

The Applied

RESEARCH CENTRE

for Disability and Wellbeing

Scale of Severity:

**An audit tool to rate behaviours and harm
in an outburst incident**

Dr Glenys Holt, Nicola Crates, Matthew Spicer



Why the change of name?

- Moving away from language that implies intent
- Reflects objective measurement, rather than subjective interpretation of behaviour

Why do we need a new scale?

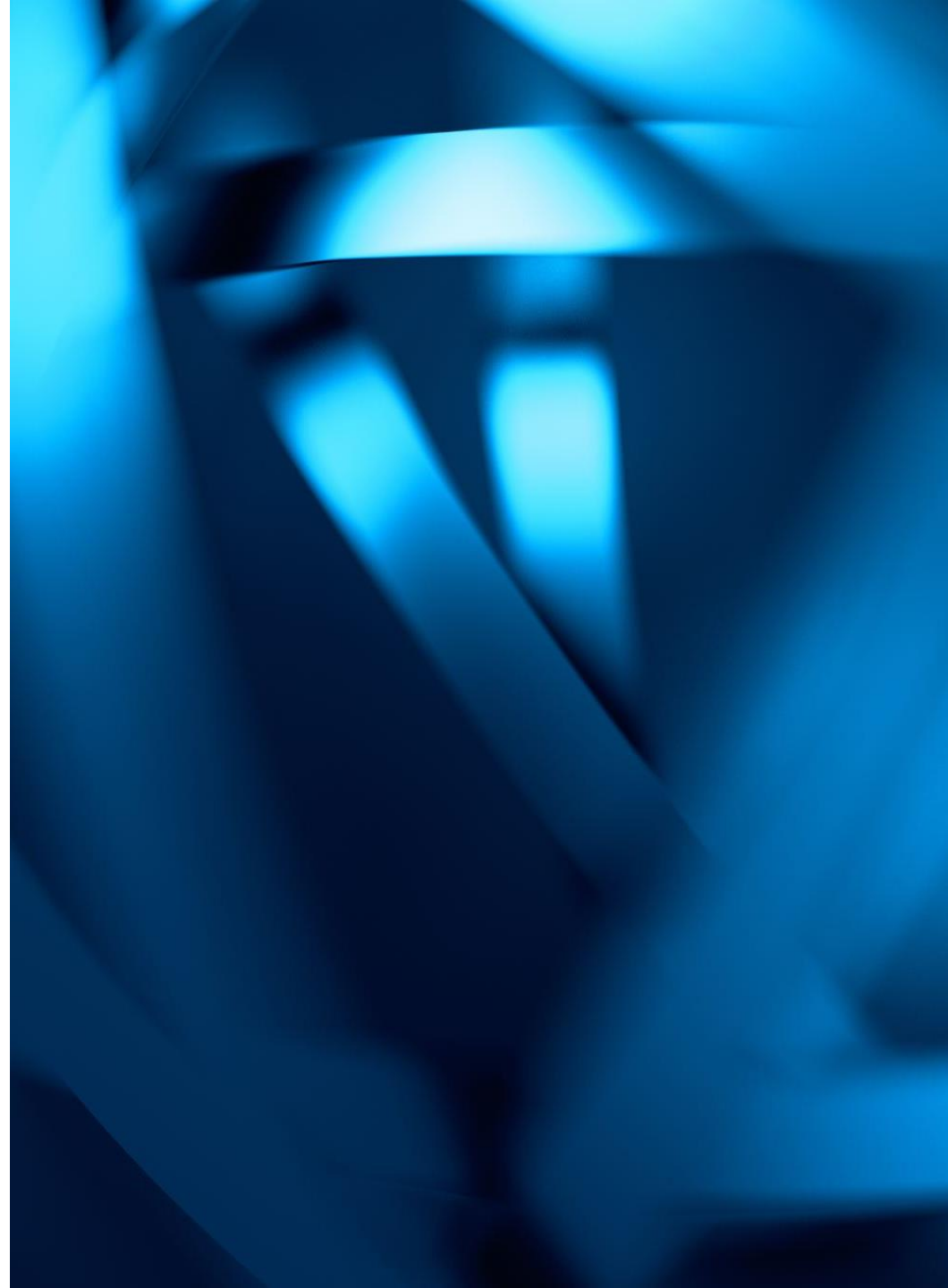
Lack of data across the sector about behavioural outburst incidents, their outcomes, and their correlates.

How do we evaluate impact of interventions and training without data?

Existing scales are often limited in their scope and use.

