



Caregiver Roles and Styles as Factors in Caregiver Restrictiveness Summary Report

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Background: Considerable concern has been expressed over the last three decades with the effectiveness of caregivers servicing individuals with physical and cognitive disabilities. Particular attention has been focused on overly restrictive practices by caregivers when managing challenging behaviour.

Caregiver Restrictiveness is defined as excessive restrictions placed on the client's freedoms in the course of providing care in residential or day program environments. Types of restrictions can include Personal Living, Access to Money, Access to Social Contacts, Community Outings, Personal Belongings and Environmental Restrictions.

This concern has spawned movements such as "normalization", "social role valorization", and "gentle teaching" in the field of developmental disabilities. Very little attention has been paid to models that explain such overly restrictive behaviour on the part of caregivers and even less research has been conducted to validate these models. The results of this study showed that both institutionalized roles and disciplinary styles are important factors in caregiver restrictiveness.

Objective: The purpose of the study was to (1) determine the prevalence of different caregiver styles, (2) assess the relationship between caregiver style, parenting style, and staff parent's parenting style, (3) assess the relationships between caregiver style, program consistency, and behavioural challenges presented by participants.

Method: Fifty-nine staff at Brain Injury Services from 4 different services were involved in the study. Of the staff members involved in the study, 64% were female and the mean age was 33 years (ranging from 20-61 years). The mean

years of experience was 7 years (ranging from 0-30 years). The staff group consisted of 70% full-time; 23% part-time and 7% relief.

Five questionnaires were designed and administered to the staff. The questionnaires measured caregiver style (authoritarian, authoritative, and permissive), parenting style, level of problematic behaviour in the staff's working environment and level of consistency of routines in the work environment. A self-report questionnaire was administered to the staff to assess validity.

Results: Twenty-two percent of the staff reported a permissive style, 95% reported an authoritative style and 3% reported an authoritarian style. The much lower-than-expected levels of authoritarian style raise questions about the validity of the questionnaires. Not surprisingly then, no relationships were found between caregiver and parenting styles, or between styles and program consistency. However, higher authoritativeness was associated with fewer behavioural problems presented by participants. This is consistent with one hypothesis that the authoritative style is more effective in managing behavioural problems.

Future Directions: Future research will be focused on designing and using a more valid measure of caregiver styles, and reassessing the relationships hypothesized to exist between style, program consistency, and problematic behaviour.

If you would like more information, please contact Brain Injury Services of Hamilton, Haldimand-Norfolk and Niagara at: info@braininjuryservices.com