# Developing an Objective Tool for Measuring Challenging Behaviour in Behavioural Outburst Incidents

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# Overview

- *Rationale for Scale*
- *Development*
- *Applications*

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# Background

- Impacts of challenging behaviours/behaviours of concern include reduced quality of life, increased use of restrictive practices, and limitations on human rights
- Behaviours can cause physical or psychological harm to the person or others
- Legislative requirement to minimise risk
- Compliance requires monitoring of risk reduction processes and recording of instances of challenging behaviour
- Ethical practice requires least restrictive / intrusive and most effective

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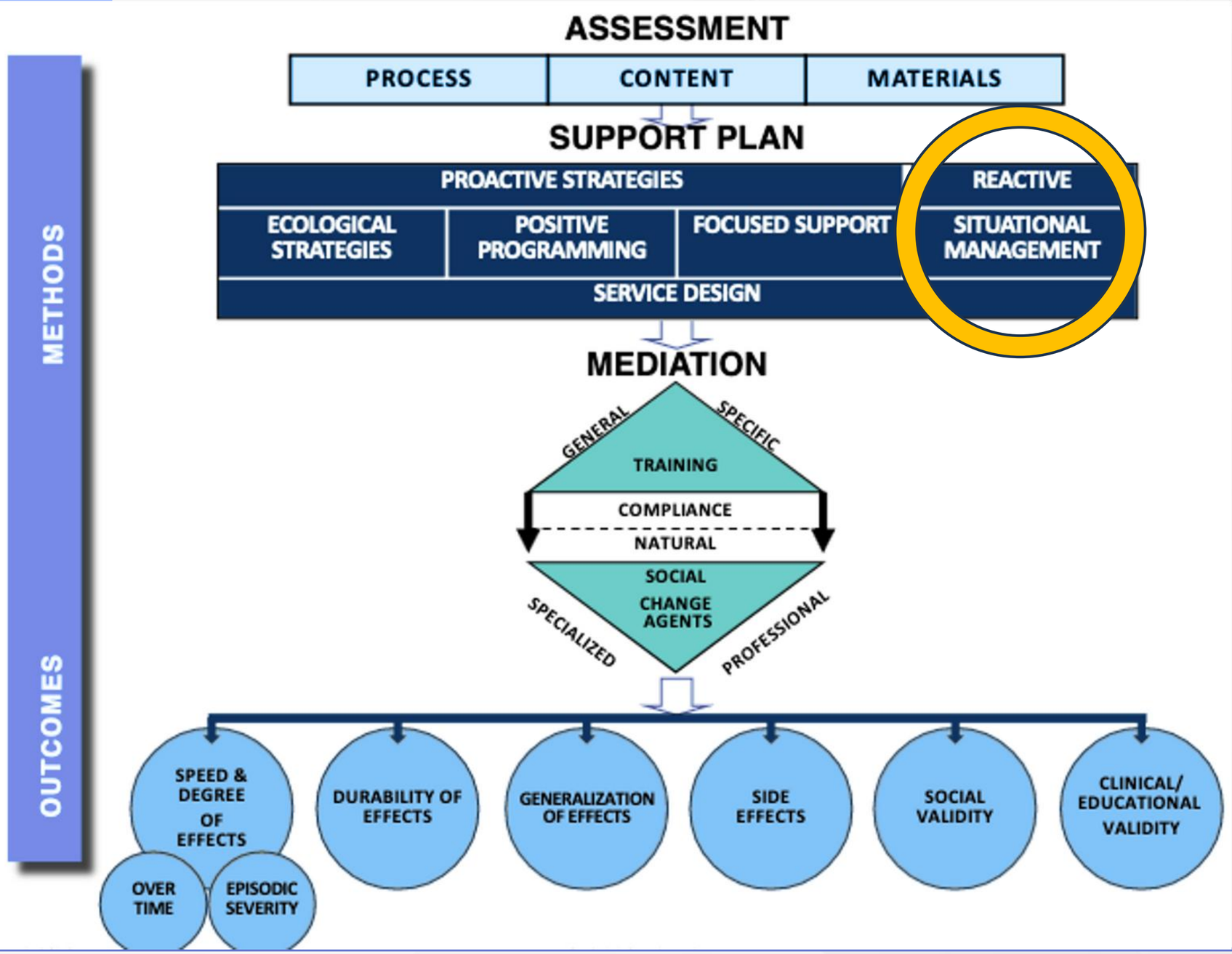
# MEBS Framework

## LaVigna & Willis (2005)



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# Background

- Episodic Severity – Definition

  "A measure of the gravity or intensity of a behavioral incident … within the cycle of a behavioral incident … circumscribed by its defined onset and offset."