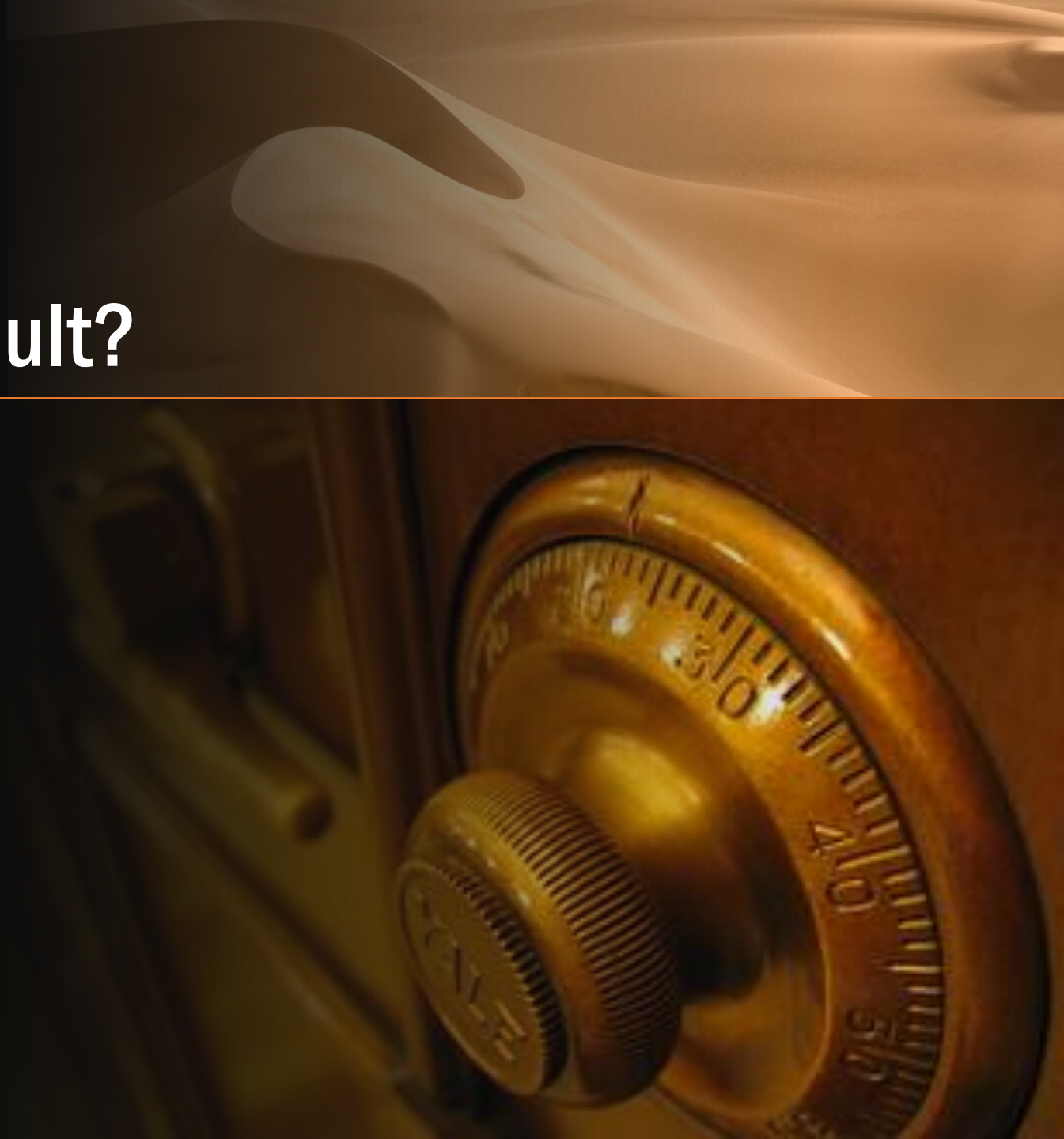
Most use a risk assessment model for the person with disability, rather than external factors. (Dispositional rather than environmental focus.)

Not always appropriate for intellectual disability – focus on intention rather than behaviour. (Conclusionary)



Data desert or data vault?

