of effects, is it more helpful to facilitate reframing the cause as more stable or more global, or both? Do different dimensions of attributions have more salience in different contexts? For example in the academic sphere, are the stability and controllability of attributions key? Or are the locus and globality also important? There would also seem to be a large gap in the psychological research literature in terms of the effects of children's and young people's involvement in decision making on their perceptions of control.

The gender differences analysed in this study suggest that a great deal can still be learned about the developmental differences, the different contextual experiences of males and females, and the differences in attributions for males and females.

What is the relationship between positive-meaning finding and attributions? Tugdale and Fredrickson (2004) found that resilient people draw on positive emotions to rebound from and find positive meaning in stressful encounters. A fruitful line of further research would be to examine the relative mediating effects on resilience of attributions and experience of positive emotion.

Fredrickson (2001) also speculated if the upward spiral effect of the broaden-and-build theory is replicable outside the laboratory, and can it be demonstrated over more and more distal time points? It is suggested that further areas for research could examine if experiences of positive emotions over time, build other enduring personal resources (beyond broad-minded coping), such as optimism, hopefulness, wisdom, and creativity. Can experiences of positive emotions over time build enduring social resources such as empathy, altruism, intimacy, and relationship satisfaction? If so, are increments in these personal and social resources mediated by psychological broadening and followed by increases in emotional and physical well-being?

Longitudinal studies would also help to illuminate the dynamic nature of resilience and if variations in attributions change alter with levels of resilience. What, if any, is the degree of change? Do attributions change concurrently with the resilience of a situation? Does attribution change lag behind adaptation or is attribution change a necessary pre-requisite?

There is also a need to identify the context and ecological variables in which prevention and intervention strategies are effective. For example when delivering an emotional literacy programme in an elementary classroom where nearly half the children were of Asian descent, the cultural norm of restricting the expression of affect (Sue & Sue, 1999) impacted on the role play and modelling activities that were central to the programme (Taub & Pearrow, 2005). There are also questions relating to the timing and effects and intervention. For example, does early school based participation in programmes impact on later school adaptation? Does early school based participation in programmes reduce later involvement in juvenile justice or mental health? Does delivery to pre-school children have differential effects? Do teacher variables contribute to the implementation of programmes?

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## **Interactive Factors**

### **Framework**

*Attempts to illustrate links between within child dimensions of biological cognitive and behavioural factors and wider environmental factors (Frith, 1995)*

### **Environmental Factors**

Environmental events impinge on all three areas and therefore have greatest potential for both explanation and change.

### ***Biological Factors***

Biological aspects often have to be inferred/guessed

### ***Cognitive Factors***

Cognitive elements are usually not directly observable.

### ***Behavioural Factors***

Behavioural aspects are influenced by all three other factors (not just environment, as behavioural models suggest).

## Environmental

### Home variables

- parental history (care, abuse, neglect, psychopathy, perceived support from family)
- meaning of child (myths, rational & irrational beliefs, past events.
- level of insight of caregiver(s)
- parenting style (the care-control balance)
- physical care & diet
- stability of care
- care giver's internal working model of relationships (Fonagy et al, 1994) and attributions.

### Educational variables

- stability of education
- supportive relationship with an adult
- educational experience (including staff expectations, self perception)
- level of pre-school skills/ readiness to learn

### Social context variables

- SES
- peer acceptance
- peers' & others expectations/ judgements
- supportive relationship with an adult

## Biological

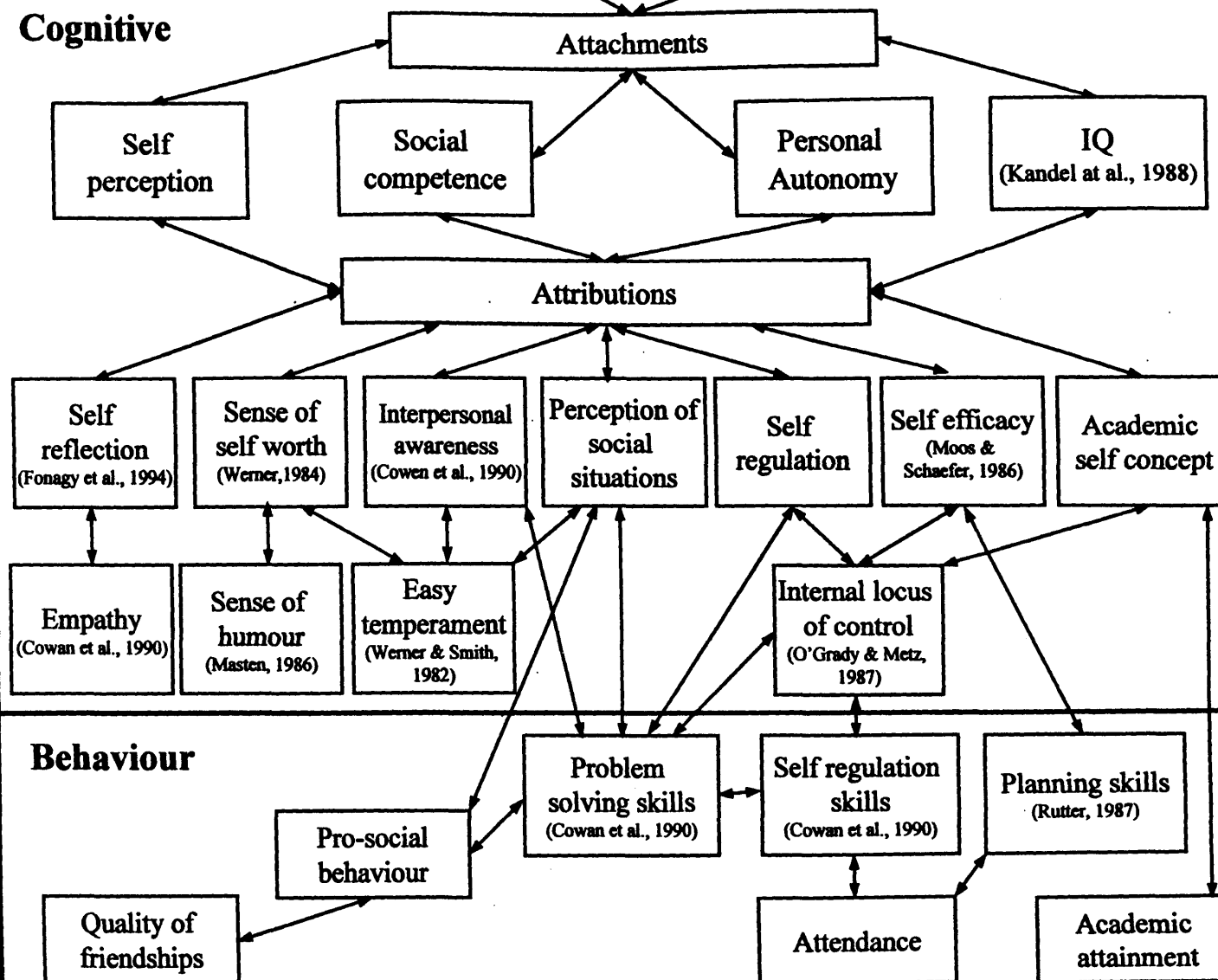
Child's genetic potential/deficits

Development during critical periods

## Appendix 2

Gender and age

## Cognitive



## Behaviour

Interactive Factors Framework  
(from Jackson and Martin, 1998)

**Environmental factors**

Support from well informed carers

Multiple placements

Stable and consistent care

Continuity of education

Friends not in care

A mentor outside the care system

**Biological factors**

Appendix 3

**Cognitive factors**

Good mental health

Good levels of life satisfaction

Internal control

**Behavioural factors**

Early reading skills

Regular school attendance

## Appendix 4

### Dimensions of causal attributions (from Munton et al., 1999)

Cause ----- link ----- outcome

#### ***Stable - unstable***

Applied to the cause element of an attribution, and describes the likelihood that the cause will apply next time a similar situation arises. Stable causes are those that are likely to continue to influence outcomes in the future.

#### ***Global - specific***

Applied to the cause element of an attribution and describes the range of effects the cause may have. Global causes are those that are likely to have a significant impact on several different outcomes. Specific causes are unlikely to have repercussions beyond the one identified in the attribution being coded.

#### ***Internal - external***

Applied to the cause element of an attribution and describes whether the cause originates in the person or is situational. Internal causes are those believed to originate from within the person being coded.

#### ***Personal - universal***

Applied to the cause, link or outcome. An attribution is coded personal when either the cause, the outcome or the link between the two, contains information concerning something unique or idiosyncratic about the person being coded. An attribution is coded universal when nothing in the cause, link or outcome suggests anything distinctive about that person.

#### ***Controllable - uncontrollable***

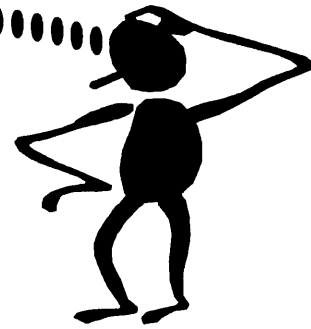
Applied to all three elements, cause, link and outcome. This dimension assesses the expectations of the person being coded and the general possibility of controlling this kind of outcome. An attribution is coded controllable if the speaker thinks he or she could have influenced the outcome without having to exert some exceptional effort. If the speaker believes the cause, link, outcome sequence was an inevitable sequence of events that could not have been influenced in any circumstances, then the attribution is coded uncontrollable.

The *speaker* is the person providing the attribution.

The *agent* is the person, entity or group nominated in the cause.

The *target* is the person, entity or group nominated in the outcome.

# Your views of education.....



It is important to make sure the views, ideas and wishes of children and young people who are looked after are taken into account when planning services for them. So I would like to record interviews with young people about your views of your education.

I am an educational psychologist working with the Corporate Parenting Service and I am planning research into the views of young people in public care regarding factors which help or don't help your education. This research will form part of a doctorate degree in educational psychology at University College, London.

Anyone can take part in the research but if you are under 16 you will need to have the agreement of a parent or someone who has parental responsibility for you. If you decide you want to take part there are some forms for you and your parent or carer to sign.

Interviews will last for 30 minutes to an hour, and may take place at school or another convenient, private place. The interviews will be recorded and will be anonymous, so that your views would not be traceable to you. Information regarding your view of yourself and information from teachers about attendance and how you get on with school work would also be collected, and again this would be used anonymously. Any information collected can be feedback to you if you choose.

Think very carefully if you want to take part and if you decide you do, please contact me and I will give you further details.

Catherine Kelly, Corporate Parenting Service, 01245 \*\*\*\*\*

# Your views of education.....

In the big brother diary room.....



It is important to make sure the views, ideas and wishes of young people who are looked after are taken into account when planning services for them. So I would like to hear about your views of your education,

- what helps & what doesn't.
- what you like & what you don't like.

Anyone can take part in the research but if you are under 16 you will need to have the agreement of your social worker or a parent. If you decide you want to take part there are some forms to sign.

Interviews will take place in a big brother diary room at Chignall Road and will last for about 30 minutes. I'll also ask you to fill in a questionnaire about your view of yourself.

I will use your views but I won't be telling anyone else that you said it. I'll ask teachers, carers or social workers too about attendance and how you get on with school work now and at your last school. I can tell you what they say if you choose.

I'm going to use all the information for a research project at university. I'm studying for a PhD.

Think very carefully if you want to take part and if you decide you do please let \*\*\*\*\*, & I will give you more details.

Thanks  
Catherine Kelly



University College London

**PERMISSION TO USE VIEWS IN RESEARCH**

I ..... give permission for my views regarding my education to be recorded for research which will be used as part of a doctorate degree in educational psychology at University College, London.

I understand that all information collected will be used anonymously.

*Please delete as appropriate*

- I am under 16 years old and I have discussed my participation with someone with parental responsibility and asked them to complete a consent form if they **do not** wish me to take part.
- I would/would not like to receive feedback about the information collected.

Signed .....

Date .....

**Registration details**

Name.....

Date of Birth.....

Last School.....

Form teacher.....

Social worker.....

Tel No. ....

**Please return to:**

**What are the processes involved in promoting educational resilience among children in public care?**

Children and young people in Public Care are one of the most at risk groups for educational failure and poor life outcomes (DoH, 2001). There is a wealth of literature detailing predictive risk factors across a range of populations and outlining factors which contribute to resilient, adaptive outcomes in the face of risk factors (e.g. Rutter 1990, Fonagy et al 1994). For example, it has been found that for successful care leavers social support, a significant education prompting adult, early literacy skills, an internal locus of control and having friends outside the care system are important resilience prompting factors (Jackson and Martin, 1998).

The resilient child has been described as one who works well, plays well, loves well and expects well (Werner and Smith, 1982). Fonagy et al (1994) see resilience as *normal* development under difficult conditions, taking place within a set of social and intra-psychic processes which take place across time given felicitous combinations of child attributes, family, social and cultural environments. However, detailing the protective or risk factor which correlate with successful or less successful life outcomes enables us only to predict vulnerable populations. An understanding of the processes and mechanisms involved is necessary in order to identify which, if any, of the many attributes and/or circumstances that correlate with resilience may be critical targets for effective prevention and intervention.

Rutter (1990) sees resilience as a reflection of what one does about one's plight, and stresses the active role of the individual. Emphasis is put on the process of negotiating risk situations, with protection stemming from the adaptive changes that follow successful coping. Resilience can be viewed therefore as "Less an enduring characteristic than a process determined by the impact of particular life experience among persons with particular conceptions of their own life history or personal narrative" (Cohler, 1987, p406). This view of resilience as an active, complex and personal, rather than normative, process necessitates a qualitative approach to investigation of the processes involved.

Furthermore, research into adolescent's global life satisfaction indicates the importance of considering everyday events as well as major events in attempting to understand young people's subjective well-being (Ash and Huebner, 2001). For example, the cumulative affects of minor events e.g. fights with friends, doing poorly on an exam, enjoying a hobby, and helping other people, must be recognised. It is proposed therefore to interview youngsters in public care about their schooling, friends and being in care. Two groups will be interviewed for comparison: those following GCSE courses and those in key stage 4 (year 10 to 11) but not currently at a mainstream school.

In a meta-analysis of research on personality traits and subjective well-being DeNeve and Cooper (1998) concluded that 'what is most critical to subjective well-being is the tendency to make either positive or negative attributions of one's life emotions and life events (p.219). Attribution is the process by which we confer meaning onto events by attributing causes to them. Attributions, whether they are accurate or not, are powerful determinants of our future actions. The interviews will therefore be analysed in terms of the types of attributions made.

Catherine Kelly, Senior Specialist Educational Psychologist.



**CORPORATE PARENTING SERVICE**



**Research in to the views of young people in public care**

I am an educational psychologist working for the Corporate Parenting Service. I am currently researching the factors which help or don't help young people in public care with their education.

I plan to interview young people about their views of their education. Interviews would be anonymous and views would not be traceable to individuals.

Please complete and return this form if you **do not** wish ..... to participate in this research.

Many thanks

Catherine Kelly  
Senior Specialist Educational Psychologist

---

I have parental responsibility for .....

I **do not** give consent for ..... to participate in research into his/her views on education.

Name.....

Parent/Social Worker (please delete as appropriate).

Signature.....

Date.....

**Please complete and return to: Corporate Parenting Service,**



University College London

Doctoral Programme for Practising Educational Psychologists (DEdPsy)

Permission to use views in research

I am an educational psychologist studying for a doctorate at University College London. I am currently researching the factors which help or don't help young people in public care with their education.

I plan to interview young people about their views of their education. Interviews will take place at Chignall Road using a big brother style diary room. The interviews will be anonymous and views would not be traceable to individuals.

..... has volunteered to take part. Please complete and return this form to give your agreement for their participation.

Many thanks

Catherine Kelly
Educational Psychologist

I have parental responsibility for .....

I give do/do not give consent for ..... to participate in research into his/her views on education. (please delete as appropriate)

Name.....
Parent/Social Worker (please delete as appropriate).

Signature.....
Date.....

Please complete and return to:

**Interview Questions**

1. On a scale of 1 – 10, how much do you like school? Where 1 is not at all and 10 is very much. Why would you put yourself at X?
2. How well do you feel you can do the work in lessons? Again on a scale of 1 – 10, where 1 is can't do the work at all well, and 10 is can do it very well. Why would you put yourself at X? How do you think you will do in your GCSEs? What do you plan to do after you leave school?
3. How well do you feel you get on with school staff, teachers? 1 is not very well and 10 is very well. Why would you put yourself at X?
4. What about, on a scale of 1 – 10, how well did you get along with the other kids at school? 1 is not very well and 10 is very well. Why would you put yourself at X?
5. How well would you rate your attendance, again 1 is very poor – never go and 10 is never miss a day? Why would you put yourself at X?
6. How well would you rate your behaviour? Where 1 is very poor, and 10 is very good. Why would you put yourself at X?
7. When you last changed school, what were the reasons for having to change school? Were you involved in the decision?
8. How well do you get on with parents/carers? 1 is not very well and 10 is very well. Why would you put yourself at X?
9. When you last changed placement (moved house), what were the reasons for changing placement (moving house)? Were you involved in the decision?
10. What were the reasons for you coming into care?

## **Appendix 9**

### **Categories of response**

1. view of school
2. peer relationships
3. academic work
4. teacher relationships
5. behaviour
6. changing school
7. relationship with carers/parents
8. changing placement
9. reasons for coming into care
10. miscellaneous

## Appendix 10

### Interview transcript for participant 2, group 1 (high resilience group)

1. **On a scale of 1 – 10, how much do you like school? Where 1 is not at all and 10 is very much.**

8.5.

#### **Why would you put yourself at 8.5?**

I've only recently joined in September, I've made a lot of friends, settled in easily, it is a really good school, close to home, now that I live long term with my foster carer. I know everyone in the area now, and it's easy to learn.

2. **How well do you feel you can do the work in lessons? Again on a scale of 1 to 10, where 1 is can't do the work in lessons at all well, and 10 is can do it very well.**

7 or 8.

#### **Why would you put yourself at 7 or 8?**

Because there are quite easy lessons and stuff. And if you have got a problem, just put your hand up and the teachers will help you. They are enjoyable, not very boring, they are kept lively.

#### **How do you think you will do in GCSEs?**

At the moment I'm not overly confident but I'm getting a little bit of insight. I think if I study hard enough I will be ok. I want lots! In a variety of subjects because I want to work in child care.

3. **How well do you feel you get on with school staff, teachers? 1 is not very well and 10 is very well.**

7.

#### **Why would you put yourself at 7?**

Everyone really friendly at school, they are there to support you. In year 9, it's quite an important year with exams, they help you out a lot. If a teacher's mean, then the children will dread going to the lessons, so most people are friendly, they know it helps them. They have different ways of teaching. At S. School (previous school) everything was the same, stuff on the board open a text book and answer some questions. At M. school (current school) they experiment ways of learning. Sometimes listening to tapes then answer questions or draw pictures then the next lesson have computers. There's a variety of techniques that keep attention longer. As a teenager thinking about everything else if they can keep your attention, you'll learn something

4. **How well do you feel you get on with other kids at school? 1 is not very well and 10 is very well.**

About 9.

#### **Why 9?**

I get on well with most people, I find it easy to get along with people. I take people as I see them and don't judge them straight away, I try and get to know them before I just them, I get a lot of respect for that

**5. How well would you rate your attendance? 1 is very poor, I never go and 10 is very good.**

About 6 because I had 2 weeks holiday, one with dad and one in Ibiza, and 1 week really ill. Been everyday since. I get to see all my friends. I usually dread history but if I say it's not that bad. I like going, hang out and have fun. Teachers are really good there, sometimes you do learn things!

**6. How well would you rate your behaviour? Where 1 is very poor, and 10 is very good.**

9 because I've had no detentions this year, lunch or break time. Sometimes get told off for talking, but, never been sent out of room or been sent to another teacher, there hasn't been a reason. There hasn't been the need to get bored, classes are interesting I don't get bored. It's easier to concentrate. Last year 2 detentions. Year 9 is a serious year to knuckle down, helps my behaviour.

**7. When did you last change school? What were the reasons for having to change school?**

I used to live in New Town, I've moved to new long term carer.

**Were you involved in the decision?**

It was all my decision, my idea. Social Services really helpful, got me an interview and tour of M. school. It was an easy move. First day, I was a bit nervous, but everyone was there to help new students. Year 9's a hard year to fit in.

**8. How well do you get on with your carers? 1 is not very well, and 10 is very well.**

10, 10 thousand, 10 million. My foster carer, A understands how I feel. She gets on well with my family, doesn't stop contact. I feel like I've gained a sister. She gives me my freedom. We get on really well, I can talk to her about absolutely anything. She's just got a way. I was the first teenager she'd had, but she had known me since I was 12, just like a big sister, she doesn't take the mickey out of you. We can talk about anything.

**9. When you last changed placement, what were the reasons for changing placement? Were you involved in the decision?**

The last placement broke down, me and the lady were fighting and arguing. She really scared me once, so I told my social worker, she had me moved in a week. She was old fashioned, she used to go to church, I haven't been brought up in that way – she was trying to make my sister old fashioned, she got on well with her. I had my own mind and wouldn't do what she wanted me to. Our personalities clashed. I spoke to the social worker, one week later I moved. We spoke for 4.5 hours. I was happy that it was done so quickly.

**10. What were the reasons for you coming into care?**

**My mum couldn't look after us properly. My dad left to go to Germany, she became quite ill and couldn't look after us properly.**

## Appendix 11

### Attributions extracted from interview with participant 2, group 2 (high resilience group)

1. (I like school because) I've made a lot of friends
2.           “                   I settled in easily
3.           “                   it's a really good school
4.           “                   it's close to home
5.           “                   it's easy to learn
6. I now live with long term foster carer (so) I know everyone in the area
7. (I get on with lessons at about 7 or 8 because they're) quite easy lessons.
8.           “                   they're enjoyable, not boring
9.           “                   they're kept lively
10. If I study hard I will be ok.
11. I want lots (of a to c passes) because I want to work in child care.
12. (I get on well with teachers because) everyone is really friendly at school.
13. everyone is really friendly at school (because) they are there to support you.
14. year 9 is quite an important year with exams, (so) they help you out a lot
15. If a teacher's mean then the children will dread going to lessons
16. most people are friendly because they know it helps them.
17. I get on with most people (because) I find it easy to get along with people.
18. I find it easy to get along with people (because) I take people as I find them and don't judge them straight away.
19. I try and get to know them before I judge them, I get a lot of respect for that.
20. (My attendance is about 6 because) I had 2 weeks holiday, and 1 week really ill.
21. I have been everyday since, I get to see all my friends
22. (I usually dread history but) if I say it's not that bad I like going, hang out and have fun.
23. (I would rate my behaviour at 9 because) I have had no detentions this year.
24. I have never been sent out of the room or to another teacher because classes are interesting.
25. Year 9 is a serious year to knuckle down helps my behaviour.
26. (I changed schools because) I moved to a new long term carer.
27. Social services were really helpful (because) they got me a tour of M. school.
28. It was an easy move (because) everyone was there to help new students.
29. First day I was a bit nervous (because) year 9 is a hard year to fit in.
30. (I get on well with my carer because) A. understands how I feel.
31.           “                   (she) gets on well with my family.
32.           “                   she doesn't stop contact
33.           “                   I have gained a sister
34.           “                   she gives me my freedom
35. We get on really well (because) I can talk to her about absolutely anything.
36.           “                   she's just got a way.
37.           “                   she's just like a big sister
38.           “                   she doesn't take the mickey out of you
39. The last placement broke down (because) me and the lady were fighting and arguing.



