THE TEST OF ATTRIBUTIONAL TRAINING ON AGING ADULTS IN
BANGLAMING HOME FOR AGING ADULTS

PAVEENASUDA SRIPHAYA

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of

MASTER OF SCIENCE

Graduate School of Counseling Psychology

ASSUMPTION UNIVERSITY

2005

THE TEST OF ATTRIBUTIONAL TRAINING ON AGING ADULTS IN BANGLAMING HOME FOR AGING ADULTS

PAVEENASUDA SRIPHAYA

Pages 58 pages   OCTOBER 2005

The purpose of the study is to study the efficacy of Attributional Training and attributional feedback on aging adults in Banglamung Home for Aging Adults.

APPROVED:

VORAPOT RUCKTHUM, Ph.D.
Chairperson

CHANCHA SUVANNATHAT, Ed.D.
MUA Representative

PARVATHY VARMA, Ph.D.
Advisor

HOLLY DUGAN, Ph.D.
Member

JEAN F. BOTERMANS, Ph.D.
Member

THE TEST OF ATTRIBUTIONAL TRAINING ON AGING ADULTS IN

BANGLAMUNG HOME FOR AGING ADULTS

Abstract

The study aimed at examining the efficacy of attributional training on aging adults at the Banglamung Home for Aging Adults, in relation to personal causal attributions, perceptions of problem solving ability, and self-efficacy through a comparison of pre- and post-attributional phases of the training program; and three types of attributional feedback, namely, effort, effort + ability, and no feedback group. From a total of 200 elders, 45 respondents were selected from volunteers for the study. A four-part questionnaire was administered to the respondents, as follows: demographic information, Causal Dimension Scale, Problem-solving Inventory Scale, and General self-efficacy scale.

ANOVA for repeated measures suggested that there was no significant difference between pre and post-training causal dimension scores overall. Whereas, when causal dimensions were broken down by subscales, locus of causality and external control both yielded significant increase at post-training, regardless of type of feedback received. Moreover, results indicated that there was a significant difference between pre and post-training problem solving scores for both effort and effort + ability feedback; however, there was no significant effect noted for attributional feedback alone, as seen in the results for the control group. Finally, there was a significant difference between pre and post- training scores of general self-efficacy for both effort and effort + ability feedback groups, but none for the control group, suggesting that attributional training alone (without feedback) does not yield the desired self-efficacy results.

APPROVED:

Dr. Vorapot Ruckthum

VORAPOT RUCKTHUM, Ph.D.
Chairperson

Chancha Suvannathat

CHANCHA SUVANNATHAT, Ed.D.
MUA Representative

Parvathy Varma

PARVATHY VARMA, Ph.D.
Advisor

Holly Dugan PhD

HOLLY DUGAN, Ph.D.
Member

Jean F. Botermans

JEAN F. BOTERMANS, Ph.D.
Member

THE TEST OF ATTRIBUTIONAL TRAINING ON AGING ADULTS IN

BANGLAMING HOME FOR AGING ADULTS

PAVEENASUDA SRIPHAYA

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

MASTER OF SCIENCE

Graduate School of Counseling Psychology

ASSUMPTION UNIVERSITY

2005

APPROVED:

Dr. Vorapot Ruckthum

_____
VORAPOT RUCKTHUM, Ph.D.
Chairperson

Chancha Suvannathat

_____
CHANCHA SUVANNATHAT, Ed.D.
MUA Representative

_____
PARVATHY VARMA, Ph.D.
Advisor

_____
HOLLY DUGAN, Ph.D.
Member

_____
JEAN F. BOTERMANS, Ph.D.
Member

Acknowledgement

I would like to say, "Thank you very much indeed" to my advisor, Dr. Parvathy Varma, Ph.D. for all her advice and guidance in relation to my study and for helping me to perform my full potential.

I also need to say "Thank you very much" for Dr. Robert Ho, Ph.D. who introduced me to an attributional training study and the Director of Banglamung Home for Aging Adults for all the time and opportunity to do this study. A special thanks to Ms. Veena Sriphaya , Ms. Jaruwadee Vattanarom, Ms. Kanika Poomtakong, and Ms. Kritiya Janmanee for their kindness in helping me to collect all data.

I also owe a sincere thanks to Mr. Edison Chindrawaly who always gives me supports and comments in order to improve myself. Also Dr. Evangeline Grace Agujo, Ph.D. for statistical analysis and proof reading work, Dr. Doroles De Leon, Ph.D., our former dean and Fr. Jean Barry S.J., Ed.D, who give all MSCP students and me an inspiration in counseling. I would also like to express my gratitude to the MSCP dean, Dr. Vorapot Ruckthum, Ph.D., and to all teachers for their support and encouragement.

Most of all, I need to say "Thank you very much for your patient and cooperative" for all elder who were and were not my participants because they were with me from the start to the end of the study, giving and sharing their valuable experience with me.

P.V.

CONTENTS

TABLES

FIGURES

Chapter 1

Introduction and Review of Related Literature

Background of the Study

Over the last five decades, Thai culture and values have been greatly influenced by western-oriented traditions and culture. Unfortunately, some of these influences have had negative effects on Thai traditional culture, especially on the customary belief of gratefulness toward parents. Many aging adults or parents have been neglected while some have been left in nursing homes or government homes for the aged. These aged residents have experienced problems of living alone, and have sought assistance from non-profit organizations for both physical and mental help.

Some of these elders in nursing homes, while satisfied with their life, still need attention and good care from a caregiver. In particular, aging adults will have to rely on their own abilities and effort to cope with stress and to solve problems. Researches on the aged that have been carried out in the past in Thailand were concerning more on the relationship between mental well- being and physical health rather than in-depth focus on mental health (Suntarapiromsuk, 1997). The present study extends past research by investigating the use of attributional training to improve the psychological well-being of a group of aged residents.

Attributional training is a technique that combines attribution theory and motivation theory. Attributional training is aimed at identifying personal interpretation of the causes of daily life situations and how these interpretations can serve to motivate aging adults to achieve their own needs.

The attributional training paradigm that is relevant to clinical psychology and therapy is guided by the attributional model of achievement motivation (Weiner, 1984, 1985, 1994), self-efficacy theory (Bandura, 1982b; Schunk, 1995), and the model of learned helplessness (Abramson, Seligman, & Teasdale, 1978). These models attempt to teach participants desirable causal attributions about behavioral outcomes (i.e. success and failure) in an attempt to reduce undesirable behaviors (e.g. lack of achievement motivation) that are believed to be caused by maladaptive attributional styles. The basic premise in these models is that psychological constructs are mediators of achievement and achievement related behavior (Ho & McMurtrie, 1991).

Self-efficacy theory suggests that success attributed to ability and effort will enhance self-efficacy. Bandura (1978) argued that when success is attributed to ability or effort, pride is experienced. Attributions for success to minimal effort are also deemed desirable as an input of minimal effort to a task fosters ability ascriptions (Ho & McMurtrie, 1991). Forsterling (1985), in his review of attributional retraining studies, concluded that only a few studies have incorporated both effort and ability attributions to success with the remainder of studies utilizing effort attributions for both success and failure, or failure only or success only (Ho & McMurtrie, 1991).

The present study investigated the effectiveness of a specific attributional training program on aging adults. The methodology of this study is guided by the study of the efficacy of attributional retraining on the learning process on students by Ho and Mcmurtrie in 1991, but focused specifically on the effect that attributional training has on how elders interpret their own causal attributions, perceived problem-solving ability, and self-efficacy.

Statement of the Problem

The present study aims to answer the following research questions:

1. Is there any significant difference in the aging adults' personal casual attributions, perceptions of problem solving ability, and self-efficacy at pre-attributional and post-attributional phases?

2. Is there any significant difference in personal causal attributions, perceptions of problem solving-ability, and self-efficacy across attributional feedback groups of effort, effort+ability, and control groups among aging adults in Banglamung Home for Aging Adults?

3. Is there a significant interaction effect between attributional training and type of feedback in changing the personal causal attributions, perceptions of problem solving ability, and self-efficacy of aging adults in Banglamung Home?

Research Objectives

The purpose of this study is to integrate key elements from attribution theory in an effort to improve personal problem solving ability and self-efficacy in aging adults via an attributional training program.

The primary objectives of this research are as follows:

1. To examine the efficacy of attributional training in relation to personal causal attributions, perceptions of problem solving ability, and self-efficacy through a comparison of pre- and post-attributional phases of the training program;

2. To examine whether there are differences in personal causal attribution dimensions, perceptions of problem solving ability, and self-efficacy across the attributional feedback groups of effort, effortlity+ability, and control groups;

3. To identify possible interaction effects between the two independent variables, presence of the attributional training program and type of feedback on their effects on the three above mentioned areas.

Hypotheses

1. There is a significant difference in aging adults' personal causal attributions, perceptions of problem solving ability, and self-efficacy between pre-attribution and post-attributional phases of the training program;

2. There are significant differences in the causal attributions, perceptions of problem solving ability, and self-efficacy among the attributional feedback groups of effort, effort+ability, and control groups among aging adults in Banglamung Home for Aging Adults.

   2.1 There is a significant difference between the effort attributional feedback and ability + effort feedback groups.

   2.2 There is a significant difference between the effort attributional feedback and no feedback groups.

   2.3 There is a significant difference between the ability + effort attributional feedback and no feedback groups.

3. There are significant differences in the causal attributions, perceptions of problem solving ability, and self-efficacy caused by an interaction between the presence of the attributional training program and type of feedback.

