Development of the Perceived Impact of Life Event Scale

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Abstract

The primary aim of the Perceived Impact of Life Event Scale (PILES) is to use a guideline approach to capture the multidimensional impact of single life events. This poster presentation will describe the two and a half year process of scale development associated with the PILES. Included is discussion of the theoretical underpinnings of the scale, steps involved in item selection and validation, and qualitative and quantitative results of the pilot process. The PILES will be a valuable tool for counseling psychologists as it can be used to raise awareness of the variability of life domains affected by significant life events, serve as a tool for focusing intervention, and offer a non-pathological approach to assessing the effectiveness of treatment.

Introduction

The discipline of counseling psychology has a long-standing focus on assisting clients in their negotiation of developmental transitions and life crises (Carver, 1999; Gole, Prent, 2001). In addition, theoretical and empirical attention within the field has been given to the areas of assets, adaptation, and coping with life events and problems (e.g., Blagrove, Witty, & Dison, 2004; Schlossberg, Waters, & Goodman, 1995). The general study of the understanding and impact of life events is fraught with conceptual and methodological complexity (Brown, 1989; Miller, 1999, 1998). The continuing assessment challenge is the recognition and measurement of the variability in how individuals who experience similar life events perceive the importance or impact of those life events (Dembroski, 1990; Samson, Johnson, & Sugar, 1978).

The development of the PILES is based on four core assumptions. First, all significant life events regardless of how they are viewed as primarily positive or undesirable will result in perceptions of gains and losses in a variety of life domains (i.e., roles, routines, relationships, assumptions of self, assumptions of the world, economic conditions, and psychological and biological faculties) (cf. Bulun, 1997; Heckhausen, 1998; Schlossberg, 1995). Second, the impact of any significant life event can be best determined by assessing the perception of the gains and losses the individual attributes to that life event (cf. Robb, 1991; Dembroski, 1990; Schlossberg, 1995). Third, the impact of a life event (i.e., perceptions of gain or loss) is multidimensional in that each impact will vary as a function of factors such as time, engagement in therapy, etc. (Harvey, 2001). Finally, the level of perceived loss/change (vs. gain) associated with a significant life event will be positively associated with undermining of adjustment difficulties (cf. Cook & Oltjenbruns, 1998; Robb, 1991; Littman, et al., 1993).

Item Development

The process of item development for the PILES began with the review of literature focused on specific life events. Each research team member (N = 6) made readings from two of the following literature bases: natural disaster, graduation from college, alcoholism, recovery from alcoholism, sexual abuse, death of a pet, chronic illness, job loss, dissolution of close relationships, homelessness, war, and losses related to body weight. Team members generated a list of the losses associated with each life event resulting in twelve “loss lists.” Schlossberg’s (1981, 1995) categories of change/gain associated with life transitions (i.e., roles, routines, relationships, assumptions of self, assumptions of the world) were used as a guide for organizing these lists. Team members independently worked to place each loss into one of the change/gain categories and then a consensus approach similar to Hill, Thompson, & Williams, (1997) was used to develop a synthesized list of the items. After all of Schlossberg’s (1981, 1995) categories had been discussed in turn, there remained a number of items that could not be placed into any of the categories. As the team reviewed and discussed these items, two additional categories emerged: economic conditions and psychological and biological faculties.

Item Development, cont.

This process resulted in a synthesized list of 76 items across seven categories. This list was then sent to two experts for purposes of establishing validity of the items and to solicit their general feedback (Skehan A, Robb, personal communication, March 9, 2005; Nancy K. Schlossberg, personal communication, January 28, 2005). A few adjustments were made as a result of this process. Specifically, “interest in activities” was moved from routines to assumptions of self. “pleasure in activities” was moved from routines to the psychological and biological faculties category and “emotional maturity” was added to the psychological and biological faculties category. The end result was a synthesized list of 77 items organized under seven categories.

Pilot Study

The pilot process of the PILES was undertaken to determine the most appropriate version of the instrument, to assess clarity of instructions and format, and to further validate the comprehensiveness of the item list. Six versions that varied by two levels of terminology (i.e., gain vs. loss, positive change vs. negative change) and three levels of item presentation (e.g., double listing, side by side listing, and continuum) were piloted.

Participants

• 150 participants between the ages of 18 and 89 years (78.1% female, 90.5% white. Mage = 52.3)
• Participants were recruited from seven separate locations. A total of 455 packets were distributed to students at a large Midwest university (35%) and members of the general surrounding community (65%) resulting in a response rate of 36.3%.

