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Emotional competences of adolescents in residential care: Analysis of emotional difficulties for intervention

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ABSTRACT

This study analyzes the emotional difficulties of adolescents in residential care in Catalonia (Spain). The Emotional Quotient Inventory (EQ-i) was administered to a sample of 30 adolescents in residential care and the results were compared with those obtained in a group of 89 young people from the normative population and a group of 33 adolescents from the disadvantaged backgrounds, the aim being to see whether differences in emotional competences were due to the effects of institutionalization or the disadvantaged family environment. Overall, there was no significant difference in the level of emotional intelligence shown by the three groups of adolescents. However, the analysis by gender did reveal differences, with boys in residential care scoring significantly lower than both the normative population and the adolescents from the disadvantaged backgrounds on the total EQ-i and on the component scale adaptability. They also scored significantly lower than the normative group on general mood and lower than the adolescents from the disadvantaged backgrounds on stress management. Although there were no differences between girls in residential care and those from the normative population, girls in care scored higher than their counterparts from the disadvantaged backgrounds on the total EQ-i and on the component scales Interpersonal and adaptability.

1. Introduction

The pioneering work of Bowlby (1973, 1988) showed that the initial attachment that a child establishes with his or her caregivers is important for the child's subsequent social and emotional development. If the context and the quality of the environment are such that the child can begin to engage in positive interactions, then he or she will begin to develop a sense of security (Schore, 1997). Through his or her personal experience the child builds up a mental representation of emotions, and this is of fundamental importance when it comes to regulating stress and for fostering adaptation to different situations and contexts (Bradley, Codispoti, & Lang, 2006; Landry, Simon, Webb, & Mistlberger, 2006).

If, however, the child develops unstable and insecure attachments this can lead to greater emotional reactivity, a lack of emotionality and difficulties expressing emotions, since the developmental context is perceived as threatening (Bartholomew & Horowitz, 1991; Pietromonaco & Feldman Barrett, 2000). Many studies have therefore focused on the negative consequences that institutionalization might have for a child's development. The work of Goldfarb (1945), Spitz (1945) and Bowlby (1951) made a considerable impact in this regard, highlighting the behavioral, emotional and cognitive difficulties that were present in institutionalized children. Johnson, Browne, and Hamilton-Giachritsis (2006) conducted a review of various analytical (controlled) epidemiological studies on the effects of residential care. They found that the type of institution and care received varied enormously and that this had notable repercussions for the development of the children concerned, who were at risk not only of important delays in their social development but also of attachment disorders and behavioral and cognitive difficulties. These findings are consistent with data published by the Child Welfare League of America (2005), which found that over 80% of children in care presented emotional or developmental problems.

A common feature of residential care is the lack of a stable environment, whether due to staff changes or because the children themselves are moved from one unit to another, and this makes it difficult for the child to establish affective ties (Gaskell, 2010; Strolin-Golztman, 2010), and have to fend for themselves in society when many of the social and cultural skills to negotiate and manage that world are weak or underdeveloped (Ibrahim & Howe, 2011). Furthermore, most children in care will have experienced significant trauma (Tomasulo & Razza, 2007), a psychological stress factor that can add to the abovementioned difficulties and which may alter the development of the neuroanatomical systems involved in emotional processing, such as the amygdala and hippocampus (McEwen, 2004).

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In Catalonia, the residential model is organized according to age, with specialist units for both early and middle childhood, as well as for adolescents (16 to 18). There are also some units that take children and young people of all ages. In recent years, the average age of the population in residential care has increased, with around 70% now being aged 13 and over (Bravo & Fernández del Valle, 2001). Most studies of adolescents in residential care have found that they present emotional and behavioral difficulties, and also that these difficulties increase the longer they are in care (e.g. Bravo & Fernández del Valle, 2001; Del Valle, Bravo, & López, 2009; Fernández-Molina, Del Valle, Fuentes, Bernedo, & Bravo, 2011). Furthermore, compared to the normative population of their age they are more likely to have problems with the law or with drugs, find it harder to hold down a steady job, and have higher rates of teenage pregnancy (Fernández del Valle, Álvarez, & Fernánz, 1999; Sala, Jariot, Villalba, & Rodríguez, 2009); and the factor that seems to better predict the success in the sociolaboral insertion when they come out of care is some socioemotional abilities (Sala et al., 2009).