Significance of the Study

This study may provide benefits to the following:

Respondents

1. The respondents may become more aware of their perceived factors of success and failure that can be altered and thus improve their sense of well-being;

2. The attributional training program, if successful, can be used to promote positive changes in the aging adults' motives for task achievement;

3. The respondents may continue to use their altered perception of success and failure to enhance their daily lives even after the program has been terminated;

4. The respondents may be more aware of their problem solving abilities and self-efficacy, that may contribute to self-improvement. Since they have high self-efficacy, this attitude may also be reflected in their productive participation in community development efforts.

Organizations, Counseling Psychology, and Psychotherapy

1. The study's findings may prove beneficial to those organizations in their quest to develop programs aimed at enhancing aging adults' abilities and self-esteem, as well as promoting their self-efficacy.

2. To test attributional training as a therapy for aid aging adults. If it is effective, it may be used in both private and public organizations. Moreover, it may also provide beneficial information to people who directly work in the fields of counseling psychology and psychotherapy.

Scope and Limitation of the Study

The research was conducted at the Banglamung Home for Aging Adults, Chonburi. The current population in the institution is 300 aging adults (128 males, 172 females). It may not be possible for all aging adults to complete the whole questionnaire by themselves without assistance from others. As the results from this study were obtained from the Banglamung Home for Aging Adults, the findings may be specific to the residents of this institution and may not be generalizable to other homes for aging adults in Thailand.

In addition, given the age and physical health of the respondents in the Banglamung Home, it may not possible for all potential respondents to complete the study's entire attributional program.

Definition of Terms

Elder. In this study, older people in nursing homes have limited regenerative abilities and are more prone to disease, syndromes, and sickness than other adults. The age considered as belonging to the elder category in Thailand begins at 60 years old.

Causal attributions. Causal attribution is a person's attempt to explain why a particular event has occurred (Heider 1944, 1958). According to Weiner (1985b), causal attributions are elicited by some stimuli that arouse the attention of individuals.

Problem solving ability. Problem solving is the process by which a person's situation is analyzed and solutions are formed to solve a problem/opportunity and when steps are taken to remove or reduce the problem. The current problem and situation are analyzed, potential solutions are

generated, and a workable solution is determined and put into place. Problem solving is the process of analyzing situations of uncertainty to produce actual improvements or changes in the situation.

Self-efficacy. Self – efficacy is a person's beliefs or perceived capability about whether he/she is able to cope with their stressful situations in daily life.

Figure 1.

Conceptual framework.

IV = Independent Variable

DV = Dependent Variable

Chapter 2

Review of Related Literature

A study conducted by Suntarapiromsuk (1997) investigating self-care and physical condition among the aged compared hope and self-care between an aged group in Banglamung Home for aging adults and elders in elder clubs outside the nursing home. The results showed that elders who live in the nursing home have lower levels of hope and self-care than the elders in the elder clubs outside the nursing home.

Thongpen (1994) investigated the relationship between fear of personal aging, sense of coherence, reminiscence, social support, and biological factors with reported well-being among senior citizens in Bangkok. The findings showed that elders living outside of nursing homes reported moderately higher level well-being than those elders residing in nursing homes. This was due to the fact that they still experienced social support (from families and friends) and participated in activities that serve to enhance their personal well-being.

This literature review focused on past research on attributional training, specifically on the assumption that the experience of failure can be motivating or disruptive depending on what the aging adult tells himself or herself about failure. Many problems that people have are clearly based on their interpretations of negative events, rather than on the negative events themselves. To the extent that problems encountered in the learning process are rooted in the attributions made for failures experienced, attributional retraining holds out a promise for improving the situation (Fiske & Taylor, 1984).

Attributional Retraining Studies

Attributional training is guided by the fundamental principle that there is a distinct relationship between causal ascriptions and subsequent performance and/or interpersonal association (Weiner, 1985; 1988). The central assumption is that many behaviors, affects, and cognitions are the consequences of causal attributions one makes about events or behavioral outcomes, such as successes and failures in the domains of achievement and affiliation (Ho & McMurtrie, 1991).

Past research in this area has typically identified behaviors that are considered to be undesirable (e.g. impaired performance following failure), and that are believed to be caused by specific attributional predispositions (attributing failures to low ability). Attributional retraining then consists primarily of teaching participants to make more "favorable" causal attributions (e.g. ascriptions of failure to insufficient effort). Such procedures are highly similar to the principles underlying cognitive behavior therapy (Beck, 1976; Ellis, 1962: Marhoney, 1974: Meichenbaum, 1977). Like attribution theorists, cognitive therapists follow the S (stimulus) – C (cognition) – R (response) model (Forstering, 1985). They postulate that the clients' presenting problems (maladaptive emotions and behaviors) at point R are not directly caused by external or internal stimuli (S) but rather by cognitive processes (C) such as interpretations and evaluations. Therefore, cognitive approaches to psychotherapy assume that changing the intervening cognitions, an assumption that also underlies an attributional retraining, can modify maladaptive behavioral and emotional reactions (Ho & McMurtrie, 1991). The goal of attributional training then has been to substitute adaptive causal ascriptions for those that are dysfunctional, with the assumption that this will prevent additional worrying and anxiety that exacerbate the problem (Storms & McCaul, 1976; Valins & Nisbett, 1971).

Research into the efficacy of attributional training has been, for the most part, confined to achievement-related contexts. In achievement contexts, outcomes often are attributed to ability, effort, task, difficulty, and luck (Frieze, 1980; Weiner, 1979; Weiner et al., 1971) with future performance expectancies (i.e. self-efficacy) heavily dependent on ascription for prior outcomes (Weiner, 1977, 1979).

According to Weiner et al. (1971), ascriptions of failure to stable (uncontrollable) causes (e.g. lack of ability or task difficulty) decrease subsequent expectancies of success, whereas attributions of failure to internal causes (lack of ability or effort) maximize negative esteem-related affects outcomes. In contrast, success attributed to stable causes increases subsequent expectancies for future success more than do attributions to variable factors (e.g. luck), and esteem-related emotions following success (e.g. pride) are maximized when internal attributions are made.

The crux of attributional training then is to train individuals to make more variable causal ascriptions which could mediate lack of motivation, perceived lack of self-efficacy, and perceived states of helplessness. The assumption is that encouraging people to attribute their poor performance to better performance, reduce anxiety and feelings of helplessness, and lead to better task performance (Ho & McMurtrie, 1991).

While this study hypothesizes that attributional training will lead to differences or changes in causal ascriptions, improved problem solving ability, and enhanced self-efficacy, an important question remains: what needs to be trained? According to the attributional model of achievement motivation (Weiner et al., 1971), the majority of published experimental reports consists primarily of teaching participants that their failure are due to lack of effort, an internal unstable, and controllable attribute (e.g. Dweck, 1975; Fowler & Peterson, 1981; Schunk, 1981,

1982). This strong focus on effort attributions is guided by the assumption that training aging

adults to attribute performance outcome to the extension or lack of effort (a controllable

attribute), enable aging adults to learn and understand that effort can mediate between the task

and the final achievement outcome, as well as to change the manner in which aging adults

approach the next achievement task.

The present study compared the efficacy of using effort attributional feedback with

ability + effort feedback in influencing aging adults' causal attributions for their task

achievement, as well as the relationship between such personal causal attributions and their

personal problem solving abilities and personal self-efficacy.

While it is expected that the effort and ability attributional feedback will enhance

subjects' task motivation equally well, it can be argued that ability + effort attributional feedback

will result in greater cognitive changes than effort feedback alone. This prediction is based on

Bandura's self-efficacy theory (Bandura, 1977, 1981, 1982) which states that perceptions of

enactive success are the most powerful factors for efficacy information (Ho & McMurtrie, 1991)

Chapter 3

Methodology

Participants

Participants for this study were screened from 55 volunteer participants (males and females without gender control), from the population of 300 aged adults in Banglamung Home for Aging Adults, 45 participants were screened by the ability checklist or the ability to perform the task and participate in the training (e.g. a person without hearing disability). These 45 respondents were randomly assigned into three (3) groups, with each group consisting of 15 respondents. There were two (2) treatment groups (group 1: effort; group, 2: effort+ability) and one (1) control group (group 3: no feedback).

Instrument

There is an ability checklist to screen the participants before the attributional intervention program starts. The study employed a questionnaire that consists of a demographic section and three (3) measurement instruments. These include the Causal Dimension Scale II (CDSII), the Problem-Solving Ability Inventory (PSI), and the General Self-Efficacy scale (GSE).

Demographic Questionnaire

The demographic information gathered from aging adults in Banglamung Home for Aging Adults includes age, gender, and level of education.

Causal Dimension Scale (CDSII).,

An instrument constructed by McAuley, Duncan, & Russell (1992). The Causal Dimension Scale was designed to assess the perceptions of causal attributions for events, in terms of the underlying dimensions identified by Weiner (1979) in his model of attribution processes. In the original version of the scale (Russell, 1982) causal explanations for events were rated on nine scales, which yielded measures of locus of causality, stability, and controllability. More recently, the scale has been revised, with the controllability dimension being separated into internal-controllable and external-controllable dimensions (McAuley, Duncan, & Russell, 1992). Due to this revision of the measure, the scale now consists of 12 rating scales.

