



Measuring staff behavior towards clients with ID and challenging behavior: Further psychometric evaluation of the Staff-Client Interactive Behavior Inventory (SCIBI)

Arno P.A.M. Willems^{a,b,*}, Petri J.C.M. Embregts^{b,c,d}, Lex H.C. Hendriks^{c,e}, Anna M.T. Bosman^e

^a MFCG, Multi-Disciplinary Centre for Dual Disabilities, Koraal Group, Heel, The Netherlands

^b Tranzo & Department of Developmental and Clinical Psychology, Tilburg University, Tilburg, The Netherlands

^c HAN University of Applied Sciences, Faculty of Health and Social Studies, Nijmegen, The Netherlands

^d Dichterbij Kennis@, Oostrum, The Netherlands

^e School of Educational Sciences, Behavioural Science Institute, Faculty of Social Sciences, Radboud University, Nijmegen, The Netherlands

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ABSTRACT

Recently, the Staff-Client Interactive Behavior Inventory (SCIBI) was developed, measuring both interpersonal and intrapersonal staff behavior in response to challenging behavior in clients with ID. The aim of the two studies presented here was first to confirm the factor structure and internal consistency of the SCIBI and second to demonstrate its convergent validity. In the first study, a total of 265 support staff members, employed in residential and community services, completed the SCIBI for 62 clients with ID and challenging behavior. In the second study, 158 staff members completed the SCIBI for 158 clients, as well as the SASB-Intrex, the NIAS and the Bar-On Emotional Quotient Inventory (EQI). Replication of a confirmatory factor analysis resulted in a consistent seven-factor solution of the SCIBI with high levels of internal consistency. Also, mostly good convergent validity with the SASB-Intrex and sufficient to good convergent validity with the NIAS and EQI were found, except for the self-reflective intrapersonal staff behavior scale. By replicating and extending earlier results on the SCIBI, it proves to be a reliable and sufficient valid measure of interpersonal and intrapersonal behavior of staff working with people with intellectual disabilities.

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1. Introduction

People with intellectual disabilities (ID) are at higher risk for developing behavior and mental health problems compared to people without ID (Deb, Matthews, Holt, & Bouras, 2001). Unfortunately, these challenging behavior problems are not only instigated by medical, psychological and psychiatric client conditions, but they are also known to be strengthened and maintained by behavior of support staff (Hastings & Remington, 1994). At the same time, staff members are the key agents in behavioral interventions for people with ID, including reducing challenging behavior (Felce, Lowe, Beecham, & Hallam, 2000). Most research with respect to staff interventions was based on the principles of applied behavioral analysis (Emerson, 2001) and focused on certain types of staff behavior, like helping behavior (Willner & Smith, 2008). More recently, research is also

* Corresponding author at: MFCG at St. Anna, Koraal Group, P.O. Box 5001, 6097 ZG Heel, The Netherlands. Tel.: +31 6 51396341.

E-mail address: awillems@koraalgroep.nl (Arno P.A.M. Willems).

focusing on the influence of staff psychological or intrapersonal factors – such as beliefs, attributions and emotional reactions – on staff behavioral interventions in general (Hastings, 2005; Oorsouw, Embregts, Bosman, & Jahoda, submitted; Rose, 2011; Wanless & Jahoda, 2002).