Given the above findings it would seem that adolescents in care are more likely to have difficulties with the development of social and emotional competences. However, it is necessary to analyze more closely why this might be the case. Research on the effects of institutionalization has placed considerable emphasis on the effect that separation from the family has on the child's development. As already mentioned, however, the average age of children in care in Europe has increased in recent years, and many of those now entering residential units are early adolescents (Bravo & Fernández del Valle, 2001; Del Valle, 2010). Therefore, many of the difficulties they present could be related to a failure by their families to establish limits, or to the fact that they come from disadvantaged backgrounds. In this regard, several studies have suggested that an environment characterized by poverty and exclusion can have an important negative impact on a child's emotional development, due to prenatal and perinatal factors that can alter neurological development and the child's attentional and affective capacities (Aber, Jones, & Cohen, 2000; Brooks-Gunn, Klebanov, Liaw, & Spiker, 1993). In addition, poverty and a harmful family environment increase the likelihood that a child will be exposed to a range of ecological stressors such as the lack of a stable home, family violence or psychological distress among his or her adult caregivers (Brooks-Gunn, Duncan, & Aber, 1997; Cameron, Lau, & Tapanya, 2009; Gershoff, Aber, & Raver, 2003).

Further research is clearly needed in order to identify the specific types of intervention that are required by adolescents in residential care (Fernández-Molina et al., 2011). At all events, if one considers that emotional regulation systems undergo reorganization during adolescence, and that it is a period of development characterized by great plasticity and openness to continuous environmental influences (Blackemore & Frith, 2007), then there is a reason to be optimistic about the effect that educational interventions could have in the residential care setting.

The most recent studies in Spain show that adolescents in residential care do not show behavioral problems severe enough to be classified as clinical cases (Fernández-Molina et al., 2011). Furthermore, it appears that the differences to the normative population are not so large, a fact that would justify the restorative function of residential care especially in more severe situations such as abuse in family environment (Martín, García, & Siverio, 2012). These data contrast with other international studies that conclude that young people in residential care are a particularly vulnerable group and they show significantly higher emotional and behavioral problems than the normative population (Schore, 1997; Vorria, Rutter, Pickles, Wolkind, & Hobsbaum, 1998). The disparity of the data observed in different studies on the characteristics of adolescents in residential care is particularly relevant to the need for more research in this specific population.

In reference to emotional and social skills, research suggests that this variables and a social support network are key elements for promoting a successful transition into adulthood among young people in care (Bravo & Del Valle, 2003; Sala, Villalba, Jariot, & Arnau, 2012; Soldevila, Peregrino, Oriol, & Filella, 2012). Consequently, studies that focus on variables such as these should help us to develop residential care programs that make such an outcome more likely.

In light of the above there is a need for more detailed information about the emotional competences of adolescents in residential care. To this end, the present study compares such a group of adolescents with two other groups of young people, one from the normative population and one from disadvantaged family backgrounds. The latter group is included because, as noted above when setting out the theoretical framework, many of those now entering residential care are early adolescents. It is therefore necessary to determine whether there are differences between those in residential care and other young people who are facing difficulties in the family environment but without any measures of protection.

2. Method

2.1. Participants

The sample comprised 152 adolescents from Catalonia (Spain) who were distributed across three groups. The first group was formed by 30 adolescents from four residential care homes (15 girls and 15 boys), the second comprised 89 adolescents from a secondary school (normative group) (43 girls and 46 boys), and the third contained 33 adolescents whose families had input from social services (disadvantaged background group) (16 girls and 17 boys). The mean age of the group is 15.7 years (sd 1.1).

2.2. Instruments

2.2.1. Emotional competences

Data regarding emotional competences were gathered by means of the Emotional Quotient Inventory (EQ-i) developed by Bar-On (1997a, 1997b). We used the translated and validated versions of the Spanish by Ugarriza (2001).

This is a self-report instrument designed to measure emotional intelligence, this being defined as a set of skills, abilities, and personal, emotional and social competences. The EQ-i contains 133 items presented in a five-point Likert format (1 = very seldom or not true of me; 5 = very often true or true of me) and distributed across 15 subscales which are themselves combined to form five composite scales: I) intrapersonal (emotional self-awareness, assertiveness, self-regard, self-actualization and independence); II) interpersonal (empathy, interpersonal relationship and social responsibility); III) adaptability (problem solving, reality testing and flexibility); IV) stress management (stress tolerance and impulse control); and V) general mood (happiness and optimism). There are also four validity scales which assess the respondent's tendency to give a positive or negative impression of him/herself, and the extent to which respondents contradict themselves (Inconsistency Index).

2.2.2. Data regarding the adolescents in residential care

Data regarding the age at which adolescents entered residential care, how long they had spent there and the number of times they had moved to a different unit were recorded on an ad hoc data sheet, the information being obtained directly from the adolescents during administration of the EQ-i.

2.3. Procedure

In all three groups participation was strictly voluntary. The ethical standards to which was attached the present study are based on the voluntary consent of each subject to participate in the study, as such freedom to submit to the personal application of assessment instruments