

RESEARCH ARTICLE

Translation and validation of the Child's Challenging Behaviour Scale Version-2 (CCBS-2)

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Abstract:

CCBS-2 was designed to understand the behavioural issues from the mother of children with disabilities' perspective. A behavioural intervention plan was developed through the analysis of available assessment related to behaviour and insight from the mother of the child. Nevertheless, there are limited assessments associated with challenging behaviour that is psychometrically adequate and linguistically appropriate in Malaysia. Thus, there is a need to translate CCBS-2 into the Malay language to be utilised in the clinical practice and providing a better perspective of a child's behaviour. Translation and validation of CCBS-2 were done with a cross-sectional study design. Both forward and backward translation was done by two translators each. Then, preliminary pilot testing was done to identify any issue in the translated instrument. Evaluation of content validity was done using I-CVI, Ave-CVI and modified kappa value. As a result, both phases of translation achieved semantic, linguistic and theoretical equivalence while culturally appropriate for Malay speaker. CCBS-2 Malay also found no major issue during preliminary pilot testing and achieved adequate content validity.

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1. INTRODUCTION

Behaviour is an expressive act by an individual that may be manifested in various forms and meanings [1]. The appropriateness of behaviour may vary in accordance with the context and environment. In Malaysia, calling your parent by their name is uncommon; thus, it is inappropriate while in western countries, it is common and deemed appropriate. In children's context, some behaviour may be considered as inappropriate at school while it is acceptable at home, such as playing with toys and talking with others loudly. Those are some examples where behaviour appropriateness may vary. However, there is some behaviour which is universally deemed as inappropriate. Passive behaviour such as noncompliance, withdrawal, avoidance, inattention, and lack of responses are some of the inappropriate behaviours that are less disruptive but may impede occupational performance and participation [1]. Other than that, active behaviours such as direct refusal to engage, opposition, aggression toward people and property, or self-injurious behaviour are both disruptive and impede occupational performance and participation [1]. Both types of behaviours may be challenging to be handled primarily those with few experiences in treating children with challenging behaviour.

In general, all children will have their fair share of challenging behaviour. It is parts and parcels of grown-up children. However, special attention is compulsory when the behaviours are leading to impede occupational participation

and performance and increase risk of injury either to the child or others [1]. Besides, children with disabilities are also commonly presented with challenging behaviour such as in Autism Spectrum Disorder (ASD) [2-4], genetic syndromes [5-6], Mental Retardation (MR) [3], [7-8], and Learning Disabilities [9-10].

Occupational therapist plays a vital role in managing children with challenging behaviour [11]. There are several processes in an occupational therapist's practice. Assessment is one of the crucial processes in an occupational therapist's practice [12]. One of the evaluations to assess challenging behaviour is Child's Challenging Behaviour Scale Version-2 (CCBS-2). It is a tool, specifically designed to identify challenging behaviour from the mother's perspective in children with a disability [13]. CCBS-2 is developed and updated by Bourke-Taylor, Pallant, & Law (2014). It can also be used clinically as a goal-setting tool by caregiver's rating and identification of prioritised behaviour [13]. It is a self-rated assessment that consists of 9 items related to behaviours and includes a 4-point Likert scale, Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4) [13]. The higher the score indicating, the more challenging the behaviour.

A behavioural intervention plan can be developed through the analysis of available assessment related to behaviour. There are various assessments to assess challenging behaviour in children with disabilities that are available in the English language. However, since most respondents are

speaking Malay language, it is crucial to ensure linguistic appropriateness of an assessment. Hence, the client will provide a valid and reliable result [14-15] as well as reflecting their opinions and experiences [16] accurately. Nevertheless, there are limited assessments related to challenging behaviour that is psychometrically adequate and linguistically appropriate in Malaysia. Furthermore, CCBS-2 was specifically designed to understand the behavioural issues from the mother's perspective. Subsequently, comprehending the behavioural problems from a better perspective might facilitate the effectiveness of a therapeutic program by the occupational therapist. Thus, there is a need to translate CCBS-2 into the Malay language to be utilised in the clinical practice and providing a better perspective of a child's behaviour.