Scores on the Causal Dimension Scale have been found to predict a variety of affective and cognitive variables, in both achievement and non-achievement settings. It should be noted that this measure is designed to assess perceptions of the cause or causes of a specific event, in contrast to measures designed to assess attributional style (discussion by Russell, 1991; Cutrona, Russell, & Jones, 1984). In order to use in the study, the researcher has translated the CDS-II into Thai version. The reliability test from pilot study ranged from .76 to .86 for the subscales and .82 for the scale total.

Problem Solving Inventory (PSI)

The PSI was drafted by Heppner P.P. (1988). The inventory consists of a 35-item self-report measure in a six (6)-point Likert style format (*strongly agree* to *strongly disagree*). The measure is designed to assess an individual's perceptions of his or her capabilities with regards to problem solving behaviors and attitudes. In other words, the PSI measures a person's level of efficacy as a problem solver. The PSI provides a single, general index of Problem-Solving Confidence (self

assurance while engaging in problem solving activities), Approach-Avoidance Style (a general tendency to either approach or avoid problem solving activities), and Personal Control (the extent of control one has over their emotions and behaviors while solving problems). High scores indicate general negative self-appraisal. Areas of potential use for the PSI are clinical and counseling assessment, research, contrasting actual abilities of an individual with their problem solving appraisal, training, and program evaluation.

It appears to be designed primarily for adults, ages 16+. Its subtests include those on Problem - Solving Confidence (self assurance while engaging in problem solving activities), Approach-Avoidance Style (a general tendency to either approach or avoid problem-solving activities), and Personal Control (determines the extent of control one feels they have over emotions and behaviors while solving problems).

Estimates of reliability in terms of test-retest based on 2 weeks duration were "r" in the mid 80's for each of the subtests, and .89 for the inventory total. Internal consistencies using Cronbach's alpha ranging from .72 to .85 for the subtests, and 0.90 for the inventory total. Concurrent, discriminate, and construct validity have been assessed across various research studies and found correlations between the factors and the total PSI to be significant.

The PSI takes approximately 10-15 minutes to complete and may be given to a group or individual. As it is a self-report, there is the potential for bias in the reporting. The inventory has been used primarily on adults but the manual fails to specify the reading level required for its maximal use. The inventory has its strangest track record in research with clinical usage needing further testing to determine its appropriateness and usefulness. In this study, the research used the Thai version by Ministry of Public Health that was translated from English version by

Heppner (1988). The reliability test for pilot study has Cronbach's alpha for the inventory total =.89

General Self – Efficacy Scale (GSE)

The tool was authored by Jerusalem & Schwarzer (1993). The scale was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kind of stressful life events.

The construct of perceived self-efficacy reflects an optimistic self-belief (Schwarzer, 1992). This is the belief that one can perform a novel or difficult task, or cope with adversity – in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers, and recovery from setbacks. It can be regarded as a positive resistance resource factor. Ten (10) items are designed to tap this construct. Each item refers to successful coping and implies an internal-stable attribution of success. Perceived self-efficacy is an operative construct, i.e. it is related to subsequent behavior and, therefore, is relevant for clinical practice and behavior change.

The scale is usually self-administered, as part of a more comprehensive questionnaire. Preferably, the ten (10) items are mixed at random into a larger pool of items that have the same response format. The GSE requires 4 minutes on average. On scoring, responses are made on a four (4)-point scale. The responses on all ten (10) items are summed up to yield the final composite score with a range from 10 to 40. No tape recording.

The scale is designed for the general adult population, including adolescents. Persons below the age of 12 should not be tested. In samples from 23 nations, Cronbach's alphas ranged

from .76 to .90, with the majority in the high .80s. The scale is unidimensional (http://www.healthpsych.de).

Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints. In studies with cardiac patients, their recovery over a half-year time period could be predicted by pre-surgery self-efficacy (http://www.healthpsych.de).

The measure has been used internationally with success for two decades. It is suitable for a broad range of applications. It can be taken to predict adaptation after life changes, but it is also suitable as an indicator of quality of life at any point in time.

As a general measure, it does not tap specific behavior change. Therefore, in most applications it is necessary to add a few items to cover the particular content if the survey or intervention (such as smoking cessation self-efficacy, or physical exercise self-efficacy). How to write such items is described in Schwarzer and Fuchs (1996). In this study, the researcher used English version by Ralf Schwarzer & Matthias Jerusalem (1993) and translated to Thai language. The reliability of Thai version from pilot study showed Cronbach's alpha = .82

First and foremost, before the beginning of the experiment, the research study sought approval from the governor. Following this, the program started with the pre-attributional training condition.

Research Design

Training Program

The training program contained concepts related to self-monitoring skills while aging adults were trying to do problem-solving task which was given to them. According to the problem solving task, aging adults would learn to understand how to solve problems as well as monitor their own ability to solve such problems. Since the effectiveness of the attributional feedback depends on respondents experiencing success at the task, the training was designed to meet this goal. The instructions on how to do the problem-solving task were explained in detail to the respondents with practice items and examples. After they have tried to solve problem by themselves, attributional feedback treatment was incorporated into the training program.

Pre-Attributional Training Condition (1 week)

In this pre-training condition, four (4) sets of questionnaires were administered in a group setting for the 45 respondents by the experimenter, 1 week prior to the beginning of the attributional training program. For this pre-training condition, firstly, respondents were requested to read or listen to the attribution scales carefully, and to rate their causal attributions dimension from their past experiences (both success and failure situations) on the factors of locus of causality (within the person or not, i.e. personality or aspects), external control (influenced by external factors or not, i.e. people, environment), stability (changeable or unchangeable, i.e. ability, intelligence), and personal control (controllable by the person or not, i.e. effort).

Respondents who were uncertain of the nature of their success and failure situations were asked to relate their most recent activity (e.g. group activity or task assigned by the social worker or care giver in the home for aging adults) which they have done for both success and failure as

well. After the completion of the CDSII attribution scale, respondents were asked to read or

listen to the Problem Solving Inventory scale (PSI) and to rate their perceived problem solving

ability. Then, the respondents were asked to read the General Self-efficacy Inventory (GSI) and

were requested to rate their general self-efficacy in terms of their perceived self-efficacy. Apart

from the three measures, they were requested for their demographic profiles, providing

information on age, gender, marital status, and level of education.

Attributional Feedback Condition (4 weeks)

For the feedback condition, the attributional training program was conducted. Two (2)

types of feedback (effort; effort+ability) were used. Group assignment was carried out randomly,

and a specific type of feedback was given to each of the three groups of the respondents.

Training was conducted in a private room setting, within a 1-hour duration. During the training,

respondents in each group received either effort feedback (group 1), ability + effort attributional

feedback (group 2), or no feedback (group 3) on a fixed interval basis (once every 3 minutes). At

the start of the training, respondents were asked to do a problem solving task that has been

designed within the time scheduled.

The problem-solving task that was given is the object assembly. The aging adults were

asked to arrange the pieces to create a picture similar to what the experimenter has shown them.

The experimenter gave them an example and a practice item ("Please arrange the picture to be

like the sample picture that you are given. Take your time, you can flip and switch, move up and

down, but all pieces will be used to create one picture").

While they are performing the task, the experimenter gave the first group effort

attributional feedback (e.g. telling that they are doing well because they have been working hard
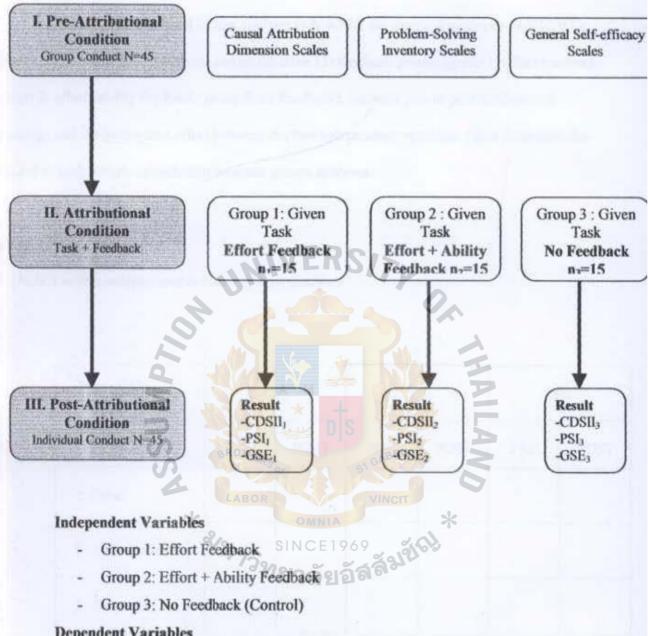
or put their effort to do so). The second group is then given effort + ability attributional feedback by the experimenter while they are performing their task (e.g. telling the person that he/she is good at problem solving and able to solve problem by his/her own and also tell the person that he/she has been working hard or put their effort to do so). The experimenter gave no feedback to respondents to the control group. The experimenter provided only monitoring or gave some responses such as "okay", 'keep going", or "carry on". This group was controlled for the effects of monitoring those are also included in the condition and any potential influence of feedback as in the other two feedback groups apart from the attributions it contained.

The attributional feedback condition and training were carried out in 4 weeks; the experimenter will give the training session individually to three (3) respondents a day, and 4 days a week. The experimenter started with effort feedback group, then effort + ability feedback group, and finally no feedback group. While aging adults were carrying their task, some of them failed to complete the picture at the first time but they kept trying the new way, but some of them wanted to give up when they failed at the first time. In this case, the feedback that the experimenter gave them can also motivate them to carry on their task.