Procedure

• The research team distributed flyers and packets containing: (a) an introductory statement of instructions, (b) a consent form, (c) a demographics sheet, (d) one of six different versions of the PILES, and (e) ten feedback questions about the PILES.
• Volunteers returned completed packets through self addressed stamped envelopes or campus mail.
• Participants were asked to select their most significant life event and then to indicate the perceived gains/losses (or positive and negative changes) they currently attribute to that life event. The most significant life events spontaneously listed by participants included: death loss (15%), attending college (13.0%), ending of a relationship (10%), birth of a child (9.4%), marriage (8.8%), personal injury/jail/sentencing (8.8%), and a religious experience (5%). With regard to the desirability of the significant life event chosen, 90.6% indicated that the life event was primarily desirable and 53.8% indicated that it was primarily undesirable. Half of the participants indicated that their significant life event was currently occurring and half indicated that it was not a current experience. The length of time since the significant life event (as applicable) ranged from 2 days to 73 years with a mean of 13.6 years and median of 5.25 years (n = 98). The duration of the life event (as applicable) ranged from 7 days to 68 years with a mean of 11.6 years and median of 4 years (n = 98).

Results

Qualitative results indicated that the most difficult aspects of responding to the PILES included picking the life event; the length of the instrument (primarily full listing format), quantifying the level of each response, and weighing how to respond when asked to assign both levels of gain (positive change) and loss (negative change) for each item. Participants tended to choose those life events that had resulted in the greatest life change, were the most important, had the most impact, or had occurred most recently. Few problems were noted in terms of the instructions and instrument length was indicated as a problem for the full listing and side by side formats more often than for the continuum formats. About 20% of those responding to the side by side versions did not appear to understand the instructions as they completed one rather than both sides of the instrument. Little direction was provided with regard to the labels as participants preferred the labels (loss vs. gain, negative change vs. positive change) used in the format they completed. Findings suggested the addition of three items to the measure: educational achievement (Roles), time spent alone (Routine), and taking time for self (Assumptions of self). The item “marital status” under Roles was also changed to marital/partner situation. Quantitative results indicated that the internal consistency for each format was virtually identical and ranged from 82 to 99 (likely a function scale length). Overall, the results indicated the use of one of the continuum formats. As participants did not appear to have strong reactions to the labels and our original work came out of a loss foundation, we decided on the continuum format with the gain and loss labels. This format also had the highest category/subscale alphas: Roles = .91, Routine = .97, Relationships = .96, Assumptions of self = .98, Assumptions of the world = .97, Economic conditions = .89, Psychological and biological faculties = .91.

Table 1

<table>
<thead>
<tr>
<th>Form</th>
<th>n</th>
<th>Description</th>
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<td>Full Listing &amp; Negative/Positive</td>
<td>.98</td>
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<tr>
<td>B</td>
<td>25</td>
<td>Full Listing &amp; Gain/Loss</td>
<td>.98</td>
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<tr>
<td>C</td>
<td>29</td>
<td>Side by Side &amp; Negative/Positive</td>
<td>.97</td>
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<tr>
<td>D</td>
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<tr>
<td>F</td>
<td>29</td>
<td>Continuum &amp; Gain/Loss</td>
<td>.99</td>
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Discussion

A study to determine the psychometric properties of the final form (30 items: Continuum & Gain/Loss) of the PILES is currently underway. The primary purpose of this investigation is to establish the reliability and validity of the instrument, investigate the fit of the category/subscale model through confirmatory factor analysis, and to decrease the overall length of the scale through systematic procedures of item reduction. The PILES will be a valuable tool for counseling psychologists. Rather than solely focused on trauma, the PILES allows for the assessment of the impact of life events that are anticipated, unanticipated, traumatic, non-traumatic, developmental, desirable, undesirable, etc. In practice, the scale can be used to raise awareness of the variability of life domains affected by significant life events, serve as a tool for focusing intervention, and offer a non-pathological approach to assessing the effectiveness of treatment. Empirically, the PILES will allow counseling psychologists to explore how the perceptions of the impact of life events that are anticipated, unanticipated, traumatic, non-traumatic, developmental, desirable, undesirable, etc. In practice, the scale can be used to raise awareness of the variability of life domains affected by significant life events, serve as a tool for focusing intervention, and offer a non-pathological approach to assessing the effectiveness of treatment. Empirically, the PILES will allow counseling psychologists to explore how the perceptions of the impact of life events that are anticipated, unanticipated, traumatic, non-traumatic, developmental, desirable, undesirable, etc. In practice, the scale can be used to raise awareness of the variability of life domains affected by significant life events, serve as a tool for focusing intervention, and offer a non-pathological approach to assessing the effectiveness of treatment.