- Case notes = data
- No standard way of categorizing or analysing the data



Purpose of the Scale of Severity (SOS)



1. Allow retrospective categorisation of case notes for externally and self-directed behaviours and injury outcomes
2. Categorisation links to severity rankings
3. Understanding what is happening within an incident and across time allows consideration of all contributing factors
4. Measure of Episodic Severity (LaVigna et al 2022) and Intensity (NDIS BSP Template)
5. A consistent measurement tool to support research

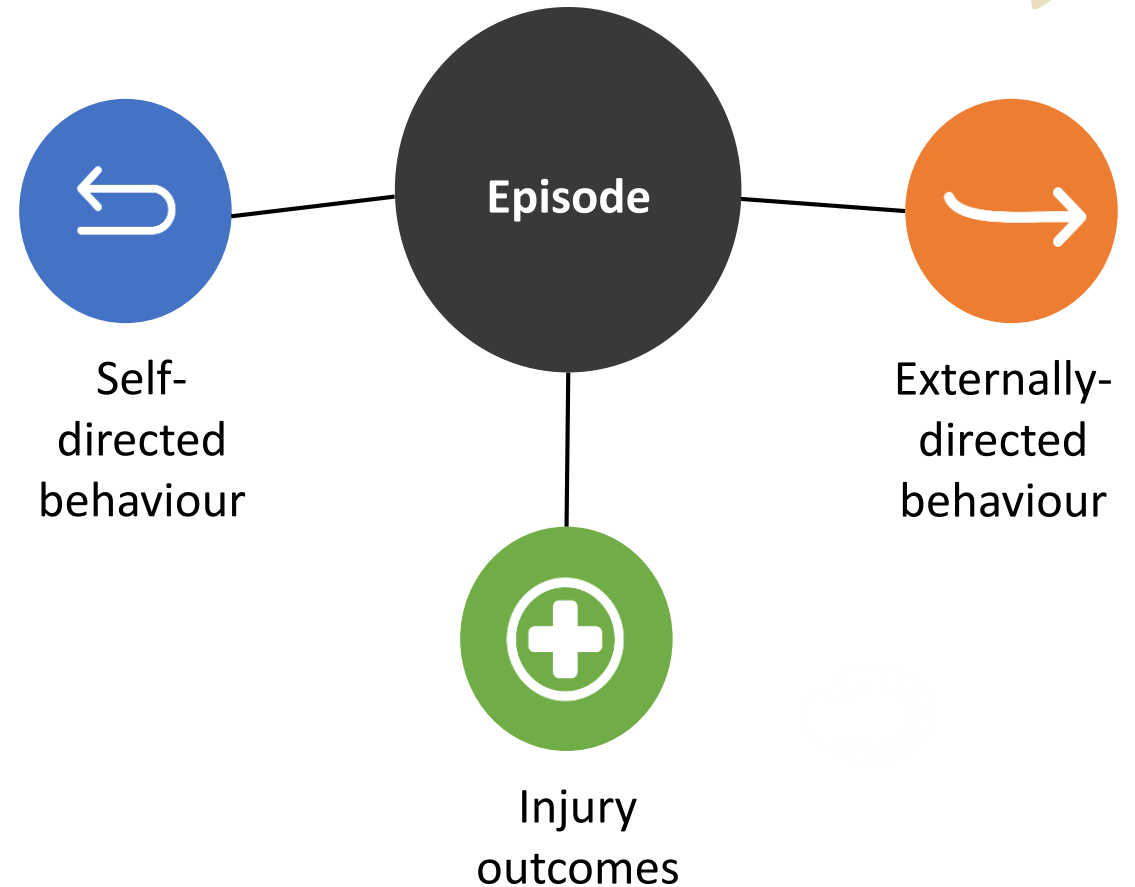


What does the SOS do?

A **behavioural outburst** - an incident in which potentially dangerous or damaging behaviour was directed at self, others, or the environment/property.