Post-Attributional Feedback Condition

After the training program is completed, respondents were requested to answer the question "What is the reason for your success?", and then again rate their causal attribution dimensions, as well as their perceived problem solving-ability, and perceived self-efficacy.

Figure 2: *Procedure*

Independent Variables

- Group 1: Effort Feedback
- Group 2: Effort + Ability Feedback
- Group 3: No Feedback (Control)

Dependent Variables

- CDSII: Causal Attribution Dimension (Post-training Result)
- PSI: Problem-solving Result (Post-training Result)
- GSE: General Self-efficacy Result (Post-training Result)

Method of Data Analysis

The statistical tool used in data analysis is ANOVA for repeated measures (RANOVA). The analysis tested for differences across the three (3) feedback groups (group 1: effort feedback; group 2: effort+ability feedback; group 3: no feedback); between pre- to post-attributional training; and the interaction effect between the two independent variables. Table 1 presents the model of both within-subjects and between-groups analyses.

Table 1.

RANOVA within-subjects and between-groups analyses.

Variable / Group	CA		PS		SE	
	PRE	POST	PRE	POST	PRE	POST
1: Effort						
2 : Effort+Ability						
3 : Control						

PS: Problem solving

CA: Causal attribution

SE: Self-efficacy

Chapter 4

Results and Discussion

Results

Aging Adults' Demographics

Three hundred elderly of Banglamung Home for Aging Adults at Chonburi province served as participants of the study. Of this number, there were 128 males, accounting for 42.67% of the respondents. On the other hand, there were 172 females, composing the 57.33% remainder of the sample.

Table 2. *Frequency and percentage breakdown of respondents by gender.*

Gender	Frequency	Percentage
Female	29	64.44%
Male	16	35.56%
Total	45	100.00%

Table 2 shows that out of the 45 respondents, 64.44% (29 respondents) were female, while 35.36% (16 respondents) were male.

Table 3. *Frequency and percentage distribution of respondents by age.*

Age	Frequency	Percentage
60-65 years old	7	15.56%
66-70 years old	8	17.78%
71-75 years old	9	20.00%
76-80 years old	12	26.67%
81-85 years old	6	13.33%
>85 years old	3	6.67%
Total	45	100.00%

Of the 45 respondents, 7 (15.56%) were between 60-65 years old; 8 (17.78%) falling

within the 66-70 years old age range; 9 (20.00%) within the 71-75 years old age group; 12

(26.67%) falling within the 76-80 years old category; 6 (13.33%) within the 81-85 years old

range; and 3 (6.67%) being greater than 85 years old.

Table 4. *Frequency and percentage distribution of respondents by educational attainment.*

Age	Frequency	Percentage
< Grade 3	11	24.44%
Grade 3 or equivalent	14	31.11%
Grade 6 or equivalent	5	11.11%
Grade 9 or equivalent	8	17.78%
Grade 12 or equivalent	5	11.11%
College certificate or equivalent	2	4.44%
Bachelor degree or above	0	0.00%
Total	45	100.00%

Of the 45 respondents, 11 (24.44%) obtained lower than Grade 3 education; 14 (31.11%)

had Grade 3 education or equivalent; 5 (11.11%) having Grade 6 education or equivalent; 8

(17.78%) possessing Grade 9 education or equivalent; 5 (11.11%) having Grade 12 education or

equivalent; and 2 (4.44%) with college certificates or equivalent. None of the respondents

obtained bachelor degrees.

The Causal Dimension Scale Result: Overall and by Subscale

Table 5. *Causal Dimension Scale: means and standard deviations.*

Group	Mean CDS1	Std.Dev. CDS1	Mean CDS2	Std.Dev. CDS2
1	71.3333	8.8129	71.2667	4.7729
2	70.7333	12.3489	73.8667	26.5084
3	69.6667	10.3763	67.2667	7.9504
Overall	70.5778		70.8000	

Table 6. *Causal Dimension Scale RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	1.1111	1.0000	1.1111	0.0095	0.9230
Between Cases	10836.0667	42.0000			
Between Groups	237.2222	2.0000	118.6111	0.4597	0.6346
Interaction	115.7556	2.0000	57.8778	0.4926	0.6145
Error	4935.1333	42.0000	117.5032		
Total	16125.2889	89.0000	181.1830		

* significant at the .05 level of significance

** significant at the .01 level of significance

Table 6 shows that pre and post attributional training results on the Causal Dimension Scale were not significantly different (F=.0095, p>.05). Further, results showed that there was no significant Between Groups effect (F=.4926, p>.05), suggesting that the means of the three groups (i.e. effort, effort + ability and control groups) were not statistically different. Neither was any significant interaction effect noted (F=.4926, p>.05)

The Causal Dimension Scale was further subdivided into four (4) subscales, as follows: locus of causality, external control, stability and personal control. RANOVA tables for these subscales are presented below.

Table 7. *Locus of causality RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	30.0444	1.0000	30.0444	6.0051	0.0185
Between Cases	908.9333	42.0000			
Between Groups	137.9556	2.0000	69.9778	3.1873	0.0514
Interaction	11.8222	2.0000	5.9111	1.1815	0.3168
Error	210.1333	42.0000	5.0032		
Total	1298.8889	89.0000	14.5943		

* significant at the .05 level of significance

** significant at the .01 level of significance

Analysis of variance for locus of causality yielded a significant effect between pre- and post-training locus of causality scores ($F = 6.0051$, $p < .05$). There was no significant effect between groups effect, implying that the three groups means were not statistically significant ($F = 3.1873$, $p > .05$). No interaction effect between variable (i.e. presence of attributional training) and group (i.e. type of attributional feedback) was noted ($F = 1.185$, $p > .05$).

Table 8. *Locus of causality pair-wise comparison for attributional training program main effect.*

Group	Mean LOC_CAS1	Std.Dev. LOC_CAS1	Mean LOC_CAS2	Std.Dev. LOC_CAS2	t	P
1	19.8667	3.7960	21.4667	3.0907		
2	21.9333	3.8073	23.6667	2.4398		
3	19.8000	4.4110	19.9333	4.0083		
Overall	20.5333		21.6889		-2.4405	0.0188

*n=15 for each group.

The means for pre- and post attribution training suggest that locus of causality has significantly increased after attributional training (t=-2.4405, p<.05).

Table 9. *External control RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	96.1000	1.0000	96.1000	10.6459	0.0022
Between Cases	2199.9333	42.0000			
Between Groups	53.9556	2.0000	26.9778	0.5150	0.6012
Interaction	24.2667	2.0000	12.1333	1.3441	0.2718
Error	379.1333	42.0000	9.0270		
Total	2753.3889	89.0000	30.9370		

*   significant at the .05 level of significance

** significant at the .01 level of significance

A significant main effect was noted for the presence of the attributional training program (F=10.6459, p<.01). However, no between groups effect was yielded (F=.5150, p>.05). The

effect of the interaction between presence of the attributional training program and type of attributional feedback was likewise insignificant (F=1.3441, p>.05).

Table 10. *External control pairwise comparison for main effect for attributional training program main effect.*

Group	Mean EXT_CON1	Std.Dev. EXT_CON1	Mean EXT_CON2	Std.Dev. EXT_CON2	t	P
1	13.4667	12.2000	12.2000	5.7719		
2	13.0667	9.5333	9.5333	3.2921		
3	13.7333	12.3333	12.3333	5.4729		
Overall	13.4222		11.3556		3.2376	0.0023

*n=15 for each group.

The mean for pre- and post attribution training suggest external control has significantly decreased after attributional training (t=3.2376, p<.05).

Table 11. *Stability RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	23.5111	1.0000	23.5111	0.2334	0.6316
Between Cases	4925.2667	42.0000			
Between Groups	17.2222	2.0000	8.6111	0.0734	0.9293
Interaction	146.0222	2.0000	73.0111	0.7247	0.4904
Error	4231.4667	42.0000	100.7492		
Total	9344.4889	89.0000	104.9943		

* significant at the .05 level of significance

** significant at the .01 level of significance

No significant effects were noted for presence of attributional training (F=.2234, p>.05); type of attributional feedback (F=.0734, p>.05); and interaction between attributional training and type of feedback (F=.7247, p>.05), for the stability subscale.

Table 12. *Personal control: means and standard deviations.*

Group	Mean PER_CON1	Std.Dev. PER_CON1	Mean PER_CON2	Std.Dev. PER_CON2
1	18.0667	3.5750	18.0667	2.3745
2	18.1333	3.7200	18.4667	2.7482
3	16.6667	4.3205	16.6667	2.9439
Overall	17.6222		17.7333	

*n=15 for each group.

Table 13. *Personal control RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	0.2778	1.0000	0.2778	0.0860	0.7708
Between Cases	804.3333	42.0000			
Between Groups	46.8222	2.0000	23.4111	1.2225	0.3048
Interaction	0.5556	2.0000	0.2778	0.0860	0.9178
Error	135.6667	42.0000	3.2302		
Total	987.6556	89.0000	11.0973		

* significant at the .05 level of significance

** significant at the .01 level of significance

For the subscale personal control, no significant effects were yielded for the two main effects of presence of attributional training (F=0.0860, p>.05), type of attributional feedback (F=1.2225, p>.05). Neither was a significant interaction effect noted (F=.0860, p>.05).