Motivated by these studies with respect to staff behavior, Willems, Embregts, Stams, and Moonen (2010) focused on both interpersonal and intrapersonal staff behavior, based on a large research tradition on interpersonal models (Benjamin, 1996; 2003; Leary, 1957; Schaeffer, 1965) instead of focusing only on helping behavior, for which inconsistent results have been reported (Zijlmans, Embregts, Bosman, & Willems, 2012). Willems and colleagues constructed the Staff-Client Interactive Behavior Inventory (SCIBI) as an instrument to measure four interpersonal behavior factors (assertive control, hostile, friendly, and support-seeking behavior) and three intrapersonal factors (proactive thinking, self-reflection, and critical expressed emotion). They stated that the SCIBI might be used for assessment purposes, by identifying interpersonal staff behaviors which are related to the occurrence of challenging behavior of an individual client. One can also use this instrument for therapeutic purposes, by focusing on the specific interpersonal staff behaviors that work best with an individual client. Currently, the SCIBI has a central place in staff interaction feedback sessions and a staff interaction training program, implementing some powerful principles of change from interpersonal and systems-oriented therapy, e.g. symmetry, complementarity and antithesis. The SCIBI is predominantly based on several interpersonal models of personality (Benjamin, 1996; Leary, 1957; Wiggins, Trapnell, & Phillips, 1988), with two robust orthogonal dimensions, namely, a control dimension (i.e. dominance-submission) and an affiliation dimension (i.e. love-hate). Willems et al. found almost equivalent factors with assertive control and support-seeking interpersonal behavior for the control dimension and friendly and hostile interpersonal behavior for the affiliation dimension.

In line with Hastings' findings (2005) that staff emotional reactions are related to challenging behavior, Willems et al. (2010) included the factor expressed emotions as one of the intrapersonal factors of staff behavior. Noone and Hastings (2009) have demonstrated in their research on emotional acceptance and mindfulness that not only the emotional reactions themselves prove to be important, but also how staff is dealing with such emotions appears to be essential. Jackson, Firtko, and Edenborough (2007) showed that this kind of emotional insight and being more reflective was important for enhancing personal resilience, which motivated Willems et al. to include (emotional) self-reflection as a second intrapersonal factor. Finally, Mitchell and Hastings (2001) found that staff often use adaptive coping strategies, such as planning and active coping when confronted with challenging behavior. Therefore, Willems et al. considered proactive thinking to be a third important intrapersonal characteristic of staff who have to deal with challenging behavior in clients with ID. In their study, they found support for excellent construct validity of the SCIBI and good internal consistency as a measure of reliability (ranging from 0.68 to 0.89). Willems et al. recommend further validation studies on the SCIBI by paying attention to convergent, discriminant, and predictive validity. This is in line with several methodological criteria that can be used in order to evaluate the psychometric properties of a self-report instrument, including reliability, confirmatory factor analysis, and several forms of construct validity (Robinson, Shaver, & Wrightsman, 1991).

Therefore, the goal of the first study was to confirm the underlying factor structure of the SCIBI and to evaluate its internal consistency for staff working with individuals with ID and challenging behavior living in a residential or community facility. In the second study, the aim was to demonstrate further validity, by determining convergent validity of the SCIBI, comparing the SCIBI with existing instruments that measure interpersonal and intrapersonal behavior in general.

2. Method

2.1. Study 1

2.1.1. Participants

In the first study, carried out in the Netherlands in 2008–2010, a total of 265 direct care staff members participated, employed in ten facilities for individuals with IDs. Most of the 265 staff members were female (Table 1). In addition to high school, 67% of the staff had a three-year professional training in the domain of nursing or social work, which is standard in the Netherlands for direct support staff; 28% had a college-degree in nursing, teaching or social science.

2.1.2. Procedure

Data on most of the direct care staff ($n = 185$) were collected from staff working with clients with challenging behavior for whom the first author was consulted as a member of the Multi-Disciplinary Centre for Dual Disabilities, a specialized interdisciplinary team in the south of the Netherlands. Staff as well as their associated psychologists and physicians consult this team in case there are serious concerns about the diagnosis and treatment of clients with severe behavior and psychiatric problems. The remaining 80 participants were staff members who completed the SCIBI as part of an effect study on a training program for staff working with mild ID clients and behavior or psychiatric problems, supervised by the second author. In this first study, the Staff-Client Interactive Behavior Inventory (SCIBI, a translation of a Dutch instrument) for each particular client was completed by different numbers of staff members, ranging from 1 to 12. Staff data on the SCIBI were analyzed with respect to 62 clients ranging from mild to severe ID and severe behavior or psychiatric problems, of which about two-thirds were diagnosed with a mild ID and one-third with lower ID levels. Almost one-third of the clients were female.

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