The SOS

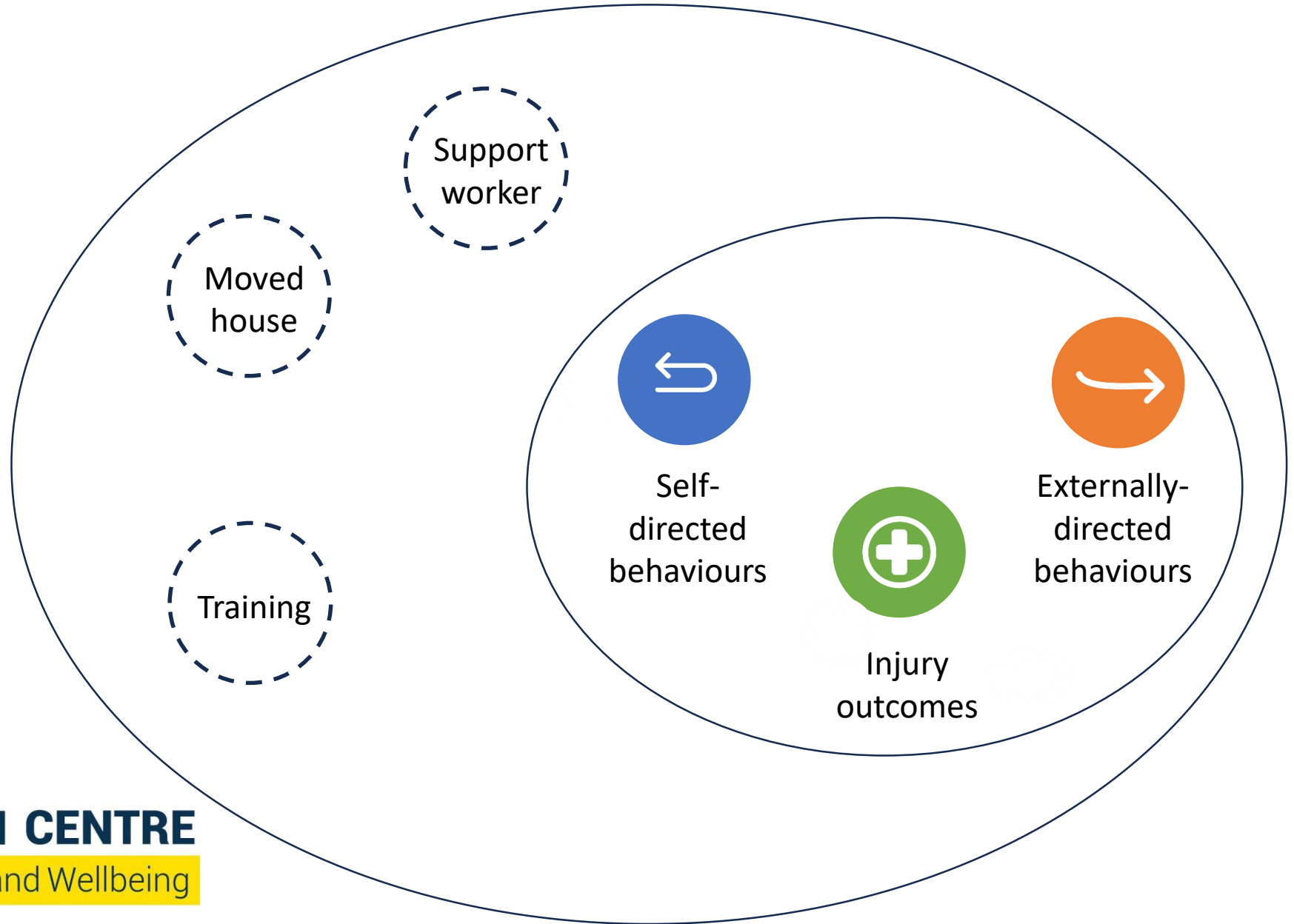
- Captures what is happening **within** an incident.
- Allows consideration of endless **other variables** that may be **associated** with the incident.
- Is an **objective** measure, is applied **retrospectively** to case notes, and can be used by **lay-persons**.
- Resulting data can be analysed across a **single episode**, or across **multiple episodes** or time frames.



The Applied

RESEARCH CENTRE

for Disability and Wellbeing



Steps to a new scale

Crates and Spicer (2016) created a severity scale to evaluate the relationship between momentary effect and strategy use within an outburst incident.

Non-aversive reactive strategies for reducing the episodic severity of aggression

Matthew Spicer and Nicola Crates

Positive Behaviour Change Solutions, Tasmania

Abstract

Background: Successful support of people experiencing behavioural crisis requires person centred responses that maintain safety. Crisis response strategies should not contribute to escalation of risk, likelihood of injury or exclusion. The effectiveness of positive behavioural support (PBS) in changing a person's behaviour over time is well documented. However, during a behavioural crisis there is evidence of a continued reliance on strategies of 'last resort' such as restrictive practices and seclusion. While the use of strategies of 'last resort' is regulated by legislation and policy, strategies of 'first choice' are less clearly defined. Evidence for the effectiveness of crisis management strategies that may include aversive and restrictive practices and positive approaches, and their associated situational effects during behavioural crises is unclear. In this study aversive and restrictive methods of management are compared with positive non-aversive reactive strategies (NARS), applied during behavioural crises, to examine the resulting situational effects.

