Overt Behaviour Scale

Date of completing OBS	
Rater's name	
Client's name / identifier	
Informant's name	
Informant's role (e.g., spouse)	

Challenging behaviours

Behaviours can be challenging or problematic if they are disruptive, make the client or other people uncomfortable, or go against the rules of community living. Such behaviours lead to distress or can disrupt things like social relationships and continuance of services. They can also result in significant financial cost to the service system.

What is this scale for?

This scale is designed to clarify the types of observable challenging behaviours that can occur following acquired brain injury (ABI). This can help to show how behaviours may have changed over time and can inform decisions related to clinical interventions. This scale can also be used to measure the frequency of challenging behaviours and the impact that they have on people living and/or working with the client (including family members and service providers).

What does this scale measure?

There are 9 categories of behaviour that can be scored on this scale; they are:

- Verbal aggression
- Physical aggression against objects,
- · Physical acts against self
- · Physical aggression against other people
- Inappropriate sexual behaviour
- Perseveration / repetitive behaviour
- Wandering / absconding
- Inappropriate social behaviour
- · Lack of initiation

This scale enables you to score the severity, frequency, and impact of each behaviour.

How to use this scale

For each of the 9 categories of behaviour there is a heading (e.g., verbal aggression) and a relevant subscale. If your client exhibits no sign of that category of behaviour, mark the "no" box and go to the next behaviour.

If your client does show this type of behaviour you need to complete the subscale. Here you can indicate more clearly what sort of behaviour occurs. Under each heading there are a number of behaviour descriptions with realistic examples that correspond to increasing levels of severity (shouting is low severity, threats are more severe). Tick each of the types of behaviour observed and rate how frequently they occur and the impact that they have.

If a behaviour appears to fit 2 categories, use the single most appropriate one. See the Administration Guidelines for further information.

Timeframe

This scale represents behaviour that has occurred over the most recent 3 months.

More information

Developmental and psychometric information regarding the OBS has been published in Kelly, Todd, Simpson, Kremer, & Martin (2006). The Overt Behaviour Scale (OBS): A tool for measuring challenging behaviours following ABI in community settings. *Brain Injury*, 20(3), 307 – 319.

Administration guidelines are available at www.abibehaviour.org.au

How to rate behaviours

Tick each level that is a problem

For each category of behaviour there are a number of descriptions with examples that **illustrate** different levels of severity. Select the level(s) with a description or example that **best represents** the sorts of behaviour(s) that you have observed by placing a tick (\checkmark) in this column.

Remember, these behaviours **are only examples**; if you have seen behaviours that are similar, but are not exactly the same, then tick this description.

Frequency

Rate how frequently the behaviour occurs using a number from 1 to 5 with the following definitions:

- 1 = less often than once per month
- 2 = once a month or more
- 3 = once a week or more
- 4 =once a day
- 5 = multiple times each day

Impact (distress or disruption)

"Impact" means the amount of **emotional distress** and/or **practical disruption** that a challenging behaviour causes. For example, **impact** refers to your experience of stress, worry, concern, or fear as a result of the behaviour. But **impact** can also refer to practical difficulties including needing additional staff, altered procedures, dealing with complaints from families or other residents, or having to acquire additional supports such as psychiatrists, police, or behaviour intervention. Disruption often translates into additional costs.

Rate how much this behaviour impacts upon yourself and/or other people by using a number from 1 to 5 and the following definitions:

- 1 = no impact
- 2 = minor impact
- 3 = moderate impact
- 4 = severe impact
- 5 = extremely severe impact

VERBAL AGGRESSION

		Levels	Frequency 1 = < 1/month	Impact 1 = no impact
NO (go to next behaviour)		Tick each level that is a problem	2 = 1/month or more 3 = 1/week or more 4 = 1/day	2 = minor 3 = moderate 4 = severe
YES (rate the subscale below)	Severity	(V)	5 = multiple daily	5 = extreme
Makes loud noises, shouts angrily, is clearly not directed at some other person (e.g., "bloody hell!").	1			
Makes mild personal insults clearly directed at some other person but does not include swearing/offensive sexual comments (e.g., "You are stupid!", "idiot".).	2			
Swearing, use of foul language, moderate threats clearly directed at others or self (e.g., "F*** off you bastard!").	3			
Makes clear threats of violence directed towards others or self (e.g., "I'm going to kill you!" or "I'm going to finish myself!") or requests help to control self (i.e., expresses anxieties that they will engage in aggressive act beyond own control unless someone make some immediate intervention). This includes suicidal threats.	4			