2. METHODOLOGY

2.1 Design

A cross-sectional study was chosen as the research design in this study. It is a cost-effective research design and less time-consuming [17-18]. Hence, it is the most appropriate design in this study. However, since it is a one-shot study, its biggest disadvantage is the inability to measure changes [17-18]. Nevertheless, this design is still suitable to successfully conduct the preliminary pilot testing and evaluation of content validity in this study. Furthermore, the translation and validation were done with guidelines from Tsang, Royse & Terkawi (2017). It consists of two main phases including the development/translation phase and validation phase. Validation phase includes the preliminary pilot testing and evaluation of content validity.

2.2 Setting

For development and translation process, it was done in UiTM Puncak Alam, Selangor. Preliminary pilot testing was done online. Evaluation of content validity was done with experts in a paediatric occupational therapy setting through online discussion.

2.3 Population and Sample

The sampling method used is purposive sampling. The sample size during preliminary pilot testing can be tested for small sample optimally around 30 to 50 samples [19]. Thus, 30 sample sizes are chosen to achieve a reasonable power to detect the prevalent problem. The sample size for content validity consists of a panel of experts who are familiar with the construct that the questionnaire is designed to measure [20]. Although there is no consensus in the number of experts needed [21], there are several recommendations from previous studies. A minimum of three experts was suggested [22] while some recommended from 3 to 20 experts [23-24]. Furthermore, there was no specific maximum number of experts recommended. Still, usually, up to 10 experts [21] as the probability of chance agreement will be reduced when using larger sample size [25]. Hence, Almanasreh, Moles & Chen (2019) suggested using between 5 to 10 experts in this validation procedure.

There are different phases in this study; thus, there are a diverse group of inclusion and exclusion criteria. For the preliminary pilot testing, the inclusion criteria are mother who is the primary carer of a school-aged child (7-9 years old) with a disability. She must be able to complete the survey in the Malay language. Furthermore, their child's disability is diagnosed by either paediatrician, psychiatrist or clinical psychologist. For mother who paid for nanny or babysitter were excluded in this phase. Next, for the evaluation of content validity, it included occupational therapist who had practised in paediatric areas for more than five years, can read and understand Malay and English language appropriately. The paediatric occupational therapist who had retired from clinical practice were excluded in this phase.

2.4 Method of Data Collection

The data collection began in September 2019 and ended in Mac 2020 following the approval of the ethical application. The professional translators were hired online for both forward and backward translation to produce the preliminary version of Malay CCBS-2. Whereas, a panel of experts' discussions were done through an online conference to create the pre-final version of Malay CCBS-2. Subsequently, a preliminary pilot testing was done online on smaller sample size, an experimental version of Malay CCBS-2 was produced. Content validity evaluation of the trial version of Malay CCBS-2 was carried out through online. Content validity was identified through the content validity index (CVI) and modified kappa (k^*) value with ten experts approached. Experts were emailed on the brief explanation of this study and invitation to participate as an expert. Subsequently, experts were emailed a more detailed questionnaire with the experimental version of the translated instrument to be evaluated. Feedbacks and responses from expert were recorded in the online Google Form. All data acquired in this study is private and confidential.

2.5 Method of Data Analysis

Data were analysed using the Statistical Package for Social Sciences (SPSS) version 25.0, IBM Corp. Armonk, New York, United States of America and Microsoft Office Excel.

For preliminary pilot testing, the descriptive statistics were performed by obtaining frequencies and percentages for categorical data, while the mean and standard deviation was calculated for numerical data. Independent T-Test and Analysis of Variance (ANOVA) were calculated among mothers who had a child with a disability presented with challenging behaviour.

For the evaluation of content validity, the experts evaluated the extent to which the construct of interest is operationalised. The content validity index (CVI) was calculated. Subsequently, the modified kappa value (k^*) was computed by adjusting the value of the probability of chance agreement (p_c). The level of agreement for modified kappa

value ranging from fair (0.40-0.59), good (0.60-0.74) to excellent (above 0.74) [21].

3. RESULTS AND DISCUSSION

3.1 Translation Phase (Forward and Backward)

The forward translation version of CCBS-2 was harmonised from translator 1 and 2. While the backward translation was done and harmonised by translator 3 and 4. The backward translated version was then reviewed by the original author. Revisions were done several times until this instrument achieve semantic and linguistic equivalence and culturally appropriate items. Revision can also be done at the later phase of translation [20] as it is an essential step in the translation process until the assessment is finalised [26].