  LaVigna and Willis, (2005)

- Situational Effects – Safety
  - What happens now, not next time.
  - Are people safer because of the support provided?

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# Background

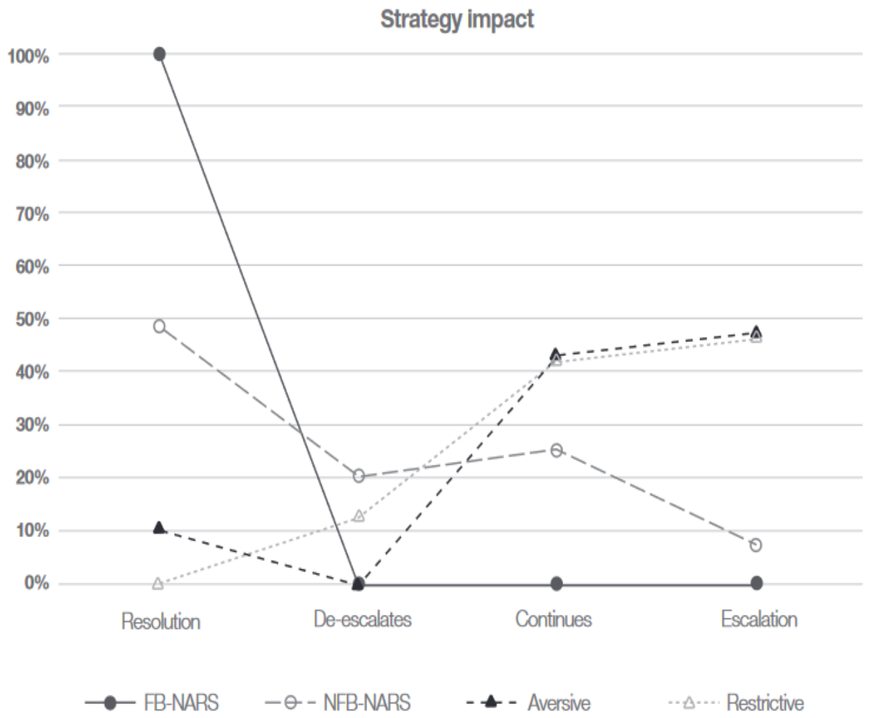
- Evaluating the relative efficacy of reactive strategies
- Confirming the efficacy of NARS
- Building the evidence base for alternatives to restrictive practices to keep people safe.

# Steps to a new scale

**Table 1:** Momentary effect severity scale

1. No topographies present.
2. Insults or swearing directed at others, verbal and or gestural threats to harm self or others and/or physical contact with property.
3. Attempts at physical contact (no weapons) that may harm self or others, or any actual contact that leaves no marks.
4. Physical contact (no weapons) directed at self or others leaving marks or injuries that require no treatment. (No first aid or professional medical treatment.)
5. Physical contact directed at self or others leaving marks or injuries that require first aid treatment and/or gestural threats with a weapon, no attempt at contact and/or spitting
6. Physical contact directed at self or others leaving marks or injuries that require professional medical treatment and/or attempted contact with a weapon.
7. The use of a weapon where contact occurs, and where no treatment is necessary; or causing injury requiring first aid and/or choking with no loss of consciousness.
8. Contact by use of a weapon that requires professional medical attention and/or choking with loss of consciousness.
9. Physical contact directed at self or others and/or use of a weapon that requires professional medical attention and results in permanent disability.
10. Physical contact directed at self or others and/or use of a weapon that results in death.