PHYSICAL AGGRESSION

	Severity	Levels Tick each level that is a problem	Frequency 1 = < 1/month 2 = 1/month or more 3 = 1/week or more 4 = 1/day 5 = multiple daily	Impact 1 = no impact 2 = minor 3 = moderate 4 = severe 5 = extreme
Physical aggression				
against objects				
Has the client shown any physical aggre	ssion agains	t objects?		
NO (go to next behaviour)				
YES (rate the subscale below)				
Slams doors, scatters clothing, makes a mess in clear response to some antecedent.	1			
Throws objects down (without some other person at risk of being hit by the object), kicks furniture without breaking it, marks the wall.	2			
Breaks objects, smashes windows.	3			
Sets fire, throws objects dangerously (i.e., some other person is at risk of being hit by the object(s) thrown but is not actually hit) If the object thrown does hit someone score this as Physical aggression against other people.	4			
Physical acts against self				
Has the client shown any physical acts a	gainst self?			
NO (go to next behaviour)				
YES (rate the subscale below)				
Picks or scratches skin, hits self, pulls hair (with no or minor injury only).	1			
Bangs head, hits fist into objects, throws self onto floor or into objects (hurts self without serious injury).	2			
Inflicts small cuts or bruises, minor burns to self.	3			
Mutilates self, causes deep cuts, bites that bleed, internal injury, fracture, loss of consciousness, loss of teeth. This includes suicide attempts.	4			
Physical aggression				
against other people				
Has the client shown any physical aggre	ssion agains	t other people?		
NO (go to next behaviour)				
YES (rate the subscale below)				
Makes threatening gesture that is clearly directed towards some other person, swings at people, grabs at clothes.	1			
Strikes, kicks, pushes, pulls hair (without significant injury) to person(s) aggression directed at.	2			
Attacks others, causing mild-moderate physical injury (bruises, sprain, welts) to person(s) aggression directed at.	3			
Causes severe physical injury (broken bones, deep lacerations, internal injury) to person(s) aggression directed at.	4			

INAPPROPRIATE SEXUAL BEHAVIOUR Has the client shown any Frague

Has the client shown any inappropriate sexual behaviour?			Levels	Frequency 1 = < 1/month	Impact 1 = no impact	
	NO	(go to next behaviour)		Tick each level that is	2 = 1/month or more 3 = 1/week or more	2 = minor 3 = moderate
	YES	(rate the subscale below)	Severity	a problem (√)	4 = 1/day 5 = multiple daily	4 = severe 5 = extreme
Sex	cual t	alk				
got a with give may phor sexu	a big di you", ' you a g be fac ne calls al activ	of a sexual nature (e.g., "I've ick", "I want to make babies 'You've got nice tits", "I could good time") where comments e-to-face or in the form of or letters. Explicit accounts of vities (e.g., "When I am with a ie to").	1			
Tou	chin	g (non genital)				
be to genit arm, some arm	tals). For putting eone's or leg	ther people who do not want to lout contact does not involve or example kissing hand or g arm around shoulder, patting knee, rubbing or caressing or back. Also includes touching g., lifting skirts).	1			
Exh	nibiti	onism				
publ hous could	ic. Faili se with	exhibiting genitals, undressing in ing to dress (e.g., walking about out clothes on when coresidents are present. Answering door d).	2			
Mas	sturb	ation				
when (e.g., carp mast	n other , mastu ark wh turbatir	on in a public or shared setting people are in the area urbating in a car in a public ere passers by may see; ang in a common area in a residential setting).	2			
Tou	chin	g (genital)				
othe (e.g., brea	r peop , gropin sts of s	or making attempts to touch) le's breasts, buttocks, or genitals ng staff who walk by, fondling support workers, pulling other's ard own groin).	3			
Coe		e sexual behaviour,				
Use Sexu	of thre	forcibly undress another person. at to obtain sex. etration of another person who asented.	4			
Victim details can be noted here (The legal consequences of inappropriate sexual behaviour can differ depending on the sex and age of the victim.)						
(1110	logal o	опоочионово от тарргорнале зехі	Jai Dollavioui	dan amor depen	and our the sex and age	or the vietim,

ERSEVERATION / REPETITIVE BEHAVIOUR Has the client shown any **Impact** Frequency perseverative behaviour? Levels 1 = < 1/month1 = no impactTick each 2 = 1/month or more 2 = minorNO (go to next behaviour) level that is 3 = 1/week or more3 = moderate4 = 1/daya problem 4 = severeYES (rate the subscale below) Severity 5 = multiple daily 5 = extremeEngages in prolonged continuation and repetition of a behaviour that has not resulted in physical harm (e.g., continued, persistent tapping, writing same letter over and over, unrolling entire toilet roll, asking the same question repeatedly: "do you watch the Bill?", "Will you marry me?"). Engages in prolonged continuation and repetition of a behaviour that has resulted in minor physical harm (e.g., continued, persistent touching, rubbing, or scratching leading to skin irritation; remaining in shower until skin is shriveled). Engages in prolonged continuation and repetition of a behaviour that has resulted in serious harm (e.g., continued, 3 persistent eye rubbing; riding an exercise bike and only stopping upon exhaustion). WANDERING / ABSCONDING Has the client shown any **Frequency Impact** wandering/absconding? Levels 1 = < 1/month1 = no impactTick each 2 = minor2 = 1/month or moreNO (go to next behaviour) level that is 3 = 1/week or more3 = moderatea problem 4 = 1/dav4 = severeYES (rate the subscale below) Severity 5 = multiple daily 5 = extremeGoing into areas that are prohibited but where there no or low risk of harm (e.g., entering other resident's rooms, staff areas, kitchen). Leaving the familiar, 'safe', environment when there is a good risk of becoming lost or seriously harmed (e.g, nursing home resident attempting to return to family home, walking onto freeways, needing to be located/recovered by police).