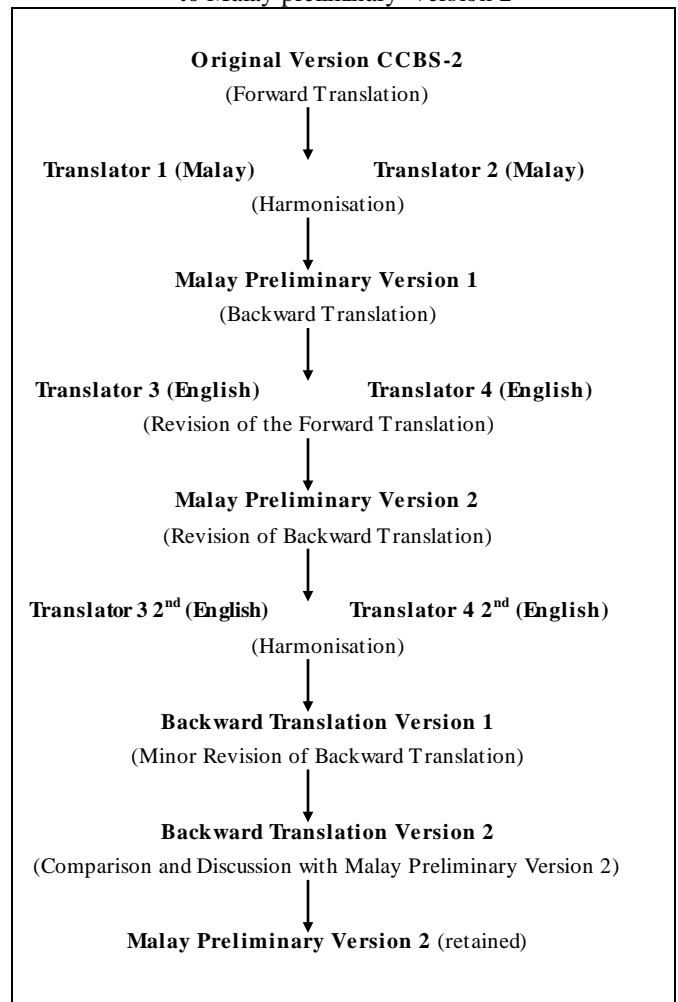
Table 1: Comparison between the original and forward translated version of CCBS-2

Item	Original Version	Malay Preliminary Version 2
1	My child never has tantrums	Anak saya <u>tidak pernah</u> memberontak
2	My child aggravates others	Anak saya menjengkelkan orang lain
3	My child is never aggressive and violent towards others	Anak saya <u>tidak pernah</u> bertindak agresif dan ganas terhadap orang lain
4	My child does not mind when I leave them at home with another adult while I go out	Anak saya tidak keberatan apabila saya meninggalkan mereka di rumah dengan orang dewasa yang lain sementara saya keluar
5	My child can be stubborn and uncooperative	Anak saya boleh menjadi degil dan tidak memberi kerjasama
6	I am able to manage the most challenging and difficult behaviours effectively on my own at home	Saya mampu menguruskan sendiri secara efektif tingkahlaku yang paling mencabar dan sukar di rumah
7	My child is happy and content at home most of the time	Anak saya gembira dan bahagia di rumah pada kebanyakan masa
8	My child follows the family routine easily	Anak saya mengikuti rutin keluarga dengan mudah
9	My child copes well with disruptions to the family routine	Anak saya mengendalikan gangguan terhadap rutin keluarga dengan baik

Table 2. Backward translated version of CCBS-2

Item	Backward Translated Version 2
1	My child <u>never</u> throws a temper tantrum
2	My child annoys others
3	My child is <u>never</u> violent and aggressive towards other people
4	My child does not mind me leaving him/her alone at home with another adult while I am away
5	My child can be stubborn and uncooperative
6	I am able to control the most difficult misbehaviour of my child at home effectively
7	Most of the time, my child is happy and calm at home
8	My child easily follows the family's routine
9	My child handles disturbance of the family's routine well

Diagram 1. Flow of summary of the translation and harmonisation process from the original version of CCBS-2 to Malay preliminary version 2