**Figure 1:** Comparison of strategy impact for strategy type





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Spicer & Crates (2016)

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# Existing Measurement Tools

- The Behaviour Problems Inventory (Rojhan et al., 2001)
- Modified Overt Aggression Scale (Oliver et al., 2007)
- The Checklist of Challenging Behaviours (Harris et al., 1994)
- The Aberrant Behaviour Checklist (Aman et al., 1985)
- The Staff Observation of Aggression Scale (Nijman et al., 1999)

and more…

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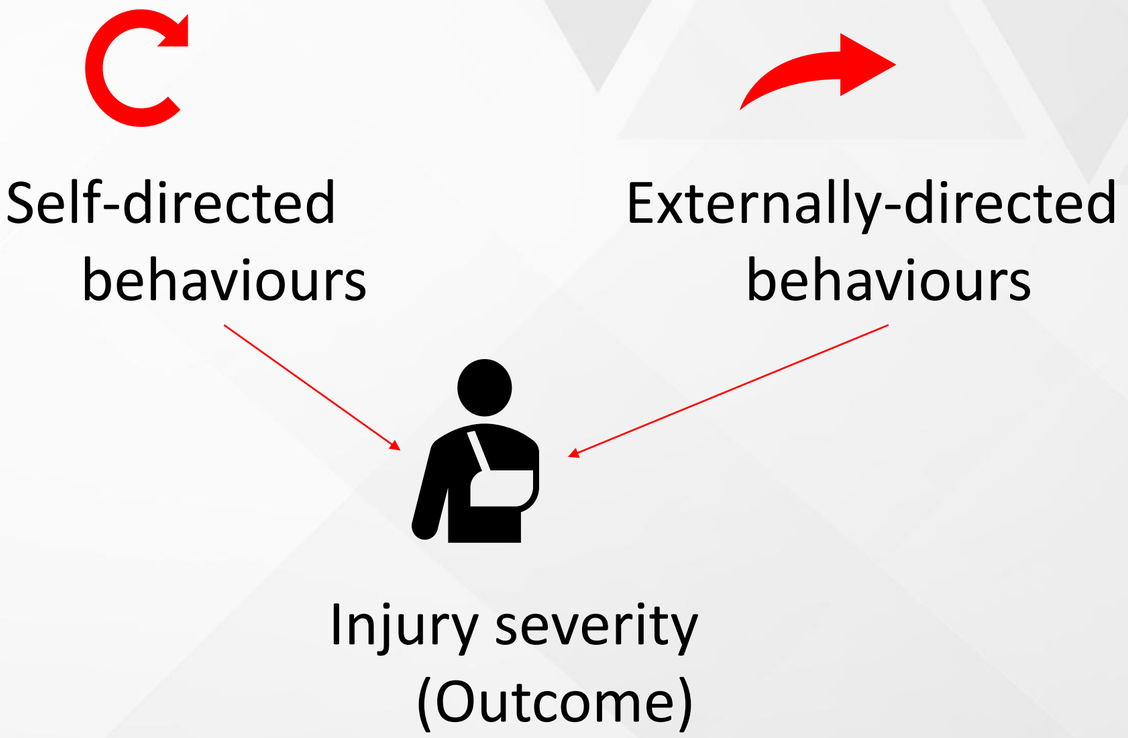
# Why Do We Need Another Measurement Tool?

- Lack of detailed frequency data about behavioural crises, their outcomes, and their correlates.
- To use existing data sources, rather than creating new ones
- To capture strategy impact on behaviour - moment by moment
- For evaluation or compliance, rather than risk assessment per se
- To consider the association of novel variables with challenging behaviours

# The Outburst Behaviour Outcome Scale

1. **Objectively** and **retrospectively** categorise behaviours and injuries in case notes

2. Measure **episodic severity** of the behavioural crisis using injury outcomes



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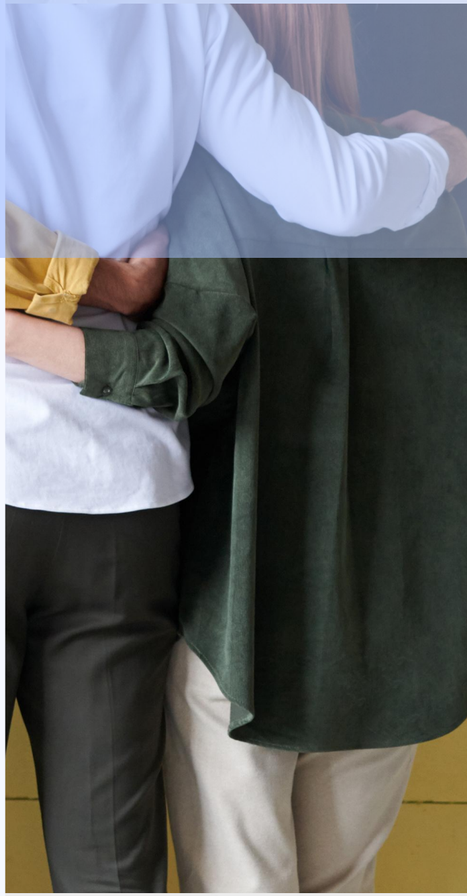
# Method