International Journal of Positive Behaviour Support (2016)



The Applied

RESEARCH CENTRE

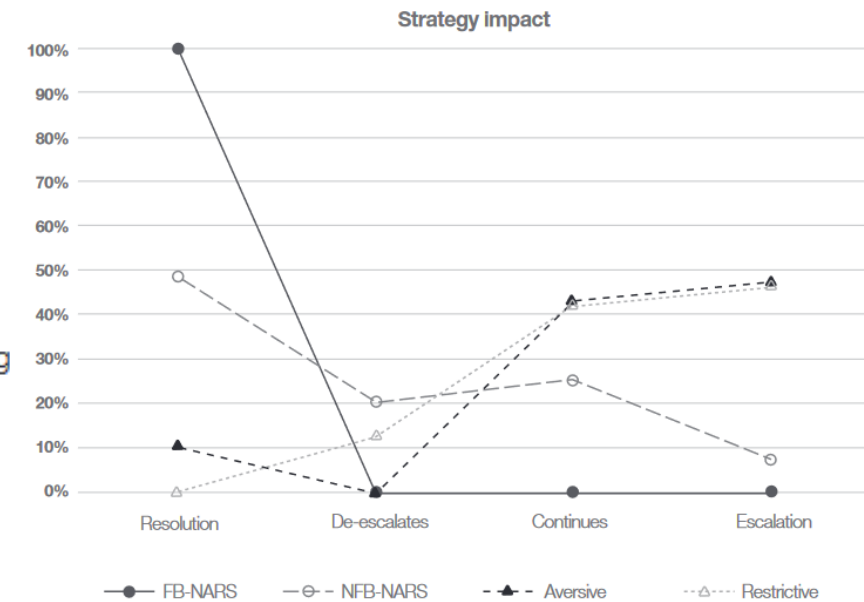
for Disability and Wellbeing

Steps to a new scale

Table 1: Momentary effect severity scale

1. No topographies present.	6. Physical contact directed at self or others leaving marks or injuries that require professional medical treatment and/or attempted contact with a weapon.
2. Insults or swearing directed at others, verbal and or gestural threats to harm self or others and/or physical contact with property.	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.
3. Attempts at physical contact (no weapons) that may harm self or others, or any actual contact that leaves no marks.	8. Contact by use of a weapon that requires professional medical attention and/or choking with loss of consciousness.
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.)	9. Physical contact directed at self or others and/or use of a weapon that requires professional medical attention and results in permanent disability.
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	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