3.2 Translation Phase (Preliminary Pilot Testing)

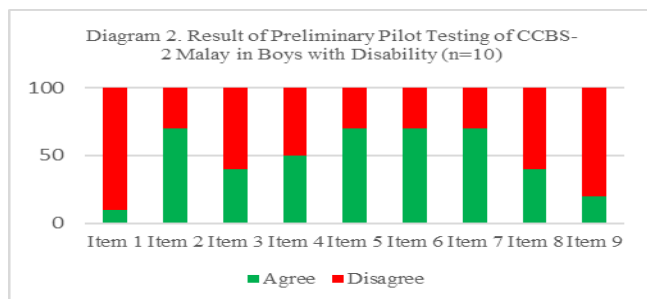
There are 22 respondents who passed the inclusion and exclusion criteria outlined. The mean age for the mother of boys and girls with a disability is 36.1 and 36.08 with a standard deviation of 5.9 and 5.2 respectively. Whereas, the

child's mean age for the boys and girls with a disability is 8 and 7.8 with a standard deviation of 0.82 and 0.83. Furthermore, 50% of the boys are diagnosed with ASD, while another 50% of the boys are diagnosed with other conditions, including ADHD/ADD, Learning Disability, Intellectual Disability and Conduct Disorder. Whereas, 33.33% of the girls are diagnosed with ASD while another 66.67% of the girls are diagnosed with other conditions including ADHD/ADD, Down Syndrome, Learning Disability, Conduct Disorder and Speech Delay.

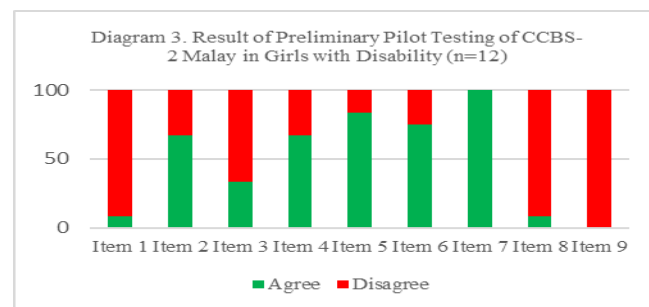
Table 3. Demographic data of preliminary pilot testing (n=22)

Characteristic	Child's Gender	
	Boy Mean (SD)	Girl Mean (SD)
Mother's Age	36.10 (5.90)	36.08 (5.20)
Child's Age	8.00 (0.82)	7.80 (0.83)
Diagnosis, Frequency (%)		
ASD	5 (50.00)	4 (33.33)
Others	5 (50.00)	8 (66.67)

In this instrument, statement one until nine are portraying good and nonchallenging behaviour except statement two and five that depict unpleasant and challenging behaviour. Majority of the mothers of boys with disability disagreed that the followings statements of good and non-challenging behaviour were depicting their son who had challenging behaviour; "1. Anak saya tidak pernah memberontak" (90%), "9. Anak saya mengendalikan gangguan terhadap rutin keluarga dengan baik" (80%) "3. Anak saya tidak pernah bertindak agresif dan ganas terhadap orang lain" (60%), "6. Saya mampu menguruskan sendiri secara efektif tingkahlaku yang paling mencabar dan sukar di rumah" (60%), and "8. Anak saya mengikuti rutin keluarga dengan mudah" (60%). However, majority of them agreed that statement "7. Anak saya gembira dan bahagia di rumah pada kebanyakan masa" (70%) was portraying their son who had challenging behaviour. While half of the mother, disagreed that statement "4. Anak saya tidak keberatan apabila saya meninggalkan mereka di rumah dengan orang dewasa yang lain sementara saya keluar" (50%) depicted their son. Majority of the mothers of boys with disability agreed that the following statements of unpleasant and challenging behaviour were portraying their son who had challenging behaviour; "2. Anak saya menjengkelkan orang lain" (70%) and "5. Anak saya boleh menjadi degil dan tidak memberi kerjasama" (70%). The mean total score of the prefinal version in mother who has son with disability was 23.7 with a standard deviation of 3.27.



For mothers of daughter with disability who had challenging behaviour, majority of them disagreed that the following statements of good and nonchallenging behaviour were representing their daughter; "9. Anak saya mengendalikan gangguan terhadap rutin keluarga dengan baik" (100%), "1. Anak saya tidak pernah memberontak" (91.67%), "8. Anak saya mengikuti rutin keluarga dengan mudah" (91.67%), and "3. Anak saya tidak pernah bertindak agresif dan ganas terhadap orang lain" (66.66%). However, majority of them agreed that the following statements of good and non-challenging behaviour were representing their daughter who had challenging behaviour; "7. Anak saya gembira dan bahagia di rumah pada kebanyakan masa" (100%) "6. Saya mampu menguruskan sendiri secara efektif tingkahlaku yang paling mencabar dan sukar di rumah" (75%), "4. Anak saya tidak keberatan apabila saya meninggalkan mereka di rumah dengan orang dewasa yang lain sementara saya keluar" (66.67%). Majority of the mothers of girl with disability agreed that the following statements of unpleasant and challenging behaviour were portraying their daughter who had challenging behaviour; "5. Anak saya boleh menjadi degil dan tidak memberi kerjasama" (83.33%) and "2. Anak saya menjengkelkan orang lain" (66.66%). The mean total score of the prefinal version in mother who has daughter with disability was 22.92 with a standard deviation of 2.43.