Escapes secure premises (e.g., through a doorway left open, by using security door codes, by climbing over fence). May physically resist attempts to stop such escape (e.g., wrestles with or pushes staff who attempt to stop or restrain them).

INAPPROPRIATE SOCIAL BEHAVIOUR

Has the client shown any inappropriate social behaviour?			Levels	Frequency 1 = < 1/month	Impact 1 = no impact		
		NO	(go to next behaviour) (rate the subscale below)	.	Tick each level that is a problem	2 = 1/month or more 3 = 1/week or more 4 = 1/day	2 = minor 3 = moderate 4 = severe
	Inapp perso regul Stand to pio are b	propria onal hy larly). E ding to ck up c pored, t	te laughter. Failure to monitor giene (e.g., does not shower excessive apologising or thanking. o close to strangers. Failure on nonverbal cues (that others he joke was not funny, the in is over).	Severity 1		5 = multiple daily	5 = extreme
	Internative spills come (e.g., Nago some waiting to other managements)	rupts of rely does food, so food, hogging, imething of the recagement	ther people's conversations. es things to seek attention (e.g., rings buzzer, "Nurse, can you or"). Inconsiderate of other people ng TV channel or remote control). Inpatient (e.g., always wanting else to be done; can not tolerate supermarket queues). "Butts in" ople's affairs (e.g., advising staff/ nt on how to improve residence, n other clients' activities).	2			
	Resp Refusitaff. Refusidism with due to or sto Will reg.,	oonds " ses to ses to ses to sisses s home o to poor ealing; not (as	ant / oppositional fno!" to prompts to do things. discuss problem behaviours with ot follow toilet or shower routines. take medication. Rejects or service providers who are helpful care. Intentional lying that is not memory (e.g., denying drug use fabricating stories to cover tracks opposed to Can not) follow rules. g without telling someone where g).	3			
	Driving dishortheft from	ng whil onoure or dec other r	e or Unlawful behaviour e unlicensed. Fraud (e.g., writing d cheques). Obtains goods by eit. Stealing (e.g., steals cigarettes residents, steals clothes or food ; materials from building sites).	s 4			
	Light starti road whee Climl balar cigar is the harm to ga	is fires ing bor withou elchair bs ladd nce imprettes, de key b i to selfain acce	danger/risk to self or others dangerously. (e.g., smoking in bed after near gas cylinder). Crosses at evaluating traffic. Wheeling in middle of road. Hers when perception and / or paired. Excessive use of alcohol, for other substances where that ehaviour leading to risk or actual for others. Uses provision of sex less to goods (such as money, drinks) or services.	4			

LACK OF INITIATION

Explanation

This behaviour is different from the others because it is a **lack** of overt behaviour.

The person has difficulty getting tasks started or completed and is characterised as having a lack of motivation, initiative, or interest in day-to-day activities.

Examples

- The person may not wash, eat, or drink, shower or groom themselves without prompting from others. They may sit on the couch all day, not initiate social conversation or attend social activities without someone taking them.
- However, the person may engage in activities if someone else prompts them. Once asked to "wash the dishes", the person may then commence and complete the task.
- Some people need more prompts: they might only wash dishes and then need another prompt for cutlery: "okay, you've finished the plates, what about the cutlery"?
- In severe cases, a person may not eat despite having a meal placed in front of them or fail to wash himself or herself even if standing under the shower. They would require constant prompts such as "put some soap on the washer, soap up your arms, now rinse etc".

s the client shown any cof initiation? NO YES (complete scoring this item)	Levels Tick if lack of initiation is a problem	Severity i.e., Amount of prompting required 1 = less than once/day 2 = approx. once/day 3 = more than twice/day 4 = many times/day 5 = all tasks, everyday	Impact 1 = no impact 2 = minor 3 = moderate 4 = severe 5 = extreme
CORING			

The OBS produces 3 key indices: Cluster, Total Levels, and Clinical Weighted Severity.

Cluster Sum the number of YES boxes ticked.	Range: 0 to 9
Total Levels Sum the number of Levels boxes ticked	d. Range: 0 to 34



Note.

The two other measures, frequency and impact, do not form the structure of the scale, but rather provide additional clinical data.