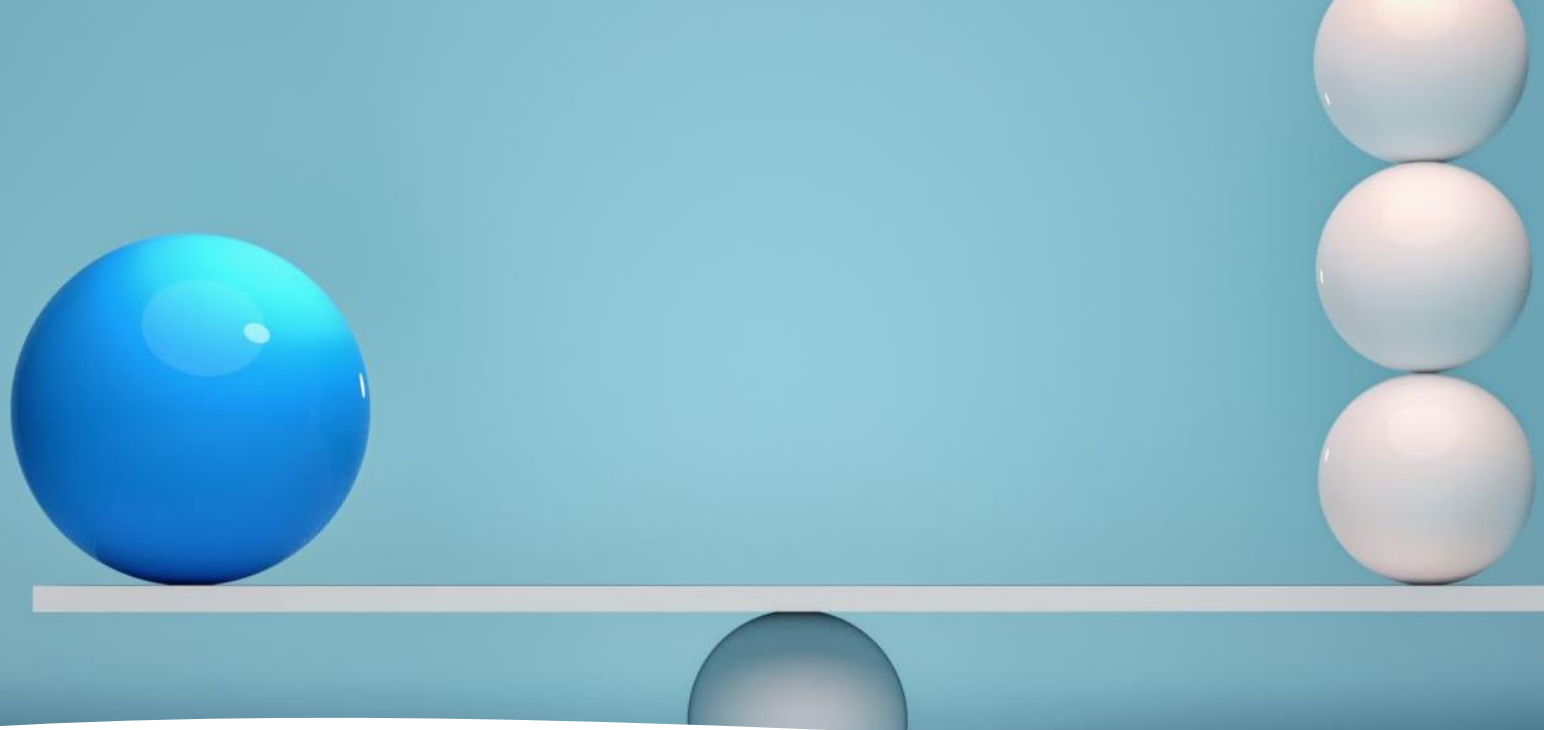
Creating a New Scale

Creating a new scale: Phase 1

Kylie seemed sad and so I went to sit next to her on the sofa to see if she was OK. As I was beginning to sit, she tried to hit me with the back of her hand, but she missed. I moved away and told her I would check on her again shortly and that she could just tell me if she wanted me to leave. 2 - Attempted contact with self or others, Attempted contact or physical contact that leaves no marks

	What was the behaviour?	What was the outcome?	Rank
	No Aggressive Behaviour	Nil	0
NO OBJECTS USED	Contact with property, Insults or swearing directed at a person, Verbal or Gestural threat e.g., shaking a fist but no contact attempted	Possible or actual damage to property, No physical contact with self or others	1
	Attempted contact with self or others	Attempted contact or physical contact that leaves no marks	2
	Spitting at, or on someone, Physical contact with self or others (e.g., hitting) (Rank of 2, 3, 4, 5, 8, or 9 based on outcome)	Physical contact that leaves marks or injuries that do not need treatment (no first aid, professional medical or allied health service)	3
		First aid used (no professional medical or allied health service)	4
		Professional medical or allied health service used (not ongoing)	5
		Physical contact with more serious outcomes? Continue to rank 8 or 9.	
OBJECTS MIGHT BE USED	Gestural threat with or attempted contact using an object, Contact using an object, Choking others with <u>no</u> loss of consciousness, Self-harm e.g., jumping from heights, hanging, ingesting	No treatment or first aid only (no professional medical or allied health service used)	6
	Contact using an object, Choking others <u>with</u> loss of consciousness, Self-harm e.g., jumping from heights, hanging, ingesting items	Professional medical or allied health service used (not ongoing)	7
	Any physical contact or act towards self or others	Ongoing (2 or more) professional medical or allied health service used; or permanent disability	8
	Any physical contact or act towards self or others	Death	9





Creating a new scale: Phase 2

Developed three subscales instead of one overall scale (Phase 1)

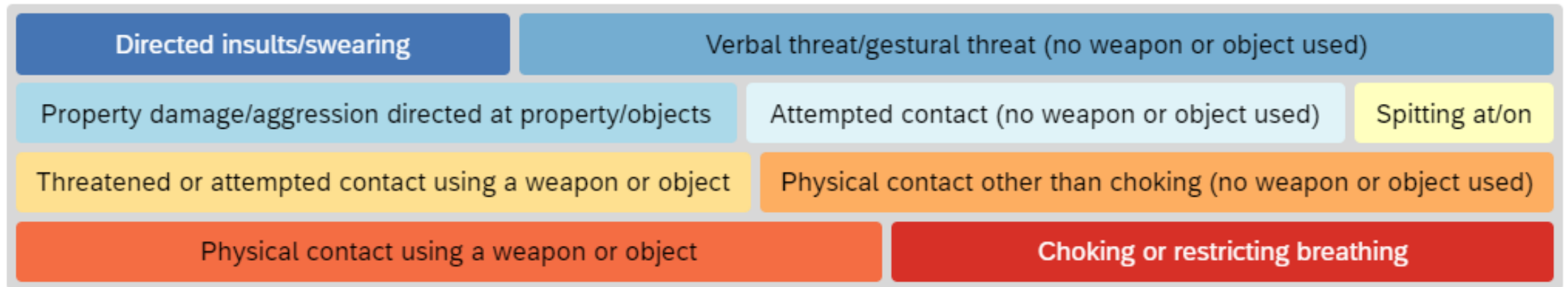
- Externally-directed behaviours (people or property)
- Self-directed behaviours
- Injury outcomes