Problem Solving Inventory Results

Table 14. *Problem solving inventory: means and standard deviations.*

Group	Mean PSI1	Std.Dev. PSI1	Mean PSI2	Std.Dev. PSI2
1	112.9333	22.1278	96.2000	16.7255
2	117.3333	17.8832	95.3333	18.5921
3	108.9333	15.6272	114.4667	19.7696
Overall	113.0667		102.0000	

*n=15 for each group.

Table 15. *Problem solving inventory RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	2755.6000	1.0000	2755.6000	30.3263	0.0000
Between Cases	25162.3333	42.0000			
Between Groups	828.0667	2.0000	414.0333	0.6911	0.5066
Interaction	3204.0667	2.0000	1602.0333	17.6309	0.0000
Error	3816.3333	42.0000	90.8651		
Total	35766.4000	89.0000	401.8697		

* significant at the .05 level of significance

** significant at the .01 level of significance

The Problem Solving Inventory gathered one significant main effect for presence of attributional training ($F=30.3263$, $p<.01$). The interaction effect between presence of attributional training and type of attributional feedback also yielded a significant result ($F=17.6309$, $p<.01$).

Table 16. *Problem solving inventory pair-wise comparisons for interaction effect.*

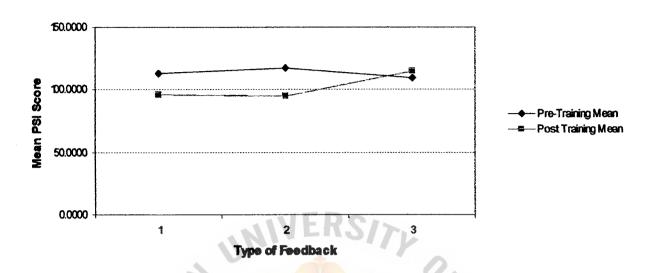|	Post-Training					
	1		2		3	
Pre-Training	t	P	t	P	t	P
1	4.4991	0.0005 **	2.3743	0.0324 *	-0.1975	0.8463
2	-2.9464	0.0106 *	6.2766	0.0000 **	0.3644	0.7210
3	-2.2613	0.0402 *	-1.9459	0.0720	-1.7302	0.1056

*significant at the .05 level of significance

**significant at the .01 level of significance

Table 17. *Pre- and post- training means (PSI).*

	Effort	Effort+Ability	No Feedback
Pre-Training Mean	112.9333	117.3333	108.9333
Post Training Mean	96.2000	95.3333	114.4667

Figure 3.

Presence of attributional training x training feedback interaction effect (Problem Solving Inventory).

An examination of the pair-wise comparisons in Table 16 and Figure 3 above suggests that problem solving score has decreased for both treatment groups, effort (t=4.4991, p<.05) and effort + ability (t=6.2766, p<.01). It should be noted that a *decrease* in the score denotes improvement in problem solving ability. This is not the case with the control group, where no significant differences were noted between pre and post training scores (t=-1.7302, p>.05). These results further suggested that attributional training is effective in improving problem solving perceptions in aging adults, when combined with either effort or effort + ability feedback types.

General Self-efficacy Results

Table 18. *General self-efficacy scale RANOVA.*

	Sum of Square	Degree of freedom	Mean Square	F	P
Between Variables	217.7778	1.0000	217.7778	26.9972	0.0000
Between Cases	2436.1333	42.0000			
Between Groups	19.4667	2.0000	9.7333	0.1678	0.8461
Interaction	101.4222	2.0000	50.7111	6.2865	0.0041
Error	338.8000	42.0000	8.0667		
Total	3113.6000	89.0000	34.9843		

Results on the General Self Efficacy Scale showed a significance between variables effect ($F = 26.9972$, $p < .01$), implying that mean scores before and after attributional training significantly differed. However, the between groups effect was not significant, indicating that the effort, effort + ability and control group means did not significantly vary ($F = .1678$, $p > .05$). Finally, a significant interaction effect was likewise noted ($F = 6.2865$, $p < .01$). As shown in Figure 4, the post training means for both feedback groups were higher at post training. But the last mean for the control group were almost the same. This means that the training is effective only when paired with feedback -- without feedback, the training will not produce the desired improvement in self-efficacy.

Table 19. *General self-efficacy pairwise comparisons for interaction effect.*

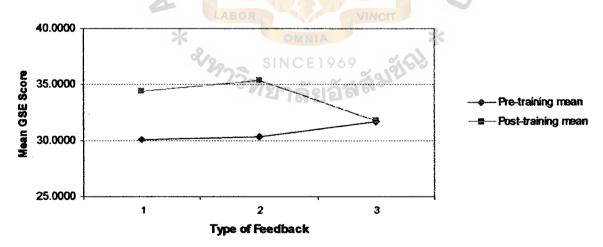| Pre-Training	Post-Training 1		2		3	
	t	P	t	P	t	P
1	-3.0879	0.0080 **	-2.1325	0.0512	-0.6266	0.5410
2	1.5779	0.1369	-4.7881	0.0003 **	-0.7876	0.4441
3	1.0551	0.3092	2.3590	0.0334 *	-0.2636	0.7959

*significant at the .05 level of significance

**significant at the .01 level of significance

Table 20. *Pre- and post- training means (GSE).*

	Effort	Effort+Ability	No Feedback
Pre-Training Mean	30.0667	30.4000	31.6667
Post Training Mean	34.3333	35.3333	31.8000

Figure 4.

Presence of attributional training x training feedback interaction effect (General Self-Efficacy Scale).

Examining the pre- and post-training means for general self-efficacy, it may be observed that attributional training is effective in increasing general self-efficacy in so far as it is combined with either effort feedback type (t=-3.0879, p<.01), or effort + ability type (t=-4.7881, p<.001). In both cases, post-attributional training scores differed significantly from the pre-training scores. On the other hand, there were no significant differences between pre- and post training scores in the no feedback / control group (t=-.02636, p>.05).

Discussion

Aging Adults' Causal Ascriptions

When examined as an overall construct, results suggested that neither the attributional training program nor the type of feedback given to aging adults were effective in significantly modifying their causal ascriptions. However, when broken down per subscale, such insignificant results were only applicable to stability and personal control, while locus of causality and external control yielded significant improvement after attributional training –regardless of the type of feedback. Even after attributional training, aging adults perceive their performance to be permanent, stable and unchangeable. When means of Causal Attribution are examined, they fall at the left (higher) end of the scale, suggesting that such perceptions of permanence and unchanged ability of performance remained unchanged even after attributional training.

Participants may have viewed performance as an encompassing, stable variable, which is generally difficult to alter. Similarly, participants' view of the extent to which others have control over their performance did not significantly change at post-training.

On the other hand, the attributional training program was effective in increasing their intrinsic attributions, recognizing that to a large extent, performance is heavily dependent on themselves and not on external factors. Significant increase were also noted with personal control, specifically referring to the extent of manageability, the degree to which it is self-regulated, and power or control over performance outcomes. Consistent with previous empirical findings, attributional training – rather than type of feedback – has been particularly effective at teaching aging adults that performance is intrinsically rather than situationally dependent (Dweck, 1975; Fowler & Peterson, 1981, Gatting, et al., 1979; Schunk, 1982). In part, there was a little difference from the previous study by Ho & McMurties, 1991 in term of participants' age group.

The researcher's participants were elders instead of students so the results showed that there was lesser effect in modifying causal ascripion.

Problem Solving

Whereas type of feedback was insignificant in changing aging adults' causal attributions, it played a significant role in changing their perceptions of their problem solving abilities / skills. This suggested that in combination with either effort or effort + ability feedback, aging adults' perceptions of problem solving confidence, approach avoidance style, and personal control have markedly improved. However, attributional training alone does not produce this effect, as seen in the insignificant results for the control group. This implies that to be effective at changing their cognition, attributional training has to be aptly reinforced with effort or effort + ability feedback to produce the desired change in problem solving perceptions. As with cognitive behavior therapy (Beck, 1976; Ellis, 1961; Marhoney, 1974; Meichenbaum, 1977), attributional training as a cognitive therapy has to be paired up with feedback for a significant change in cognitive processes to transpire in the S (stimulus) – C (cognition) – R (response) chain (Ho & McMurtie, 1991). Attributional training, concurrently administered with feedback, has been an effective mechanism for making aging adults to form more adaptive problem solving ascriptions, making them more confident and self-efficacious at approaching problems head-on (Storms & McCaul; Valins & Nisbett, 1971).

Self-efficacy

Results of self-efficacy perceptions are similar to those of problem solving. While results in both feedback treatment groups were significant, those for the no feedback (control) group were not. Because there was no main effect for type of feedback alone, this implies that there was no

significant difference among the self-efficacy means of the three feedback groups. Both effort and effort + ability attributional feedback have been effective factors in changing efficacy information (Ho & McMurtie, 1991). Consistent with Bandura's self-efficacy theory (Bandura, 1977, 1981, 1982), the mean for the effort + ability feedback group was higher than the effort feedback group; however, the mean difference was not statistically significant. Thus, attributional training, combined with either type of feedback was equally effective in improving aging adults' perceptions of self-efficacy.

Chapter 5

Summary of Findings, Conclusion and Recommendations

Summary of Findings

Data collected from the current study yielded the following results:

1.) Attributional training combined with attributional feedback was not effective in changing the causal ascriptions of aging adults. However, when broken down per subscale, it was found that this was applicable only the stability and personal control. On the other hand, locus of causality and external control both yielded significant inprovement at post-training, regardless of type of feedback received.

