Child abuse involves more than the use of corporal punishment with a child. Investigators have measured parents' emotional reactivity and attributions in relation to aversive child behavior. A "video re-all" procedure has been used for assessing affective responding of adults engaged in marital conflict and has been valid for obtaining self-reports of affect in marital interaction. Another approach to studying emotional reactivity uses imagery to recreate sensory cues that precede or accompany anger and arousal. A third variation for bridging the gap between parental recall and realistic situations precipitating abuse involves a video-simulated stress procedure allowing the examiner to record parental responses to a number of stress-inducing child situations that closely resemble abusive circumstances. In this technique, eight videotaped scenes of toddlers and preschoolers which simulate stressful childrearing situations in which the child demonstrates either excessive or deficient behavior, are shown to subjects. Subjects viewing the scenes assume the role of the hidden parent in the scene. Responses to the scenes are measured by recording the subjects' verbal and behavioral indices of emotion, coping statements, and physiological changes. Subjects also provide self-reports of negative affect, sense of control, and choice of intervention or discipline. Pilot results have shown promise in detecting differential reactions to common child-related stress.
A VIDEO-SIMULATED STRESS PROCEDURE FOR ABUSIVE PARENTS:  
MULTI-MODAL ASSESSMENT OF PARENTAL TOLERANCE, AROUSAL, & COPING

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Paper presented at the Annual Convention of the Association for Advancement of Behavior Therapy, 19th, Houston, TX, November 14-17, 1985.
Most incidents of child abuse involve a great deal more than the use of corporal punishment with a child during a conflict. The potential for injury to the child dramatically increases as the parent loses control and accelerates from low- to high-intensity punitive behavior (Vasta, 1982). This component of child abusive behavior, i.e., anger and arousal, warrants careful investigation in order to understand why some adults are unable to control their behavior toward their offspring.

Theoretical interpretations and findings from related aggression research have sparked investigators to measure abusive parents' emotional reactivity and attributions in relation to aversive child behavior. Child abusers, according to this model, would display conditioned arousal to child events that resemble previous situations they have encountered, and attribute such arousal or annoyance to the child's behavior.

Assessment of anger and arousal. By far the most commonly employed techniques for studying aggression in the laboratory are those based upon a crucial deception in which participants are led to believe that they can somehow harm another person when in fact they cannot (cf. Baron, 1977; Zillman, 1979). Clearly, such
methods of direct experimentation and concomitant measures of verbal or physical aggression are unsuitable for assessing abusive families. The components of anger and arousal that may lead to child abuse require an understanding of the parent's affective, cognitive, and motoric reactions in response to representative childrearing situations. The difficulty of conducting a functional analysis of physical child abuse has also led to a proliferation of self-report inventories and rating scales that attempt to reveal significant etiological factors extant among deviant families. This approach is limited, however, since the questions often deal with parenting behavior outside of its context and boundaries. Even home observations are limited by contextual factors that can distract from the realism of the interactions.

Three alternative approaches to studying emotional reactivity with clinical populations hold promise for investigating the behavior of abusive parents without the use of deception or artificial techniques, and a discussion of the merits and limitations of each will be the focus of this talk.

A "video-recall" procedure has been investigated as a method for assessing affective responding of adults engaged in marital conflict (Gottman & Levenson, 1983). This method has the advantage of being highly salient (i.e., the interactants are involved in typical problem-related situations) and facilitates multi-modal assessment of affective responding (i.e., physiological, cognitive, and behavioral measures optionally may be used during the procedure). The procedure described by Gottman
& Levenson (1985) requires the adults to engage in "low conflict" and "high conflict" tasks during 10 minute laboratory observations that are videotaped behind a one-way mirror. Video-recorded interactions are viewed by each person on a separate day for the purpose of assessing affective responding. This recall procedure has been shown to be valid for obtaining self-report of affect in marital interaction (Gottman & Levenson, 1985). It appears that regardless of whether emotions are aroused during an interaction or while viewing a video-tape of previous interactions, there is isomorphism between responses that occurred in the original setting and those that occurred while reexperiencing the situation. This procedure holds promise for assessing a parent's distinctive pattern of emotional arousal in reference to typical situations involving their own child, although it has not been investigated for this purpose.

A second approach to studying emotional reactivity with clinical populations involves the use of imagery to recreate sensory cues that commonly precede or accompany anger and arousal. This strategy is especially useful when direct observation of behavior is not feasible or extremely difficult, as in the study of child abuse. Bauer & Twentyman (1985) recently investigated this procedure with abusive parents, in which audio-recorded descriptions of common childrearing problems were presented to the subjects and measures of attribution and annoyance were obtained. Their results supported the theoretical position that abusing mothers (N = 12) ascribed more malevolent intentions to their
child than non-abusing mothers ($N = 12$), and that ratings of annoyance varied as a function of the aversiveness of the child-related stimuli. These results provide initial empirical support for the importance of assessing parental attributions and responses under a wide range of childrearing situations; however, only self-report data were obtained in this study, and confirmatory measures derived from physiological and behavioral indices of anger and arousal would add more significance to these findings.

A third variation for bridging the gap between parental recall and realistic situations precipitating abuse involves a video-simulated stress procedure. This procedure enables the examiner to record parental responses to a number of stress-inducing child situations that closely resemble abusive circumstances. The objectives of this procedure include: (a) provision of a state-measure of parental behavior; (b) a standardized, behavioral approach for localizing parental strengths and weaknesses for treatment purposes; and (c) a screening and classification procedure to promote research into childrearing behavior.

Procedure and Materials: Eight, 90 second videotaped scenes of toddlers and preschoolers were produced to simulate stressful childrearing situations in which the child is showing either excessive or deficient behavior (e.g. spitting food; spilling milk). Scenes are further divided into annoying vs. defiant behaviors (e.g., child ignores adult; child tantrums) that are common antecedents of parent-child conflict. Responses to the
scenes are measured throughout the simulation procedure, in which the subject assumes the role of the hidden parent in the scene, by recording verbal and behavioral indices of emotion, coping statements (i.e., sense of control), and physiological changes.

During the scenes, the subject continuously reports his/her range of negative affect (Low negative to High Negative), by raising a lever. The responses are recorded on a polygraph for analysis of peak, duration, and onset of negative affect. The subject also tells the experimenter during the presentation of the scenes the point at which he/she would intervene if this occurred at home with their child ("to apply some direction to the child's behavior"). At the end of each scene, the subject is asked to indicate: (1) how much in control of the interaction did you feel throughout the scene, and (2) what specific verbal and behavioral disciplinary methods would you use (i.e., "what would you say and do at the point you would intervene?). Each subject is also asked to give reasons why the child behaved the way he or she did on the tape, and to describe any specific emotions (e.g., anger, annoyance, humor) that were experienced during the episode (via a brief mood adjective checklist). The parents are interviewed following the scenes to detect physical and emotional reactions to the scenes, and they remain in the clinic until all symptoms of stress have subsided.

Overview of preliminary results. Pilot results of this procedure have shown promise in detecting differential reactions to common child-related stress. Clinically, parents have been
favorably disposed to a procedure that involves a child's provocative behavior, and appear to understand and accept the methodology (it is preferred to self-report instruments). Reliability and validity investigations are ongoing, in addition to adding new scenes of different child features (race, age, sex, size, etc.). The advantages of this approach center around the realism involved in the procedure, which encourages spontaneous comments throughout, and permits multi-channel assessment of parental reactivity. The results seem to be especially promising in terms of differential treatment decisions that facilitate matching between the parent and his/her own child. Although this procedure does not include the parent's own child, we are finding the method to be of greater utility than currently available procedures.

References