40.                   “                                   she really scared me once.
41. (We were fighting and arguing because) she was old fashioned.
42. (She was old fashioned because) she used to go to church.
43. (We were fighting and arguing because she used to go to church) I haven't been brought up that way.
44.                   “                                   I had my own mind and wouldn't do what she wanted me to
45.                   “                                   our personalities clashed.
46.                   “                                   She was trying to make my sister old fashioned.
47. (I came into care because) my mum couldn't look after us properly.
48. (I came into care because) my dad left to go to Germany
49. she became quite ill and couldn't look after us properly

Data table for participant 2, group 2

Appendix 12

	attribut	speaker	agent	target	stable	global	intsp	intag
26	1	1	1	1	1	1	1	1
27	2	1	1	1	1	1	1	1
28	3	1	2	1	1	1	0	1
29	4	1	2	1	1	1	0	1
30	5	1	1	1	1	1	1	1
31	6	1	1	1	1	1	1	1
32	7	1	3	1	0	0	0	1
33	8	1	3	1	0	0	0	1
34	9	1	3	1	0	0	0	1
35	10	1	1	1	0	1	1	1
36	11	1	1	1	1	1	1	1
37	12	1	4	1	1	1	0	1
38	13	1	4	4	1	1	0	1
39	14	1	3	4	0	1	0	1
40	15	1	4	5	0	0	0	1
41	16	1	4	4	1	1	0	1
42	17	1	1	1	1	1	1	1
43	18	1	1	1	1	1	1	1
44	19	1	1	1	1	1	1	1
45	20	1	1	1	0	0	1	1
46	21	1	1	1	0	0	1	1
47	22	1	1	1	0	0	1	1
48	23	1	1	1	0	0	1	1
49	24	1	3	1	1	1	0	1
50	25	1	3	1	1	1	0	1
51	26	1	1	1	1	1	1	1
52	27	1	7	7	0	0	0	1
53	28	1	4	1	0	1	0	1
54	29	1	3	1	0	0	0	1
55	30	1	6	1	1	1	0	1
56	31	1	6	1	1	1	0	1
57	32	1	6	1	1	1	0	1
58	33	1	1	1	1	1	1	1
59	34	1	6	1	1	1	0	1
60	35	1	1	8	1	1	1	1
61	36	1	6	8	1	1	0	1
62	37	1	6	8	1	1	0	1
63	38	1	6	8	1	1	0	1
64	39	1	8	10	1	1	1	1
65	40	1	6	10	0	1	0	1
66	41	1	6	8	1	1	0	1
67	42	1	6	6	1	1	0	1
68	43	1	1	8	1	1	1	1

	inttar	persp	perag	pertar	contsp	contag	conttar	outcome
26	1	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1	1
28	0	0	1	0	0	1	0	1
29	0	0	1	0	1	0	1	1
30	1	1	1	1	1	1	1	1
31	1	1	1	1	1	1	1	1
32	0	0	1	0	0	1	0	1
33	0	0	1	0	0	1	0	1
34	0	0	1	0	0	1	0	1
35	1	1	0	1	1	1	1	1
36	1	1	1	1	1	1	1	1
37	0	0	1	0	1	1	1	1
38	1	0	1	1	0	1	1	1
39	0	0	1	0	0	1	1	1
40	0	0	1	0	0	1	0	0
41	1	0	1	1	0	1	1	1
42	1	1	1	1	1	1	1	1
43	1	1	1	1	1	1	1	1
44	1	1	1	1	1	1	1	1
45	1	1	1	1	0	0	0	0
46	1	1	1	1	1	1	1	1
47	1	1	1	1	1	1	1	1
48	1	1	1	1	1	1	1	1
49	0	0	1	0	1	1	1	1
50	0	0	1	0	1	1	1	1
51	1	1	1	1	1	1	1	1
52	1	0	1	1	0	1	1	1
53	0	0	1	0	1	1	1	1
54	0	0	1	0	0	0	0	0
55	0	0	1	0	1	1	1	1
56	0	0	1	0	1	1	1	1
57	0	0	1	0	1	1	1	1
58	1	1	1	1	1	1	1	1
59	0	0	1	0	1	1	1	1
60	1	1	1	1	1	1	1	1
61	1	1	1	1	1	1	1	1
62	1	1	1	1	1	1	1	1
63	1	1	1	1	1	1	1	1
64	1	1	1	1	1	1	1	0
65	0	0	1	0	0	1	0	0
66	1	0	1	1	1	1	1	0
67	1	0	1	1	0	1	1	0
68	1	1	1	1	1	1	1	0

	particpa	group	gender	agtag	category
26	2.00	1.00	2	1.00	1.0
27	2.00	1.00	2	1.00	1.0
28	2.00	1.00	2	3.00	1.0
29	2.00	1.00	2	3.00	1.0
30	2.00	1.00	2	1.00	1.0
31	2.00	1.00	2	1.00	7.0
32	2.00	1.00	2	3.00	3.0
33	2.00	1.00	2	3.00	3.0
34	2.00	1.00	2	3.00	3.0
35	2.00	1.00	2	1.00	3.0
36	2.00	1.00	2	1.00	3.0
37	2.00	1.00	2	3.00	4.0
38	2.00	1.00	2	4.00	4.0
39	2.00	1.00	2	4.00	4.0
40	2.00	1.00	2	4.00	4.0
41	2.00	1.00	2	4.00	4.0
42	2.00	1.00	2	1.00	2.0
43	2.00	1.00	2	1.00	2.0
44	2.00	1.00	2	1.00	2.0
45	2.00	1.00	2	1.00	1.0
46	2.00	1.00	2	1.00	1.0
47	2.00	1.00	2	1.00	3.0
48	2.00	1.00	2	1.00	5.0
49	2.00	1.00	2	3.00	5.0
50	2.00	1.00	2	3.00	5.0
51	2.00	1.00	2	1.00	6.0
52	2.00	1.00	2	4.00	6.0
53	2.00	1.00	2	3.00	6.0
54	2.00	1.00	2	3.00	6.0
55	2.00	1.00	2	3.00	7.0
56	2.00	1.00	2	3.00	7.0
57	2.00	1.00	2	3.00	7.0
58	2.00	1.00	2	1.00	7.0
59	2.00	1.00	2	3.00	7.0
60	2.00	1.00	2	2.00	7.0
61	2.00	1.00	2	3.00	7.0
62	2.00	1.00	2	3.00	7.0
63	2.00	1.00	2	3.00	7.0
64	2.00	1.00	2	3.00	8.0
65	2.00	1.00	2	4.00	8.0
66	2.00	1.00	2	3.00	8.0
67	2.00	1.00	2	4.00	8.0
68	2.00	1.00	2	1.00	8.0

	attribut	speaker	agent	target	stable	global	intsp	intag
69	44	1	1	8	1	1	1	1
70	45	1	8	8	1	1	1	1
71	46	1	6	8	1	1	0	1
72	47	1	9	1	1	1	0	1
73	48	1	9	1	1	1	0	1
74	49	1	9	9	1	1	0	1

	inttar	persp	perag	pertar	contsp	contag	conttar	outcome
69	1	1	1	1	1	1	1	0
70	1	1	1	1	0	0	0	0
71	1	0	1	1	1	1	1	0
72	0	0	1	0	0	1	0	0
73	0	0	1	0	0	1	0	0
74	1	0	1	0	0	0	0	0

	particpa	group	gender	agtarg	category
69	2.00	1.00	2	1.00	8.0
70	2.00	1.00	2	1.00	8.0
71	2.00	1.00	2	3.00	8.0
72	2.00	1.00	2	3.00	9.0
73	2.00	1.00	2	3.00	9.0
74	2.00	1.00	2	4.00	9.0

## Key

Attribut	extracted attribution
Speaker	participant
Agent	agent
Target	target
Stable	stable dimension
Global	1=global, 0=specific
Intsp	1=internal to speaker, 0=external to speaker
Intag	1=internal to agent, 0=external to agent
Inttar	1=internal to target, 0= external to target
Persp	1=personal for speaker, 0=universal for speaker
Perag	1=personal for agent, 0= universal to agent
Pertar	1=personal to target, 0=universal for target
Contsp	1=controllable by speaker, 0=uncontrollable by speaker
Contag	1=controllable by agent, 0=uncontrollable by agent
Conttar	1=controllable by target, 0=uncontrollable by target
Outcome	1= positive, 0= negative
Partipa	participant number
Group	group number
Agtag	agent – target combination, 1=speaker is agent & target, 2=speaker is agent, other is target 3=speaker is target, other is agent 4=other is agent & target
Category	category of response see appendix 9

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Course Members' Form CM3

Form CM3 Professional Practice Assignment Submission

Submitted in part fulfilment of the requirements for the Continuing Professional Development Doctorate in Educational Psychology (DEdPsy)

Name: Catherine Kelly Class: 01

Professional Tutor: Sean Cameron

Research Advisor: Allan Sigston

Assignment No: 1

Assignment Title: Promoting Resilience in School Contexts

Submission: 1<sup>st</sup>  2<sup>nd</sup>  Examination

Word count: (Excluding references and appendices) 7459 words

Section of the Core curriculum for Professional Training in Educational Psychology to which this assignment relates:

The Profession of Educational Psychology and its Context

Submission Statement (N/A unless assignment submission is for examination)

I confirm that:

1. This submitted assignment is my own work; and
2. I have read and acted upon the guidelines for avoiding plagiarism contained in the DEdPsy Handbook
3. The content of this assignment has not been published in similar form elsewhere, or offered in respect of any other degree, diploma or other academic award.

Course Members Signature: Date: 12.12.05

Consent Statement (Optional)

I authorise the Department of Psychology to make a copy of this assignment available for public reference at the discretion of the Course Director.

(Please note that copies of examined work may be retained for up to five years for University quality assurance purposes)

Course Members Signature: Date: 12.12.05

# **Promoting Resilience in School Contexts**

## **Abstract**

This paper will examine present research and practice to outline future directions in effective enhancement of resilience in schools. An overview of the context of resilience in schools will be illustrated, followed by a critique of the existing research, and discussion of the implications for theory and practice.

## **Aims and scope of assignment**

In order to ascertain which if any, of the attributes and/or circumstances that correlate with resilience may be critical targets for intervention it is necessary to develop an understanding of the links and mechanisms involved (Fonagy, Steele, Steele, Higgitt & Target, 1994; Rutter 1979, 1990). Therefore, having described the current context, this paper then aims to explore the knowledge base for effective intervention to enhance resilience in schools. Recent intervention studies will be examined, major themes will be drawn out and implications for practice and future research will be discussed.

## **Practice and context**

Individual variation in response to stress gave rise to research into resilience, that is, although participants experienced indicators of stressful outcomes, there was a large degree of variation, with some individuals not appearing to experience stress and to achieve adaptive outcomes (see Garmezy and Rutter, 1983; Rutter, 1990). There is growing interest in the concept of resilience in current national policy and research contexts (e.g. DfEE, 2001; Newman & Blackburn, 2002; Rees & Bailey, 2003).

Masten (1989) defines resilience in an individual as successful adaptation despite risk and adversity. The International Resilience Project (Grotberg, 1997) uses the following definition:

‘Resilient children are better equipped to resist stress and adversity, cope with change and uncertainty, and to recover faster and more completely from traumatic events or episodes.’ (p. 1).

Resilience is described as a dynamic process of interaction between the individual and their environment. It is conceptualised as an active process of experiencing, and successfully coping with risk, rather than simply not experiencing sufficient risk factors; with protection stemming from the adaptive changes that follow successful coping (Pianta & Walsh, 1998; Rutter, 1990). It is argued therefore that resilience is a process that can be promoted and enhanced, and more recently consideration has been given to the applications of resilience research to the development of interventions and social policy to promote the well-being of disadvantaged high-risk individuals (see Dent & Cameron, 2003; Luthar & Cicchetti, 2000).

Garnezy (1985) conceptualised the factors involved in resilience as operating at the levels of the individual, the home and social/cultural environments. These different levels were well summarised in the DfEE's guide to promoting mental health within early years and school settings (DfEE, 2001, see table 1). As Fonagy et al. (1994) point out in their influential paper on resilience; many of these factors are 'reassuringly predictable'.

### *Definitions*

Resilience generally refers to 'a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk' (Masten & Reed, 2002, p. 75). The meaning of resilience and its operational definition have been the subject of considerable debate (Luthar, Cicchetti & Becker, 2000; Masten, 1999; Masten & Reed, op cit.); and it is recognised that resilience must be inferred because two major judgements are required: firstly, that individuals are adapted with respect to a set of expectations for behaviour; and secondly, that there have been extenuating

circumstances that posed a threat to good outcomes. Therefore, a definition of the criteria for positive adaptation, and the past or current presence of conditions which pose a threat are both required (Masten & Reed, op cit.).

Alternative definitions are based on the view that there are common psychosocial processes involved in the development of competence which are also critical in resilience enhancement (Brown, D'Emidio-Caston & Bernard, 2000; Cefai, 2004). Resilience from this perspective is therefore defined as a proactive, contextual and relational phenomenon concerning all pupils, irrespective of individual characteristics or background. In this view the focus is on common, universal and inclusive processes and interventions rather than risk, deficit, and segregation.

#### *Enhancing resilience in schools*

Schools are an important context for resilience as educational success is identified as a protective factor for longer term adaptive outcomes as an adult (Jackson & Martin, 1998; Rutter, 1985; Schoon, Parsons & Sacker, 2004). Additionally, Gilligan (2000) pointed out that school life also offers vulnerable pupils resilience enhancing opportunities to apply skills in non-academic areas. Resilience to adversity depends as much on the characteristics of the child's environment (e.g. family, school, community) as the characteristics of the child themselves. Schools therefore, as an extensive element of a child's environment, provide a major context for formative living and learning experiences which have the potential to exert major influences on the personal and social (as well as academic) development of pupils (Dent & Cameron, 2003; Doll & Lyon, 1998).

<b>Resilience factors in the child</b>	<b>Resilience factors in the family</b>	<b>Resilience factors in the community</b>
<ul style="list-style-type: none"> <li>• Secure early relationships</li> <li>• Being female</li> <li>• Higher intelligence</li> <li>• Easy temperament when an infant</li> <li>• Positive attitude, problem-solving approach</li> <li>• Good communication skills</li> <li>• Planner, belief in control</li> <li>• Humour</li> <li>• Religious faith</li> <li>• Capacity to reflect</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship</li> <li>• Affection</li> <li>• Clear, firm and consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationships/absence of severe discord</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Schools with strong academic and non-academic opportunities</li> <li>• Range of positive sport/leisure activities.</li> </ul>

*Table 1 Resilience factors at different levels from DfEE (2001)*

Adequate research exists on the many correlates of resilience (e.g. Rees & Bailey, 2003; Schoon et al., 2004; Wang, Haetel & Walberg, 1994). In order to be able to use this research to inform effective prevention and intervention, it is necessary to develop an understanding of the links and mechanisms involved, and which, if any, of the attributes and/or circumstances that correlate with resilience may be critical targets (see Fonagy et al, 1994; Rutter, 1979, 1990). For example, a relationship with a caring adult has been found to increase the achievement of children who live or learn in a negative environment (Jackson & Martin, 1998; Reis, 1998; Weiner & Weiner, 1990).

What is/are the mechanism(s) through which such supportive relationships have their effect? Vulnerable but academically successful individuals have been found to have more internal levels of control (Jackson & Martin, 1998), did those individuals always

have more internal levels of control or did some beliefs develop due to support from well-informed significant adults? In short, is it something that can be taught? Is it something that develops within an appropriately supportive ethos?

### ***Current practice problems***

In the context of government and professional emphasis on evidence based practice (Frederickson, 2002; Sebba, 2003), and a focus on early intervention and effective protection ('Every Child Matters', DfES, 2004) it would seem that the promotion of resilience in school and community contexts should be key area of educational psychology practice. Current practice problems range across a number of themes including those which are concerned with definitions of resilience; assessing and intervening to enhance resilience; promoting a practice and policy context which focuses on competence and building strengths; identifying the key variables and contexts in which to intervene to promote resilience; and whether to provide universal or targeted interventions. However, a detailed analysis covering each of the above practice problems and levels of analysis is beyond the scope of this paper.

### **Psychological Theory and Content**

The aim is to critique the research literature regarding the evaluation of school based programmes to promote resilience. The literature examined included papers published in the last 5 years in English. The literature search used bibliographic data bases of PsychInfo and ERIC as recommended by Ramchandi, Joughlin and Zwi (2001). The key search terms used were 'resilien\*' in conjunction with 'pupil\*' or 'child\*' or 'adolesc\*'. Manual searches of recent journals were also carried out. The



review uses the existing research over the past five years as reported in the field (Fantuzzo, Manz, Atkins & Raymond, 2005; Freres, Gillham, Reivich & Shatte, 2002; Frydenberg et al., 2004; and Pattison & Lynd-Stevenson, 2001).

The critique is divided into 5 sections using the critical evaluation checklist from Rudestam and Newton (2001); the theoretical frameworks and conceptualisations are explored, followed by a critique of research designs, results and discussion; and finally the major themes and controversies will be examined.

### ***Conceptual bases***

These intervention studies are original and make reference to earlier research and reviews regarding resilience (e.g. Garmezy, 1985; Garmezy & Rutter, 1983; Luthar et al., 2000; Masten, 1999; Rutter, 1987); as well as optimistic thinking and attributional styles (Seligman, 1991; Seligman et al. 1984); and the relationship between well-being and coping (e.g. Frydenberg & Lewis, 2002).

Pattison & Lynd-Stevenson (2001) and Freres et al. (2002) evaluated the Penn Prevention Programme, in US and Australian Middle Schools. The programme aims to reduce depression by targeting cognitive distortions, including a pessimistic explanatory style. Frydenberg et al. (2004) conducted prevention studies in Australian High Schools to improve coping responses across a whole cohort rather than an individual intervention approach in order to reduce overall risk for depression in the school population. Fantuzzo et al. (2005) evaluated the effectiveness of Resilient Peer Treatment (RPT), a peer-mediated, classroom-based intervention for

socially withdrawn, maltreated preschool children. This study examined whether the RPT impact generalized from the treatment setting to larger classroom context.

### ***Theoretical framework and hypotheses***

The Penn Prevention Programme is based on Seligman's (1991) view that optimistic thinking is related to the nature of attributions given for the causes of events. For example, perceiving the causes of negative events to be changeable (unstable), affecting only limited areas of life (specific) and due to the situation rather than oneself (external), is a more optimistic outlook than one which views causes as stable, global and internal. For example;

- *I can't concentrate because sometimes our class is sometimes very noisy.*

The cause, a noisy class, is specific to the classroom situation, is potentially changeable and is external.

- *I can't concentrate because I've got ADHD.*

The cause, ADHD is internal, affects many areas of life and can be seen as unchanging, i.e. a life long condition.

The intervention addresses explanatory style and social-problem solving skills.

Children are taught to identify negative beliefs, to evaluate those beliefs by examining evidence for and against them, and to generate more realistic alternatives. They are also taught to identify pessimistic explanations for events and to generate more optimistic alternatives. Additionally, the children learn social problem solving; ways

to cope with parental conflict; behavioural techniques to enhance negotiations; assertiveness and relaxation.

Frydenberg et al.'s (2004) work was based on the Lazarus' (1991) theory of coping. 'The Best of Coping' (BOC), a programme which integrates cognitive-behavioural skills, and teaches skills to enhance optimistic thinking, effective communication, adaptive problem-solving, decision making, goal setting and time management, was evaluated in four intervention studies. The aim was to reduce the overall risk of depression and other indices of psychological distress across a cohort by embedding a programme within an environment which is already part of the children's lives.

Fantuzzo et al (2005) adopted a developmental-ecological perspective which employed a whole child model of service delivery (Yoshikawa & Zigler, 2000; cited Fantuzzo et al, 2005). The focus was on promoting resilience through the acquisition of key developmental tasks. During the pre-school years, acquiring the ability to form and maintain effective peer relationships in play was highlighted as a developmental task of foremost importance. RPT aims to improve social competence among withdrawn, maltreated pre-school children (play partners) by creating routine, positive play experiences with peers, who evidenced high social functioning amidst high-risk urban contexts (play buddies). Family volunteers served as play supporters, fulfilling the responsibilities of implementing the intervention and supporting play buddies' strategies for engaging play partners during routine classroom play. The programme takes a competency based approach which seeks to minimise emphasis on dysfunction which the authors contend may serve as a deterrent for ethnic minority children and families.

### ***Research Design***

Freres et al. (2002) described intervention studies which involved sixty-nine 10-13 year olds and seventy-three usual care matched control participants from a neighbouring school district. The intervention groups were selected on the basis of self reports of depressive symptoms and/or family conflict. The programme consisted of twelve 90 minute sessions. All participants completed the Children's Attributional Style Questionnaire (CASQ, Seligman et al., 1984), and self-report measures of depressive symptoms.

In the Pattison & Lynd-Stevenson (2001) study sixty-six 9 to 12 year olds were randomly allocated to one of two Penn programmes (cognitive component followed by social component or the reverse sequence), an attention control group or a non-participation control group. The programme consisted of 10 weekly 2 hour sessions. All participants completed a depressive symptoms inventory; an anxiety trait scale; a measure of cognitive style for positive and negative events; and a social skills measure.

Frydenberg et al. (2004) described intervention studies which identified students as 'at risk' or 'resilient' using scores on the Children's Attributional Styles Questionnaire (CASQ, Seligman et al., 1984) and the Perceived Control of Internal States Questionnaire (PCIS, Pallant, 1998). Students participated in the BOC programme (10 weekly 1 hour sessions). The Adolescent Coping Scale (ACS, Frydenberg & Lewis, 1993) was used as a pre and post programme measure, with one of the studies employing a six month follow up measure. Two of the four studies employed control groups. The ACS comprises 18 different scales, each reflecting a different coping

response. Factor analysis identified three coping styles; solving the problem, reference to others and non-productive coping (Frydenberg & Lewis, 1996). In all but one of the studies outcomes were measured in term of coping styles rather than the 18 coping responses, and this is acknowledged as a limitation.

In the Fantuzzo et al. (2005) study eighty-two maltreated and non maltreated, socially withdrawn pre-school children were randomly assigned to either RPT or attention-control (AC) conditions across 40 'Head start' classrooms. Teacher ratings and independent observations were used to identify the participants. Children were assigned to play partner and play buddy dyads, with an adult supporter who gave supportive comments about their interactive play. The play supporter also prepared the play buddy for the session by identifying the activities which had previously been positive. In the attention-control condition the target child played with another child, supervised by an adult who offered no prompts or encouragement of play. Outcome measures included; coded observations of interactive peer play, teacher ratings of peer play and classroom social adjustment. Teachers and independent observers were blind to both maltreatment status and treatment condition.

Resilience is described as operating across three primary systems in the child's world – family, school and community (e.g. DfEE, 2001; Garmezy & Rutter, 1983), but only the Fantuzzo et al. (2005) study provided data from participants at more than one of these levels, the others provided only student data. Fantuzzo et al. (2005) provided both teacher ratings and observations of children's behaviour, thus increasing validity through greater triangulation of information (Robson, 1993). However, none of the studies sought to systematically gain views from all levels of each of the other levels,

e.g. an individual's view of themselves, school and home; teachers' views of the individual, school and home etc.

Across these studies change was assessed via standardised measures administered pre and post intervention, and Fantuzzo et al. (2005) also included observation data. The level of detail provided regarding the measurement devices used was uneven, for example, Frydenberg et al. (2004) quoted validity and reliability statistics only for the ACS; whereas Pattison & Lynd-Stevenson (2001) reported reliability and validity for all measures.

The use of quantitative statistics was appropriate given the nature of the data generated and larger sample sizes used. However, the sole use of questionnaires or checklists required that all the salient factors on which the intervention was hoped to have an effect were pre-determined. This raises the possibility that the interventions had unanticipated effects which were not detected. Therefore, there may have been some key factors for success or failure of the intervention which were not illuminated (see Fullan, 1999). A combined qualitative and quantitative methodology as recommended by Sells, Smith and Sprenkle (1995) may have facilitated a greater understanding of the nuances of the effects of the interventions being evaluated.

In summary, the studies reviewed operationalised and intervened to promote resilience in ways congruent with the extant literature. However, none of the studies discussed the possibility that, although based on research the factors identified for intervention and measurement of outcomes, may not have been the most salient in promoting resilience. Confounding variables were therefore not adequately accounted

for (Shaw, 1999). The perspectives from which resilience were examined could have been both more thorough and broader.

### ***Results and Discussion***

Quantitative results were presented with appropriate use of statistical tests, and the discussions in all the studies were largely consistent with results. All the studies described the limitations of their studies, and Pattison & Lynd-Stevenson (2001) offered alternative conclusions and perspectives.

The BOC (Frydenberg et al., 2004) intervention appeared to reduce non-productive coping for some students, in particular the 'at risk' group appeared to show a decrease in the use of non-productive coping post programme in comparison with the 'resilient' group, as did intervention groups in comparison with control groups. However, the 'resilient' group appeared to increase their use of this type of coping. Coping involving reference to others increased considerably for both 'resilient' and 'at risk' groups. Where the programme produced no significant differences in coping style, this was attributed to differences in the amount of training received by teachers delivering the programme. However, the results obtained when greater training was used, are still modest and measured only in terms of student self report, a limitation which is acknowledged.

Freres et al. (2002) reported a more optimistic explanatory style for the intervention group at 3 year follow up. Immediately after the programme, the intervention group were significantly less depressed than the control group, and this effect grew over the period of the study. However, Pattison & Lynd-Stevenson (2001) failed to replicate

these results. There were no significant differences post intervention or at 8 month follow up, on measures of depression, anxiety or social skills. Cognitive style rather than attributions or explanatory style was assessed, and there were no significant differences in terms of positive or negative views of self, the world and future. These authors speculated that the expected differences may not have been found due to a 'floor effect' (participants had initially healthy scores) and/or a smaller sample size.

Fantuzzo et al. (2005) found that RPT resulted in higher levels of collaborative peer play interactions and lower levels of solitary play in the experimental play corner setting post-intervention for both the maltreated and non-maltreated children. Results also documented generalization of the treatment impact to classroom free-play sessions 2 weeks later. These findings were supported by teacher ratings of interactive peer play and social skills. The longer term effects of the intervention were not assessed.

Unlike the other studies, RPT was delivered through family volunteers and socially high functioning peers. Fantuzzo et al. (2005) suggested that the involvement of others within the natural environment may have been the key element for success in this study. The rationale for this was that their common cultural backgrounds and experiences were more likely to foster the development of caring and trusting relationships, and therefore enhance the accessibility and utility of the intervention. It is also argued that embedding the RPT intervention in a natural and familiar context was important in avoiding the stigma associated with interventions that involve isolating the child and providing services in an isolated and irrelevant setting.



In this study, play supporters were compared with adults who simply supervised play. The former were found to be more effective in terms of the children's observed and reported play in the experimental play corner and the wider classroom settings. However, in order to support claims regarding the embedded nature of the intervention, a different experimental design is necessary. A design which incorporated a comparison of RTP with intervention provided in a setting removed from the classroom; and with intervention in the classroom with a non-community adult would have allowed the collection of data to substantiate the effects of involvement of community adults and peers, and providing the intervention in the classroom context.

The Penn prevention programme (Freres et al., 2002; Patterson & Lynd-Stevenson, 2001) and 'The Best of Coping' intervention (Frydenberg et al., 2004) involved role play of hypothetical difficult social situations. However, it is not detailed if the interventions sought to move from analysis of hypothetical scenarios to discussion of actual situations between peers and/or school staff. Additionally, the extent to which these interventions became embedded in actual interactions between peers and adults was not assessed.

### ***Major themes and summary***

These intervention studies focussed on specific skills identified from literature, and some changes were reported in those skills. However, the Freres et al.,(2002), Patterson & Lynd-Stevenson, (2001) and Frydenberg et al., (2004) studies are subject to some extent to Pianta and Walsh's (1998) criticism of programmes which aim to improve isolated social skills without considering the context within which the children were

living and attending school. The Fantuzzo et al. (2005) study was more embedded and, in keeping with earlier research recommendations, targeted a younger age group (Pianta & Walsh, 1998; Luthar & Cicchetti, 2000).

Additionally, given the broad range of interacting factors associated with resilience, it is not clear to what extent the most salient aspects of resilience, and therefore the most efficacious factors for intervention have been identified. Additionally, the variables in these studies were measured via instruments which consisted of pre-determined responses, e.g. the Children's Attributional Style Questionnaire. It is possible that these interventions brought about change which was not detected by these measures. Some qualitative data would have been helpful in further illuminating the effects of the interventions.