2.) For problem solving, results suggest that attributional training, when combined with either effort or effort +ability feedback, was effective in improving perceptions of problem solving confidence, approach – avoidance style and personal control of aging adults. However, attributional training alone does not produce this desired cognitive change.

3.) General self efficacy has also garnered a significant improvement when attributional training and feedback are concurrently given. While the mean for the effort + ability feedback group was slightly higher, both feedback types yielded significant post-training increases. Similar to the results for problem solving perceptions, attributional training alone was not strong enough to produce the same cognitive effect among aging adults.

Conclusions

Given the foregoing findings, the researcher concludes that attributional training, when combined with attributional feedback, is <u>effective</u> in changing aging adults in terms of their

problem solving and self-efficacy. For problem solving perceptions, it is able to increase their problem-solving confidence, their ability to approach problems head-on, and to ascribe control to themselves. Moreover, it also allows them to be more self-efficacious and to be more confident of carrying out tasks or to solve problems. In part, this combination has also been effective at changing causal ascriptions of aging adults, improving their perceptions on locus of causality and external control. It is only for these two subscales that attributional training alone may yield the desired cognitive change, even without attributional feedback.

These results substantially suggested that caretakers of aging adults must have skills at both giving attributional training and giving attributional feedback for desirable changes in these constructs to occur. Analysis of the data has shown that in combination, attributional training and attributional feedback have effectively given rise to positive changes in the way they manage and their self-efficacy. Another angle which may be considered is the review of the content of the current attributional training module. It may perhaps be possible to improve and strengthen its content to the extent that alone, it may be able to yield the desirable changes in cognition among aging adults.

Recommendations

The author puts forth the following recommendations:

1.) For the Banglamung Home for Aging Adults to consider establishing a standardized attributional training course for the aged under their care. Such a program would help enhance these elders' well-being in term of making them more confident of themselves and their abilities. Moreover, to optimize the benefits from such a program, caregivers

must be taught norms on giving attributional feedback to the elders; this will further reinforce the effects of attributional training.

2.) Another alternative which may be considered is the review of the attributional training module that has been presented to the aging adults. It is possible that strengthening of its content would allow it to elicit the desirable changes in cognition even in the absence of attributional feedback.

3.) Other homes for the aged may also be oriented on the results of the study. If they are amenable to the program, a similar attributional training and feedback program or even the new model of motivation program may be implemented at their institutions.

4.) The contents of the training program may be reevaluated and improved, to ensure that the cognitive changes in causal ascriptions, including stability and personal control, will transpire.

References

Aas, H., Klepp, K., Laberg, J. C., & Aaro, L. E. (1995). Predicting adolescents' interventions to drink alcohol: Outcome expectancies and self-efficacy. *Journal of Studies on Alcohol, 56,* 293-299.

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87,* 32-48.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84,* 191-215.

Bandura, A. (1978). Reflections on self-efficacy. In S. Rachman (Ed.), *Advances in Behavior Research and Therapy, 1,* 237-369.

Bandura, A. (1981). Self-referent thought: A developmental overlap of self-efficacy. In Flavell, J. H., and Ross, L., (Eds.), *Social Cognitive Development Frontier and Possible Future.* Cambridge: Cambridge University Press.

Bandura, A. (1982a). Self-efficacy mechanism in human agency. *American Psychologist, 37,* 122-147.

Bandura, A. (1982b). The psychology of chance encounters and life paths. *American Psychologist, 37,* 747-755.

Beck, A.T. (1976). *Cognitive therapy and the emotional disorders.* New York: International Universities Press.

Dweck, C. S. (1975). The role of expectations and attributions in the alleviation of learned helplessness. *Journal of Personality and Social Psychology, 31,* 674-685.

Ellis, A. (1962). *Reason and Emotion in Psychotherapy.* New York: Lyle Stuart.

Feltz,D.L. (1982). A path analysis of the causal elements in Bandura's theory of self-efficacy and

anxiety based model of avoidance behaviour. *Journal of Personality and Social Psychology, 42*, 764-781.

Fiske, S.T. & Taylor, S.E. (1984). *Social Cognition.* New York, NY: Random House.

Forsterling, F. (1985). Attribution retraining: A review. *Psychological Bulletin, 98*, 495-912.

Fowler, J. W. & Peterson, P. L. (1981). Increasing reading persistence and altering attributional style of learned helpless children. *Journal of Educational Psychology, 73*, 251-260.

Heppner, P.P. & Peterson, C.H. (1982). The development and implications of a personal problem-solving inventory. *Journal of Counseling Psychology, 29*, 66-75.

Heppner, P. P. (1988). *The Problem Solving Inventory (PSI)-Research Manual.* Palo Alto, CA: Consulting Psychologists Press, Inc.

Ho, R. & McMurtrie, J. (1991). Attributional feedback and underachieving children: Differential effects on causal attributions, success expectancies, and learning processes. *Australian Journal of Psychology, 43*, 93-100.

Jerusalem, M. & Schwarzer R. (1993). General self-efficacy scale. Retrieved on September 3, 2005, from <*http://userpage.fu-berlin.de/~health/engsca>l*

Mahoney, M. J. (1974). *Cognition and Behavior Modification.* Cambridge, MA: Ballinger.

McAuley, E., Duncan, T. E., & Russell, D. (1992). Measuring causal attributions: The Revised Causal Dimension Scale (CDSII). *Personality and Social Psychology Bulletin, 18*, 566-573.

Meichenbaum, D. H. (1977). *Cognitive-behavior Modification: An Integrative Approach.* New York: Plenum Press.

Schunk, D. H. (1995). Self-efficacy and education and instruction. In J. E. Maddux (Ed.), *Self-efficacy, adaptation, and adjustment: Theory, research, and application* . New York: Plenum Press.
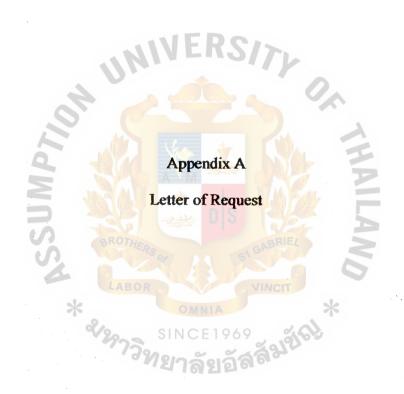
Schunk, D. H. (1983). Ability versus effort attributional feedback: Differential effects on self-efficacy and achievement. *Journal of Educational Psychology*, 75, 848-856.

Schunk, D. H. (1982). Effects of effort attributional feedback on children's perceived self-efficacy and achievement. *Journal of Educational Psychology*, 74, 584-566.

Schunk, D. H. (1981). Modeling and attributional effects on children's achievement: A self-efficacy analysis. *Journal of Educational Psychology*, 73, 93-105.

Storms, M. D. & McCaul, K. D. (1976). Attribution processes and emotional exacerbation of dysfunctional behavior. In J. H. Harvey, W. J. Ickes, & R. F. Kidd (Eds.), *New directions in attribution research* (Vol. 1). Hillsdale, NJ: Erlbaum Press.

Suntarapiromsuk, S. (1997). *A comparative study of hope and self care of the aged in Banglamung home for the aged and elder.* Bangkok: Srinakharinwirot University Publisher.

Thongpen, C. (1994). *The Relationship of Fear of Personal Aging, Sense of Coherence, Social Support, and Biosocial Factor to Well-Being of the Aged in Senior Citizen Clubs in Bangkok.* Bangkok: Srinakharinwirot University Publisher.

Valins, S. Nisbett, R. E. (1971). *Attribution Processes in the Development and Treatment of Emotional Disorders.* New York: General Learning Press.

Weiner, B. & Sierad, J. (1975). Misattribution for failure and enhancement of achievement striving. *Journal of Personality and Social Psychology 31*, 415-421.

Weiner, B. (1979). A theory of motivation for some classroom experiences. *Journal of Educational Psychology,71*, 3-25.

Weiner, B. (1984). Principles for a theory of student motivation and their application within an attributional framework. In Ames, R.E. & Ames, L (Eds.), *Research on Motivation in Education,* London: Academic Press.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion.

Psychological Review, 92, 548-573.

Appendix A

Letter of Request

46

บัณฑิตวิทยาลัย มหาวิทยาลัยอัสสัมชัญ

ภาควิชาจิตวิทยาการให้คำปรึกษา

หัวหมาก กรุงเทพ 10240

โทร 0-3004540-60 ต่อ 3636

เรียน   ผู้ปกครองสถานสงเคราะห์คนชราบ้านบางละมุง

เรื่อง   ขอความอนุเคราะห์ข้อมูลเพื่อทำวิทยานิพนธ์

เนื่องด้วย นางสาวปวีณสุดา ศรีพญา นักศึกษาปริญญาโท คณะจิตวิทยา การให้คำปรึกษา มหาวิทยาลัย

อัสสัมชัญ ได้มีความสนใจทำวิทยานิพนธ์ในหัวข้อเกี่ยวเนื่องกับ ปัจจัยต่างๆ ที่มีผลต่อสุขภาพจิต โรคซึมเศร้า

และ การให้คำปรึกษากับคนชรา ในสถานสงเคราะห์คนชราบ้านบางละมุง อำเภอ บางละมุง จังหวัดชลบุรี เพื่อ

ศึกษาในเบื้องลึก

จึงกราบเรียนมาเพื่อขอความอนุเคราะห์ข้อมูลในการทำแบบสอบถาม แบบทดสอบต่างๆ เพื่อทำวิทยา

นิพนธ์ แก่นักศึกษา และขอขอบพระคุณมา ณ โอกาสนี้ด้วย

ขอแสดงความนับถือ

ดร. วรพจน์ รักธรรม

คณบดี

Appendix B

Questionnaire (in English)

Part I: Demographical Information

Instruction: Please fill in the correct personal information by marking an (X) in the
appropriate item.

