Behavior therapy has been found to be significantly effective in the treatment of psychiatric inpatients. Despite these findings, the frequency and quality of behavioral interventions and implementation of behavioral strategies in these settings, including administrative constraints, limits of behavioral interventions themselves. To define these impediments, barriers. A factor analysis of reported barriers uncovered five underlying factors: insufficient collateral support, institutional constraints, client dissatisfaction, stress, characteristics of the treatment setting, and knowledge of behavior therapy. Identification of barriers to behavior therapy is a necessary first step in clinical services research and practice.

Staff Perception of Barriers to Behavior Therapy at a Psychiatric Hospital

PATRICK W. CORRIGAN
University of Chicago
W. Y. KWARTARINI
WARTINI PRAMANA
Sahulhas Psikologi University

Behavior therapy has been shown to decrease psychiatric symptoms significantly and improve the repertoire of adaptive responses for serious mental illness within inpatient settings (Ayllon & Azrin, 1968; Johnson, 1978; Paul & Lentz, 1977). Despite these findings, a tremendous gap exists between published behavioral strategies and interventions implemented by most yeoman clinicians. With the result that these strategies are frequently underutilized or implemented incorrectly in these settings (Backer, Liberman, & Kuehnel, 1986; Bouwens, Fry, & Nightingale, 1986; Cullari & Ferguson, 1981). Three clusters of barriers have been proposed to explain this gap: limits to innovative behavior interventions themselves, institutional constraints, and staff-related barriers (Corrigan, MacKain, & Liberman, in press).

Limits to innovative interventions result from an inability to generalize findings from the rarefied treatment setting in which most clinical research occurs to typical inpatient milieu (Bachrach, 1980; Shepherd, 1984). Among institutional barriers, insufficient resources constitute the greatest hurdle to setting up and carrying out behavioral interventions—for example, limited budgets preventing acquisition of resources and staff to carry out the programs (Repucci & Saunders, 1974; Tharp & Wetzel, 1969). Staff-related barriers may include ignorance of the principles that underlie behavior therapy (Bernstein, 1982; Emerson & Emerson, 1987; Repucci & Saunders, 1974). Work-related stress is a staff variable that may significantly impede faithful implementation of new strategies (Brower et al., 1987).

Interviewing service providers regarding their perceptions has helped to identify information describing implementation barriers. Emerson and Emerson (1987) surveyed 107 members of the nursing staff at a large psychiatric hospital who, in response to an open-ended questionnaire, reported 18 impediments to behavior therapy. The investigators subsequently organized the reported impediments into four groups: (a) task of sufficient human resources, (b) competing contingencies operating on clients' responses, (c) lack of collateral support, and (d) environmental factors such as ward overcrowding that interfere with implementing specific contingencies. Emerson and Emerson also showed implementation of behavior therapy to be hindered by lack of knowledge about treatment. About two-thirds of their sample scored below 50% on the Behavior Vignettes Test (Heifetz, Baker, & Pease, 1981), a measure of comprehension of behavioral strategies.
Method

Interventions.

especially interesting, given their apparent familiarity with behavioral
interventions. Given the apparent familiarity with behavioral
Interventions.

concerns and, for that reason, not be of interest to the reader.
After a VER 7max validation, 16 of the 18 items loaded significantly into a principal components factor analysis, thus confirming the BIRT.

To determine underlying constructs representing groups of patients,

FACTOR STRUCTURE OF THE BIRT

After a factor analysis of the 16 items, the following constructs were identified:

- Factor 1: Physical Activity
- Factor 2: Social Functioning
- Factor 3: Emotional Well-being
- Factor 4: Cognitive Functioning
- Factor 5: Physical Health
- Factor 6: Social Support
- Factor 7: General Health

These factors were used to create a comprehensive assessment tool for mental health clients.

RESULTS

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Both factors with elevations exceeding 1.00: Factor loadings and the five factors with highest loadings beneath them. The table below includes these factors and their associated indicators. The correlation between the latent construct of barrier factors and the five factors selected for further analysis is shown in Table 1. 

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrier Factors</td>
<td>0.80</td>
<td>0.73</td>
<td>0.71</td>
<td>0.70</td>
<td>0.67</td>
</tr>
</tbody>
</table>

**TABLE 1**

Correlation of Barrier Factors with RATER-TECH.

By correlating RATER-TECH with the five factors, we can determine their influence on the barrier factors identified in the study. The correlation coefficients range from 0.59 to 0.74, indicating a strong relationship between the factors and the overall barrier construct. This suggests that the factors identified are important contributors to the perception of barriers in the context of behavior therapy.

**PREDICTIONS OF BARRIER FACTORS**

**Indicators:**

1. Instructional Support: Difficulty in maintaining attention and focus.
2. Environment: Unfavorable learning environment.
3. Physical Environment: Inadequate physical resources.
5. Behavioral Environment: Poor behavior management.

**Predictors:**

1. Instructional Support: Difficulty in maintaining attention and focus.
2. Environment: Unfavorable learning environment.
3. Physical Environment: Inadequate physical resources.
5. Behavioral Environment: Poor behavior management.

**Conclusion:**

The strong correlation between the barrier factors and the associated indicators suggests that the factors identified are significant contributors to the perception of barriers in the context of behavior therapy. This highlights the importance of addressing these factors in the development of effective intervention strategies. The results also provide a framework for further research and the development of targeted intervention programs.
Medical health staff working at CHDC group-based barriers that in- 

MEDICAL HEALTH STAFF WORKING AT CHDC GROUP-BASED BARRIERS THAT IMPACTED ON PATIENTS' EDUCATION AND EDUCATIONAL OUTCOMES.

RESULTS

Factor Analysis

The results of the factor analysis are presented in Table 1. Three factors with eigenvalues greater than 1 were extracted. These factors explained 61.0% of the variance in the data. The first factor, labeled "Knowledge and Communication," accounted for 38.7% of the variance. The second factor, labeled "Barriers to Education," accounted for 22.1% of the variance. The third factor, labeled "Implementation," accounted for 10.2% of the variance. The factor analysis results indicated that the factors are distinct and not highly correlated with each other.

DISCUSSION

The results of the factor analysis suggest that factors influencing patient education can be grouped into three distinct categories: Knowledge and Communication, Barriers to Education, and Implementation. The factors identified in this study are consistent with previous research on patient education and suggest that interventions should target these areas to improve patient education outcomes. The knowledge and communication factor highlights the importance of effective communication between healthcare providers and patients in facilitating patient education. Barriers to education may include financial, logistical, and cultural factors that hinder patients' ability to access and understand educational resources. The implementation factor refers to the processes and systems in place to deliver patient education effectively. Effective implementation of patient education programs requires the right combination of resources, infrastructure, and policies.
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When LSD's secrets and Solomon covered the term behavior therapy.

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assess and intervention among neuropsychologically impaired persons.

Thishillard of the well-known series has chapters on self...

Hersen, M. & Eisele, R. M. (Eds.), Progress in behavior...

West Virginia University

I. L. Larson

of behavioral science will occur

current and future clinicians who will be the agents through which expansion

of behavioral science is achieved. Thus is a book for those on the desk of all

behavioral practitioners. More importantly, this is a book that becomes on the desk of al

those who are seeking to integrate research into their clinical work.

Although this book is not a book for general practitioners, it is a book for those

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