Appropriate concern was given in all the studies to embedding interventions in context. Freres et al. (2002), Patterson & Lynd-Stevenson (2001) and Frydenberg et al. (2004) involved teachers in implementing the interventions via discretely timetabled lessons, and the latter study involved an entire cohort of students. Fantuzzo et al. (2005) focussed on discrete play sessions in the child's classroom. However, further research with different experimental designs is necessary to extend knowledge of the most effective methods of embedding interventions into the school and pre-school context.

In summary, there is growing body of research which has built upon itself over time, which examines enhancement of resilience in schools, based on factors that, as Fonagy et al. (1994) concluded over a decade ago, are reassuringly familiar.

However, it would seem that there remains scope for further identifying the key mechanisms upon which interventions should be based (c.f. Rutter, 1990), and to expand knowledge of the most fruitful methods of embedding interventions in every day interactions.

### **Integration of Theory, Research and Practice**

This section examines the agreements and disparities between current research and practice with regard to enhancing resilience in schools; and the implications for action in the short, medium and longer term are outlined.

In the UK there is common agreement in government guidance, research and practice as to the utility of resilience as a concept (Dent & Cameron, 2003; DfEE, 2001; Newman & Blackburn, 2002; Rees & Bailey, 2003). However, applications and interventions are not extensively researched; a paradoxical situation given the government and professional emphases on evidence based practice (see Frederickson, 2002; Sebba, 2003).

#### ***How to intervene?***

Luthar and Cicchetti (2000) link the research on resilience with the need for research which can guide planning for social policy and intervention. They highlight the need for interventions and programmes which take into account the scientific evidence and research rather than picking up resilience as an attractive concept or 'bandwagon'. They question the utility of resilience programmes which are seen as a quick fix

response, as children who live in conditions of chronic risk are unlikely to profit from programmes that are short lived or target individual factors.

### *Embedding interventions in context*

Pianta and Walsh (1998) concluded that applications of resilience research have tended to be over-simplified and piecemeal, delivered by external specialists, and lacking in sufficient focus on the context within which the children were living and attending school. In contrast, these authors argued for everyday services, anchored in theory and research, and using existing resources within existing communities. They also stated that consideration needs to be given to how aspects of resilience intervention are integrated into children's educational curriculum, environment and life context as well as their own personal attributes and approach to life.

Fantuzzo et al. (2005) speculated that embedding their intervention in existing resources within existing communities increased its effectiveness. Similarly, Robertson (2000), in a review of attribution training in an academic context, found that using peer tutors to provide adaptive attributions for success and failure, in addition to strategy training, improved both tutor and tutee perceived competence. It would seem that there is some evidence for the benefits of delivering interventions through peers and community members. Peer tutoring approaches have also proved successful in the academic and behavioural spheres (e.g. Imich, 1990), and there may be scope for extending such approaches.

School based interventions which are delivered through school staff rather than external specialists may have the benefit of the adults adjusting their beliefs regarding

the causes of the child's behaviour and/or academic success or failure. There are similarities here with the Social, Emotional and Behavioural Skills (SEBS) and Social and Emotional Aspects of Learning (SEAL) programmes (DfES, 2005), the government's strategy to develop children and young people's social, emotional and behavioural skills. One or two staff train for half a day, and then disseminate to the whole school staff. Its seven annual themes draw on five domains – self-awareness, managing feelings, motivation, empathy and social skills. However, it should be noted that Frydenberg et al.'s (2004) results were hypothesised to be due to a dilution effect of the intervention due to limited training for those delivering it.

Additionally, Robertson (2000) reported that attribution training delivered through external researchers rather than through teachers was more effective, although the amount of training provided for either group is not detailed. Fantuzzo et al (2005) also do not detail the extent of the training, monitoring or assistance for play supporters. The extent of training needed for effective delivery of interventions is therefore not clear. Additionally, maintaining their own mental health would seem to be critical for teachers in order to bring out healthier levels of functioning in students. Again, the detail of how this can best be facilitated is not clear but there are interesting approaches such as staff sharing groups (Gill & Monsen, 1995; Hanks, 1985; Salzberger-Wittenberg, Henry & Osbourne, 1983; Stringer, Hibbert, Powell & Louw, 1992).

#### *Universal versus targeted interventions*

Factors which benefit children in adversity have been found to benefit normally developing, already motivated children (Soloman, Battistich, Watson, Schaps &

Lewis, 2000), and the fundamental systems which foster competence in development operate as protective factors in adverse circumstances (Masten & Coatsworth, 1998). It would seem there that universal approaches would benefit all children. However, Reivich, Gillham, Chaplin and Seligman (2005) found that in general effects for the average participant are larger in targeted interventions than universal interventions. This is because targeted intervention participants more likely to develop a disorder or problem and there is thus greater room for change in each individual. However, universal interventions can have large effects for society (Offord, 1996). Winslow, Sandler and Wolchik (2005) described a framework for intervention including programmes which were universal, selective (for those at risk) and indicated (for those showing sub-clinical symptoms), across the levels of child, family and community/organisation.

In summary, it would seem that interventions should be wide in focus, incorporating other parts of the child's world targeting, and embedded in context involving peers, parents and community adults. The extent of training and support needed to deliver interventions is unclear, and there does not seem to be conclusive evidence for universal or targeted approaches.

### ***The School Dimension***

Masten and Coatsworth (1998) concluded that resilient children do not appear to possess mysterious or unique qualities; rather they have retained or secured important resources representing basic protective systems in human development. This conceptualisation of resilience implies that resilient behaviours may be fostered most

efficiently by understanding and capitalising on the typical psychological processes involved in the development of competence.

Doll and Lyon (1998) argued that the school environment is replete with opportunities to foster academic, personal and social competence, and schools can represent one of the potentially most protective environments for students most at risk. Rees and Bailey (2003) found that resilience was facilitated through the school-parent partnership; key relationships with teachers and peers; aspirations and vocational guidance; high academic concept, perceptions of control and motivation; a quiet place to work and access to relaxation and leisure pursuits. These authors concluded that these basic ingredients are widely available and the focus first and foremost should be on promoting these core requirements.

However, schools are not necessarily equally effective across all their populations (Nuttall, Goldstein, Prosser & Raudenbush, 1989) and educational psychologists have an important role to play, in conjunction with others, in supporting schools to ensure that they can function as what Lewis (1999) describes as ‘an environment which provides protective factors for vulnerable pupils’. How do we ensure that interventions at the school level support the development of schools as resilience building communities, and ensure that promoting resilience is seen as part of the effective schools agenda?

Pianta and Walsh (1998) advocate comprehensive, integrated programs rather than discrete skills-based or isolated pull-out programs, which offer little hope of long-term impact. For example, Scales, Benson, Leffert and Blyth (2000) located protective factors or developmental assets in everyday experiences. Developmental

assets were described as: support, empowerment, boundaries and expectations, constructive use of time. These were described as external assets, i.e. they are provided to youth by parents/carers, school, peers and community. Commitment to learning, positive values, social competencies and positive identity were identified as internal assets that youth develop. These researchers investigated the effects of gender, grade and levels of youth assets on seven thriving indicators; school success, leadership, valuing diversity, physical health, helping others, delay of gratification, and overcoming adversity. The higher the number of positive developmental factors that a young person is exposed to the more likely he or she will be to report thriving outcomes. Key assets associated with thriving indicators were planning and decision making; time in youth programmes; cultural competence and self esteem.

Botvin and Griffin (2002) suggested that theoretical explanations regarding the development of adolescent problem behaviours indicate that the causes of these negative outcomes are similar, and are in many cases closely tied to the developmental challenges that young people face. For example, adolescence is a time when young people typically become more closely affiliated with peers and less attached to parents, accordingly the role of negative peer influences is a major focus in understanding the development of adolescent problem behaviours. In their study of a life skills training approach for adolescent drug abuse and other problem behaviours, adolescents with poor personal and social skills were more susceptible to influences that promote drug use. The authors suggested that these adolescents engaged in negative behaviours to achieve developmental goals that they believed they could not achieve in more adaptive ways.



However, resilience is a subjective phenomenon (Bartlet, 1994; Doll & Lyon, 1998) and therefore consideration should be given to whose view is sought (see Newman and Blackburn, 2002), as well as how it is sought. For example, the qualitative study by Howard and Johnson (2000) found differences between teachers' and pupils' views regarding key factors for resilience. Pupils considered an important school based factor to be help with school work, whereas teachers saw the school role as concerned with developing social skills. The importance of perceptions of academic competence was also highlighted in Jackson and Martin's (1998) study of factors associated with educational success for care leavers. They found that retrospective recall of age of learning to read differentiated the more and less successful groups.

In summary, it would seem that intervention should focus on promotion of within-child and within-environment development assets to enhance typical processes in the development of competence and to overcome developmental challenges. In addition to those indicated in the literature, the key factors identified for intervention should also take account of children and young people's views as well as those of professionals and parents/carers.

### *Attributions*

An optimistic outlook has been shown to be adaptive in coping successfully with a range of adversities (Carvajal, Clair, Nash & Evans, 1998; Puskar, Sereika, Lamb, Tusaie-Mumford & McGuinness, 1999; Scheier & Carver, 1992; Tugdale & Fredrickson, 2004). However, in the Freres et al. (2002) study, despite resulting in lower rates of depression, the intervention did not result in a major shift in the types of attributions made. It is possible that greater change may have been achieved if the

intervention had been delivered in small groups. Robertson (2000) concluded that attribution training in an academic context is more effectively delivered in small groups rather than whole classes as in the Freres et al. (2002), Pattison & Lynd-Stevenson (2001) and Frydenberg et al. (2004) studies.

Freres et al. (op cit.) measured attributions for positive and negative events across the dimensions of stability, globality and internality. Improvements post programme were found only for the negative stable dimension. It may be that this small change, perceiving the causes of negative events to be less stable, was sufficient to facilitate less depressive thinking. Stratton (2003) also demonstrated that an attributional pattern does not have to be converted to its complete opposite in order to substantially reduce its negative consequences. It can be sufficient to change just one of the dimensions. For example, the *stable, global, internal, personal* and *uncontrollable* pattern associated with feelings of hopelessness, is more adaptive if specific rather than global attributions are made for negative events.

Additionally, the overall balance of people's positive and negative emotions has been shown to contribute to their subjective well being (Diener, Sandvik & Parot, 1991); that is positive emotions *signal* optimal functioning. However, Fredrickson (2001) demonstrated that positive emotions (such as joy at good news or interest in a new idea) also *produce* optimal functioning, not just within the present, pleasant moment but over the long term as well. This would suggest that there is also benefit in finding positive meaning in events.

Educational Psychologists routinely reframe children's and adults views, for example, Frederickson (1998) pointed out that approaches such as the exception question from solution focussed thinking (Rhodes & Amjal, 1995) may have the effect of causing consultees to test out existing causal attributions or to consider alternatives, influencing the perceived stability or controllability of the cause(s) of a problem. School staff may also view a pupil's behaviour difficulties as due to factors which are stable and internal to the child (Evans, Harden, Thomas & Benfield, 2003; O'Brien & Miller, 2005). For example, a view of ADHD based solely on biological factors is likely to be viewed as an inherent difficulty, and teachers may therefore perceive themselves to have little control over facilitating behaviour change (see Reid, Reason, Maag, Prosser & Xu, 1998). Reframing some of the origins of behaviour to factors external to the child and within the school context may therefore facilitate greater teacher perceived control. In order to achieve this it would also seem important that school staff understand the way their own thought processes work and how their beliefs cause either positive or negative feelings and behaviours towards their students.

In summary, small changes in attributions may be sufficient to act as a protective factor and/or reduce risk, but greater changes in may be achieved in small group rather than whole class work. Attribution training programmes should also avoid an exclusive within-child focus on isolated skills, but should form part of broader interventions which seek to influence other areas of children's lives.

### *Relationships*

Resilient outcomes are likely to be dependent on specific mechanisms and processes that help link resilient child behaviours with prosocial adult responses in a variety of contexts. An important implication of this conceptualisation of resilience is that the ways in which adults assume their care taking roles hold important potential for children to overcome adversity, and schools represent a ubiquitous caretaking environment for children and young people.

Seligman (1991) stated that the origins of optimism are thought to be in genetics, the child's environment and life experiences. There is a strong relationship between a mother's explanatory style and that of her child. Furthermore, evidence suggests that explanations for others' negative and positive actions not only influence relationships, but relationships are also the context in which types of explanations are developed (MacKinnon, Lamb, Hattie & Baradaran, 2001). It is suggested that criticism can be a source of influence on optimism. If an adult makes a stable and internal criticism, e.g. 'you just can't learn this', the child is more likely to develop a pessimistic explanatory style (Roberts, Brown, Johnson & Reinke, 2002). So, not only do the attributions made for significant other's behaviour affect the quality of the relationship, but carers may influence the kinds of attributions a child makes, influencing a more optimistic or pessimistic outlook, and therefore possibly contributing to the resilience of a situation.

There are obvious implications for promoting resilience or optimism through work with parents, carers and teachers. For example, Reivich et al. (2005) reported effective prevention of depression and anxiety symptoms in a small pilot study of a combined parent and adolescent Penn Prevention Programme, and Robertson et al. (2000) found that adults' and peers' use of attributions for pupils' success and failure

can be effective in increasing perceived competence, effort and performance.

However, it should be noted that while successful interventions have involved peers and community adults as well as parents, the variables affecting the efficacy of delivering intervention through school staff remain to be clarified.

#### *Perceptions of control, planning and decision making*

The ability to plan is identified as a resilience building factor (Rutter, 1990; Scales et al., 2000). There are clear links between levels of young people's participation and the development of life planning skills, and participation in individual education planning, as well as participation more generally in school life. Additionally, Thompson (2002) concluded that people in circumstances with objectively more control have a higher perception of control. This research was largely conducted with adult hospital patients, but in the last decade, the development of child and youth advocacy has been increasingly incorporated into policy and legislation for young people in receipt of welfare services (Dalrymple, 2005).

Lloyd, Stead and Kendrick (2001) in a study describing interagency work to prevent school exclusion found that the process of discussing the issues and reviewing progress *in itself* may have been supportive. However, the voice of the young people was not always clearly heard; sometimes they felt clearly involved, but others felt themselves to be the subject of professional intervention. Involvement in decisions is particularly important at key transitions, as potentially negative events are not as stressful when accompanied by a belief in personal control (Miller, 1979). However, there would appear to be a large gap in the psychological research literature in terms of the effects on perceptions of control of children's and young people's involvement in decision making. There has been little psychological research on perceptions of

control with children and adolescents beyond perceptions for success and failure in the academic sphere.

### *Current frameworks for assessment and intervention*

The Code of Practice details much good educational practice but the focus is on remediating difficulties at particular levels of intervention (school action, school action plus, a statement of special educational needs). An alternative to this needs and deficit model with its functional focus on within child variables could be a conceptual framework based on an analysis of risk, resilience and protective factors. The Guidance for the Assessment Framework for Children and Families in Need (DoH, 2000) takes a more resilience enhancing approach, requiring that some indication is given regarding how key protective and stress factors in each domain (child, family and wider community) are related to each other in order to gain a complete picture of a child's unmet needs and how to identify the best response to them.

It remains to be seen how the draft common assessment framework (DfEE, 2004) will progress. The literature on resilience suggests that the aim should be to develop a competency based approach involving salient developmental challenges, a focus on both within-child and environmental developmental assets and facilitating participation in planning and decision making.

### *Further research*

The research base on resilience is still developing, and most resilience researchers agree that the most powerful means of uncovering resilience mechanisms will be

found in longitudinal prevention studies, in which processes that are believed to promote resilience can be deliberately implemented and their impact tracked over time in relation to important outcomes (Kellam & Rebok, 1992; Luthar et al., 2000; Masten, 1994). Studies should be prospective and manipulate variables systematically to clarify links between mechanisms and later outcomes, elucidating trajectories from childhood to adulthood.

Additionally, Cohler (1987) argues that qualitative approaches to the study of resilience can complement systematic predictive approaches in understanding the determinants and course of vulnerability and resilience in the study of lives. The subjective meaning that an individual attaches to what appears to be adverse life circumstances has the potential of greatly altering the experience of 'risk', leading to a variety of different outcomes (Doll & Lyon, 1998). For example, what one person experiences as an unwanted crisis signifying loss of status, capacity or esteem, another may define as a challenging opportunity, signifying eventual betterment of self or circumstances. Therefore carefully designed qualitative studies that attempt to provide insight into the phenomenological world of resilient individuals, including personal reflections, attributions, and perceptions about negotiating risk situations may prove invaluable in elucidating mechanisms and processes used to overcome adversity.

Masten and Reed (2002) pointed out that schools can play a vital role in the advancement of resilience research by virtue of the fact that they deal daily with the problems of students who are seriously at risk for a wide variety of poor educational and psychosocial outcomes. Additionally, schools are a universal service and

therefore include potentially at-risk pupils who may be difficult to engage in longer term prevention and intervention efforts in other settings.

There is also a need for further research to identify the context and ecological variables in which prevention and intervention strategies are effective. For example when delivering an emotional literacy programme in an elementary classroom where nearly half the children were of Asian descent, the cultural norm of restricting the expression of affect (Sue & Sue, 1999) impacted on the role play and modelling activities that were central to the programme (Taub & Pearrow, 2005). Future studies therefore also need to ensure that interventions are culturally appropriate. Not only must the definition of resilience take into account varying cultural norms and values, but interventions, and evaluations of those interventions must be compatible with a community's culture.

There are also questions relating to the timing and effects and intervention. For example, does early school based participation in programmes impact on later school adaptation? Does early school based participation in programmes reduce later involvement in juvenile justice or mental health? Does delivery to pre-school children have differential effects? Do teacher variables contribute to the implementation of programmes? In what circumstances is the involvement of peers and community members best utilised?

Finally, Masten and Reed (2002) pointed out that the biological underpinnings of resilience, in brain development and functions, for example are just beginning to be considered (Luthar et al., 2000; Maier & Watkins, 1998). There is as yet, little



information linking psychological and physical resilience, though studies at the biopsychosocial interface suggest important connections (Maier & Watkins, op cit.; Tugdale and Fredrickson, 2004).

### **Concluding Comments**

Programmes which are to become permanent sources of support to students will need to become integral to the daily practices of schools and other major social environments of children. It may be that the Social, Emotional and Behavioural Skills (SEBS) and Social and Emotional Aspects of Learning (SEAL) materials (DfES, 2005) will form a sound basis for the teaching of a shared language and skills for positive and healthy interpersonal interactions within entire school communities, allowing all parties to communicate positively and effectively, enhancing social interaction, reducing interpersonal conflict and therefore fostering resilience. However, it remains to be seen if schools will be perceived by themselves and others as simply a location for an intervention programme, or if the challenge can be conceptualised as embedding positive, protective experiences in the contexts, systems and relationships of schools (c.f. Bloom, 1996).

Educational psychologists have a role to play in influencing the wider policy context towards a greater focus on augmenting competence and supporting schools' development as resilience enhancing communities; making clear the psychological content and research basis of such an approach. Interventions should involve developmentally appropriate embedded interventions which include the child or young person in planning their future, which incorporate other parts of the youngster's world as targets of intervention, and which are based on reducing risk

factors, seeking protective factors and enhancing ways of coping with difficulty, such as adaptive attributions, problem solving skills and finding positive meaning.

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Course Members' Form CM3

**Form CM3 Professional Practice Assignment Submission**

**Submitted in part fulfilment of the requirements for the Continuing Professional Development Doctorate in Educational Psychology (DEdPsy)**

**Name:** Catherine Kelly **Class:** 01  
**Professional Tutor:** Sean Cameron  
**Research Advisor:** Allan Sigston  
**Assignment No:** 2  
**Assignment Title:** The efficacy of consultation as means of attribution change for pupils' social, emotional and behavioural difficulties

**Submission:** 1<sup>st</sup>  2<sup>nd</sup>  Examination

**Word count: (Excluding references and appendices)** 7438 words

**Section of the Core curriculum for Professional Training in Educational Psychology to which this assignment relates:**

Psychological Assessment and Intervention

**Submission Statement (N/A unless assignment submission is for examination)**

I confirm that:

1. This submitted assignment is my own work; and
2. I have read and acted upon the guidelines for avoiding plagiarism contained in the DEdPsy Handbook
3. The content of this assignment has not been published in similar form elsewhere, or offered in respect of any other degree, diploma or other academic award.

**Course Members Signature:**

**Date:** 1-11-05

**Consent Statement (Optional)**

I authorise the Department of Psychology to make a copy of this assignment available for public reference at the discretion of the Course Director.

(Please note that copies of examined work may be retained for up to five years for University quality assurance purposes)

**Course Members Signature:**

**Date:** 1-11-05

## **The efficacy of consultation as means of attribution change for the causes of pupils' social, emotional and behavioural difficulties**

### **Abstract**

The task of the educational psychologist (EP) in consultation regarding pupils' social, emotional and behavioural difficulties (SEBDs) can be construed as one of assisting the development of new meanings. New understandings are constructed where the causes or maintaining factors of challenging pupil behaviour can be viewed as situational and changeable, and the causal factors and/or potential solutions are perceived as within the control of the pupil, parent and/or teacher. This paper will examine the evidence base for these shifts in attributions for the causes of pupil behaviour being brought about through consultative conversations between Educational Psychologists (EPs) and teachers. A case is made for the importance of context variables and for educational psychology frameworks which examine attributions for behaviour in establishing the conditions necessary to facilitate change and effective intervention.

## **Introduction**

Assessment and intervention with social, emotional and behavioural difficulties can be informed by a range of possible different models and perspectives (Frederickson & Cline, 2002) and, at a less theoretically driven level, by a range of different views of the causes of challenging behaviour (Miller, 1996). Consultation approaches aim to facilitate perspective change from regarding the problem from residing within the pupil to within the situation (O'Keefe & Medway, 1997; Wagner, 1995; 2000).

However, despite such well developed models of assessment and intervention, there has been less focus on environmental factors and child-environment interactions than on within-child interactions (Buck, 1999; Evans, Harden, Thomas & Benfield, 2003).

This paper aims to examine the 'two inter-related and psychologically complex domains of challenging behaviour and school-based consultation' (O'Brien & Miller, 2005, p. 73).

## **Practice and context**

In educational psychology, approaches to assessment and intervention emphasise a wide range of possible contributory factors involved in the pathways of development of SEN for an individual child (Frederickson & Cline, 2002). These authors state that in order to gain a clear understanding of the nature of a child's difficulties, and to build a picture of why a problem is occurring, it is necessary to consider all possible factors at the level of pupil, family, class, school, neighbourhood etc, as well as giving attention to the timing of significant (positive and negative) events in a child's life and the interaction between them.

Government guidance on special educational needs makes reference to factors in the school organisation and home, as well as attributes of the child (DfES, 2001; DES, 1989). More recently, *Removing Barriers to Achievement: The Government's Strategy for SEN* (DfES, 2004) has promoted a social model of disability which focuses on the mismatch between person and environment rather than deficits within the person.

In the assessment of SEBDs, different key players, parents, teachers and pupils, tend to give different causes for pupils' challenging behaviour (Miller, 1996; 2003). Parents and pupils agree that 'teacher unfairness' is a major cause of difficult behaviour in schools, whereas teachers tend to see parental and child factors as important causes (Croll & Moses, 1985; Miller 1996). Martin (1983) pointed out that teacher descriptions of difficult pupil behaviour are subject to the 'fundamental attribution error', where positive events tend to be perceived as due to internal factors and negative events to external factors (see also Jones & Harris, 1967 or Ross, 1977). If teachers perceive that causes of challenging behaviour are external to themselves, their classroom or their school, and located within the child or his/her family then there is likely to be a limited range of acceptable interventions, limited largely to within-child or family remedial action.

Research into the content of statements of special educational need has also indicated that attention tended to be focused on deficits within the child, with very little attention given to factors in the child's home or school environment (Goacher, Evans, Welton & Whedall, 1988). More recently, Buck (1999) also found that constructs used in SEN panel meetings tended to focus on within-child factors, and Evans et al.

(2003), in their extensive review of interventions to support pupils with SEBDs, found little evidence of a shift away from seeing problems as located *within* individuals, towards a more context based approach, where behaviour is seen as a response to particular situations.

The British Psychological Society 'Core Curriculum' (1999) for practising educational psychologists states that EPs should 'Help teachers analyse, reframe and act upon presenting concerns'. Consultation models in educational psychology are frequently portrayed as facilitating perspective change, i.e. seeking to alter within-child perspectives of pupils' difficulties. For example, Wagner (1995 & 2000) viewed successful consultation as involving a 'paradigm shift' on behalf on the consultee, where the problem changes from one that is seen as within the person to something that happens between people, i.e. an interactionist explanation. Sheridan, Eagle, Cowan and Mickleson (2001) examined the efficacy of conjoint behavioural consultation (CBC) with parents and teachers. These authors stated that through dialogue and shared problem solving, parents and teachers may co-construct new ways of supporting the learner. The verbal and non-verbal strategies used by consultants were listed as reframing, using minimal encouragers, acknowledging different perspectives, reinforcing joint attendance at interviews, and commenting on instances of congruence or incongruence across settings or expectations. However, the incidence of use of these strategies was not investigated and this was acknowledged.

Research examining the specifics of behavioural interviews using actual consultative conversations is at the early stages of development (Bozic & Leadbetter, 1999;

Rybski-Beaver & Busse, 2000). Mosen and Frederickson (2002) pointed out that although a primary role is given to interviewing and problem solving, little is published on what models are being taught; what skills underpin them; and how effective they are. Models of problem solving and consultation, while advocating consultee perspective change, do not actually detail the skills, processes and interactions involved in bringing about such change (see Frederickson, 1998). How are alternatives to within-child attributions constructed in consultation? What are the skills and techniques used? The majority of the consultation literature describes conceptual models of interactions between EPs and teachers, but little has analysed the attitudes within the discourse, or the effect of various strategies on consultees' perspectives. This paper will critique the research literature analysing the causes given in conversations between school staff and educational psychologists for pupils' social, emotional and behavioural difficulties. Theoretical approaches will be examined, major themes will be drawn out and implications for practice and future research will be discussed.

