## Evidence-Based Clinical Assessment Toolkit

# Behavioural Expressions Assessment Pack

AACS
APPLIED AGED
CARE SOLUTIONS

# DISCLAIMER

Applied Aged Care Solutions Pty Ltd (**AACS**) and its authors are not responsible for the results of any action taken on the basis of any information in this publication or for any error in or omission from this publication. This publication contains information of a general nature that may not be suitable to your own circumstances. It is your responsibility to satisfy yourself as to its suitability for your circumstances.

The publication has been compiled from information provided by third parties and other sources. There may be technical inaccuracies, typographical errors or unsuitable material for you. If you have any concerns about such third party content, you should refer to those sources for more specialist information and advice. Attribution to such sources appears in the text of this publication.

To the fullest extent permitted by law, AACS and its authors will be under no liability to any person in respect of any loss or damage (including consequential loss or damage) which may be suffered or incurred or which may arise directly or indirectly from or in connection with any use of this publication or the information contained in it.

To the fullest extent permitted by law, all express or implied warranties are hereby excluded. Warranties or guarantees implied by statute which cannot be excluded will apply, however the liability of AACS and its authors for a breach of such implied terms will be limited, at the option of AACS, to any one or more of the following:

- replacement of the product supplied or supply of an equivalent product;
- payment of the cost of replacing the product or of acquiring an equivalent product;
- payment of the cost of having the product rectified;
- and in no circumstances extends to consequential, indirect or special loss or damage.

# Contents



| Not in Assessment Pack | Tool | Source |
|---|---|---|
| ACFI Assessment | Behaviour Records | https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-funding/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/aged-care-funding-instrument-acfi-assessment-pack |
| ACFI Assessment | Cornell Scale of Depression in Dementia (modified) | https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-funding/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/aged-care-funding-instrument-acfi-assessment-pack |

| BEHAVIOUAL DESCRIPTION | MAPPING | | | | |
|---|---|---|---|---|---|
| ***Must require staff intervention. Report what you see or hear.*** | **ACFI 7** | **ACFI 8** | **ACFI 9** | **ACFI 10** | **Notes** |
| Interfering with other people or their belongings | W1 | | | | |
| Trying to exit the building or property | W2 | | | | |
| Trying to get into inappropriate areas | W2 | | | | |
| Verbal refusal to participate in required ADL care | | V1 | | | |
| Cursing, swearing verbal aggression, obscenity | | V2 | | Irritability: easily annoyed, short | |
| Verbal demanding (that is not an unmet need) | | V2 | | | |
| Loud noises, screaming (that is not an unmet need) | | V2 | | | |
| Verbal accusations based on excessive suspiciousness, that you know are not true. Leads to significant and regular disturbances of others. | | V3 | | | |
| Inappropriate verbal sexual propositions | | V4 | | | |
| Verbal negativism - consider mood symptoms | | | | Poor self-esteem: | |
| Harm to self e.g. burn self, cut self | | | P1 | | |
| Harm to other people e.g. kicking, biting | | | P1 | | |
| Harming other things | | | P1 | | |
| Sexual advances | | | P1 | | |
| Chronic substance abuse | | | P1 | | |
| Socially inappropriate handling of objects e.g. others belongings, faecal smearing, | | | P2 | | |
| Excessive hiding and hoarding | | | P2 | | |
| Ingesting inappropriate substances | | | P2 | | |
| Disrobing in public | | | P2 | | |
| Socially inappropriate sexual behaviour e.g.public masturbation | | | P2 | | |
| **Constant** restlessness- inability to sit still | | | P3 | Agitation: restlessness, | |
| Repetitious mannerisms/abberant motor behaviour: | | | P3 | | |
| Agitation: restlessness, handwringing, hairpulling, lip biting, fidgety, restless, unable to sit still for at least an hour | P3: Constant restlessness-inability to sit still | | | Behavioural Disturbance | |
| Multiple physical complaints:in excess of normal- indigestion, | | | | Behavioural Disturbance | |
| Retardation: NOT RELATED TO PHYSICAL ILLNESS | | | | Behavioural Disturbance | |
| Loss of interest: NOT RELATED TO PHYSICAL ILLNESS | | | | Behavioural Disturbance | |
| Sadness: feeling down, sad or blue, sad voice, tearful, crying | | | | Mood related sadness | |
| Anxiety: anxious expression, ruminations, worrying about things more | | | | Mood related anxiety | |
| Lack of reactivity: does not enjoy pleasant events -mood gets in way of enjoying activities/friends/surroundings | | | | Mood related lack of reactivity | |
| Irritability: easily annoyed, short tempered, unusually impatient | | V2: Verbal disruption | | Mood related irritability | |
| Diurnal mood: mood symptoms worse in morning | | | | Cyclic | |
| Difficulty falling asleep: later than usual | | | | Cyclic | |
| Multiple awakening during sleep: exclude going to toilet and falling alseep again | | | | Cyclic | |
| Early morning awakenings: than ususal, stays in bed or goes back to sleep | | | | Cyclic | |
| Appetitie Loss: eating less than usual | | | | Physical sign | |
| Weight loss: unintended loss in past month | | | | Physical sign | |

