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Child's Challenging Behaviour Scale, version 2

Information booklet

© Bourke-Taylor, H.M., Law, M., Howie, L., & Pallant, J.F., 2013

This information booklet is designed to describe the Child's Challenging Behaviour Scale (CCBS) for professionals interested in implementing the use of this scale in research or clinical practice. This booklet will describe the purpose, scale mechanics, design, and scoring related to the scale. The actual scale items and scoring response items are provided. Professionals are invited to use the CCBS freely. However, this scale must not be altered in any way during administration or scoring. The authors request forwarding of any feedback or details about the use of this scale to the first author: Helen.Bourke-Taylor@monash.edu.

PURPOSE:

The CCBS is a brief, psychometrically sound instrument that provides clinicians with a new tool that measures a mother's rating of her school aged child's behaviours that are challenging and associated with reduced maternal mental health and caregiving capacity. The CCBS assists professionals to identify mothers and family situations who may be in need of more support and interventions. The CCBS was designed for mothers of school aged children with disabilities, aged 5 through 18 years.

DESIGN OF SCALE:

A mixed method instrument design model was applied to the research that developed the CCBS. An initial qualitative study generated items (Bourke-Taylor, Howie & Law, 2010), and quantitative data were collected from 152 mothers of a school aged child with a disability in Victoria, Australia. Eleven items were included in the CCBS in the form of statements. Respondents are asked to rate their level of agreement using a four point Likert response scale (*1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree*). See Appendix for instructions for completing the scale, scale items and response schedule.

SCORING THE CCBS:

Prior to scoring, two items must be reverse scored (*Item 2: My child aggravates others; and Item 5: My child can be stubborn and uncooperative*). This means that a value of 4 = 1; 3 = 2; 2 = 3; 1 = 4. Following reversal of these two scale items, the total score on the CCBS is calculated by summing the scores, with possible scores ranging from 9 to 36. Higher scores on the CCBS indicate that the child exhibits more challenging behaviours.

PSYCHOMETRIC EVALUATION OF THE CCBS:

Initial psychometric evaluation of the CCBS on the population of Victorian mothers of school aged children with disabilities (N = 152) revealed the following properties. The Cronbach alpha value was high (0.89) indicating excellent internal consistency. Tests of normality on the eleven item scale revealed a slightly skewed normal distribution (-0.279) and kurtosis (-0.226); a non significant Kolmogorov-Smirnov statistic ($p = 0.07$); a reasonably straight Normal Q-Q plot; and an acceptable Detrended Normal Q-Q plot (Bourke-Taylor, Law, Howie & Pallant, 2010). The CCBS was therefore deemed to be normally distributed with a mean score of 34.4 and standard deviation of 9.3 (range: 11 to 54). Factor analysis supported

its unidimensionality. Further information about construct validity has been published (Bourke-Taylor, Law, Howie & Pallant, 2010).

Further, rasch analysis of the CCBS revealed serious threshold disordering for nine of the 11 items, suggesting problems with the 5-point response format used for the scale. The neutral midpoint of the response format was subsequently removed to create a 4-point scale. High levels of local dependency was detected among two pairs of items, resulting in the removal of two items (item 7, item 1 from original scale, see Bourke-Taylor, Law, Howie & Pallant, 2010). The final 9-item version of the scale (CCBS Version 2) was unidimensional, well targeted, showed good fit to the Rasch model, and strong internal consistency (Bourke-Taylor, Pallant & Law, 2013). The CCBS Version 2 had excellent internal consistency, Cronbach alpha=0.84 (Bourke-Taylor, Pallant & Law, 2013).

References

- Bourke-Taylor, H. M., Howie, L., & Law, M. (2010). Impact of caring for a school aged child with a disability: Understanding mothers' perspectives. *Australian Occupational Therapy Journal*, 57(2), 127-136.
- Bourke-Taylor, H. M., Law, M., Howie, L., & Pallant, J. F. (2010). Development of the Child's Challenging Behaviour Scale (CCBS) for mothers of school aged children with disabilities. *Child: Care, Health and Development*, 36(4), 491-498.
- Bourke-Taylor, H. M., Pallant, J. F., & Law M. (2013). Update on the Child's Challenging Behaviour Scale following evaluation using rasch analysis. *Child: Care, Health and Development*, *In press*

Appendix: Scale items and response schedule

Please note, any reproduction of this scale must occur verbatim, including the instructions.

CHILD'S CHALLENGING BEHAVIOUR SCALE, VERSION 2

At times, all children and teenagers behave in challenging ways. The following statements relate to your child's behavior at home. Please read each statement and select the most appropriate category representing your level of agreement.

<i>STATEMENT</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
1. My child <u>never</u> has tantrums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child aggravates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child is <u>never</u> aggressive and violent towards others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child does not mind when I leave them at home with another adult while I go out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child can be stubborn and uncooperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am able to manage the most challenging and difficult behaviours effectively on my own at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child is happy and content at home most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows the family routine easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My child copes well with disruptions to the family routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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