## **Psychological Theory**

The literature search used bibliographic data bases of PsychInfo and ERIC as recommended by Ramchandi, Joughlin & Zwi (2001). The key search terms used were '*behav\**, *social*, *emotion\**' in conjunction with '*problem solv\**, *consult\**, *discourse*, *convers\**' and '*teacher*, *psychologist*'. Manual searches of recent journals were also carried out. This review draws upon the existing research over the past 10 years as reported in the field (e.g. Athanasiou, Geil, Hazel & Copeland, 2002; Bozic & Leadbetter, 1999; Leadbetter, 2004; Miller, 1995 and O'Brien & Miller, 2005).

The critique is divided into 5 sections using the critical evaluation checklist from Rudestam and Newton (2001; see appendix 1); the conceptualisations and theoretical frameworks are explored, followed by a critique of research designs, results and discussion; and finally the major themes and controversies will be examined.

### ***Conceptual bases***

O'Brien and Miller (2005) examined the process of consultation, particularly the discursive practices and resources that school staff utilised when describing a pupil's behaviour in consultation with an EP. The aim was to discover why the conversation under analysis was a particularly difficult consultation for the EP. Leadbetter (2004) investigated how conversations between educational psychologists and teachers are influenced by the mediating artefacts that are used, such as identifying and describing; guiding and directing processes and procedures; diagnosing and explaining; and envisioning the future of potential development.

Athanasίου et al. (2002) examined US school psychologists' and teachers' beliefs about the causes of student problem behaviour and their relation to preferred treatment; teachers' perceived role in consultation; and beliefs about the process and efficacy of consultation. Bozic & Leadbetter (1999) examined the nature of routine meetings between EPs and teachers, and the teacher assessments made of pupils during conversations with EPs. Miller (1995) investigated the attributions of teachers' who had been involved in successful interventions with EPs in regard to difficult pupil behaviour. The interviews sought to identify causal attributions made for the pupils' original difficult behaviour and for the improvements that had taken place.



### *Theoretical frameworks and hypotheses*

O'Brien and Miller (2005) placed their work within a social constructionist approach to research, analysing a consultative conversation with reference to discursive psychology and the discursive action model (Edwards & Potter, 1992; 1993). The assumption is that language is employed to carry out particular social activities using a variety of rhetorical devices and practices, and versions of the social world are created through language use, e.g. blaming, asking and defending (Coyle, 2000; Potter & Wetherall, 1987). The focus was on some of the discursive devices that were used to portray accounts as objective and factual and unmotivated by self interest, and to locate and maintain behaviour as a within-child formulation.

Bozic and Leadbetter (1999) also drew on qualitative approaches to discourse (Potter & Wetherall, *op cit.*), as well as conversation analysis (e.g. Psathas, 1995; Buttny, 1993) and techniques from grounded theory (Glaser & Strauss, 1967). The focus was on patterns in the way that language was used in EP – teacher meetings. Leadbetter (2004) used sociocultural and activity theory, and approaches based on Engestrom, Brown, Christopher and Gregory's (1997) conceptual models of co-ordinated, co-operative and communicative activity systems, to classify the nature of EP and teacher interaction. Communicative activity is described as one where the participants focus on reconceptualizing their own organisations and interaction in relation to their shared goals. Co-operation occurs when the focus is on a shared problem, and on finding ways to solve or conceptualise it. Co-ordinated interactions involve participants following assumed or tacit scripted roles and the concern is with the successful performance of assigned actions.

The concepts used in conversation between EPs and teachers were analysed according to Engstrom's (1999) artefacts. These are described as 'what' artefacts which are used for identifying and describing, e.g. special education needs, pupil motivation; 'how', guiding and directing processes and procedures, e.g. consultation, referral processes; 'why', used to diagnose and explain, e.g. family influences, potential of people to change; and 'where to', used to envision the future of potential development, e.g. joint discussion of targets. The aim was to develop an understanding of the kinds of interactions which take place when EPs work in schools, and examine of the types of artefacts that characterise different activity levels. It was hypothesised that there would be a higher usage of 'why' artefacts within a communicative activity system, and 'what' artefacts at a co-ordinated level.

Athanasίου et al. (2002) used a qualitative approach to pursue a broad view of the beliefs and experiences of teachers and psychologists engaged in school based consultation. These researchers made reference to Weiner's (1972) attribution model to examine some of the causal beliefs present. The study sought to answer the following questions: What do teachers and school psychologists think cause behaviour problems in students and do these beliefs correspond to preferred treatment? What role(s) do teachers believe they play in consultation and behaviour problems and what role do school psychologists believe teachers should play? What are teachers' and school psychologists' beliefs about the process and efficacy of consultation as method of service delivery for children with behaviour problems?

Miller (1995) drew on Wiener's (1980) model of attribution theory, as well as Friske and Taylor's (1984) model of judgements about the responsibility for causes and

solutions. Reference was also made to labelling theory (Hargreaves, 1975). The study sought to describe the range of attributions made by teachers in respect of difficult pupil behaviour, and focussed on the degree of differentiation of these attributions and issues of locus of causality, control and responsibility.

### ***Research Design***

The majority of research in the area used qualitative measures with reference made to the theoretical foundations underpinning the research methodology. Athanasiou et al. (2002) justified the use of a qualitative approach on the grounds of the breadth of the research questions. Information was gained from several sources and the balance between acquiring a full understanding of the meaning which participants ascribed to their behaviours and to the events in their consultations, and the desire for the research to be reasonably unobtrusive so that the consultations might be reasonably natural, was discussed. The biases and assumptions of the authors, and the manner in which researcher bias would be minimised in the construction, collection and interpretation of data was also addressed by Athanasiou et al. (op cit.).

O'Brien and Miller's (2005) study used a single case study of a consultative conversation between an EP and a teacher and learning mentor. Bozic and Leadbetter (1999) analysed consultative conversations between 4 dyads of EPs and school staff. Athanasiou et al.'s (2002) study consisted of training for consultants, examination of consultative interactions between four dyads of teachers and psychologists, post consultation interviews, and a consultant questionnaire. Leadbetter (2004) used written retrospective accounts of typical visits undertaken to schools by 30 EPs in one West Midlands EPS. EPs were asked to provide information concerning the types of

activity undertaken and key factors that were viewed as important. Miller (1995) interviewed 24 teachers who had previously been involved in successful interventions following consultation with an EP.

Across the studies a variety of methods and instruments were used, including analysis of verbatim material, semi-structured interviews, surveys and focus groups. The techniques used were appropriate to the field of research being addressed as the aims were the illustration of the nature and process of teacher - psychologist interactions, and qualitative methodologies are argued to be particularly effective in understanding process (Shaw, 1999). The level of detail provided regarding the measurement devices used was uneven, and a rationale to explain the use of interviews or focus groups was not commonly provided (Vaughan, Schumm & Sinagub, 1996). Only Athanasiou et al. (2002) detailed the interview schedule used.

Some studies used analogue approaches, based on reflection or response to a fictitious child, or reflection on previous experiences, whereas others used analysis of actual EP – teacher conversations (e.g. O'Brien & Miller, 2005; Athanasiou et al., 2002; Bozic & Leadbetter, 1999). All studies highlighted the need for caution regarding generalising from small samples, and qualitative methods were justified given the sample sizes involved, as few studies involved sufficient participants to justify the use of extensive statistical evaluation, however no discussion occurred surrounding the potential use of quantitative techniques or additional qualitative methods.

Miller (1995) and Athanasiou et al. (2002) focused explicitly on causal attributions made in retrospective semi-structured interviews and actual consultative

conversations. Bozic and Leadbetter (1999) also focussed on ‘teacher assessments’ of pupils’ difficulties, i.e. the reasons teachers gave for pupil difficulties, in discussion with EPs, however, these were not described or discussed as attributions. Analysis of attributions from natural discourse is appropriate in these studies given their relatively exploratory nature (see Maruyama, 1982; Rogers, 1982). However, none of these studies included a discussion of the relative merits, validity and reliability of measuring attributions through forced response or open ended questionnaires, or analysis of natural discourse (see Elig & Frieze, 1979; Hewstone, 1989; Stratton, Heard, Hanks & Munton, 1986).

### ***Results and Discussion***

In line with qualitative research guidelines, the steps of data collection were clear for all studies (see Yin, 1994). The descriptions of the methodologies used in data transcription, coding and analysis were more uneven. Athanasiou et al. (2002) detailed five phases of data analysis, establishing a ‘confirmability trail’ (Lincon & Guba, 1985) to check how findings and interpretations had been arrived at, thus ensuring both credibility and replicability. Bozic & Leadbetter (1999) detailed the conventions used in transcription, and the process of looking for patterns. Miller (1995) and Athanasiou et al. (op cit.) gave some indication of checks for inter-rater reliability in the classification of participants’ responses. Athanasiou et al. (op cit.) referred to Creswell’s (1998) eight verification procedures for qualitative research. Their study included five of these eight verification procedures, and rationales were given for the omission of the remaining three.

O'Brien and Miller (2005) described a range of *interpretive repertoires* which the consultant and consultees used as they constructed their version of events. They gave examples of the use of metaphor in constructing a within-child explanation for challenging behaviour, as well as the use of alternative versions and explanations of events and the functions of these descriptions. These researchers state that by presenting the child's behaviour as unpredictable but under the child's control, the consultees' language worked to undermine any possible alternative versions, such as environmental or interactional factors.

In the Leadbetter (2004) study a taxonomy of terms commonly used in conversations between EPs and teachers was generated, and EPs rated the frequency of use of these expressions and the degree of 'perceived shared meanings' that existed between themselves and teachers. These were then analysed in terms of 'what, how, why and where to' artefacts, across the identified co-ordinated, co-operative and communicative activity systems. It is unclear if the participants themselves or the researcher classified the EP-teacher interactions as co-ordinated, co-operative or communicative activity systems. The numbers of narratives describing EP – teacher interactions, or phrases within these narratives, which were classified as co-ordinated, co-operative or communicative activity systems was not reported. Examples of terms were given but without indication of the frequency of their use or the perceived degree of shared meaning. It is also stated that the greatest variation in usage and amounts of perceived shared meaning were found for 'why' artefacts. However, this data is not reported.

The frequency of use of artefacts at different levels of co-ordinated, co-operative or communicative activity was reported. At the co-ordination level the 'what' artefact was most commonly used. Within co-operative activity, 'how' artefacts and 'where to' were most common. Within communicative activity, 'why' artefacts were most commonly used, followed by 'how' artefacts. The data shows that similar proportions of 'how' artefacts (approximately one-third of all artefacts) were used across all levels of activity, however, it was reported that there was more use of 'what' and 'how' artefacts at the co-ordinated level. The hypotheses that there would be higher usages of 'why' artefacts (diagnosing and explaining) within a communicative activity system, and 'what' artefacts (identifying and describing) at a co-ordinated level, were supported.

Athanasiou et al. (2002) used questionnaire and interview information to provide a synopsis of each teacher-psychologist dyad. These illustrated professional experiences, the nature of the pupil's difficulty, previous interventions, the consultation tasks, and how the teacher perceived her role in the classroom and the consultation relationship. Quotes, descriptions and interpretations were then provided to exemplify the themes of 'the relationship of causal attributions to beliefs about treatments needed'; 'combination of direct and indirect service'; 'intervention success bound to etiological beliefs and academic standards' and 'support within the consultative relationship'.

Causal attributions were described but without further analysis according to Weiner's (1972) dimensions of locus (internal or external), stability (transient or stable) and controllability (controllable or uncontrollable). It was reported that school

psychologists tended to focus on factors outside the child such as home or school influences. The teachers also believed that family factors played a part but did not address their own potential contributions to problems. They tended to believe that problems were internal to the child. Teachers also placed more emphasis on interventions aimed at the student, i.e. problems located in the student tended to be seen as requiring intervention that was aimed at the student. It is assumed but not stated that these were locus attributions (Weiner, 1972), no analysis of the dimensions of stability or controllability of the attributions was included.

The nature of explanations of the success of interventions was reported to illustrate teachers' causal attribution patterns, where lack of progress was accredited to students and success to teachers themselves or students. Psychologists on the other hand saw lack of progress as related to teacher behaviour in general (e.g. being stressed) or towards the student. Family factors were mentioned only when families were part of the intervention. Overall teachers were not convinced that the consultation process caused changes in students' behaviour. The authors speculated that this may have been because the interventions were not targeting what the teachers found meaningful, i.e. internal change in the student or academic progress.

Bozic and Leadbetter (1999) analysed 67 utterances which were classed as assessments (teacher appraisals of an entity or proffering a particular view of a situation). EPs also made 32 such utterances, however there is no indication of what proportion of the total number of utterances such assessment statements represent. A large proportion of teacher assessment statements were described as functioning to construct the abnormality of a child, situation, family etc. which was often



emphasised through the use of extreme case formulations and contrasts (Pomerantz, 1986). These assessments were construed as functioning to locate the causality within the child and outside the school or the individual teacher's control. The researchers found four ways in which EPs responded to assessment statements: agreeing and disagreeing; acknowledgement tokens; requests for clarification and formulations (attempting to convey what had just been said by the teacher with some deletions or transformations).

Miller (1995) stated that interviews were analysed for causal mechanisms, based on Weiner's (1980) dimensions of locus, stability and controllability. These dimensions were not further defined, and the process of analysis was not described. Teacher descriptions were categorised into factors which contributed to causes of challenging behaviour and factors which contributed to solutions. It was reported that teachers described parents and pupils as involved in more factors which were causative of difficulties rather than contributing to solutions, particularly for parents. It is presumed that, in Weiner's terms, these are internal to teachers, parents or pupils, however this is not stated.

Causal attributions were also rated as high, medium or low controllability, definitions of these categories were not given, but checks for inter-rater reliability were detailed. Analysis of factors judged to be highly controllable showed that parents were thought to be involved in over four times as many factors responsible for causes of behaviour, than for solutions, whereas teachers saw themselves as involved in almost twice as many solutions as causes. Pupils were also thought to be involved in one and a half

times as many causes as solutions. High control attributions were assumed to indicate responsibility.

Athanasiou et al. (2002) discussed the situational and methodological constraints of their study, and offered alternative interpretations for the data. Bozic & Leadbetter (1999) offered limitations and possible improvements to their study. Miller (1995) outlined areas for further research.

### *Major themes and summary*

These studies indicated that school staff tended to attribute pupils' social, emotional and behavioural difficulties to pupil and family-related factors, and to use devices such as extreme case formulations to justify their views. Analysis of a 'difficult' consultation (O'Brien & Miller, 2005) indicated that school staff tended to create and maintain a within-child focus, and to describe the behaviour as unpredictable, with the implication that only the pupil, and not the teacher or learning mentor could bring about changes in behaviour. These created challenges for the EP in constructing alternative understandings from which new and effective solutions might arise.

Miller (1995) and Athanasiou et al. (2002) also found that for interventions judged to have been successful, teachers tended to see themselves but not parents or pupils as responsible for solutions. Bozic and Leadbetter (1999) and Miller (op cit.) both highlighted the subsequent potential dilemma of how EPs add new perspectives related to class and school factors without seeming to apportion blame, and the extent to which the process of altering attributions should be made explicit. Particularly as 'although our models of consultation assume that teachers and school psychologists

are motivated in similar ways, only the school psychologists generally are motivated in the assumed fashion'. (Athanasίου et al., 2002; p. 295).

Bozic and Leadbetter (1999) detailed the strategies used by EPs to address teacher within-child attributions. These included using conversational strategies which maintained neutrality, and delayed or withheld stated agreement or disagreement. It was suggested that through these strategies, a zone was created in which joint work can be carried out on the meaning of situations, and that these were situations in which there seemed to be movement forwards towards new understanding.

Leadbetter (2004) noted that within the realm of children's difficulties, discussing 'why' issues leads to wider debates which may be productive in finding a way forward but can also uncover wider gaps in understandings, beliefs and values.

Athanasίου et al. (2002) highlighted the effects of teacher beliefs regarding their role, expectations regarding their ability to impact on behaviour difficulties, and expectations of consultation and the consultant. The collaborative ethos of the organisation was also found to influence the effectiveness of consultation. Leadbetter (2004) concluded that conversations regarding the causes of pupil behaviour (the 'why' artefacts) tended to occur within communicative activity, where the participants focus on reconceptualizing their own organisations and interaction in relation to their shared goals, widening the discussion to incorporate aspects of role and reasons behind actions.

Miller (1995) advocated incorporating the attributions teachers make for pupil behaviour more explicitly into the legitimate domains for EP's enquiries and action.

Leadbetter (2004) concluded that the more that professionals can ensure that conversations, questions, dialogues and tools are understood, shared and developed, the more likely it is that the joint work will be effective.

### **Integration of Theory, Research and Practice**

This section examines the agreements and disparities between current research, theory and practice in relation to developing effective practice in consultation regarding social, emotional and behavioural difficulties. If the aim of consultative conversations is to facilitate new perspectives, it is necessary to be clear about the nature of the change sought and to ensure this is based upon current concepts of attribution theory and its measurement. Attention may then be focussed on ascertaining which strategies and skills are effective in producing the desired attribution change, and monitoring if their use has the desired effect in actual consultations. Consideration will also be given to the most effective contexts for consultation, and suggestions will be made for further research to inform practice.

### ***Implications for consultative conversations***

The literature reviewed here confirms that teachers tend to view pupils' SEBDs as due principally to within-child factors, and that perception of causal beliefs influences the acceptability of intervention. Some attributions may be barriers to successful intervention (Miller, 1995), however EPs are advocated as working with teachers to create new meanings (Macready, 1997). The research suggests that those new meanings should incorporate shifts in thinking from causes viewed as within-child to within the situation, from stable to unstable and from uncontrollable to controllable.

### *Stability and locus*

Sigston (1996) pointed out that causes which are external to the pupil and unstable are most likely to be the source of solutions to a problem as these assume both the capacity for change and situational causes which are likely to be within the control of key parties. When causal attributions are made to stable (unchanging) factors, the behaviours are perceived as less modifiable and optimism regarding positive change is reduced (Sharrock, Day, Qazi & Brewin, 1990). This expectancy has direct relevance to whether teachers will find interventions acceptable and whether they will implement them with integrity (Waas & Anderson, 1991).

Hilton (1998) suggested that attributions may be altered by asking questions which cause the teacher to consider the event from a different perspective. Frederickson (1998) pointed out that approaches such as the exception question from solution focussed thinking (Rhodes & Amjal, 1995) may have the effect of causing consultees to test out existing causal attributions or to consider alternatives. Solution focussed questioning which illustrates exceptions to the problem may for example influence perceptions of the stability of the cause. In response to the description 'he never pays attention', an EP may ask if there are any times when the pupil is more likely to be attentive, in order to establish if there are times when the cause does not apply.

Macready (1997) also recommends focussing on externalising the problem, and gives examples of questions used in a conversation with parents who are concerned about their child's temper tantrums:

- 'When tempers occur, do you get into battles of will with your child, or is your battle with your child's behaviour?

- Have there been any occasions when your child has refused to co-operate with the temper's demands?
- Which reactions of yours convey support for your child, and opposition to the temper?' (White, 1995; cited Macready, 1997, p. 133).

It is argued that a consultative conversation which externalises problems enables participants to enter into a collaborative relationship in which the context may change from one in which 'the person is the problem' to one in which 'the problem is the problem' (Macready, 1997).

In addition to the use of questions Bozic and Leadbetter (1999) construed EPs as working in a facilitator mode where assessments were reconstructed as representations of current thinking which are being offered in order to be 'worked on'. Similarly, Monsen and Frederickson (2002) found that use of accessible reasoning, where the consultant's thinking is made explicit, assisted problem understanding.

### *Control and responsibility*

In the studies reviewed here it is not always clear if control of negative behaviour means that someone *caused* the negative event or whether it means that the outcome can be *escaped* or *avoided* and therefore 'controlled'. In this respect the distinction between controllability and responsibility is helpful (see also Armstrong & Dagnan, 2005; Weiner, 1995). Controllability is the degree to which an action is under a person's control; responsibility is a judgement that arises after a controllable judgement has been made and been subject to the consideration of possible 'mitigating factors' (Weiner, op cit.). Parents who judge children to be responsible for their negative behaviour are more likely to respond with anger and harsh parenting

(Graham, Wiener, Cobb & Henderson, 2001; Saltmarsh, McDougall & Downey, 2006), which in turn tends to lead to subsequent aggressive child behaviour (Dix & Lochman, 1990).

So, while it may be adaptive for pupils to perceive their behaviour as under their control (Deci & Ryan, 1985; Dweck, 1975; Kistner, Osborne & Le Verrier, 1988; McCullough, Heubener & Laughlin, 2000), and for adults to perceive children as having some control over their own behaviour (Woolfson, 2005); attributions of responsibility for behaviour may lead to less helpful teacher responses to negative behaviour. More research which clearly defined and distinguished between controllability and responsibility attributions and the associated responses to behaviour, would further illuminate the processes operating in the classroom context. Attributions about and emotional responses to behaviour need to be addressed if interventions regarding behaviour are to be effective (see Saltmarch et al., 2006). Teacher responses to pupil behaviour following attributions of parental responsibility (c.f. Miller, 1995) would also be worthy of further research.

The distinction between controllability and responsibility attributions could also be helpful in alleviating the potential problem for EPs highlighted by Bozic and Leadbetter (1999). If EPs contest the attributions of causality being promoted, they run the risk of being perceived as blaming teachers for the situation. Teachers may be willing to see themselves as having some control over factors contributing to positive behaviour change, and possibly to factors maintaining or causing the original behaviour, but may not see themselves as responsible for the behaviour. Williams and Daniels (2000) concluded that in intervening to improve behaviour it is essential

that the process is seen as blame free and enabling. They advocated an approach which explicitly stated that as the causes of children's challenging behaviour are usually too complex to allow certainty, blame is irrational. The pupil and the teacher are both assumed to be acting without malice, not because malice could not exist, but because ascribing blame is least likely to lead to resolution or an optimal environment.

The distinction between control and responsibility, and an explicit 'no blame' approach may also be useful in work with parents. Miller and Black (2001) found that there were high levels of emotion and 'mutual blaming' between teachers and parents of pupils with emotional and behavioural difficulties. Dunsmuir, Frederickson and Lang (2004) found that trusting parents were more likely to commend the school on the consistency of its procedures in managing behaviour, whereas less trusting parents were more likely to cite issues relating to lack of discipline and dissatisfaction with the school's approach to tackling bullying and disruption. Alternatively, the approach in conjoint behaviour consultation (Sheridan, Kratochwill & Bergan, 1996) assumes parents and teachers have joint responsibility for pupil behaviour.

### ***Setting the context for effective consultation***

Macready (1997) also highlights the importance of determining the context for consultative conversations. He gives the example of a person going to a chemist to buy medication for headache relief and being asked about any allergies to medications and how long the headache had persisted. Alternatively, the chemist could have asked about stresses in the person's life or the current quality of their relationship with



a partner. These questions may be useful in determining how to treat the headache but may be experienced as intrusive and inappropriate by the customer.

The analogy is made to teachers who may understand a discussion with an EP as a context in which the severity and intractability of challenging behaviour is established in order to meet criteria for statutory assessment. The implication for EP practice is to underline the importance of establishing a shared understanding of the context for EP - teacher conversations. Monsen, Graham, Frederickson and Cameron (1998) detail the first step in problem analysis as checking out the nature of the request and agreeing the nature of involvement. Similarly, Leadbetter (2004) suggested that in order to improve and progress consultative activity, it may be possible to make various parts of the meeting, the script or functions of the script more explicit. Thus, by agreeing content areas ('What' artefacts) beforehand or at the start of the meeting, then more attention could perhaps be paid to process issues ('How' artefacts) and to issues around values, causal relationships, the nature of the activity and the longer term goals.

Furthermore, approaches such as the 'Framework for Intervention' (Williams & Daniels, 2000) make explicit the focus on the environment in which the behaviour occurs as the starting point for any concerns regarding behaviour. The emphasis is on environmental action, through an audit of the environment in which the behaviour occurs, rather than a focus on programmes for individual children. Miller (1995) also advocated that the nature of the attribution change sought in consultation conversations could be made explicit and shared with consultees, and that findings

regarding attributions associated with positive outcomes could also be shared with teachers.

### *Problem solving and systemic approaches*

Educational psychology models are based largely on behavioural problem solving (e.g. Monsen et al., 1998), where successful outcomes are associated with clear problem definitions (Flugrum & Reschly, 1994). However, the different causal attributions made for pupils' social, emotional and behavioural difficulties by parents, teachers, pupils and EPs (Miller, 2003; Tobe, 2005), may make agreement on the definition of the problem, consensus on the objective of change and a shared view of initial guiding hypotheses difficult to reach. O'Brien and Miller (2005) noted the use of solution focussed questioning in an attempt to move towards the co-creation of a different and more optimistic account, but also demonstrated how the within-child focus was created and maintained by school staff. For example, the pupil's behaviour was portrayed as being very good but could then switch to very bad seemingly without any provocation or without external influences. The behaviour was also implied to be within the child's control due to its unpredictability, and due to internal factors (he gets enjoyment out his misbehaviour).

Frederickson (1993) stated that where there are substantive differences in the perceptions and intentions of those involved, it is not possible to embark on a classical problem solving approach, recommended instead are systemic approaches in which the views and perceptions of all involved are collated and presented. Christenson and Sheridan (2001) also concluded that it may be important for consultants to spend time identifying parents' and teachers' varied perspectives and expectations prior to

initiating the conjoint behavioural consultation (CBC) problem solving agenda.

Leadbetter (2004) suggested that personal construct psychology (Kelly, 1955) may be used to share constructs and examine differences in beliefs and values. However, Farouk (1999) in a survey of EP practice in the UK, found consultations tended to be one off conversations. It seems likely that EPs would need to allow additional time for the suggested exploration of views.