| BEHAVIOUAL DESCRIPTION | MAPPING | | | | |
|---|---|---|---|---|---|
| ***Must require staff intervention. Report what you see or hear.*** | **ACFI 7** | **ACFI 8** | **ACFI 9** | **ACFI 10** | **Notes** |
| Lack of energy: fatigues easily, unable to sustain activity, dragging thru the day | | | | Physical sign | |
| Suicide: feels life is not worth living, woeld rather be dead, has wishes/plan, makes attempt | | | | Ideational Disturbance | |
| Poor self-esteem: especially critical of self, self-blaming, feelings of failure, worthless, inferior, no good. | | | | Ideational Disturbance | |
| Pessimism: anticipation of the worst, discouraged about the future | | | | Ideational Disturbance | |
| Mood congruent delusions: delusions on poverty, illness, loss | | V3: Does the resident have beliefs that are not true? | | Ideational Disturbance | |
| Does the resident have beliefs that you know are not true? For example saying that people are trying to harm him/her or steal from him/her. Has he/she said that family members or staff are not who they say they are or that his/her spouse is having an affair? | | V3: Paranoid ideation that disturbs others | | | |
| Does the resident have hallucinations – meaning, does he/she see, hear, or experience things that are not present? | depends on how it is manifested | depends on how it is manifested | depends on how it is manifested | | |
| Does the resident have periods when he/she refuses to let people help him/her? Is he/she hard to handle? Is he/she noisy or uncooperative? Does the resident attempt to hurt or hit others? | | V1: verbally unco-operative<br>V2: Verbally disruptive | P1: Physically threatens to harm others | | |
| Does the resident seem sad or depressed? Does he/she say that he/she feels sad or depressed? Does the resident cry at times? | | | | Mood related sadness | |
| Is the resident very nervous, worried, or frightened for no reason? Does he/she seem very tense or unable to relax? Is the resident afraid to be apart from you or from others that he/she trusts? | | | | Mood related anxiety | |
| Does the resident seem too cheerful or too happy for no reason? I don't mean normal happiness but, for example, laughing at things that others do not find funny? | | | | | |
| Does the resident sit quietly without paying attention to things going on around him/her? Has he/she lost interest in doing things or lack motivation for participating in activities? Is it difficult to involve the resident in conversation or in group activities. | | | | Mood related lack of reactivity | |
| Does the resident do or say things that are not usually done or said in public? Does he/she seem to act impulsively without thinking? Does the resident say things that are insensitive or hurt people's feelings? (Loss of control of impulses) | | V4: Verbally sexually inapporpriate | P2: Socially sexually inappropriate | | |
| Does the resident get easily irritated or disturbed? Are his/her moods very changeable? Is he/she extremely impatient? | | | | Mood related irritability | |
| Does the resident have repetitive activities or "habits" that he/she performs over and over such as pacing, wheeling back and forth, picking at things, or winding string? (Do not include simple tremors or tongue movements). | Possibly W2: | | P3 Repetitious mannerisms | | |
| Difficulty falling asleep | | | | Cyclic symptoms | |
| Wanders, pace, inappropriate night time activity | Possibly W2: | | | | |
| Wakes, dresses, plans to go out thinking it is morning | | | | | |
| Does the resident have an extremely good or poor appetite, changes in weight, or unusual eating habits (count as "N/A" if the resident is incapacitated and has to be fed)? Has there been any change in type of food he/she prefers? | | | | Physical signs | |
| Has there been any change in type of food he/she prefers? | | | | | |

| BEHAVIOUAL DESCRIPTION | MAPPING | | | | |
|---|---|---|---|---|---|
| ***Must require staff intervention. Report what you see or hear.*** | **ACFI 7** | **ACFI 8** | **ACFI 9** | **ACFI 10** | **Notes** |
| Excessive fear and anxiety and related behavioural disturbances- separation disorder, selective mutism, specific phobia, social phobia, panic disorder, agoraphobia, generalised anxiety(n most days in past 6 months, clinically sig distress,not attributable to substances or other mental disorder), substance/medication induced anxiety disorder | | | | | |
| Mania- perisistently elevated, expansive or irritiable mood with goal-directed activity/energy. May have inflated self esteem or grandiosity, decreased need for sleep, more talkative, pressure to keep talking, flight of ideas or subjective experience that thoughts are racing, attention easily distracted to irrelevant external stimuli, increase in goal directed activity or psyhcomotor activity (non-goal directed activity), excessive involvement in activities with high potential for painful consequences (e.g. buying spree) | | | | | |
| Delusions- fixed beliefs not amenable to change in light of conflicting evidence. Themes- persecutory, referential, somatic, religious, grandoise. Are bizarre if not plausible. | | | | | |
| Hallucinations- perception like experiences without external stimulus. Occur in any sense modality in a clear sensorium- not occuring during falling alseep or waking up. | | | | | |
| Disorganized thinking (speech)- answers to questions are obliquely related or unrelated, word salad is a severe example | | | | | |
| Grossly abnormal motor behaviour- rigid, bizarre posture, mutism, stupor (no motor response), excessive motor activity without cause, sterotyped movements, staring, grimacing, echoing of speech | | | P3 Repetitious mannerisms | | |
| Negative symptoms-more common in Sz, reduced expression in face, eye contact, intonation of speech, hand/head mvts, reduce in motivationself initiated purposeful activities e.g. sit for long periods with no interest in activities, dimished speech output, decreased ability to experience pleasure from positive stimuli,lack of interest in social interactions. | | | | Mood related lack of reactivity | |