1. Gender

_____1) Female
_____2) Male

2. Age

_____1) 60-65 years
_____2) 66-70 years
_____3) 71-75 years
_____4) 76-80 years
_____5) 80 or above

3. Education

_____1) Less than Grade 3
_____2) Grade 3 or equivalent
_____3) Grade 6 or equivalent
_____4) Grade 9 or equivalent
_____5) Grade 12 or equivalent
_____6) College certificate or equivalent
_____7) Bachelor degree or above

Part II: Causal Dimension Scale

Instructions: Think about the reason or reasons you have written above. The items below concern your impressions or opinions of this cause or causes of your performance. Circle one number for each of the following questions.

Is this cause(s) something:

1. That reflects an aspect of yourself   9   8   7   6   5   4   3   2   1   reflects an aspect of the situation

2. Manageable by you   9   8   7   6   5   4   3   2   1   not manageable by you

3. Permanent   9   8   7   6   5   4   3   2   1   temporary

4. You can regulate   9   8   7   6   5   4   3   2   1   you cannot regulate

5. Over which others have control   9   8   7   6   5   4   3   2   1   over which others have no control

6. Onside of you   9   8   7   6   5   4   3   2   1   outside of you

7. Stable over time   9   8   7   6   5   4   3   2   1   variable over time

8. Under the power of other people   9   8   7   6   5   4   3   2   1   not under the power of other people

9. Something about you   9   8   7   6   5   4   3   2   1   something about others

10. Over which you have power   9   8   7   6   5   4   3   2   1   over which you have no power

11. Unchangeable   9   8   7   6   5   4   3   2   1   changeable

12. Other people can regulate   9   8   7   6   5   4   3   2   1   other people cannot regulate

Part III: Problem-solving Inventory

Instruction: Please answer all questions from your perception using the following scale:

Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
1	2	3	4	5	6

_____1.   When a solution to a problem was unsuccessful, I do not examine why it didn't work.

_____2.   When I am confronted with a complex problem, I do not bother to develop a strategy to collect information so I can define exactly what the problem is.

_____3.   When my first efforts to solve a problem fail, I become uneasy about my ability to hand the situation.

_____4.   Sometimes I do not stop and take time to deal with my problems, just kind of muddle ahead.

_____5.   I am usually able to think up creative and effective alternatives to solve a problem.

_____6.   After a problem has been solved, I usually compare the result with my expectation.

_____7.   When it comes to problem, I do try to find as many solutions as I can.

_____8.   When I am confronted with a problem, I usually try to get in touch with my own emotion to figure out what is happening.

_____9.   When I am confused with the problem, I do not try to understand neither my own feeling nor my own thought clearly.

_____10. I have the ability to solve most problems even though initially no solution is immediately apparent.

_____11. Most of the problems I have faced are too complex than my ability to solve them.

_____12. I have no regret of what I have been done.

_____13. When I am confronted a problem, I usually use the first solution that come across my mind.

_____14. Sometimes I have been stuck on the problem which I cannot solve.

_____15. When I make my decision, I have never thought of any other possible solutions.

_____16. When a problem occurred, I take time to think before I make my decision to take action.

_____17. Generally, I use the first solution that pops up in my head.

_____18. To make my decision before taking action, I do comparison of the result of each solution.

_____19. When I make a plan to solve problems, I have confidence that I can make things go as I have planned.

_____20. I do try to predict the result of the solution if I take an action as I have planned.

_____21. When I try to think of many solutions, I usually end up with only a few of them.

_____22. When I think of any solution, a method I always use is to think of some solution in the similar situation.

_____23. If I have time and put enough effort, I am sure that I can solve most of the problems.

_____24. When I am in the new situation, I have confidence to deal with problems those may be occurred.

_____25. Even though I really put my effort, sometimes I feel like I am in the dark and have no way out.

_____26. I usually do things in rush and I usually feel sorry for that.

_____27. I have confidence to deal with difficult problems will be occurred.

_____28. I have systematically method to compare between all solutions I have in order to make my decision.

_____29. When I try to solve the problem, I do not bother to collect many opinions together.

_____30. When I faced the problem, I do not think of any external factors those may have influences on the problem.

_____31. When the problem occurred, the first thing I do is to discover the real situation and collecting important information.

_____32. Sometimes there are feelings and emotions those are influenced and limited my ability to think of many solutions.

_____33. After I make my decision to solve problems, the results usually come out as I predicted.

_____34. When the problem occurred, I am not sure that I can manage or deal with it.

_____35. When I realize that problem has occurred, the first thing I do is try to find out the real problem.

Part IV: General Self-efficacy Scale

Instruction: Please answer all questions using following scale:

Not at all true	Hardly true	Moderately true	Exactly true
1	2	3	4

_____1. I can always manage to solve difficult problem if I try hard enough.

_____2. If someone opposes me, I can find the means and ways to get what I want.

_____3. It is easy for me to stick to my aims and accomplishment my goals.

_____4. I am confidence that I could deal efficiently with unexpected events.

_____5. Thanks to my resourcefulness, I know how to handle unforeseen situation.

_____6. I can solve most problems if I invest the necessary effort.

_____7. I can remain clam when facing difficulties because I can rely on my coping abilities.

_____8. When I am confronted with a problem, I can usually find several solutions.

_____9. If I am in trouble, I can usually think of a solution.

_____10. I can usually handle whatever comes my way.

English version by Ralf Schwarzer & Matthias Jerusalem, 1993

Appendix C

Questionaire (in Thai)

<u>ส่วนที่ 1: ประวัติ</u>

คำแนะนำ กรุณาตอบคำถามต่อไปนี้โดยการกาเครื่องหมาย X หน้าข้อดังต่อไปนี้

1. เพศ

_____1.) หญิง

_____2.) ชาย

2. อายุ

_____1.) 60-65 ปี   _____2.) 66-70 ปี   _____3.) 71-75 ปี

_____4.) 76-80 ปี   _____5.) 80 ปีขึ้นไป

3. การศึกษา

_____1.) ต่ำกว่าขั้นประถมต้น   _____2.) ประถมต้นหรือเทียบเท่า

_____3.) ประถมปลายหรือเทียบเท่า   _____4.) มัธยมต้นหรือเทียบเท่า

_____5.) มัธยมปลายหรือเทียบเท่า   _____6.) อนุปริญญาหรือเทียบเท่า

_____7.) ปริญญาตรีหรือสูงกว่า

<u>ส่วนที่ 2 : มาตรวัดเหตุผลเชิงมิติ</u>

<u>มาตรวัดเหตุผลเชิงมิติ</u>

คำแนะนำ : ให้ท่านนึกถึงเหตุผล หรือ เหตุผลที่ท่านได้เขียนไว้ข้างต้น ข้อความด้านล่างในแต่ละข้อนี้จะมีความเกี่ยวข้องกับความรู้สึกหรือความเห็นของท่านซึ่ง
เกี่ยวกับเหตุผลต่างๆแห่งการกระทำหรือการปฏิบัติตนของท่าน โปรดตอบทุกคำถาม โดยการวงกลมล้อมรอบหมายเลขที่ท่านคิดว่าเหมาะสมกับความเห็นของท่าน
สิ่งต่อไปนี้ทำให้เกิดเหตุการณ์หรือเป็นเหตุผลของเหตุการณ์ต่างๆที่ :

1.	เป็นสิ่งบ่งบอกถึงลักษณะของท่าน	9	8	7	6	5	4	3	2	1	เป็นสิ่งบ่งบอกถึงลักษณะของตัวเหตุการณ์
2.	เป็นสิ่งที่ท่านสามารถจัดการได้	9	8	7	6	5	4	3	2	1	เป็นสิ่งที่ท่านไม่สามารถจัดการได้
3.	เป็นการถาวร	9	8	7	6	5	4	3	2	1	เป็นการชั่วคราว
4.	ท่านสามารถกำหนดได้	9	8	7	6	5	4	3	2	1	ท่านไม่สามารถกำหนดได้
5.	อยู่ในการควบคุมของผู้อื่น	9	8	7	6	5	4	3	2	1	ไม่อยู่ในการควบคุมของผู้อื่น
6.	อยู่ภายในตัวท่าน	9	8	7	6	5	4	3	2	1	อยู่ภายนอกตัวท่าน
7.	ไม่เปลี่ยนแปลงตามกาลเวลา	9	8	7	6	5	4	3	2	1	เปลี่ยนแปลงไปตามกาลเวลา
8.	อยู่ภายใต้อำนาจของผู้อื่น	9	8	7	6	5	4	3	2	1	ไม่ได้อยู่ภายใต้อำนาจของผู้อื่น
9.	เกี่ยวกับตัวท่าน	9	8	7	6	5	4	3	2	1	เกี่ยวกับผู้อื่น
10.	อยู่ในอำนาจของท่าน	9	8	7	6	5	4	3	2	1	ไม่อยู่ในอำนาจของท่าน
11.	ไม่สามารถเปลี่ยนแปลงได้	9	8	7	6	5	4	3	2	1	สามารถเปลี่ยนแปลงได้
12.	ผู้อื่นสามารถกำหนดได้	9	8	7	6	5	4	3	2	1	ผู้อื่นไม่สามารถกำหนดได้