### *Teacher efficacy*

Gutkin and Ajchenbaum (1984) found that when teachers were asked to choose between referral or consultation regarding a behaviour problem, teachers with a greater sense of control over problems appeared to respond more favourably to consultation services. Teachers who believed they had little control over classroom problems were less likely to spend time and effort in a consultative relationship, rated consultation as less effective, and rated classroom based interventions as less acceptable.

This study can be criticised on the ground that hypothetical vignettes were used rather than real classroom problems, and further experimental studies are warranted to determine whether actual changes in consultees' situational perceptions of control would lead to increased use of consultation services. However, it would seem that to pave the way for effective consultation, the consultant may initially need to enhance the consultee's self efficacy beliefs (O' Keefe & Medway, 1997).

For example, Gutkin and Hickman (1988) manipulated teachers' sense of control over a child's behaviour (completing homework). Teachers who were provided with

information regarding successes with increasing homework completion expressed a greater desire for consultation. Whereas, those who were presented with information suggesting the problem was largely intractable expressed a preference for referral. This study used analogue methodology rather than actual cases, but it is suggestive that teachers' sense of control over problems is malleable.

O'Keefe and Medway (1997) pointed out that the literature on persuasion indicates that overcoming resistance from another person requires an accurate diagnosis of its bases. It may be that the desired attitudes (i.e. control beliefs) are in place, but perceived normative pressure overrides attitudes and behaviour intentions. The appropriate persuasive target is then not the attitude, but the normative considerations. For example, Miller (2003) speculated that a focus on child or home factors may be adaptive on the part of teachers to defend the homeostasis (i.e. a predisposition to maintain the 'internal stability') of the institution. Due to the emphasis on the value of 'keeping control' and teachers' professional isolation, teachers do not discuss behaviour in terms which locate the cause of the problem outside the child or the family, and the causes of any successful changes to behaviour are not 'advertised' as being within the control of the teacher. It would seem that consultation regarding SEBDs would be most effective when conducted in the context of school wide beliefs that manipulation of classroom and school variables is supportive of behaviour change (see for example Reid, Reason, Maag, Prosser & Xu, 1998).

### *Individual practitioner reflection*

In setting a focus on environmental aspects of behaviour Williams and Daniels (2000) viewed the ensuing changes in belief systems and cultures, as the most difficult and

expert part of the process. They also reported that in some instances EPs felt forced to collude with questionable constructs and resulting bad practice. Bozic, Leadbetter and Stringer (1998) suggested that as applied psychologists EPs should scrutinise our communication in order that we do not collude with labelling and discrimination. As EPs' work involves the creation use and manipulation of discourse, these authors argue that discourse analysis (DA) should be a part of routine practice. In addition to using questioning techniques to progress thinking, it is suggested that DA could be applied to assessment by recording what people say, i.e. actual examples of constructions of the client's world and using this terminology in further discussion, and by considering how reports are interpreted and utilized. Additionally, it is suggested that differently structuring interaction may lead to differences in the constructions that emerge, e.g. what happens if parents speak first at meetings? Pomerantz (2005) also advocated studying the interactions between a pupil and teachers to understand challenging behaviour. As Bozic et al. (op cit.) concluded 'we should ever seek to elevate the mundane in pursuit of rigorous, reflexive, ethical practice'.

#### *Local authority and national government actions*

Cameron (1998) detailed local education authority and government publications which promote an effective context for analysis and intervention with regard to challenging behaviour. These included documents illustrating a range of hypotheses for behaviour difficulties which challenged the attributions of teachers concerning the nature of disruptive behaviour; clarifying LEA expectations regarding the nature of in school support; encouraging teachers to develop a positive classroom ethos; and the use of home - school contracts.

### ***Further research***

In order to extend the evidence base for the proposition that successful consultation with regard to SEBDs involves the facilitation of an interactionist perspective for the consultee, it would be necessary to monitor teachers' attributions regarding behaviour throughout the process of consultation. Studies, and individual practitioner reflection, which tracked teachers' initial attributions for behaviour, the strategies used by consultants, and the development of consultee attributions over the course of consultation, would helpfully assist the development of practice in effective joint work and intervention with respect to challenging behaviour.

Future research should also include a focus on the stability, globality and universality of attributions (see Stratton et al., 1986) as well as the controllability and locus of explanations already discussed in the literature reviewed here. Bozic and Leadbetter (1999) also advocated a 'bottom up' approach in which examples of actual conversations are analysed to construct models of interactional processes. Such an approach would permit examination of the processes which are believed to assist perspective change. Studies where these processes or strategies are implemented and their impact tracked over time in relation to both changes in challenging behaviour and to the attributions made for the causes of that behaviour would provide powerful evidence to assist the development of practice. These processes may be examined at the level of the consultative conversations but it would seem that there is also a need to further illuminate the context variables which promote in consultation regarding challenging behaviour.

## **Concluding comments**

Despite theoretical support and well defined, widely accepted models, assessment and intervention in SEBDs remains largely focussed on within-child factors. It is argued that interpretations and causes given to challenging behaviour are influential aspects of problem situations, and that attribution theory is key to facilitating consideration of wider environmental factors.

It is proposed here that the role of the psychologist in assessing and intervening with social, emotional and behavioural difficulties should be construed as encompassing a number of functions including: enabling a wide range of factors to be considered; accommodating a range of perspectives and levels of causation; facilitating perspective change regarding the causes and interpretations of behaviour; and making possible a model which is useful for intervention, in which the causes or maintaining factors are seen as unstable, situational and controllable to the pupil and parents, and/or the teacher. However, despite models of consultation which allude to perspective change there is no explicit framework to guide these interactions and elucidate the nature of the desired perspective change.

The proposed common assessment framework is to be used in initial assessments where there is concern regarding child. If educational psychologists are to be influential in building on these assessments and promoting a contextually relevant approach; if we are to fulfil the promise of our unique contribution in generating a broad range of hypotheses; and if we are going to be open and accountable; then it will be necessary to examine our practice and models and ensure they are built upon

sound theoretical principles, backed by empirical research, and communicated confidently to others.



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## Appendix 1

### A Checklist for Critiquing a Research Article

From Rudestam and Newton (2001)

1. **Conceptualization**
  - a) What is the major problem or issue being investigated?
  - b) How clearly are the major concepts defined/explained?
2. **Theoretical Framework and Hypotheses**
  - a) Is there a clearly stated research question?
  - b) Are there hypotheses? Are they clearly stated?
  - c) Are the relationships among the main variables explicit and reasonable?
  - d) Are the hypotheses stated in a way that makes them testable and the results, not matter what, interpretable?
3. **Research Design**
  - a) What is the type of research design?
  - b) Does the research design adequately control for extraneous variables?
  - c) Could the design be improved? How?
  - d) Are the variables clearly and reasonably operationalized? Is the choice of categories or cutting points defensible?
  - e) Are the reliability and validity of the measures discussed? Is the choice of measures appropriate?
4. **Results and Discussion**
  - a) Are the data appropriate for the study?
  - b) Are the statistical techniques appropriate and adequately described?
  - c) Are the control variables adequately handled in the data analysis? Are there other control variables that were not considered but should have been?
  - d) Are the conclusions of the study consistent with the results of the statistical analyses?
  - e) Are alternative conclusions that are consistent with the data discussed and accounted for?
  - f) Are the theoretical and practical implications of the results adequately discussed?
  - g) Are the limitations of the study noted?
5. **Summary**
  - a) What is your overall assessment of the adequacy of the study for exploring the research problem?
  - b) What is your overall assessment of the contribution of the study to this area of research?



Course Members' Form CM3

**Form CM3 Professional Practice Assignment Submission**

**Submitted in part fulfilment of the requirements for the Continuing Professional Development Doctorate in Educational Psychology (DEdPsy)**

**Name:** Catherine Kelly **Class: 01**  
**Professional Tutor:** Sean Cameron  
**Research Advisor:** Allan Sigston  
**Assignment No:** 4  
**Assignment Title:** Developing Interprofessional Collaboration

**Submission:** 1<sup>st</sup>  2<sup>nd</sup>  Examination

**Word count: (Excluding references and appendices)** 7464 words

**Section of the Core curriculum for Professional Training in Educational Psychology to which this assignment relates:**

Interpersonal Effectiveness

**Submission Statement** (N/A unless assignment submission is for examination)

I confirm that:

1. This submitted assignment is my own work; and
2. I have read and acted upon the guidelines for avoiding plagiarism contained in the DEdPsy Handbook
3. The content of this assignment has not been published in similar form elsewhere, or offered in respect of any other degree, diploma or other academic award.

**Course Members Signature:** \_\_\_\_\_

**Date:** 1.11.05

**Consent Statement** (Optional)

I authorise the Department of Psychology to make a copy of this assignment available for public reference at the discretion of the Course Director.

**(Please note that copies of examined work may be retained for up to five years for University quality assurance purposes)**

**Course Members Signature:** \_\_\_\_\_

**Date:** 1.11.05



## Developing interprofessional collaboration

### Abstract

With the formation of Children's Trusts the context and structure within which educational psychologists work is set to change, '*...professional and para-professionals will increasingly work alongside each other in the same teams.*' (HMSO, 2003, p. 60). However, there is much research detailing the difficulties of establishing effective multi-disciplinary working (e.g. Atkinson, Wilkin, Stott, Doherty & Kinder, 2002; Booker, 2005).

The psychological knowledge bases of change management, adult learning, group development and group processes can usefully inform the development and maintenance of effective multi-disciplinary collaboration. This paper will present an overview of the current context of multi-disciplinary working, followed by a critique of the existing research, and discussion of the implications for theory and practice to outline future directions in effective multi-disciplinary collaboration. .

## **Introduction**

The current national policy context is one of growing interest in multi-agency teams indicated in the formation of Children's Trusts and the expansion of Children's Centres, as outlined in 'Every Child Matters, the Next Steps', (HMSO, 2004), which underpins the Children Act (2004). The current focus from central government is on '*integrating professionals through multi-disciplinary teams*' (HMSO, 2003, p. 60) and one of the roles of educational psychology services is to develop multi-agency approaches to support schools and parents (DfEE, 2000).

However, there is much literature detailing the difficulties involved in establishing effective multi-disciplinary work to support children with special educational needs and it is clear that simply bringing people together does not create effective multi-disciplinary collaboration (Atkinson et al., 2002; Booker, 2005; Huebener and Hahn, 1990; Hudson, Hardy, Henwood & Wistow, 1999). Much of the government guidance on collaborative working within health, education and social services details difficulties including unwillingness to share knowledge and skills; stereotyped perceptions of other professionals; a lack of a common assessment framework; different bases and locations; poor systems/understanding of information sharing; poor understanding of others' roles and responsibilities; poor understanding of others' perspectives, language and culture; and a lack of designated lead professionals (HMSO, 2003; DoH, 2000; Health Advisory Service, 1986). These barriers are generally described in atheoretical terms with no separation of factors at different levels, e.g. pragmatic concerns, inter-personal and inter-professional relationships,

systems and procedures, or as Carpenter and Hewstone (1996) term them; '*structural, cultural and ignorance*'.

The government green paper, 'Every Child Matters' (HMSO, 2003) viewed the process of developing and using a common assessment framework as having a critical role to play in the drive to improve inter-professional relationships. Additionally, developing networks across universal and specialist professionals is seen as a way of strengthening inter-professional relationships and trust. However, despite the government and professional emphasis on evidence based practice (Frederickson, 2002; Sebba, 2003), '*this major shift in conceptualising public and voluntary services as 'joined up' has scarcely been theorised or researched.*' (Edwards, 2004, p. 19).

This paper aims to describe the current context and explore the knowledge base for the development and maintenance of effective multi-disciplinary collaboration across different levels of work. Recent empirical studies will be examined, major themes will be drawn out and implications for practice and future research will be discussed. In this paper the term 'collaborative working' will be used as a general term encompassing joint working, multi-disciplinary working, trans-disciplinary working and inter-disciplinary/professional working.

### **Practice and context**

Multi-disciplinary working, is viewed as good practice in government guidance (e.g. DfEE, 2000, 2001; DfEE/DoH, 2000; DfES, 2001; DoH, 2000, 1998a, 1998b; HMSO, 2003), and academic publications, e.g. '*... an issue, problem, function, or*

*situation may be such that a team will work better than an individual or a bunch of individuals'* (Platt, 1994; p. 5). It is also thought that professionals from a variety of disciplines can make better decisions than individuals working alone (Fuchs and Fuchs, 1989; Huebener and Hahn, 1990). Additionally, organisational individualism is increasingly seen as an inadequate response to the growth in task scope, i.e. the degree to which a problem to be solved must be addressed from many perspectives (Hudson et al., 1999). It is also acknowledged that the traditional organisation of separate services may meet the needs of professionals and organisations without sufficient focus on services which meet children's and parents' needs (Dyson, Lin & Millward, 1998). Finally, collaboration is often cited as increasing cost effectiveness, e.g. Horder (1992, p. 95) declares, inter-professional work '*offers less duplication of and waste of the most expensive resource, trained workers*'.

These drivers for increased collaboration are based on the beliefs that human problems are increasingly viewed as interrelated and complex requiring holistic solutions, and that collaboration is more effective, more efficient and more 'client friendly'. 'Every Child Matters' (HMSO, 2003) outlined the process of restructuring local authorities to facilitate increased multi-disciplinary working. In the long term the government will:

*...integrate key services for children and young people under the Director of Children's Services as part of Children's Trusts. These bring together local authority education and children's social services, some children's health services, Connexions, and can include other services such as Youth Offending Team. (HMSO, 2003, p. 67).*

Additionally, a change to the emphasis on the way services are centrally evaluated is planned:

*The government intends to create an integrated inspection framework across children's services in which services would be assessed on how well they worked together to meet overall objectives for children, as well as on how well they met their own objectives. (HMSO, 2003, p. 76).*

*Every Child Matters: The next steps* (HMSO, 2004) focuses on early intervention and effective protection, and lists the following goals:

- improving information sharing between agencies
- establishing a common assessment framework
- identifying lead professionals
- integrating professionals through multi-disciplinary teams
- co-locating services
- ensuring effective child protection procedures

Resulting tasks for local authorities include facilitating an effective dialogue between professionals from the various services and organisations working with children and leading a process of cultural change which includes information sharing and developing a common understanding of terms across services.

### ***The role of the EP***

The role of the educational psychologist is taken from the DfEE's report on the current role, good practice and future directions of educational psychology services in England (DfEE, 2000). The role is defined as being:

*To promote child development and learning through the application of psychology by working with individuals and groups of children, teachers and other adults in schools, families, other LEA officers, health and social services and other agencies. (p. 39).*

The report also states that all educational psychology services should:

- Be delivered in school settings as well as in local authority and family settings;
- Focus on assessment, intervention and consultation;
- Develop multi-agency approaches to support schools and parents; and
- Be accessible to users, independently of schools

Some examples of multi-disciplinary working, albeit often on a temporary basis, already exist around particular pieces of work (e.g. Jordan, 2001). Additionally, within many local authorities multi-disciplinary teams may be created in addition to existing services, and work alongside those services, for example Sure Start programmes, Behaviour Education Support Teams (BEST) within Behaviour Improvement Programmes (BIPs), and teams to support the education and life chances of children in public care. These teams may incorporate staff from existing teams, or may involve new staff and may be time limited or have substantive funding,

and may have a variety functions at different levels of work (see Atkinson et al., 2002).

The proposal from central government is to:

*... develop from the current model in which multi-agency teams support a cluster of schools, as in the Behaviour Improvement Programme, to one in which a cluster of schools and education institutions including pupil referral units, early years' settings, Sure Start, further education colleges and Connexions, might choose to take responsibility for offering multi-disciplinary services to all children in their area. (HMSO, 2004).*

Current educational psychology practice problems range across a number of themes including those which are concerned with service delivery pragmatics; the role and place of psychology; strategic planning and training; interpersonal relationships and individuals' feelings of competency and well being at work. For example:

- What is the contribution of an EPS to strategic joint planning and intervention?
- What is the educational psychologist's role/distinctive contribution at the case work, systems and strategic levels?
- How do educational psychologists fit in with lead professional/key worker and advocate roles?
- How do we ensure appropriate collation and sharing of information?

- How do we integrate different professional assessments and perspectives, in terms of when, what and how?
- How do we ensure that initial training and service induction incorporate knowledge of other agencies?
- How do we ensure that EPs (and others) are supported to make changes to practice?
- What is the contribution an EPS can make in terms of psychology of groups and team working within its own service and across wider contexts?
- Within a multi-disciplinary group who is the client? Teacher, LEA officer, other professionals, parent, child?
- What is the focus of change within a multi-disciplinary group? Child's, parents', professionals' perceptions/behaviour? Organisational or system change?

The above questions may also be equally applied to other professions which leads to the additional consideration of how to ensure that discussion and problem solving do not occur in isolation from other agencies at the initial training, local authority/health service and individual service levels.

### **Psychological Theory and Content**

The literature evaluating collaborative working will be examined to illuminate the key aspects of the development and maintenance of effective multi-disciplinary collaboration in the United Kingdom. The research examined was therefore UK



based and included papers published in the last 5 years, as earlier papers relate to work carried out in a different policy context. The literature search used bibliographic data bases of PsychInfo and ERIC as recommended by Ramchandi, Joughlin and Zwi (2001). The key search terms used were '*trans, multi, inter, collaborative*' in conjunction with '*disciplinary, agency, professional*'. Manual searches of recent journals were also carried out.

The review aims to critique the research literature surrounding the practice of interdisciplinary collaboration to support children and young people with social, emotional and behavioural difficulties across education, social care and health services in the United Kingdom. The research examined was therefore selected from UK samples and included evidence from a range of professions including teachers, social workers, educational psychologists, educational social workers, primary mental health workers, as well as parents/carers and young people themselves. The review uses the existing research over the past five years as reported in the field (Atkinson, Wilkin, Stott & Kinder, 2001; Atkinson et al., 2002; Easen, Atkins & Dyson, 2000; Edwards, 2004; Hamil & Boyd, 2001; Kelly, Allan, Roscoe & Herrick, 2003; Lloyd, Stead & Kendrick, 2001; Walker, 2003; Webb & Vulliamy, 2004; Wigfall & Moss, 2001).

The critique is divided into 5 sections using the critical evaluation checklist from Rudestam and Newton (2001); the theoretical frameworks and conceptualisations are explored, followed by a critique of research designs, results and discussion; and finally the major themes and controversies will be examined.

### *Conceptual bases*

The majority of the research into collaborative working between education, health and social services to support children and young people with social and emotional and behavioural difficulties (SEBDs) has been original and has built upon itself over time, making reference to earlier research and government guidance (e.g. Hayes, Atkinson & Kinder, 1999; Dyson et al., 1998; Capey, 1997; DfEE/DoH, 2000; DoH, 1998a, 1998b; NHS Advisory Service, 1995; Social Exclusion Unit, 1998).

The most comprehensive pieces are those of Atkinson et al. (2001; 2002) which examine a broad range of multi-disciplinary activity across education, health and social services, and Wigfall & Moss (2001) who examine the development of a multi-agency network across existing statutory and voluntary services. Some studies focussed on evaluation of specific projects; for example, action research in 12 secondary schools to evaluate the use of pupil support bases as an alternative to exclusion (Hamil & Boyd, 2001); interagency working across three Scottish local authorities to reduce exclusion from school (Lloyd et al., 2001); placing social work trained home-school support workers in secondary schools to support pupils at risk of exclusion and keep them in mainstream education (Webb & Vulliamy, 2004); setting up a multi-disciplinary family support service offering early intervention within the existing CAMHs structure (Walker, 2003); and the development, operation and evaluation of a tier 4 multi-agency child mental health team in a specific geographical area (Kelly et al., 2003).

Easen et al. (2000) focus on the ways in which different professional groups conceptualised their roles, purposes and practices, and the effect on collaboration.

Edwards (2004) further extended this aspect of the research base by focusing on the implications of operationalising joined up services on the professional activities and co-construction of new forms of professional knowledge of members of teams functioning as multi-agency teams. All these studies have used qualitative methodologies to examine a range of issues connected with multi-disciplinary collaboration.

### ***Theoretical framework and hypotheses***

Edwards (2004) and Walker (2003) utilised models of collaboration from health services, e.g. Ovretveit (1993). Models constructed by Dyson et al. (1998) were used by Atkinson et al. (2001, 2002) and Webb and Vulliamy (2004) to describe and classify service delivery. Atkinson et al. (2002) also drew on models developed by The Audit Commission (1998), and in addition these researchers developed a new taxonomy of multi-disciplinary teams. Wigfall & Moss (2001) drew on models developed by McQuail & Pugh (1995); and Lloyd et al. (2001) made reference to four levels of collaboration between health, housing and social care services, these were: strategic; locality; client group and individual client (Arblaster, Conway, Foreman & Hawtin, 1999). Some studies, however, omitted to describe the model on which the collaborative activity was based or analysed (e.g. Hamil & Boyd, 2001; Kelly et al., 2003; Edwards, 2004; Easen et al., 2000).

None of the studies made reference to theories of group development or interaction (e.g. Tuckman & Jensen, 1977) to inform their evaluation. Edwards (2004), however, did refer to Wenger's (1998) constructs of participation and reification to guide the focus on the teams' work contexts and systems; and Engestrom's (2001) Activity

Theory guided analysis of expansive learning cycles, conflicts and resolutions in service delivery. Easen et al. (2000) based the premise of their study on the differing perceptions of various professional groups, but do not utilise theories of social interaction or group processes.

Atkinson et al. (2002) made reference to Fullan's (1999) theories of change management in education; and Webb & Vulliamy (2004) also referred to this work to justify their qualitative approach:

*...unintended consequences of school-based innovations are often as important as the intended ones and that the neglect of the actual change process in traditional pre- and post-test evaluation designs has militated against the depth of understanding required to replicate the processes of a 'successful' project or to learn from an 'unsuccessful' one. (Fullan, 1999, p. 102).*

Easen et al. (2000) detailed the main premise of their study, and Lloyd et al. (2001) listed research questions but others were investigative in nature and did not specify particular hypotheses.

### ***Research Design***

Some reports involved outside researchers providing evaluation, e.g. Wigfall & Moss, (2001); Lloyd et al. (2001); Edwards (2004); Webb & Vulliamy (2004); Easen et al. (2000) and Walker (2003) (although in the latter three reports this is assumed as this information was not detailed). Hamil & Boyd (2001) and Edwards (2004) described action research, in which they were participant researchers, facilitating a cycle of

feedback to transform the environment through critical enquiry. Appropriate acknowledgement was also made of the dual role of facilitation and researching process. Kelly et al.'s (2003) account seems to be participant description; however, again this was not detailed.

Atkins, Dyson and Easen (1995) suggested that cooperation needed to be considered at three different levels: the individual client case; the community initiative or project; and strategic planning, all the studies, with the exception of Hamil & Boyd (2001) and Easen et al. (2000), provided data regarding all of these levels; and some sought to provide views of one level from another, e.g. project team view of strategic management, thus promoting validity through appropriate triangulation of information (Robson, 1993). Reaching an understanding of how programmes are implemented and what issues arise requires the active engagement and involvement of key stakeholders (Weiss, 1998; Shaw, 1999), and all studies involved an appropriately broad range of professional participants, however, some did not include extensive user perspective (e.g. Walker, 2003). Only Wigfall & Moss (2001) included a survey of non-users of services to find out why the service was not being used.

The majority of research in the area used qualitative measures; however, apart from Webb & Vulliamy (2004), little reference was made to the theoretical foundations underpinning the research methodology. A variety of methods and instruments were used, including semi-structured interviews, surveys, focus groups and examination of documentation. The level of detail provided regarding the measurement devices used was uneven, and none of the studies gave technical detail in relation to validity and reliability statistics of questionnaires.

However, the techniques used were appropriate to the field of research being addressed. Understanding community based programmes is argued to require attention to process, in order to understand what the programme was, how it worked and what aided or hindered success (Pawson & Tilley, 1997; Weiss, 1998). Additionally, qualitative methodologies are argued to be particularly effective in understanding process (Shaw, 1999).

Qualitative methods were also justified given the sample sizes involved, as few studies involved sufficient participants to justify the use of extensive statistical evaluation, however no discussion occurred surrounding the potential use of quantitative techniques or additional qualitative methods. A rationale to explain the use of questionnaires, interviews or focus groups was also not commonly provided (Vaughan, Schumm & Sinagub, 1996). Additionally, the manner in which researcher bias would be minimised in the construction, collection and interpretation of data was not addressed. The perspectives from which multi-disciplinary collaboration have been examined could therefore be both more thorough and broader.

The majority of studies stated the importance of examining the process of development of multi-disciplinary collaboration; however some did not detail the initial stages and processes in setting up the projects or teams (Webb & Vulliamy, 2004; Walker, 2003; Hamil & Boyd, 2001). Kelly at al (2003) described the initial formation of the service; and Atkinson et al. (2001, 2002) and Wigfall & Moss (2001) described these processes across a number of projects and investigated key stakeholders' perceptions retrospectively. None of these studies attempted to provide an insight into the group processes or change issues which informed the formation of

the teams or the setting up of a new service (e.g. Tuckman & Jensen, 1977; Smale, 1996).

All the studies did however; attempt to gain insight into the multi-disciplinary group interaction which characterised the service(s). This was largely achieved through post hoc interviews or questionnaires. However, Weingart (1997) suggests that looking at group process purely by obtaining group members' perceptions after the event is insufficient. Knowledge of the outcome of the task has been shown to bias self-reports, and observation adds valuable information about the processes that occurred, and all studies, to varying degrees, sought to triangulate participant report with observation of multi-disciplinary interaction. Additionally, Edwards (2004) used two researchers to enhance validity of observations of team meetings. However, there was no discussion of the strengths and weaknesses of observation, or justification for the use of one method over another.