The Applied
RESEARCH CENTRE
for Disability and Wellbeing

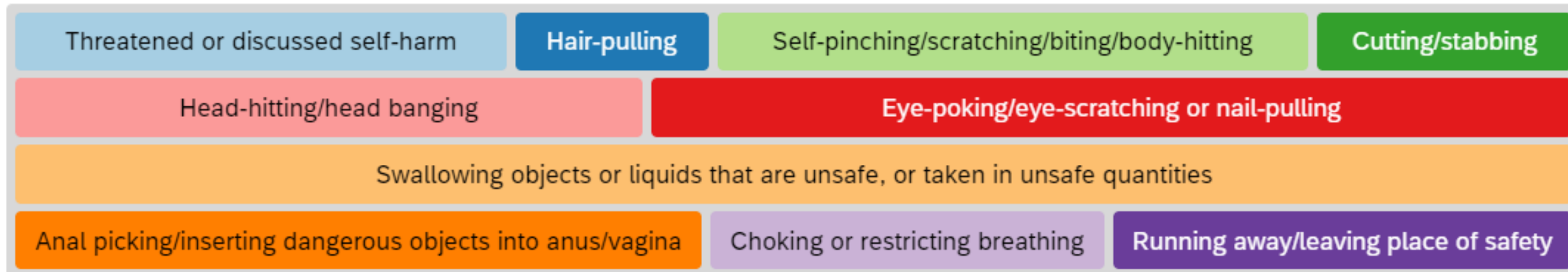
Creating a new scale: Phase 2

Externally-directed behaviour subscale



Creating a new scale: Phase 2

Self-directed behaviour subscale



The Applied

RESEARCH CENTRE

for Disability and Wellbeing

Creating a new scale: Phase 2

Injury/Outcomes subscale

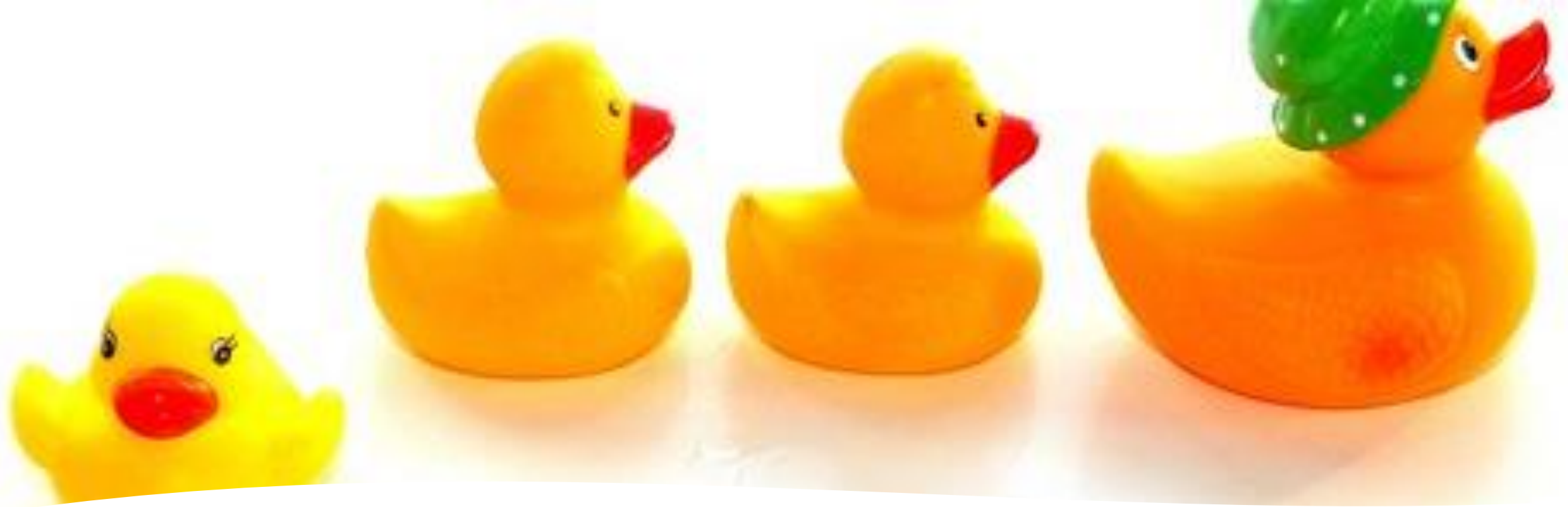
Marks or injuries that do not require treatment	Any injury that requires first aid only
Any injury that requires once-off medical/allied health treatment	Any injury that requires 2 or more treatment sessions
Any injury that results in permanent disability	Any injury that results in loss of life