Normality testing was done by observing the histogram and the result of the Shapiro-Wilk test due to the sampling size of less than 50 [27]. Next, Levene's test was conducted on both variables to identify the homogeneity of variances. Both variables were normally distributed and homogenous. Independent T-Test was done on both variables. Both mean difference between the total score of CCBS-2 Malay among boys and girls with a disability who had challenging behaviour and a child diagnosed with ASD and others were not statistically significant (p= 0.526: 95% CI -1.751,3.318) and (p=0.106; 95% CI -4.391,0.4640) respectively.

Table 4. Association between child's gender and diagnosis with the total score of CCBS-2 Malay (n=22)

Characteristic	Total Score Mean (SD)	p-value
Child's Gender		
Boy	23.7 (3.27)	0.526
Girl	22.92 (2.43)	
Child's Diagnosis		
ASD	22.11 (2.03)	0.106
Others	24.08 (3.04)	

3.3 Validation Phase (Evaluation of Content Validity)

The Item-Content Validity Index (I-CVI) of each item were calculated using Polit, Beck, & Owen (2007) method. Initially, nine experts were identified and approached, and five experts agreed to participate in this study. During the end of this evaluation, only 3 experts managed to complete the full review with an objective response regarding CCBS-2 Malay. Hence, the results were analysed from the three experts only. All of the items achieved perfect agreement (1.00) among the three experts, excluding item 8 and 9 with I-CVI 0.67 in both items. The average CVI for CCBS-2 Malay was 0.93 with a universal CVI of 0.78. Since almost all of the items achieved perfect agreement, the modified kappa (k*) value of all items is 1.00 excluding item 8 and 9 with modified kappa value, 0.47 in both items indicating fair agreement after adjusted with the probability of chance of agreement (pc) [28]. Expert 2 and expert 3 had a perfect agreement on all items in CCBS-2 Malay while expert 3 had 0.78 proportion of agreement with two items disagreed (item 8 and 9) on its relevance.

Table 5. Evaluation of content validity (n=3) (N, number of agreements, p, the proportion of agreement)

I t e m	E x p e r t	E x p e r t	E x p e r t	N	I - C V I	k*
	1	2	3			
1	4	3	3	3	1.00	1.00
2	3	4	4	3	1.00	1.00
3	4	4	4	3	1.00	1.00
4	3	4	4	3	1.00	1.00
5	4	4	3	3	1.00	1.00
6	3	4	3	3	1.00	1.00
7	4	4	4	3	1.00	1.00
8	1	4	4	2	0.67	0.47
9	2	3	3	2	0.67	0.47
				Ave	0.93	
				-		
				CVI		
				UA-	0.78	
				CVI		
N	7	9	9			
p	0.78	1.00	1.00			

4. CONCLUSION

CCBS-2 Malay had achieved linguistic and cultural appropriateness in Malay and linguistic, semantic and theoretical equivalence with the original version. Then, preliminary pilot testing indicated no major issues and the translated version was able to convey the intended meaning by the original author. Lastly, the content validity of CCBS-2 Malay indicated that the translated instrument had adequate content validity in both individual item and overall questionnaire. However, this instrument was unable to go

through extensive validation. Despite that, the main focus of this study in developing a linguistically and culturally appropriate instrument to assess challenging behaviour in occupational therapist's practices in Malaysia was achieved. Future studies should focus on critical psychometric properties of an instrument including construct validity, internal consistency and test-retest reliability before utilisation in the clinical practices. Furthermore, the study on the usability of the assessment shall be conducted. All in all, the development and translation of CCBS-2 Malay will empower Malaysian occupational therapist to deduce a more precise clinical reasoning on the child's behaviour since it is a culturally appropriate while psychometrically adequate for practise.

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