### ***Results and Discussion***

While for all studies, in line with qualitative research guidelines, the steps of data collection were clear (see Yin, 1994), the methodologies used in data transcription, coding and analysis were unclear. Therefore, there is no 'confirmability trail' (Lincon & Guba, 1985) to check how findings and interpretations have been arrived at, reducing both credibility and replicability. Issues of experimenter reflexivity were also not addressed, restricting validity and reliability. The research therefore inadequately accounts for confounding variables in the data analysis (Shaw, 1999).

Results were usually reported according to themes from the data; Atkinson et al. (2001, 2002) also used percentages of responses to questions with quotes and vignettes to illustrate meaning; and Walker (2003) organised information according to Ovretveit's (1993) broad descriptions of teams. Only Kelly et al.'s (2003) study contained a description of the service delivery processes of assessment and intervention, and case management.

The discussions in all the studies were consistent with results, some described the limitations of their studies (Easen et al, 2000; Wigfall & Moss, 2001; Edwards, 2004), but none offered alternative conclusions or perspectives.

### ***Major themes and summary***

The major themes evident across the studies were the improved outcomes or impact of the services for users, and the benefits and challenges of multi-disciplinary collaboration. The impact on general multi-agency activity within the wider authorities and the need for greater preparation in initial and ongoing training for multi-disciplinary collaboration were also outlined (Edwards, 2004; Walker 2003; Hamil & Boyd 2001; Easen et al., 2000; Atkinson et al., 2001, 2002). Another common theme was the importance of the initial stages of project and group development to aid communication and negotiation of shared views of aims, roles, responsibilities and procedures.

Webb & Vulliamy (2004) made the point that the possibilities and constraints influencing the practicalities of 'joined up' inter-agency work for children in need are very different depending upon whether the co-operating agencies are school focussed



or external to the school. Hamil & Boyd (op. cit.) stated that consideration needs to be given to how consider how the school context could become more conducive to collaborative working. However it may be that both these issues arose from a lack of focus on initial project development and consultation with school based and external agencies, combined with the external agencies and wider school staff's lack of day to day contact with these school based projects.

*All professional groups verbalised the same principles but putting these into action was problematic. It became obvious that some fundamental underlying unresolved issues meant that in practice interagency partnership often remained at the level of rhetoric. (Hamil & Boyd, 2001, p. 146).*

Edwards (2004) stated that their project findings had implications for theorising multi-agency team work. Engestrom's (2001) model of expansive learning was found to be useful in framing understanding of how dilemmas might be resolved at inter-personal and organisational levels. They also suggested that more emphasis be given in this model to nurturing relationships and rituals to sustain emergent models of new ways of working as activity systems collide and merge. They also outlined the importance of recognising and responding to shifts in professional identities in developing effective multi-agency team work, and in using difference creatively:

*It is important to conceptualise models of multi-agency team work and learning where tensions between sustaining an emerging community of practice and encountering dissonance are prominent. Although such tensions*

*can be constraining, teams also addressed tensions creatively through their engagement with diversity.* (Edwards, 2004, p. 31).

The most successful teams or projects involved a multi-agency strategic group to jointly plan, develop and staff the services and to oversee their management (Kelly et al., 2003; Hamil & Boyd, 2001; Atkinson, 2001, 2002; Wigfall & Moss; 2001).

Atkinson et al. (2002) also detailed the importance of a communication mechanism between strategic and operational groups, as well as the personal qualities and commitment of professionals involved. Lloyd et al. (2001) detailed the advantages and disadvantages of case based, and mixed case and strategic based interdisciplinary meetings, and considered how these functions interacted with and without pupil and parent/carer participation. Case based meetings increased involvement by young people and parents/carers but combined case/strategic meetings involved discussion and planning regarding wider service delivery in relation to vulnerable young people.

Atkinson et al. (2002) and Walker (2003) concluded that the emotional and attitudinal aspects of change and group development are important aspects of effective professional collaboration, i.e. establishing social relationships and balancing needs for process and content issues. Edwards (2004) commented that sometimes the reification of joint decisions made by team members into common protocols or instruments (e.g. assessment tools or shared record keeping) crystallised differences in team members beliefs, but that the process of developing such procedures was instrumental in developing the necessary shared aims and objectives.

Key practice issues which were identified but unanswered included clarification of the ideal balance of specialist versus generic workers/tasks/knowledge (Atkinson et al., 2002; Edwards, 2004 and Walker, 2003). Issues which were unexpected included the evidence of high personal stakes of participation in multi-agency teams for professionals whose identities were affected (Edwards, op cit.). These researchers concluded that this evidence suggested that learning was enabled when individuals' professional interests and identities were most engaged within the teams.

Atkinson et al. (2002) concluded that there was clearly an important opportunity for research which looks more broadly at models and the processes of multi-agency working independently of its setting or focus. It would also be apposite to revisit the area of factors influencing multi-agency working in more depth, with comparison across the types of collaboration and spheres of work.

Additionally, further issues which seem important but which were not identified include: the key procedures/experiences for successful multi-disciplinary project initiation/group development; the best methods of multi-disciplinary case management, assessment and intervention and the most valid methods of evaluation.

In summary, there is a growing body of research which examines interdisciplinary collaboration from a variety of perspectives, across a range of context and involving an array of professionals, issues and user groups. However, the research base would benefit from greater basis in the existing theoretical literature covering disparate themes such as change management, adult learning and group development and dynamics. Additionally, research with clear hypotheses would assist in moving the

area forward in terms of identifying specific factors for success in various contexts etc. Improvements in the quality of research could also be made through greater clarity regarding the theoretical foundations underpinning the research methodologies used and the validity and reliability of measurement instruments. Finally, a focus on the processes of development and operation, as well as outcomes would usefully inform practice.

### **Integration of Theory, Research and Practice**

This section examines the agreements and disparities between current research and practice with regard to developing multi-disciplinary collaboration; and the implications for action in the short, medium and longer term are outlined.

#### ***Research and Practice Issues***

Although there is common agreement in government guidance, research and practice as to the necessity for interdisciplinary collaboration, the area is under researched; a paradoxical situation given the government and professional emphases on evidence based practice (see Frederickson, 2002; Sebba, 2003). It may be that within educational psychology interdisciplinary collaboration is still at the stage of espoused practice (Argyris & Schon, 1987). Leadbetter's (2000) survey of educational psychologists indicated that 2% of their work was through multi-disciplinary teams. This finding should be treated with caution as it is based on a 58% response rate, and, as the actual survey was conducted in 1998, the responses also relate to a different policy context. However, it must be noted that there was considerable room for growth in the extent of EPs' multi-disciplinary work.

More recently, Atkinson et al. (2002) found that the majority of professionals working in multi-disciplinary projects or teams had previously been involved in interdisciplinary collaboration, perhaps indicating that these individuals find this type of work sufficiently rewarding to return to it, but also raising the possibility that within professions, rather than increasing numbers of individuals taking part in multi-disciplinary activity, it is the same individuals who are keen to repeatedly take posts or become involved in projects engaging in this type of work. The short time span of multi-disciplinary initiatives (Walker, 2003; Atkinson et al., 2001) and possibly therefore, contracts involved in multi-disciplinary posts, may have been a barrier to willingness to take up such posts. However, this situation is likely to change with the advent of The Children Act (2004).

The assessment framework for children and families in need (DoH, 2000) details that inter-agency, inter-disciplinary assessment practice requires an additional set of knowledge and skills to that required for working within a single agency or independently, and training is an issue widely identified to be important in the research. However, the extent and nature of the need across the profession remains unclear.

There is agreement on the necessity for clarity regarding aims, roles, responsibilities and procedures. In practice the role of the educational psychologist is a much debated issue both within educational psychology, and in government reviews of the profession.

In the literature there is an emphasis on the processes of establishing multi-disciplinary working, however, a focus on process would not yet appear to be prevalent in practice. In the Atkinson et al. (2002) study over half of the interviewees did not describe any specific intervention or process to establish roles and responsibilities, and only a small percentage (2.2) of interviewees stated that a clearer remit setting out the roles and responsibilities of all involved in the initiative would have been helpful. Yet also, when asked to describe the key factors in determining the success of a multi-agency initiative, the second most common factor was understanding roles and responsibilities (32% of interviewees across 25 of the 30 initiatives). This would seem to suggest that either interviewees were unaware of processes to determine roles and responsibilities or they were happy with '*things happening naturally as issues arose*' (p 78).

Regarding clarity of procedures, it would seem again that less importance is given in practice, than in the research. In Atkinson et al's (2001) extensive study of multi-disciplinary activity in the UK only 40% of initiatives and 11% of interviewees cited having a framework, model or plan in place that had been agreed by all agencies, as a common rationale for established practice. There is however, agreement in research and practice regarding the importance of strategic level involvement in development. Atkinson et al.'s (op. cit.) analysis of interviews with personnel in 30 multi-disciplinary initiatives indicated that the most frequently cited way (9 out of 30) in which initiatives had been developed was the establishment of strategic-level meetings/steering groups, with only four out of thirty initiatives describe consulting with other interested parties as a significant feature of development.

### ***Short Term Action***

It would seem to be imperative for psychology services and training institutions to be considering the role and remit of educational psychologists, and to agree through discussion within and outside the profession, our role in multi-disciplinary teams. In the context of *Every Child Matters* (HMSO, 2003) Baxter and Frederickson (2005) view the development of the profession of educational psychology as founded in a compact between professionals and children based on the UN convention on the Rights of the Child (United Nations, 1989), thus widening the focus of work and its evaluation beyond schools' requirements. This widening of focus would also require a reconsideration of the current systems of time allocation to schools;

*We would be better advised to consider time-management systems which have clear purposes governing them and which are linked to well thought out principles governing practice rather than sterile time allocation systems where the currency is how long we spend rather than what impact we have.*  
(Leadbetter, 2000, p. 458).

A review of the literature identified a number of unanswered practice questions; the examination of which could illuminate the most effective frameworks and processes for multi-disciplinary collaboration at different levels of work.

Tensions regarding roles within multi-disciplinary working, and the perceptions and expectations of different agencies have of themselves and each other is a frequently cited difficulty; and clarity of roles is a key component of effective teams (Abelson & Woodman, 1983; Atkinson et al., 2002; Haynes et al., 1999; Normington & Kyriacou,

1994). Atkinson et al. (op. cit.) highlighted that where roles and responsibilities were felt to have been successfully established it was the collaborative *process* with participants rather than the imposition of a single agency or vision that was important in reducing conflict, and that, in establishing goals and priorities, a focus on client priorities led to examination of the efficiency of current professional roles, responsibilities and practice, and subsequent consideration of changes to professional practice. It would seem therefore that determining roles and responsibilities is a gradual process of negotiation and intra- as well as inter- professional reflection, linked to the establishment of goals centred on client needs.

However, the detail of the structure and timing of this effective collaboration is less well specified. Sloper, Mukherjee, Beresford, Lightfoot and Norris (1999), in describing the development of early years teams to support children with disabilities and their families, emphasised attention to the determinants of behaviour at the individual level, e.g. motivation, attitudes and beliefs about, and evaluations of potential outcome, and at the organisational level, work on group processes and organisational change. Psychologists are in a position to use psychological knowledge bases to further develop best practice in planning and implementing multi-disciplinary collaboration. For example, there is little reference made in the research to the theoretical literature describing the processes which take place in implementing change, i.e. recognition that information alone rarely effects change, and the importance of identifying key stakeholders (West, 1997); the stages of group development (Tuckman & Jensen, 1977); the effect of the stage of development on the group's functioning and interaction (Weingart, 1997); and reactions to change and feelings of competence/incompetence (Marris, 1986; Robinson, 1974).



### *Medium Term Action*

Much of the literature identifies inter-disciplinary training as a pre-requisite for more effective interdisciplinary collaboration. However, the nature and extent of this need, pre- and post-qualifying, remains unclear. An initial step would be to survey EPs and other professions regarding their views of their training needs. Additionally, regarding the nature of training needed, Easen et al. (2000) suggested that in partnership working:

*...success will depend on the personal and interpersonal qualities of the individuals who represent the partnership organisations as much as, if not more so than, the expertises they represent. (p. 12).*

With respect to the timing of training, can or should training be separate from the actual process of developing an effective team with shared aims, objectives, agreed ways of working, clarity and mutual understanding of roles? i.e. should these processes be experienced as part of the development of each and every team and/or can individuals be trained in these skills and take them to different teams? Team development from other areas of work may be illuminative. Studies of cockpit resource management focus on crew-level as opposed to individual-level aspects of training and operations. In order to equip personnel to be able to function effectively in teams composed of different and changing membership, training involves interpersonal activities as well as person-machine interface training, and leads to positive changes in crew members' attitudes about crew co-ordination and self efficacy. Activities include leadership, effective team formation and maintenance,

problem solving and decision making, and maintaining situational awareness (Helmreich & Foushee, 1993).

Barr, Freeth, Hammick, Koppel and Reeves (2000) sought to establish the evidence base for the effectiveness of interprofessional education (IPE) world-wide as a means to cultivate better collaboration between health and social care professions and so to improve the quality of care for patients and clients. They noted that persuasive though the arguments in favour of interprofessional education may be, evidence to substantiate them is elusive.

However, it has been acknowledged that simply involving students from different disciplines in joint lectures does not ensure improved interprofessional attitudes and knowledge (McMichael & Irvine, 1983). McMichael and Gilloran (1984) found that for student teachers, social workers and community workers, direct approaches which focus on the acquisition of knowledge about the other professionals and the exploration of attitudes were more profitable.

Edwards (2004) found that in practice when distinct professional knowledge and beliefs converged on a key activity, different views were evidenced, for example, conflicting practices in medical, social and educational approaches to confidentiality became apparent in discussion around the design of referral procedures, assessment instruments, and information sharing protocols and related documentation. Easen et al. (2000) also found that different conceptualisations of practice were a barrier to collaborative work, but that joint casework or a particular focus gave a commonality of purpose which facilitated collaboration.

De Bere (2003), in a paper describing IPE regarding youngsters' emotional and behaviour needs, portrayed a change in professional discourse whereby the somewhat more antagonistic professional discourses became gradually centralised on the new main goal of collaboration, and the various strategies that could be employed to achieve it. Although other differences remained, these more conductive elements were utilised as gateways to improved collaboration. So personal, professional and organisational considerations had not been abandoned, instead their varying elements had been adapted to fit a new, more interprofessional discourse based on an underlying generic mental health care discourse. The elements of which included:

- Appreciating the importance of different professionals' input whilst putting the client first;
- Protecting a sense of status and social usefulness whilst respecting the equivalent (but not identical) status of other health professionals;
- Reflecting on long-standing and well-established intellectual foundations whilst accepting the relevance of other perspectives;
- Maintaining a sense of teamwork whilst acknowledging (and encouraging where necessary) the place of other professions in such teams; and
- Challenging total isolationism whilst celebrating difference.

Lacey (1998) reported that some participants in joint training were able to make changes to their own practice but there was an inability to change the practice of colleagues. The point is made that inter-professional education needs to empower participants to manage personal change and sensitively handle reactions from colleagues. De Bere (2003) also pointed out that there is little to be gained from IPE, however successful the learning gained, if it is not accompanied by the relevant

organisational changes necessary to sustain improvement in the longer term. This echoes the findings of Sundstrom (1999) who emphasised the importance of the environment in shaping team processes and performance and these in turn being shaped by the team.

It would also seem that inter-professional education should seek to enhance role security. Carpenter and Hewstone (1996), referring to Tajfel's (1981) social identity theory, devised shared learning between social work and medical students in which group members compared their own group with other groups in order to establish a positively valued distinctiveness between groups. These researchers proposed that intergroup differentiation would be maximised on dimensions where the in group's position was superior, and minimised when it was perceived as being inferior.

Consequently each group's valued identity on specific dimensions should be acknowledged, resulting in mutual recognition of superiorities and inferiorities and, in principle at least, for each group to be seen as it wished itself to be seen, with desired difference highlighted. Attitude changes were reported following a shared learning course based on the above principles. These researchers concluded that shared learning may influence behaviour, but fuller research is required before we can be precise about the extent to which it does and the duration of that change without reinforcement.

In terms of identifying effectiveness, there are difficulties in measuring outcomes associated with interprofessional training (Barr et al., 2000). In the papers reviewed, the goals of the education intervention included an improvement in team working between professionals. The review concludes that overall learners find

interprofessional education an enjoyable and valuable experience. In 12 of the 19 studies reviewed attitudes towards learners from other professions were assessed in some way, with the majority expressing a positive shift in attitudes towards other professions. In a few studies, e.g. Bolden and Lewis (1990), changes in knowledge were reported but most commonly it was the ability to work as part of a team that was enhanced. Some studies also reported changes in professional practice, for example reviewing current practice, development of methods of enhancing teamwork and production of an audit plan (Spratley, 1990; Pearson & Spencer, 1997).

There are also questions at a service level regarding quality assurance; do we seek to measure team work and collaboration, self review of common and comparative professional knowledge? Should the impact for the client of greater interprofessional collaboration be measured through usual quality assurance processes? There may be parallels with attempts to measure outcomes following service delivery changes such as adopting consultation approaches (c.f. Wright, Cameron, Gallagher & Falkner, 1995).

### ***Longer Term Action***

In the longer term it would seem to be important to develop and disseminate more robust methods of evaluation of interprofessional collaboration. Atkinson et al. (2002) found that of six case studies of multi-disciplinary initiatives, only one was reported to have conducted any formal assessment, three had planned but not yet completed evaluation and two reported finding it difficult to know how to measure outcomes.

Furthermore, there are issues connected with worker motivation and job satisfaction which are worthy of further research, for example, Yoshida (1983) suggested that multi-disciplinary teams in the United States were a major change from more typical autonomous and loosely coupled decision-making to co-operative and co-ordinated educational planning. Additionally, Wright (1992) found that one of the difficulties for pairs of speech and language therapists and teachers working together was a perceived loss of autonomy. Research from occupational psychology suggests that this may have wider implications, as increases in interdependence of tasks are associated with decreases in job satisfaction and motivation (Janz, Colquitt & Noe, 1997).

### **Concluding Comments**

The development of interprofessional collaboration should be considered at a number of levels: at the strategic level to give direction, maintain effective communication with operational groups, and manage organisational change. At the group or team level the focus should be on the content and process of group development; crystallising different view points and creating new perspectives while developing collaborative systems and procedures. Additionally, there should be an emphasis on the means of nurturing the relationships which will sustain divergent views and allow new ways of working to develop; creating an atmosphere where conflict can be used creatively. At the individual level there is a need to manage change and possible perceived loss of autonomy, while maintaining a professional identity.

There is much to be gained by combining forces to tackle problems simultaneously through a pooling of ideas, skills and techniques. However, first and foremost professionals must find a way to confront, understand and manage some fundamental issues which may be difficult to work through. Unless such barriers are examined openly and resolved in partnership it is difficult to see how effective collaboration can be set in place. As psychologists, with a knowledge base in systems and organisational change, group dynamics and motivation, we have much to offer the process of development of interprofessional collaboration. If we are to live up to the promise of our discipline, we must develop, within the profession and with others, our identity and purpose as a profession; we must use psychology confidently to advance new ways of working and we must contribute to an evidence base of researched interprofessional practice.

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## ITN Tape 1.

- 10.00.0. Quentin Tarantino at premier TX04.04.2004. **Do Not use Film Clips**
- 10.07.49. James Rusbridger Bondage Death Mystery report. TX17.02.94  
Shots of house and Fetish gear
- 10.09.43 Micheal Hutchence Found Dead TX22.11.97 **Do Not use Performance Clips and music video's.** Shots of him and Paula Yates, Newspaper headlines. Free to use clips of open air performance at 10.20.44.
- 10.21.26 Stephen Mulligan MP death report. TX10.02.1994. shots of outside of House. Talking heads
- 10.26.06 Sado Masocists Appeal. Shot of Judges. 19.02.1997. Nothing else available
- 10.26.42 Cynthia Payne Verdict. TX11.02.1987. Shot of Cynthia with press and House of Illegal activities. Cynthia at window, Luncheon Vouchers Cynthia with Champagne. Stills of inside of House
- 10.29.20 Know The British. TX01.01.1974 Shots of London, Commuters etc. Queen, Banks, City Gents.
  
- 10.36.34 The Most Beautiful Bunny Girls. TX06.11.69. shots of Bunny's etc
- 10.37.30 GV's Kent Countryside. TX24.02.2006. Not great
- 10.40.0 Anti Vietnam March in Washington. TX15.11.1969. Protesters, Troops training. - Protest at night.
- 10.41.48 Margaret Trudo in Tokyo. TX03.03.80. A few shots of Tokyo at night.
- 10.44.48 Tokyo-Economic Miracle. TX30.08.75. Good shots of Tokyo streets. And other footage not relevant
- 10.47.10 Summer Tourists In Paris. TX01.06.74 Good GV's of street life in the Capital. Good shots of Main Tourist sights.
- 10.57.38 Hefners Playboy Jetliner. TX19.02.70 Good Footage of Hefner on plane Interview.
- 10.59.55 Hugh Hefner Comes To London. TX25.06.66 Girls etc, Interview with Hefner.
  
- 11.01.18 Inside Playboy Mansion. TX02.09.71. Bunny's inside and a look around
- 11.03.42 Copenhagen. Sex Fair. 22.10.69. Shots of stands etc
- 11.05.0 Berkeley Demonstrators Clash With Police TX15.05.69 . Good shots of

## Riot

- 11.06.43 Pot replaces Pop. TX02.08.70 Good shots Hippies and drugs. Good Voiceover and people on drugs.
- 11.08.28 Playboy Club opens In London TX29.06.66. Various Bunny's in club. Celebs. Dancing.
- 11.10.38 London shots TX26.03.74. Commuters etc. Dennis Healy.
- 11.13.37 Copenhagen. Porno Sex Fair. TX20.03.70 Porn and erotic dancer.

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Course Members' Form CM3

Form CM3 Professional Practice Assignment Submission

Submitted in part fulfilment of the requirements for the Continuing Professional Development Doctorate in Educational Psychology (DEdPsy)

Name: Catherine Kelly Class: 01

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Professional Tutor: Sean Cameron

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Research Advisor: Allan Sigston

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Assignment No: 4

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Assignment Title: Using problem solving frameworks as a vehicle for multi-disciplinary working

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Submission: 1<sup>st</sup>  2<sup>nd</sup>  Examination

Word count: (Excluding references and appendices) 7023 words

Section of the Core curriculum for Professional Training in Educational Psychology to which this assignment relates:

Interpersonal Effectiveness

Submission Statement (N/A unless assignment submission is for examination)

I confirm that:

1. This submitted assignment is my own work; and
2. I have read and acted upon the guidelines for avoiding plagiarism contained in the DEdPsy Handbook
3. The content of this assignment has not been published in similar form elsewhere, or offered in respect of any other degree, diploma or other academic award.

Course Members Signature:

Date: 26.9.05

Consent Statement (Optional)

I authorise the Department of Psychology to make a copy of this assignment available for public reference at the discretion of the Course Director.

(Please note that copies of examined work may be retained for up to five years for University quality assurance purposes)

Course Members Signature:

Date: 26.9.05

# **Using problem solving frameworks as a vehicle for multi-disciplinary working**

## **Abstract**

The context and structure within which educational psychologists work is set to change, the focus from central government is on 'integrating professionals through multi-disciplinary teams' (HMSO, 2003), and one of the roles of educational psychology services is to 'develop multi-agency approaches to support schools and parents' (DfEE, 2000). Groups are a key aspect of organizational life and as such their performance is a resource which should be effectively utilized (Martin, 2002). However, the evidence regarding the efficacy of groups and teams is mixed (Hill, 1982) and many questions still lie unanswered in the search to understand group performance (Wittenbaum et al., 2004). There is also much literature detailing the difficulties involved in establishing effective multi-disciplinary work to support children with special educational needs (e.g. Coulling, 2000; Hudson, Hardy, Henwood & Wistow, 1999; Mc Conkey, 2002), and it is clear that simply bringing people together round a table does not make an effective team, nor does co-location, in itself, create multi-disciplinary collaboration (Atkinson, Wilkin, Stott, Doherty & Kinder, 2002; Huebner & Hahn, 1990). Abelson and Woodman (1983) concluded that a laissez-faire approach to task and social processes in groups was unlikely to have dividends. This paper will explore how problem solving models in applied psychology can be adapted to support multi-disciplinary collaboration.

## **Introduction**

Management practices such as Total Quality Management (TQM) hold teamwork to be central to their success (Wilkinson, 1993), and working in groups is much studied in the business and organisational psychology literature (e.g. Janz, Colquitt & Noe, 1997; Martin, 2002; Whelan & McKeage, 1993;), and increasingly so in helping professions (Atkinson, Wilkin, Stott & Kinder, 2001; Atkinson et al., 2002; Easen, Atkins & Dyson, 2000; Edwards, 2004; Horder, 1992). There are many variables influencing multi-disciplinary working, i.e. organizational context, team design and process (Guzzo & Dickson, 1996); the type of collaboration – primary (professional and client), secondary (professionals together), and participatory (client and professionals together) (Hornby & Thomas, 1995); or levels of collaboration in sharing information, determining care/education programmes and implementing intervention (Orlove & Sobsey, 1991).

There is a great deal of literature and empirical research concerned with the internal processes of groups; how groups take decisions, interact and the roles that individuals adopt for themselves are all considered to be important issues in effective team performance (Martin, 2002). In short, to be effective a group must manage its decision making process so that the strengths of group decision making are not lost (Abelson & Woodman, 1983). However, research across a range of contexts in the UK spanning almost 15 years, has illustrated how group processes can have a negative impact on group performance, e.g. inequality of contributions, a tendency to defer to authority, dominance of particular professional viewpoints, or constraints on

open debate and a desire to minimise conflict (Cline, 1989; Harris, 1999; Bartolo, 2001).

It would seem that features of effective collaborative problem solving do not occur spontaneously in groups and furthermore, inherent features of groups can work against efficient communication. It is argued here therefore that to operate successfully in a group context, interpersonal problem solving models need to include procedures which facilitate dissemination of shared information; communication of divergent perspectives on a problem, and constructive management of conflict. The focus will be on:

- Identifying the factors which operate at the group and individual level to facilitate effective sharing of perspectives, formation of solutions and decision making.
- Examining how applied problem solving models can to be adapted to for use with groups.
- Drawing out features of effective and ineffective collaborative working, particularly the aspects which contribute to group problem solving.