The Applied

RESEARCH CENTRE

for Disability and Wellbeing



Phase 2 results

Participants (N=240) could accurately categorise items in:

- All examples of externally-directed behaviours.
- All examples of self-directed behaviours, except head-hitting/head banging which fell below the 80% accuracy threshold (63%)
- All injury outcomes, except any injury requiring first aid only (60%), and any injury that requires 2 or more treatment sessions (70%)

The three subscale items that fall below threshold will be retested with new instructions for clarity

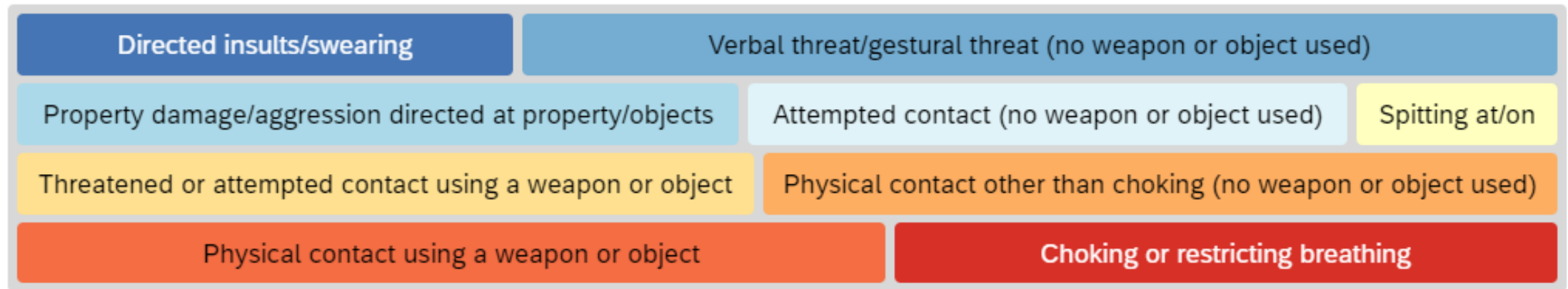


Analysing case note data using SOS

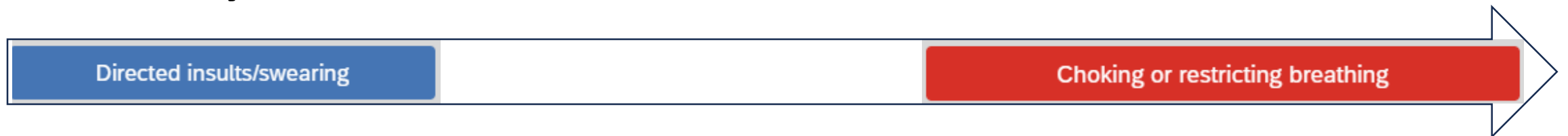


Externally-directed behaviours

1. Categorically



2. Severity



SOS progress summary



Completed

- Phase 1 – Combined behaviours and outcomes (10 point scale). Tested on practitioners and non-practitioners. Accuracy did not meet threshold. Practitioners and non-practitioners performed similarly.

- Phase 2 – Split to create three subscales (externally- and self-directed behaviours, injury outcomes). Tested on non-practitioners.

Next

- Phase 3 – Consensus on order of severity of the categories.



Applications

Uses for the Scale of Severity:

- Retrospectively coding case notes for externally- and self-directed behaviours and injuries
- Across a short timeline (assessment), and across longer timelines (monitoring).
- Consider the associations between this data and environmental factors.
- A measure of Episodic Severity
- Used in analysis of ‘intensity, duration, consequences’ for Functional Assessment and Support Plan Implementation.
- Research

Caution needed:

- All relationships are to be treated as **correlations** not **causally**.
- Look for **patterns of results**.



Questions or Comments?

Contact Dr Glenys Holt

gholt@arcdw.com.au

Or Nicola Crates

ncrates@possability.com.au



The Applied

RESEARCH CENTRE

for Disability and Wellbeing