<u>ส่วนที่ 3</u>

<u>แบบประเมินการแก้ปัญหา</u>

โปรดตอบคำถาม โดยให้คะแนนตามความคิดเห็นของท่านในข้อคำถามแต่ละข้อ

เห็นด้วยอย่างยิ่ง	เห็นด้วย	เห็นด้วยบ้าง	ไม่เห็นด้วยบ้าง	ไม่เห็นด้วย	ไม่เห็นด้วยอย่างยิ่ง
1	2	3	4	5	6

_____ 1. เมื่อฉันแก้ปัญหาไม่สำเร็จ ฉันไม่เคยพิจารณาว่าทำไมวิธีการที่ใช้จึงล้มเหลว

_____ 2. เมื่อฉันต้องเผชิญกับปัญหาที่ซับซ้อน ฉันไม่เคยเบื่อที่จะหาวิธีการรวบรวมข้อมูลทั้งหมด เพื่อฉันจะได้เข้าใจว่าปัญหาที่แท้จริงคืออะไร

_____ 3. เมื่อฉันล้มเหลวในการแก้ปัญหาในครั้งแรก ฉันรู้สึกไม่มั่นใจว่าจะจัดการปัญหาได้

_____ 4. เมื่อฉันจัดการปัญหาได้ ฉันไม่เคยคิดทบทวนว่าส่วนใดที่ฉันทำผิดพลาด หรือส่วนไหนที่ฉันทำถูกต้อง

_____ 5. ฉันมีความสามารถในการคิดริเริ่มหาทางออกใหม่ๆที่มีประสิทธิภาพในการแก้ปัญหา

_____ 6. หลังจากการแก้ปัญหาผ่านพ้นไปแล้ว ฉันจะใช้เวลาในการเปรียบเทียบผลลัพธ์ที่เกิดขึ้น

_____ 7. เมื่อฉันมีปัญหา ฉันจะพยายามคิดหาทางออกหลายๆทางจนสุดความสามารถ

_____ 8. เมื่อเผชิญกับปัญหา ฉันจะคิดทบทวนถึงความรู้สึกของตัวเองเพื่อทำความเข้าใจว่าอะไรกำลังเกิดขึ้น

_____ 9. เมื่อสับสนกับปัญหา ฉันไม่พยายามทำความเข้าใจกับความรู้สึก หรือความคิดของตัวเองให้ชัดเจนมากขึ้น

_____ 10. ฉันมีความสามารถในการแก้ปัญหา แม้ว่าในช่วงต้นฉันจะมองไม่เห็นทางออกก็ตาม

_____ 11. ปัญหาส่วนใหญ่ที่ฉันประสบ ล้วนแต่ซับซ้อนเกินความสามารถของฉันที่จะแก้ไข

_____ 12. ฉันไม่เสียใจกับสิ่งที่ฉันตัดสินใจทำ

_____ 13. เมื่อเผชิญกับปัญหา ฉันมักจะใช้วิธีแก้ปัญหาวิธีแรกสุดที่ฉันคิดออก

_____ 14. บางครั้งฉันจมอยู่กับการแก้ปัญหา ทั้งๆที่หาทางออกไม่ได้

_____ 15. เมื่อตัดสินใจแก้ปัญหา ฉันไม่เคยเสียเวลากับการทบทวนหาทางออกแบบอื่นที่อาจเป็นไปได้

_____16. เมื่อเกิดปัญหา ฉันจะใช้เวลาคิดกับมันก่อนจะตัดสินใจทำอะไรต่อไป

_____17. โดยทั่วไปแล้ว ฉันจะใช้วิธีที่ฉันคิดออกเป็นวิธีแรก

_____18. ในการตัดสินใจลงมือกระทำ ฉันจะคิดเปรียบเทียบผลลัพธ์ของแต่ละวิธีในการแก้ปัญหา

_____19. เมื่อฉันวางแผนแก้ปัญหา ฉันค่อนข้างมั่นใจว่าฉันสามารถทำตามที่คิดได้

_____20. ฉันพยายามคาดถึงผลที่จะเกิดขึ้นหากทำตามแผนที่วางไว้

_____21. เมื่อฉันพยายามหาวิธีการหลายๆแบบในการแก้ปัญหา ฉันมักจะคิดได้เพียงไม่กี่วิธี

_____22. เวลาคิดหาทางแก้ปัญหา วิธีหนึ่งที่ฉันมักจะใช้คือ คิดทบทวนถึงปัญหาลักษณะคล้ายๆกันที่ฉันเคยพบมา

_____23. หากฉันมีเวลา และใช้ความพยายามมากพอ ฉันเชื่อว่าฉันสามารถแก้ปัญหาได้เป็นส่วนใหญ่

_____24. เมื่ออยู่ในสถานการณ์ใหม่ ฉันมั่นใจว่าสามารถจัดการกับปัญหาที่อาจเกิดขึ้น

_____25. แม้ว่าฉันจะใช้ความพยายามอย่างมาก ในบางครั้งฉันยังรู้สึกเหมือนว่ากำลังอยู่ในความมืด และไม่เข้าใจปัญหาที่แท้จริง

_____26. ฉันทำอะไรรีบร้อน และมักนึกเสียใจภายหลัง

_____27. ฉันมั่นใจที่จะแก้ปัญหายากๆที่เกิดขึ้นใหม่

_____28. ฉันมีวิธีการที่เป็นระบบในการเปรียบเทียบทางเลือกต่างๆในการแก้ปัญหา และการตัดสินใจ

_____29. เมื่อฉันพยายามคิดหาทางแก้ปัญหา ฉันไม่พยายามรวบรวมความเห็นหลายๆแบบเข้าด้วยกัน

_____30. เมื่อประสบกับปัญหา ฉันไม่ค่อยพิจารณาถึงปัจจัยภายนอกที่อาจมีผลกระทบ

_____31. เมื่อเกิดปัญหาขึ้น สิ่งที่ฉันทำเป็นอย่างแรกคือ สำรวจสถานการณ์ขณะนั้น และรวบรวมข้อมูลที่สำคัญ

_____32. บางครั้งอารมณ์ความรู้สึกที่เกิดขึ้น ทำให้ฉันไม่สามารถคิดถึงทางออกหลายๆทางที่เป็นไปได้

_____33. หลังจากตัดสินใจแก้ปัญหาไปแล้ว ผลที่เกิดขึ้นมักจะตรงกับที่ฉันคาดการณ์ไว้

_____34. เมื่อเกิดปัญหาขึ้น ฉันไม่แน่ใจว่าฉันจะจัดการกับมันได้

_____35. เมื่อฉันตระหนักว่าปัญหาเกิดขึ้น สิ่งแรกที่ฉันทำ คือ พยายามหาว่าปัญหาที่แท้จริงอยู่ตรงไหน

ส่วนที่ 4

<u>แบบทดสอบประสิทธิภาพของบุคคลด้วยตนเอง</u>

กรุณาตอบคำถามด้านล่างนี้ด้วยการให้คะแนนความเห็นของท่านในคำถามแต่ละข้อ :

ไม่เป็นความจริงเลย------------ไม่ค่อยจะเป็นความจริง------------เป็นความจริงอยู่บ้าง------------เป็นความจริง

    1   2   3   4

_____ 1. ฉันสามารถจัดการกับปัญหาที่ยากๆได้หากฉันพยายามมากพอ

_____ 2. ถ้ามีผู้อื่นที่มีความคิดแตกต่างจากความคิดของฉัน ฉันสามารถหาทางที่จะให้ได้มาในสิ่งที่ต้องการจนได้

_____ 3. เป็นการง่ายสำหรับฉันที่จะทำตามความต้องการจนกว่าจะบรรลุเป้าหมายที่ตั้งไว้

_____ 4. ฉันมีความมั่นใจว่าฉันสามารถจัดการกับปัญหาเฉพาะหน้าได้

_____ 5. เป็นการดีที่ฉันเป็นคนเจ้าความคิด เพราะฉันรู้ว่าจะจัดการกับปัญหาที่ไม่เคยประสบมาได้อย่างไร

_____ 6. ฉันสามารถแก้ไขปัญหาต่างๆได้เกือบทุกปัญหาเมื่อฉันใช้ความพยายามเท่าที่จำเป็น

_____ 7. ฉันสามารถจะระงับอารมณ์และสงบลงได้เมื่อฉันประสบกับปัญหาที่ยากๆเพราะฉันเชื่อมั่นในความสามารถในการแก้ปัญหาของฉัน

_____ 8. เมื่อฉันเผชิญหน้ากับปัญหาใดๆ ฉันมักจะสามารถหาหลายๆวิธีที่จะแก้ปัญหานั้นได้

_____ 9. เมื่อใดที่ฉันมีปัญหา ฉันมักจะสามารถหาวิธีแก้ไขปัญหานั้นได้

_____ 10. ฉันมักจะสามารถจัดการควบคุมทุกๆสิ่งที่ผ่านเข้ามาได้