## **Practice and Context**

The rhetoric of multi-disciplinary working is that professionals (as well parents/carers and children) need to function successfully in groups to ensure effective child protection and user friendly, efficient use of resources (DfES, 2004a), consequently, the context and structure within which educational psychologists work is set to change (DfES, 2005; DfES, op cit; HMSO, 2003). The focus from central government is on

*'integrating professionals through multi-disciplinary teams'* (HMSO, 2003, p. 60)

and one of the roles of educational psychology services is to develop multi-agency approaches to support schools and parents (DfEE, 2000). But what is the evidence for the effectiveness of groups? Under what circumstances and for what tasks are groups more effective? Despite the government and professional emphasis on evidence based practice (e.g. Frederickson, 2002; Sebba, 2003), *'this major shift in conceptualising public and voluntary services as 'joined up' has scarcely been theorised or researched.'* (Edwards, 2004, p. 19)

There is much research from the United States spanning over 25 years on school based multi-disciplinary teams set up in response to public law PL 94-142 (see Friend & Cook, 2003; Heubener & Hann, 1990; Kabler & Genshaft, 1983; Simpson, Ormsbee & Myles, 1997; Vautour & Rucker, 1977). One of the intentions of such teams was to incorporate different educational perspectives, and to encourage parents to participate in their child's programming. There is a great deal of variety in the construction and function of these teams but broadly speaking they devise school based programs of intervention and make placement decisions regarding pupils with learning or behaviour difficulties. The efficacy of such groups has been questioned. For example, Ysseldyke, Algozzine and Mitchell (1982) found that teams spent more time on describing problems and presenting data than to devising interventions; and Pfeiffer and Naglieri (1982) found unsystematic approaches to collecting and analysing assessment information, use of unstructured, unsystematic decision making processes and lack of interdisciplinary collaboration and trust.

In England and Wales, the government has adopted the social model of disability (see 'Removing Barriers to Achievement', DfES, 2004b), and the remit of 'Every child matters: the next steps' (DfES, 2005) goes beyond the classroom, focussing on the child's development, parents and carers, and family and environment (see appendix 1). The challenge therefore is to ensure that problem solving frameworks support systematic analysis, including integration of information /perspectives sampled from a range of professionals, as well as children and parents/carers, whose focus may cover different aspects of the systems around the child. Additionally, problem solving frameworks need to include procedures which minimise the negative influences of maladaptive group processes on performance, e.g. deference to authority.

Much of the government guidance on collaborative working within health, education and social services details difficulties including: unwillingness to share knowledge and skills; stereotyped perceptions of other professionals; a lack of a common assessment framework; different bases and locations; poor systems/understanding of information sharing; poor understanding of others' roles and responsibilities; poor understanding of others' perspectives, language and culture; and a lack of designated lead professionals (HMSO, 2003; DoH, 2000; Health Advisory Service, 1986). These barriers are generally described in atheoretical terms with no separation of factors at different levels, e.g. pragmatic concerns, inter-personal and inter-professional relationships, systems and procedures. The focus here is on the processes of multi-disciplinary problem solving and decision making.

Multi-disciplinary work is often advocated on the grounds that quality of services, the standard of decision making and the search for solutions to complex problems are

improved through joint working and professionals sharing perspectives, knowledge and expertise (Fuchs & Fuchs, 1989; Huebner & Hahn, 1990; Platt, 1994). But are all group members able to offer their perspective, are all perspectives valued?

Cline (1989) cautions that effective multi-disciplinary meetings require,

*'the professionals involved to monitor the proceedings carefully and make effective contributions, rather than allowing one dominant voice to carry the day', and that 'unfortunately power relationships and role responsibilities can inhibit this' (p. 14).*

Similarly, projects concerning multi-disciplinary support for youngsters with behaviour difficulties have concluded that although each professional was keen to do their best for the young person, there was uncertainty as to the best way of co-ordinating professional effort to address the needs of the child holistically; and differences in values and priorities and inability to reconcile differing professional perspectives resulted in inter-professional frustration and suspicion (Hamill & Boyd, 2001; Webb & Vulliamy, 2001).

Rosenfield and Gravois (1999) point out that as well as differing in professional specialities, team members can also differ in respect of other possibly meaningful variables, i.e. demographics; task related knowledge, skills and abilities; values beliefs and attitudes; personality and cognitive behavioural styles and status within the organisation(s). They also highlight that team members can include children and families. In the United States, for groups set up specifically to provide a range of perspectives on pupils' difficulties to inform planning and placement, inequality of contribution was a common feature, with parents and classroom teachers contributing



least (e.g. Fenton, Yoshida, Maxwell & Kaufmann, 1977; Gilliam, 1979; Yoshida, 1983).

Bartolo (2001) in a study of multi-disciplinary working around pre-school children with autistic spectrum conditions (ASC) found that one professional perspective accounted for 50% of the discussion of one child. However, the generalisability of this study is limited as it was based on a small sample of 4 case studies. Lloyd, Stead and Kendrick (2001) described projects to reduce exclusions in three local authorities. The membership of interdisciplinary meetings varied and this appeared to have an effect on discussions and decision made. For example, where a head teacher regularly chaired meetings, this gave a clear message as to the priority of such meetings, but also appeared to give priority to the school's view, and consequently some professionals felt sidelined.

Additionally, in a study focussing on the implications of operationalising joined up services on the professional activities and co-construction of new forms of professional knowledge, Edwards (2004) found that during team meetings about major decisions, jargon could be used to 'exclude' some team members from contributing fully to discussions. Lloyd et al. (2001) also described meetings where the remit was not commonly agreed which led to tensions, for example school based staff considering that a 'second level' meeting chaired by social services, was used when school staff 'could no longer meet the identified needs', whereas the chair saw the remit of these meetings as discussing and planning for both in-school and out of school strategies.

The evidence indicates that multi-disciplinary collaboration can be inhibited by disagreement and tensions among members. However, it would seem that an absence of divergence of opinion can also be unproductive. Wood (1989), in a qualitative study of a group of education professionals developing approaches to behaviour management, found that practices such as side stepping conflict situations, avoiding outside work, and being more committed to the group as a group, than to the group as a committee with a task, satisfied needs for affiliative relationships, but these same behaviour patterns had negative consequences for task performance. It was concluded that when a norm of cohesiveness exists, members need to ensure that they are not preserving the group at the expense of the work at hand. Fullan (1999), writing about school change processes, concluded that creative solutions arise out of interaction under conditions of uncertainty, diversity and instability, and that the potency of collaboration is in the diversity of opinions and ideas across different disciplines, rather than bringing the opinions of participants to some common viewpoint.

Evaluations of multi-disciplinary work between health, education and social services have shown that groups of different professionals can have difficulty reaching decisions which are genuinely shared. Multi-disciplinary teams are subject to process losses such as inequality of contribution, deferring to hierarchies and dominant professional perspectives; and poor management of conflict. It would seem therefore that there is a clear mandate for educational psychologists to consider not only their role and function in multi-disciplinary teams, but also what psychology can tell us regarding how such collaboration can be made as effective as possible.

## Review of the Psychological Literature

The aim is to critique the research literature regarding problem solving in groups.

The literature search used bibliographic data bases of PsychInfo and ERIC as recommended by Ramchandi, Jouglin and Zwi (2001). The key search terms used were '*trans, multi, inter, collaborative*' in conjunction with '*disciplinary, agency, professional*', and '*problem solv\* decision*'. Manual searches of recent journals were also carried out.

Decision making, defined quite broadly, is perhaps best regarded as a bundle of interconnected activities that include gathering, interpreting and exchanging information, creating and identifying alternative courses of action; choosing among alternatives by integrating the often differing perspectives and opinions of team members; and implementing a choice and monitoring consequences (Guzzo, 1995, p. 4). Decision making is a subset of problem solving, and many more problems are likely to be of a problem solving than of purely decision making nature. However, there tends to little integration among the theoretical and empirical works in problem solving with those of decision making. In terms of sheer volume of research, the decision making work far outweighs that in problem solving, despite the reverse in terms of naturally occurring events (Stevenson, 1990). The terms will be used here as they are used in the original sources.

Some of the earliest research in social psychology concluded that groups have the ability to shape the behaviour of individuals within them by influencing the perceptions and attitudes held by members (e.g. Sherif, 1935; Asch, 1951). Stoner

(1961) found that individuals who were asked to resolve 12 different written business type dilemmas, tended to make more risky decisions after group discussion, and that groups tended to take more risky decisions. However, Nordhoy (1962) re-examined the original data of this 'risky shift' phenomenon and found that some of the original dilemmas consistently produced group responses which were more cautious than individual ones. Therefore, groups did not necessarily produce riskier decisions, but individuals tended to make different decisions after group discussion than individuals who didn't take part in discussion.

### ***Clarification of viewpoints and advances in thinking***

It would seem that a possible positive effect of decision making in groups is the opportunity for verbalisation and reiteration of a viewpoint which may increase an individual's own comprehension, understanding and retention of information (Johnson & Johnson, 1989). For example, Pilkington and Parker-Jones (1996) found that when trainee doctors were asked to explain their reasoning to a non-expert, they showed evidence of better learning and diagnostic performance. Tetlock (1992) also found that asking people to give explanations for their judgements improves decision making if the request is made before people start analysing the relevant information. However, if the request is made after a decision it may lead to worse decision performance as people hold on to a defective decision even if they are given new information that would allow them to improve their initial decision.

Monsen and Frederickson (2002) found that trainee educational psychologists' use of accessible reasoning, i.e. making thinking about the information being shared with the client explicit to them, is associated with improved problem understanding. Tjosvold

and Johnson (1977) also found that interpersonal discussions could bring about advances in cognitive and moral reasoning. However, despite the commonly held view that ‘two heads are better one’ and the ‘romance of teams’ (Allen & Hecht, 2004), it would seem that the evidence for the superiority of group over individuals is mixed (Hill, 1982); and idea sharing in groups involves relatively inefficient processes (Paulus & Yang, 2000).

### ***Difficulties in groups***

Although groups represent an opportunity for performance which is greater than the sum of the parts, they are also subject to a number of influences which do not operate at the individual level (Hill, 1982). Groups tend to rush towards consensus without fully evaluating the alternatives, particularly if the group is under stress, is very cohesive or has a directive leader (Janis & Mann, 1977). Janis (1982) described the phenomenon of ‘groupthink’ where influential information was apparently not given appropriate weight within foreign policy decisions involving military planning in the US. He concluded that this was the result of concentrating on harmony and morale within the group to the exclusion of other points of view.

Group members may also conform more when deviation is identifiable, when they are less confident in their expertise and when the issue is difficult. When the task is ‘judgemental’ and demonstrability is low (i.e. where a ‘correct’ solution does not exist or cannot be known for some time) the decision making process is best described as ‘majority wins’ rather than ‘truth wins’ i.e. influenced by group norms rather than by information. In the former consensus is sought and information not already held in

common is less likely to be explored (Kaplan & Miller, 1987; Stasser & Stewart, 1992).

Freely interacting groups also tend to produce fewer ideas than individuals brainstorming alone (Diehl & Stroebe, 1991); and traditional interacting group procedure is often less efficient and less effective with regard to decision making than more structured decision-making procedures (Van de Ven & Delbecq, 1974; Rogelberg, Barnes-Farrell & Low, 1992; Stasser, Taylor & Hanna, 1989).

### ***Constructive controversy***

Janis (1982) suggests that it is the facilitation of different, divergent or contradictory viewpoints before collectively focussing on workable solutions which is effective in producing superior group outcomes (c.f. Fullan, 1999). This view accords with that of Tjosvold and Tjosvold (1995) who, in a review of studies, found that the key mechanism in effective collaboration was constructive controversy, i.e. open discussion of opposing views and integration of ideas.

Tjosvold and Johnson (1977) found that it was the controversy contained in discussions which led to increased cognitive perspective taking, which in turn stimulated advances in cognitive and moral reasoning. In their research participants (university undergraduates) were asked to discuss a moral dilemma with a person who was instructed to either discuss from a similar or opposing perspective. Participants were then asked to give their subjective judgement as to how accurately they had understood the confederate's perspective, i.e. how the confederate would reason on a similar moral dilemma. Participants in the controversy condition were better able to

identify issues representing the confederate's reasoning process than were subjects in the no controversy condition. The authors suggested that disagreement seemed to arouse the participant's motivation to understand the confederate's reasoning, resulting in greater understanding of the other's perspective. It may also be possible therefore that explaining to a non-expert increased the motivation of the trainee doctors to explain their reasoning in the Pilkington and Parker-Jones (1996) study.

Schweiger, Sandberg and Ragan (1986) found that a consensus approach to decision-making produced decisions of a lower quality than a conflict orientation where recommendations are exposed to a critique through a dialectical or 'devil's advocacy' procedure. Additionally, if the task the group is doing is complex and non-routine, a moderate level of task conflict is more effective than no conflict in producing high quality decisions and products, i.e. teams performing complex cognitive tasks benefit from differences of opinion about the work being done (Sell, Lovaglia, Mannix, Samuelson & Wilson, 2004). And, if groups have norms that encourage task debates but discourage personal attacks, the group is more likely to be a high functioning team with members more likely to be satisfied with the interaction and likely to remain in the group (Wittenbaum et al., 2004).

Finally, the participants in the no controversy condition (Tjosvold & Johnson, 1977) believed they best understood the confederate's perspective. The authors suggested that this demonstrates that people who share the same opinion may often have the illusion of understanding which masks their actual ignorance of each other's perspective. Homogeneous opinions may result in a lack of inquiry into each other's

perspective and reasoning, potentially affecting the amount of learning and quality of problem solving resulting from the discussion (c.f. groupthink, Janis 1982).

### ***Sharing information***

Even where no difference of opinion may exist, there is a tendency for groups (structured and unstructured) to discuss shared information at the expense of unshared information (Stasser et al., 1989). In this study, the participants (university students selecting a candidate for student body president ) were given factual information about each candidate. Some of the information was common to all participants (shared) and some was particular to individuals (unshared). Participants were instructed to recall and review all the important and relevant information about the candidates without stating their preference, before trying to reach a decision about which candidate was best suited to the position. The control group were simply instructed to discuss the candidates sufficiently to agree which was best.

Imposing this small amount of structure on the discussion tended to increase the percentage of shared information more than unshared information, and, even when unshared information was mentioned, the freely interacting discussions were less likely to return to it. However, it must be noted that, while clearly there could be overlap, shared or unshared information does not necessarily equate to agreement or opposing views. The authors concluded that the results are encouraging for the benefits of structuring discussions (even with minimal structure imposed) but disconcerting if one believes that a major virtue of group decision making (and



integrating professional in multi-disciplinary teams) is the opportunity to exchange and disseminate unshared information.

The participants in this experiment were asked to review written information about the candidates, but the discussion took place without reference to the written material. It is not clear if the same results may have been obtained if the participants had the information to hand. The sampling bias thought to be responsible may also operate differently if participants are reviewing familiar information rather recalling recently acquired information.

Additionally, while the discussion was of a topic familiar and of interest to the participants, the groups were not established, and it may be therefore that the degree to which unshared information was not pooled was an artefact of the immaturity and lack of role clues due to lack of role clarity within the groups. Expert role assignment reduced the sampling bias favouring shared information (Stasser, Vaughan & Stewart, 2000). When group members had clues that helped identify who held what kind of unshared information they exchanged more unshared information. Being clear about the area of expertise before reviewing information also improved later group recall of information, possibly through greater rehearsal and improved presentation to the group (Stasser et al., 2000). This has implications within multi-disciplinary teams for the importance of establishing role clarity in order to maximise discussion of unshared information.

However, Stasser et al. (2000) also found that forewarning of expert roles also led the same unshared information being repeated more often! Does perception of expertise

and knowing the information is particular to an individual increase their tendency to repeat such information in multi-disciplinary groups in the field? Bartolo (2001) found that multi-disciplinary discussions regarding children with ASC were dominated by a single profession. However, further research involving a larger number of meetings and contexts is needed in order to be able to go beyond speculation on this point.

### *Structuring discussion*

It is suggested that one way performance in groups can be enhanced is through structured problem solving techniques, eg Janis (1982) suggests a number of mechanisms to facilitate exploration of different and possibly divergent or contradictory perspectives.

Van de Ven and Delbecq (1974) compared Nominal Group (each individual writes down their ideas and a round robin procedure ensures that each member has an opportunity to communicate his or her ideas) and Delphi techniques (members do not meet but contribute written ideas and are given written group summaries) with unstructured interacting discussion groups (60 heterogeneous groups of various individuals within a university setting, eg student residents, academic administrators, faculty etc). Each group was required to define the job description of part time student dormitory counsellor, a problem that was characterised as very difficult, had no solution that would be equally acceptable to different interest groups, and aroused highly emotional and subjective reactions. Decisions were made by ranking alternatives in the Delphi and Nominal Groups Techniques, the method of decision making to be followed was not specified in the unstructured group.

Effectiveness was measured in terms of the quantity of unique ideas produced and member satisfaction with the decision making process. The Nominal Group Technique (NGT) and the Delphi method were found to be more effective than the conventional discussion group process. However, it is not clear which procedure would have been most effective for quality of outcome. Paulus (2000) has also found that structured group interaction followed by individual reflection before decisions are made, allows for incubation of ideas, a greater number of ideas generated and better decisions.

Rogelberg et al. (1992) found that a specific group decision making technique could improve group decision making over best individual member 56% of the time compared to 13% for conventional groups (who were instructed they would all work together to create the one best solution for the problem, in any way they wanted). Psychology undergraduates were asked for a solution to 'the winter survival problem' (which, of a list of supplies, should be a priority for survival). The experimental groups used the step ladder technique which involved an initial period of individual consideration of the best solution, then two group members explained their respective solutions to each other and came to a joint agreement, following which a third member joined the group and explained their favoured solution, the three group members then came to their collective best solution, and the process was repeated as a fourth member joined the group. The authors suggest that the success of this technique lies in the democratisation of contributions. However, there was no qualitative analysis of how solutions were compared and evaluated in order to discard.

Intuitively it would seem that structure is helpful at the most basic level of providing order and organisation of the discussion. The control groups in the Rogelberg study (op. cit.) anecdotally reported that they were not productive, things were chaotic and time was wasted, whereas the step ladder groups were more likely to agree that they had worked unusually well together, and that they were more organised. The step ladder group members also reported less pressure to conform than control groups. The authors concluded that structure was beneficial as contributions were more democratic. It is likely that this also ensured greater opportunity to present and explain views (c.f. Pilkington & Parker-Jones, 1996; Tetlock, 1992) although this aspect was not reported on.

The authors speculated that there may have been more free evaluation of ideas rather than avoidance of disagreements. This was supported by anecdotal reports from participants who indicated that while an entering member was presenting options, the core group would continually ask, 'why do you say that?' This questioning of views may have led to more viable and effective information, which the group could use when making the final decision. Additionally, organisation and control of contributions may have benefited the group discussion in facilitating freer exchange of viewpoints, greater questioning and consequent advances in reasoning across group members. Comparative qualitative analysis of participants' impressions in the Van de Ven study (1974) also suggested that the NGT approach surpassed the other approaches to group decision making in terms of socio-emotional group maintenance, clarity of problem presentation and discussion, tolerance for conflicting ideas, equality of participation, and perceived sense of closure.

In terms of generating solutions to problems, pooling the results of individuals working alone has usually resulted in more ideas than group brainstorming. Hill (1982) suggests that review studies indicate that difficulties with interaction rather than information pooling were responsible for inhibition of brainstorming performance in groups. However, in a study involving psychology students discussing questions such as, 'How can the costs of the health service be reduced?' Diehl and Stroebe (1991) found that productivity loss (in terms of numbers of ideas generated) was not due to less speaking time but to having to wait, as participants either forgot some of their ideas or generated less ideas as they were focussed on rehearsal whilst waiting. The authors also found that the nominal group technique facilitated more ideas but was less consistent for quality.

White, Dittrich and Lang (1980) also found that structured discussion significantly increased nurses' attempts to implement solutions. However, reporting of implementation attempts from the work situation via self report has its limitations, e.g. demand effects on the behavioural reports or fallibility of recall. Also pre-discussion agreement among group members and the degree to which the individual's preference was reflected in the final group decision may have increased the support of the group decision in subsequent interactions (Castore & Murnighan, 1978).

In summary, an important, if rather obvious, ingredient of effective group interaction is enabling equality of contribution. The literature indicates that imposing a structure which regulates contributions is helpful in this. It would seem that structured discussions are superior to unstructured group discussions as differing views are given uninterrupted time, giving rise to the evident advantages of ensuring each person has

the opportunity to hear the full range of views and the full range of perspectives are available to inform any further action. It is suggested that this gives rise to a further benefit, in that providing each person with the opportunity to reiterate their viewpoint is likely to increase their own understanding of the situation.

Participants in structured discussions also report greater satisfaction, socio-emotional group maintenance and tolerance for conflicting ideas, as well as less pressure to conform. It may be that structured discussion makes offering opposing views more acceptable and enables conflict to remain task focussed. This has the advantage of enabling constructive controversy and thus the opportunity to consider different or opposing perspective(s) which leads to increased cognitive perspective taking, which in turn stimulates advances in cognitive and moral reasoning.

Furthermore, it would seem that participants are also enabled to add information outside the consensus, thus facilitating greater pooling of unshared information, and increasing the total circulation of information. When generating ideas or solutions, group performance is improved when the tasks of generating ideas and attending to others' ideas are separated, and further, when individuals are given the opportunity to assimilate information from group interaction before making decisions. Finally, there is also some evidence of structured discussion increasing the likelihood that solutions will be implemented.

## **Integration of Theory, Research and Practice**

This section will examine evidence for effective functioning and processes losses in multi-disciplinary teams to support children with special educational needs; and will consider how interpersonal problem solving models can be adapted to facilitate their effective use in groups.

The review of the literature in the previous section indicates the importance of equality of contribution in effective group problem solving. However, assuming equality of contribution is achieved, multi-disciplinary groups can have further difficulties in analysing and integrating information to make good quality decisions (Pfeiffer & Naglieri, 1982; Ysseldyke et al., 1982).

### ***Features of effective multi-disciplinary teams***

Preparation through initial and ongoing training, role clarity, negotiated and shared aims and responsibilities, openness to new ideas, understanding different professional roles, establishing social relationships and balancing needs for process and content issues, a key staff member to co-ordinate the services of professionals, and consideration of how contexts can be conducive to collaborative working, have all been found to be important aspects of effective professional collaboration in the UK (Atkinson, et al., 2002; Haynes, Atkinson & Kinder, 1999; Hamill & Boyd, 2001).

Empirical research on collaborative teams in US education with a variety of functions, procedures and levels of training, suggests that, in line with what would be predicted from the research on group functioning and decision making, those teams which use a

structured format, have some initial training, willing participation and a clear agreed, shared purpose are more successful in terms of outcome measures (e.g. Cantrell & Cantrell, 1976; Pugach & Johnson, 1995), and participant satisfaction with both outcomes and the process (e.g. Chalfant & Pysh, 1989; Ormsbee & Haring, 2000).

### *Interpersonal problem solving models*

Problem analysis using heuristics, hypothesis testing and problem solving frameworks are common within a number of professions (DoH, 2000; Elstein, Shulamn & Sprafka, 1978; Sturge, 2001) and have also been found to be used informally within a range of disciplines, including teachers and mental health nurses (Mason, Williams & Vivian-Byrne, 2002; Snell & Janney, 2000).

Problem solving models in the empirical research literature tend to start with a clearly defined problem and to focus on interaction and procedures for ensuring efficacy of contribution and integration of information, whereas interpersonal problem solving models in applied psychology tend to focus on the stages of role clarification, problem identification, analysis, intervention planning and evaluation (see Monsen, Graham, Frederickson & Cameron, 1998). Monsen & Frederickson (2002) point out that although a primary role is given to interviewing and problem solving, little is published on what models are being taught; what skills underpin them; and how effective they are. Additionally, integrity of their use in the field is varied (Farouk, 1999; Fluglum & Reschly, 1994).

Despite this, frameworks for interpersonal problem solving have been extended to assist multi-disciplinary group interpersonal problem solving within educational



settings (e.g. Woolfson, Whaling, Stewart & Monsen, 2003; Welch, 1999).

Additionally, little adaptation is made in these models to account for the extensive theoretical and empirical literature on groups and team working; or for use by other professions with their own traditions. Some writers do make the case for considering the effects on group consultation of social psychological phenomena such as the power of the majority; the value of minority dissent; polarization and shared norms (e.g. Gutkin & Nemeth, 1997) and suggestions are made regarding the requirements for effective group problem solving (Huebener & Hann, 1990; Sigston, 1988; see appendix 2); and some also suggest that discussion be mediated by a consultant using the skills and techniques of e.g. active listening, negotiating, reframing, agenda management, consensus testing and goal setting (e.g. Woolfson et al., op cit.; Lacey, 2001; Sigston, op cit.).

However, while much has been proposed, little appears to have been investigated. Firstly, it is unclear the extent to which such models are used in multi-disciplinary contexts, Atkinson et al.'s (2002) extensive study of interdisciplinary work between health, education and social services makes little mention of problem solving. The integrity of their use and the efficacy of one model over another is not known, and little is known regarding the nature of the skills needed to apply such models in a multi-disciplinary group context. However, Easen et al. (2000) in a study in which different professional groups conceptualised their roles, purposes and practices, and the effect on collaboration, concluded that personal and interpersonal qualities as more important in ensuring success than professional expertise

### *Implications for problem solving models*

Interpersonal problem solving models were generally designed for use with dyads or triads where the roles of consultant and consultee(s) are clear (e.g. Kratochwill & Bergan, 1990; Monsen et al., 1998). Evidence reviewed in the previous section suggests that transfer of consultee/consultant models of interpersonal problem solving to groups would benefit from explicit procedures to facilitate:

- equality of contributions (Rogelberg et al., 1992; Van de Ven and Delecq, 1974);
- dissemination of unshared information (Stasser & Stewart, 1992);
- individual initial generation of ideas (Diehel & Stroebe, 1991);
- increased explanation of reasoning (Johnson & Johnson, 1989; Pilkington & Parker-Jones, 1996; Tetlock, 1992);
- open discussion of opposing views (Schweiger et al., 1986; Sell et al., 2004; Tjosvold & Tjosvold, 1995);
- increased cognitive perspective taking (Tjosvold & Johnson, 1977);
- opportunity for incubation of ideas (Paulus, 2000); and
- systematic evaluations of alternatives (Janis, 1982).