- Participants (*N* = 280), Australian residents aged 18+
- Each read a description (‘case note’) in which a person with intellectual disability directed harm at themselves, other people or property.
- They were asked to find any behaviours and categorise them according to the items in the Externally-Directed and/or Self-Directed Behaviours subscales.
- They were then asked to find the injury outcome in the description and choose the correct category from the Injury Outcomes scale.



# Externally-directed Behaviour Categories

| |
|---|
| a. Directed insults/swearing |
| b. Verbal threat/gestural threat (no weapon or object used) |
| c. Property damage/aggression directed at property/objects |
| d. Attempted contact (no weapon or object used) |
| e. Spitting at/on |
| f. Threatened or attempted contact using a weapon or object |
| g. Physical contact other than choking (no weapon or object used) |
| h. Physical contact using a weapon or object |
| i. Choking or restricting breathing |

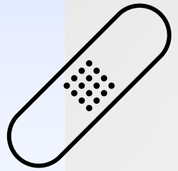
Coded by category

# Self-directed Behaviour Categories

a. Threatened or discussed self-harm
b. Hair-pulling
c. Body-hitting (other than head) Self-pinching/scratching/biting
d. Cutting/stabbing
e. Head-hitting/head banging
f. Eye-poking/eye-scratching or nail-pulling
g. Swallowing non-food items or liquids, OR drinking any liquids in unsafe quantities
h. Anal picking/inserting dangerous objects into anus/vagina
i. Choking or restricting breathing
j. Escaping/absconding/running away

Coded by category

# Injury scale (outcome)



1. No first aid given AND no medical appointments attended
2. First aid given
3. One medical or allied health appointment
4. Two or more medical or allied health appointments
5. Permanent disability/injury
6. Loss of life

Coded by severity

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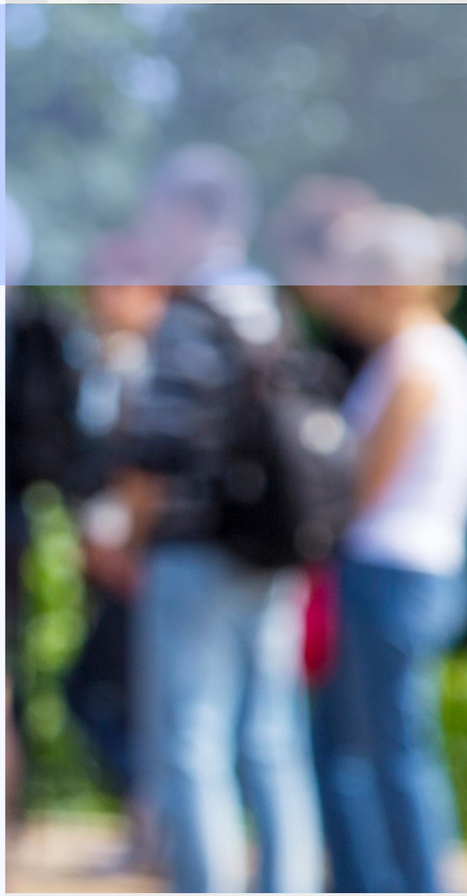
# Results

- Participants were able to identify all items in the externally or self-directed categories, as well as the injury on the outcome scale to an accuracy of 80% or above.
- Participants were from the general public, rather than holding specialist knowledge.
- Data can be accurately captured from existing data sources.



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# *** Applications & Concluding statements ***

- Consider episodic severity and safety of behaviour individually across time.
- Evaluate clinical efficacy and safety of plans and specific strategies.
- Consider the association of behaviour with other variables, such as interventions or training, changes in environment etc.
- Evaluate crisis interventions for impact on safety and meet ethical obligations
- Gather compliance data.
- Ideally, to **gather sector-wide data to further knowledge**.

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# Thank you!

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