A further consideration regarding the transfer of problem solving models to group settings is the question of who are the consultants and consultees. Traditional consultee/consultant models usually include the expectation of perspective change (e.g. Wagner, 1995) but this is usually expected to occur in one direction, that of consultant facilitating consultee perspective change(s). Sigston (1988) refers to an advantage of group problem solving as being that individuals are almost certain to be

exposed to alternative attributional beliefs, and that consultants should challenge and modify in order to move from internal to external attributions for client behaviour.

Is there an expectation that perspective change could involve all in the group, e.g. Snell & Janney (2000) quote one class teacher's views as,

*'I need those people (team members... I also think it's probably good that I'm there to balance them out' (p. 488).*

Or do some group members expect perspective change to be uni-directional (c.f. Bartolo, 2001)? Are expectancies about perspective change made explicit to all group members? Pugach & Johnson (1988) make the point that collaboration cannot be a one way direction of expertise or perspective change.

Analysis of the literature suggests that there is little theoretical or practical methodology which pulls together the research on structuring interaction in problem solving and decision making groups, with the espoused problem solving models in applied settings, in order to describe the most effective methods of interaction, problem solving and decision making in multi-disciplinary groups to support children, schools and families.

In summary, it would seem that in order for a group of professionals (and parents/carers and youngsters themselves) to effectively and democratically combine their perspectives on a problem, a format is needed which not only gives a structure in which to problem solve, but also makes explicit the expectancy and direction of

perception change, as well compensating for potential group process losses through establishing a productive socio-emotional climate and ensuring equality of contribution. At a procedural level, empirical research would suggest that this would incorporate individual generation of ideas and allow for uncritical presentation of ideas, followed by questioning and justification, individual reflection to facilitate incubation of ideas, and finally a systematic means of prioritisation of solutions.

However, there are important differences in the findings of studies using experts in the performance of familiar, job-related tasks and those using student participants or less realistic tasks (Smith & Kida, 1991). Judgement behaviours should be evaluated by examining the populations to which we wish to generalize, with individuals performing tasks that are readily familiar to them. Therefore multi-disciplinary research studies need to look at teams in situ to examine problem solving and decision making. More study is needed of the processes used within such meetings; the extent to which multi-disciplinary teams use a problem solving approach; the quality of analysis from problem solving and non problem solving groups; the outcomes for children; and the efficacy of one model over another.

### ***Features of effective meetings***

Much of the work of multi-disciplinary collaboration takes place in meetings. The literature describing the difficulties to which such meetings are subject has been reviewed; and empirical evidence regarding the processes of such difficulties is discussed in the previous section. Lloyd et al. (2001) in their paper evaluating interagency working to reduce exclusion from school, list a number of features found in effective multi-disciplinary meetings (see appendix 3).

### ***Future directions***

The current government emphasis is on the development of a common assessment framework (DfEE 2005; HMSO 2003), drawing on the framework for the assessment of children in need and their families; and others from SEN, youth justice and health visiting. The phases of assessment described in the framework for children in need (see appendix 4) bear some similarities to models of problem solving used within educational psychology (e.g. Cameron & Stratford, 1987; Miller, Leyden, Steward-Evans & Garmage, 1992; Monsen et al. 1998), but it also makes explicit the consideration of the different perceptions of those involved.

However, this approach is not replicated in the common assessment framework, which tends to focus on detailing areas for assessment (DfEE, 2005; see appendix 1). It may be that this instrument which is intended as a first point of information gathering, and intended to be used within universal agencies, is not thought to require this level of analysis. However, as another of its purposes is as a vehicle to develop multidisciplinary working (HMSO, 2003), it would seem that the lack of focus on the stages of problem solving, and effective procedures for equality of perspective and integrating different viewpoints, may be a missed opportunity.

### **Concluding comments**

The rhetoric of multi-disciplinary working is that professionals (as well parents/carers and children) functioning in groups are a necessity for ensuring effective child protection and user friendly, efficient use of resources (DfES, 2004a). However, the

research evidence is not concurrent with the claims made. There are many features of effective multi-disciplinary work which have been identified, and yet many more which have been assumed or left to chance.

In the UK there are some reports of making use of structured meetings and/or managed conflict but the format or procedures used are either not stated, or not evaluated. Research is needed to establish the prevalence and nature of problem solving approaches; the levels of training and facilitation required for teams to use such approaches effectively; empirical outcomes for teams using problem solving structures, compared to control groups who do not use such approaches; and outcome studies to evaluate the efficacy of different approaches. Such research would illuminate the debate regarding the efficacy of multi-disciplinary collaborative working, beyond that currently provided by evaluations which gather the perspectives of service users and team members.

Fundamentally, in order to be effective, multi-disciplinary teams need to be able to combine different professional expertise; make collaborative decisions; and solve problems successfully. Problem solving models in applied psychology tend to be developed for use within consultant and consultee relationships, and the focus is on the stages of role clarification, problem identification, analysis, intervention planning and evaluation. However, the theoretical and empirical bases for working within groups, and for managing discussion to ensure effective sharing of perspectives and constructive management of conflict, are not currently explicit features of problem-analysis frameworks. If applied psychologists are to contribute to multi-disciplinary teams to the best of the discipline's potential, then psychology should be applied to

the development of clear theoretical and procedural group problem solving practices which are grounded in evidence based conceptual frameworks, and which have clear links with outcomes.

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## **Appendices**

1. The common assessment framework
2. Suggested requirements for effective group problem solving
3. Features found in effective multi-disciplinary meetings
4. The framework for the assessment of children in need and their families



# Common Assessment Framework (CAF) for children and young people

- Use the **Scroll bar** to navigate the form and the **mouse** to access hyperlinks (underlined text) and input boxes. **Do not use the tab or return keys.**
- Any text which disappears below the cell floor will not print out.
- Where tick boxes appear, insert an 'X' in those that apply.
- Complete this assessment when you feel that a baby, child or young person may have additional needs which their current level of provision is not addressing.
- The purpose of this assessment is to gather evidence of the baby, child or young person's strengths and needs, taking account of their family circumstances. It will provide the basis for decisions about the scale and nature of any additional support the baby, child, young person or family/carer may need.
- You do not need to complete all assessment factors; concentrate on the presenting issues.
- Follow your local Area Child Protection Committee (ACPC)/Local Safeguarding Children Board (LSCB) established child protection procedures as soon as any requirement to do so is identified.

## Why the CAF is important

It will ensure that whenever a baby, child or young person is assessed, an established assessment model is followed. This means that:

- evidence is consistently recorded to high, credible standards;
- practitioners will work together and share information more effectively.

## Completing the assessment

### Assessment summary

As a minimum you should provide an indication that you have considered all three domains listed. You are not required to deal with all factors, concentrate on the presenting need(s).

### Assessment evidence

Practitioners should take care about how they present the different types of evidence they may use in assessment. All those providing information should take care to distinguish between fact, observation, allegation and opinion. 'Views, wishes and intentions' need to be noted alongside areas of agreement and disagreement. ('Working Together to Safeguard Children'.)

Lastly, you will need to complete the 'Conclusions, solutions and actions' section detailing what needs to be done, by whom and by when. If more than one practitioner is involved, a lead professional should be identified.

### **Sharing the assessment**

In most circumstances the child or young person (if they are of sufficient age), or their parent or carer, should be provided with a copy of the assessment. This must not be done if it could put the baby, child or young person at risk of harm.

If, as a result of your assessment, you conclude that it will be beneficial to work with other agencies, and the child, young person, or their parent or carer agrees, you should forward the agency a copy of this assessment.

### **Additional information**

The guidance accompanying this form contains examples of what evidence to look for. However, they are not presented as an assessment 'script' for you to work through, they are for your guidance only. As someone who knows the baby, child or young person, you are best placed to determine the best way to address each of the factors for each individual child in unique, sometimes complex circumstances.

For babies, children or young people with significant levels of disability, be careful to take account of the real progress being made. For example, comments on 'speech, language and communication, development' should, for a baby, child or young person with a disability, refer to their preferred means of communication, where relevant.

### **Exceptional circumstances - Significant harm and putting others at risk of harm**

If at any time during the course of this assessment you feel that a baby, child or young person is "a child in need" which includes being at risk of significant harm, you must follow your local Area Child Protection Committee (ACPC)/Local Safeguarding Children Board (LSCB) procedures in the normal way and as set out in the booklet 'What To Do If You Are Worried A Child Is Being Abused'. Similarly, children or young people putting others at risk of harm, for example, by their threatening behaviour, should be dealt with immediately using established procedures operated locally.

## **Details of baby, child or young person being assessed**

Name	Address	
Date of birth		
Male	Female	
Contact telephone no.	Unique ref. no. (if known)	Update/Version no. (if known)

**Details of all persons with parental responsibility**

Name Address

Relationship to baby, child or young person

Contact telephone no.

Name Address

Relationship to baby, child or young person

Contact telephone no.

Name of parent or carer present at the assessment

**Details of person(s) undertaking assessment**

Name of person(s) undertaking the assessment

Contact telephone no. Address

Agency

Name of lead professional (where applicable)

**Assessment information**

Date of assessment

What has led to this baby, child or young person being assessed?

Is the baby, child or young person disabled, or are there any language or communication issues?

Yes No

If 'Yes', give details.

## Agency involvement with this baby, child or young person

Early years or educational provision

Name of GP

Other agencies working with this baby, child or young person

## AF assessment summary ~ Identify strengths and needs

Please identify strengths and needs. There is no need to comment on all factors. For definitions go to **Appendix B**.

### 1. Development of baby, child or young person

Health ~ including general health, physical development, speech, language and communications development

Emotional and social development

Behavioural development

Identity, including self-esteem, self-image and social presentation

Family and social relationships

Self-care skills and independence

Learning ~ including understanding, reasoning and problem solving, participation in learning, education and employment, progress and achievement in learning, aspirations

### 2. Parents and carers

Basic care, ensuring safety and protection

Emotional warmth and stability

Guidance, boundaries and stimulation

### **3. Family and environmental**

Family history, functioning and well-being

Wider family

Housing, employment and financial considerations

Social and community elements and resources, including education

#### **Supporting evidence (strengths and needs identified)**

Provide evidence to support your conclusions and recommendations. Work with the baby, child or young person and/or parent or carer, and take account of their views. Record any major differences of opinion.

What evidence is your assessment of strengths and needs based upon?

#### **Conclusions, solutions and actions**

Now you have completed the assessment, you need to record conclusions, solutions and actions. Work with the baby, child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

What are your conclusions? (For example, strengths, no additional needs, additional needs, complex needs, risk of harm to self or others.)

What action is needed immediately?

What actions do you recommend? (For example, no further action, continue to work with the baby, child or young person or multi-agency meeting.)

What are you going to do? (For example, you, your agency, other agencies, the child or young person and their family.)

By when?

How will you review the progress?

Date for review

How will you know when things have improved?

Child or young person's comment on the assessment, and actions identified.

Parent or carer's comment on the assessment, and actions identified.

**Consent for information storage and information sharing**

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

me                      this baby, child or young person, for whom I am  
parent                      carer

Do you agree to the information recorded on this form being shared with the other people/services listed?

Yes                      No                      If 'No', please sign in the box below.

If 'Yes', give details of the people/services the information may be shared with.

Signed

Name

Date

## Definitions

### 1. Development of baby, child or young person

#### Health [Go back](#)

**General health** ~ The baby, child or young person's current health condition (for example, conditions of relevance to a baby, child or young person, including growth, development, physical and mental well-being).

Also includes consideration of:

- health conditions or impairments which significantly affect everyday life functioning whether chronic or acute, including obesity;
- access to and use of appropriate health services, such as those provided by a GP/dentist/optician, immunisations and appropriate developmental checks;
- number and frequency of hospital admissions and accidents;
- access to and use of appropriate health advice and information, for example, diet, sexual health and management of any health condition such as diabetes or asthma.

**Physical development** ~ The baby, child or young person's means of mobility, level of physical or sexual maturity/delayed development.

Also includes consideration of:

- being well-nourished, being active, rested and protected, gaining control of the body, acquiring physical skills;
- vision and hearing;
- fine and gross motor skills including:
  - crawling, walking, running and climbing;
  - participation in football or other games;
  - ability to draw pictures, do jigsaws etc.

**Speech, language and communications development** ~ The ability to communicate effectively, confidently and appropriately with others.

Also includes consideration of:

- preferred means of communication;
- use of first language;
- ability to gain attention and make contact, access positive relationships, be with others, encourage conversation;
- the impulse to communicate, exploring, experiment, labelling and expressing, describing, questioning, representing and predicting, sharing thoughts, feeling and ideas;
- listening and paying attention to what others say, making playful and serious responses, enjoying and sharing stories, songs, rhymes and games, learning about words and meanings;
- ability to communicate meaning, influence others, negotiate and make choices, understanding of others;
- vision and hearing;

- language for communicating and thinking;
- linking sounds and letters;
- reading and writing;
- willingness to communicate;
- articulation skills and language structure;
- vocabulary and comprehension;
- fluency of speech and confidence;
- appropriateness of social and communications skills, for example, body language, excessive use of expletives or inappropriate language, for example brusque manner.

## **Emotional and social development**    [Go back](#)

The emotional and social response the baby, child or young person gives to parents, carers and others outside the family.

Also includes consideration of:

- the importance of being special to someone, being able to express feelings, developing healthy dependence, developing healthy independence;
- nature and quality of early attachments;
- self-harm or risk of self-harm;
- phobias or psychological difficulties;
- temperament, coping and adjusting abilities for example, after experiencing domestic violence, bereavement or family relationship breakdown;
- disposition, attitudes and motivation to change.

## **Behavioural development**    [Go back](#)

The behaviour of the child or young person.

Also includes consideration of:

- lifestyle and self-control (including participation in reckless activity and need for excitement);
- behaviour in class or other environments where the child or young person comes into contact with their peers;
- substance abuse/misuse (includes alcohol and volatile substances as well as illegal drugs);
- anti-social behaviour for example, destruction of property, aggression towards others, harm or risk of harm to others;
- sexually inappropriate behaviour and attempts to manipulate or control others;
- offending behaviour and risk of (re)offending;
- violent or aggressive behaviour at home or school;
- attitudes to offending.



## **Identity, including self-esteem, self-image and social presentation**

[Go back](#)

The growing sense of self as a separate and valued person.

Also includes consideration of:

- growing awareness of self, realisation of separateness and differences from others, recognition of personal characteristics and preferences, finding out what they can do;
- importance of gaining self-assurance through a close relationship, becoming confident in what they can do, valuing and appreciating their own abilities, feeling self-assured and supported, a positive view of themselves;
- knowledge of personal and family history;
- access to recognition, acceptance and comfort, ability to contribute to secure relationships, understanding they can be valued by and important to someone, exploring emotional boundaries;
- sense of belonging, being able to join in, enjoying being with familiar and trusted others, valuing individuality and contributions of self and others, having a role and identity within a group, acceptance by those around them;
- race, religion, age, gender, sexuality and disability ~ may be affected by bullying or discriminatory behaviour;
- understanding of the way in which appearance and behaviour are perceived and the impression being created.

## **Family and social relationships** [Go back](#)

The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community.

Also includes consideration of:

- stable and affectionate relationships with parents or care givers;
- sibling relationships;
- involvement in helping others;
- age appropriate friendships;
- association with predominantly pro-criminal peers or lack of non-criminal friends;
- understanding of others and awareness of consequences;
- association with substance misusing friends/peer groups.

## **Self-care skills and independence** [Go back](#)

The acquisition of practical and emotional and communication competencies to increase independence.

Also includes consideration of:

- discovering boundaries and limits, learning about rules, knowing when and how to ask for help, learning when to say no and anticipating when others will do so;
- discovering and learning about their body, demonstrating individual preferences, making decisions, becoming aware of others and their own needs;
- early practical skills for example, coping with routine such as washing, dressing and feeding including swallowing, chewing and weaning, in the case of the very young;

- opportunities to gain confidence and practical skills to undertake activities away from the family;
- independent living skills for older children for example, appropriate use of social problem solving approaches.

## **Learning**      [Go back](#)

**Understanding, reasoning and problem solving** ~ The ability to understand and organise information, reason and solve problems.

Also includes consideration of:

- the impact of any disability or impairment or special needs and of any potential for these outcomes;
- making connections through the sense and movement, finding out about the environment and other people, becoming playfully engaged and involved, making patterns, comparing, categorising, classifying;
- being creative, exploring and discovering, experimenting with sound, other media and movement, developing competence and creativity, being resourceful;
- being imaginative, imitating, mirroring, moving, imagining, exploring and re-enacting, playing imaginatively with materials using all the senses, pretend play with gestures and actions, feeling and relationships, ideas and words;
- exploring, experimenting and playing, discovering that one thing can stand for another, creating and experimenting with one's own symbols and marks, recognising that others may use marks differently;
- play and interaction;
- demonstration of a range of skills and interests;
- numbers as labels and for counting;
- calculating;
- shape, space and measures;
- progress in learning, including any special educational needs identified;
- knowledge and understanding of the world.

**Participation in learning, education and employment** ~ The degree to which the child or young person has access to and is engaged in education and/or work based training and, if he/she is not participating, the reasons for this.

Also includes consideration of:

- attendance;
- the degree to which prior non-participation has led to current needs and circumstances;
- access to appropriate and consistent adult support;
- access to appropriate educational resources for example, books.

**Progress and achievement in learning** ~ The child or young person's educational achievements and progress, including in relation to their peers.

Also includes consideration of:

- adult interest in the child or young person's educational activities and achievements;
- progress, for example measured against prior attainment in learning, national curriculum levels achieved and their peers;

- basic skills ~ the ability to read, write and speak in English and use mathematics at a functional level;
- key skills ~ the ability to learn, work with others, carry out tasks;
- participation in opportunities to take part in activities in the community and/or develop particular strengths or skills for example, in sports, arts or vocational training;
- special educational needs ~ whether the child or young person has significantly greater difficulty in learning than the majority of children or young people of their age;
- whether the child or young person needs help to catch up when education has been disrupted;
- disability ~ whether the baby, child or young person has a disability and reasonable adjustments are being made to support their access to the curriculum and school life generally.

**Aspirations** ~ The ambitions of the child or young person, whether their aspirations are realistic and they are able to plan how to meet them. Note there may be barriers to a child or young person's achievement of their aspirations for example, the child or young person's other responsibilities in the home.

Also includes consideration of:

- the child or young person's view of progress;
- motivating elements;
- the child or young person's level of self-confidence;
- perseverance.

## 2. Parents and carers

### **Basic care, ensuring safety and protection** [Go back](#)

The extent to which the baby, child or young person's physical needs are met and they are protected from harm or danger, including self-harm.

Also includes consideration of:

- provision of food, drink, warmth, shelter, clean and appropriate clothing, personal and dental hygiene;
- level of engagement in securing universal services for example, doctor, dentist, optician;
- provision of a safe environment, where family members and other carers act to safeguard the safety and welfare of the baby, child or young person and the baby, child or young person is not exposed to domestic violence, alcohol/substance misuse, sexual exploitation or other abusive experiences;
- recognition of hazards and danger both in the home and elsewhere;
- quality of care;
- parental substance abuse/misuse (includes alcohol and volatile substances, as well as illegal drugs).

## **Emotional warmth and stability** [Go back](#)

Provision of emotional warmth in a stable family environment, giving the baby, child or young person a sense of being valued.

Also includes consideration of:

- parent or carer's feelings about looking after this baby, child or young person;
- ensuring the baby, child or young person's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the baby, child or young person's needs;
- appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement;
- maintenance of a secure attachment to the primary caregiver(s) in order to ensure optimal development;
- ensuring the baby, child or young person keeps in contact with important family members and significant others, when it is safe to do so;
- frequency of moves of house and/or early years provision, school or place of employment.

## **Guidance, boundaries and stimulation** [Go back](#)

Enabling the child or young person to regulate their own emotions and behaviour while promoting the child or young person's learning and intellectual development through encouragement and stimulation and promoting social opportunities.

Also includes consideration of:

- modelling appropriate behaviour and control of emotions and interactions with others;
- provision of clear, consistent and appropriate guidance, boundaries and discipline such that a child or young person can develop a positive internal model of value and conscience;
- appropriate stimulation of learning;
- effective discipline;
- ensuring the baby, child or young person's safety while encouraging independence and avoiding overprotection;
- encouraging the child or young person to participate in and benefit from education and leisure activities;
- supporting the child or young person's personal and social development so they are independent, self-confident and able to form positive relationships with others.

### **3. Family and environmental**

#### **Family history, functioning and well-being** [Go back](#)

The impact of family situations and experiences.

This element includes consideration of:

- culture, size and composition of the household ~ including changes in the people living in the accommodation since the child's birth;
- family history ~ including any concerns about inheriting illnesses from a parent;
- family routines;

- disorganised/chaotic lifestyle;
- failure to show care or interest in the baby, child or young person;
- impact of problems experienced by other family members such as physical illness, mental health problems, bereavement or loss;
- allowing the baby, child or young person to witness violent behaviour, including domestic violence (both physical and verbal);
- involvement in criminal activity/anti-social behaviour;
- experience of abuse;
- family relationships ~ including all people important to the baby, child or young person for example, the impact of siblings, absent parents and any serious difficulties in the parents' relationship;
- history of family breakdown or other disruptive events;
- parental physical and mental health (including depression) or disability;
- involvement in alcohol misuse;
- involvement in substance abuse/misuse (includes alcohol and volatile substances as well as illegal drugs);
- whether anyone in the family presents a risk to the baby, child or young person.

## **Wider family**      [Go back](#)

The family's relationships with relatives and non-relatives.

It includes consideration of:

- formal and informal support networks for the baby, child or young person;
- formal and informal support networks for the parents or carers;
- wider family roles and responsibilities for example, including employment and care of others;
- appropriate level of support from family members.

## **Housing, employment and financial considerations**      [Go back](#)

**Housing** ~ What are the living arrangements? Does the accommodation have appropriate amenities and facilities?

This element includes:

- who the baby, child or young person has been living with;
- the exterior of the accommodation and immediate surroundings;
- the interior of the accommodation with specific reference to the baby, child or young person's individual living arrangements;
- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety;
- reasons for homelessness.

**Employment** ~ Who is working in the household, the pattern of their work and any changes.

This element also includes:

- the impact of work upon the baby, child or young person;
- how work or absence of work is viewed by family members;

- how work affects the family's relationship with the baby, child or young person.

**Financial considerations** ~ Income available over a sustained period of time.

This element also includes:

- the family's entitlement to, and receipt of, benefits;
- sufficiency of income to meet the family's needs;
- the ways in which the family's income is used;
- how the family's financial circumstances affect the baby, child or young person for example, inadequate legitimate personal income;
- whether the family is suffering financial hardship due to an emergency for example, loss of possessions/homelessness.

## **Social and community elements and resources, including education**

[Go back](#)

Explores the wider context of a baby, child or young person's neighbourhood and its impact on the baby, child or young person, including details of the facilities and services available.

Also includes consideration of:

- neighbourhood characteristics for example, levels of crime, disadvantage, employment, high levels of substance misuse/trading etc;
- relationship with neighbours;
- availability and accessibility of universal services, including schools, day care, primary health care, places of worship, transport, shops and leisure activities and family support services;
- quality of the learning environment and educational support services;
- physical access to facilities and services;
- degree of child or young person's social integration or isolation;
- the influence of peer groups, friendships and social networks for example, substance or alcohol misuse.

## **Suggested requirements for effective group problem solving**

Co-ordinating an effective democratic problem-solving team requires:

- Facilitating effective communication
- Clarifying roles
- Setting goals
- Solving problems
- Developing collaboration of effort
- Ensuring follow through and completion of tasks
- Conducting product and process evaluations  
(Hubener & Hann, 1990)

Four key functions of effective work teams:

- generating and exploring creative possibilities,
- shaping them into realistic options,
- evaluating options and
- attending to necessary practical detail  
(Sigston, 1988)

**Features found in effective multi-disciplinary meetings from  
Lloyd et al. (2001)**

**General**

- A clear remit
- Specified aims and objectives
- An appropriate place
- All relevant professionals attended
- A warm climate of welcome for participants
- An opportunity for all participants to be involved
- Sensitivity to those who find participation difficult
- A clear policy/understanding about confidentiality and the disclosure of information
- A non-punitive approach to young people
- Focus on strategies not histories
- Knowledge of resources currently available
- A history of working together
- Some consistency of membership
- Minutes are clear and accessible
- Decisions are reviewed
- Regular evaluation both of outcomes of decisions and of the meetings themselves.



### **Case based**

- Professionals all known to the young person and family
- Good clear information about purposes of meeting
- Information about rights to participation in decision making
- Language used is clear and jargon free
- Decisions are understood by all participants
- Structure for clear recording and timetable for evaluation of plans for supporting young people
- Outcomes for the meeting are clearly recorded.

**The framework for the assessment of children in need and their families (DoH, 2000)**

**Phases of assessment**

- Clarification. of source of referral and reason;
  - Acquisition of information;
  - Exploring facts and feelings;
  - Giving meaning to the situation which distinguishes the child and family's understanding and feelings from those of the professionals;
  - Reaching an understanding of what is happening, problems, strengths and difficulties, and the impact on the child (with the family wherever possible);
  - Drawing up an analysis of the needs of the child and parenting capacity within their family and community context as a basis for formulating a plan.
- (DoH, 2000, p. 29)