# Behavioural Assessment Form

Behaviour does not occur in a vacuum. Whether we can see it or not, there is always something that starts it off. Sometimes this is an event such as the delivery of a meal, sometimes it is a thought such as *'I am missing my husband.*'

The trigger to the behaviour is called the **Antecedent**, it is the A of the ABC.

The Behaviour itself is the B and the Consequences of the behaviour are the C.

The consequences have a strong influence on whether or not the behaviour will be repeated. If the consequences are experienced as rewarding the behaviour is likely to go on or be repeated, if they are not rewarding the behaviour it is likely to stop, eventually.

Effective behaviour management begins by trying to clearly describe the behaviour, identifying the triggers and analysing the consequences to see what is keeping it going. In other words, applying the ABC approach.

There are many varieties of forms, this example is modified form of the NARFRAME version of the John Bowles' version *(Bowles, 1986)*. If the antecedents can be identified and changed the behaviour may be avoided. A simple, but actual, example of this involved a resident who repeatedly screamed *'Murder, murder'*. When the antecedents were identified it was found that these outbursts were often preceded by a door slamming loudly. When this was changed the behaviour did not occur as frequently. Similarly if non-rewarding consequences can be substituted for rewarding consequences the behaviour will also reduce. Disruptive, dangerous and unpleasant behaviours can be managed indirectly, i.e. by looking at what starts them and what keeps them going, more humanely and with more dignity than when confronted directly, by administering drugs or restraints.

## Instructions for the Modified BAF

The Modified BAF should be completed every time a significant incident takes place.

If the person responsible for monitoring the resident is not present during the incident they should complete the BAF by discussing the events with staff who were present.

1. Begin by filling out the Behaviour i.e. clearly describe the behaviour;
2. Then describe what happened before; and then
3. What happened afterwards?

Name:…… DOB: …../ ……/ ……. Room Number: ……

Date Assessment Completed: ……/ ……/ …….

Name of assessor: …… …….. ☐ RN ☐ EN ☐ PCW ☐ AHP

Signature: ……

# Modified Behavioural Assessment Form

| Question | Behaviour (What, exactly was the incident) |
|---|---|
| Observed Behaviour | The **Behavioural Descriptions list** will assist you to provide an objective description of the behaviour. |
| How long did it last? | |

| Question | Antecedent (what was happening before the incident) |
|---|---|
| Date | |
| Time | |
| Place? | ☐ Travelling out of the grounds<br>☐ Outside, but within grounds<br>☐ Bedroom<br>☐ Ensuite<br>☐ Shared bathroom<br>☐ Corridor<br>☐ Dining area<br>☐ Activity area<br>☐ Other (describe) |
| Who was there? | ☐ Other resident/s<br>☐ Other visitor/s<br>☐ Own visitor/s<br>☐ Doctor<br>☐ Care staff<br>☐ Therapy staff<br>☐ Activity staff<br>☐ Domestic staff<br>☐ Maintenance/gardening staff<br>☐ Alone<br>☐ Other (describe) |

| Question | Antecedent (what was happening before the incident) |
|---|---|
| What interaction was going on? | ☐ Staff assisted ADL care (nutrition/walking/personal hygiene/toileting,)<br>☐ Independent self care (including taking medications)<br>☐ Medication administration by staff<br>☐ Complex health treatment by staff<br>☐ Medical visit<br>☐ Individual therapy (physio, massage, describe other type)<br>☐ Activities (individual, describe type)<br>☐ Activities (group, describe type)<br>☐ With visitor/s<br>☐ No interaction<br>☐ Other (describe) |
| What else was happening? | Describe the environment e.g. Noise, stimuli, entertainment, TV, lot of people etc. |

| Question | Consequences (What, happened after the incident) |
|---|---|
| What interactions took place afterwards? | |
| Rate the disruption | ☐ (0) Not disruptive<br>☐ (1) A little disruptive, not disruptive to other residents or visitors<br>☐ (2) Moderately disruptive, minor impact on other residents or visitors<br>☐ (3) Very disruptive, interferes with others, their belongings or visitors, asocial behaviour<br>☐ (5) Extremely disruptive, threatening safety of self or others or damaging things, requires immediate attention |
| Describe the intervention | How many staff, what is the intervention, other resources required, time taken |
| Rate the effectiveness of the intervention | ☐ (0) No intervention by staff<br>☐ (1) Very successful, co-operative response, settled quickly<br>☐ (2) Successful, settled within 5 minutes<br>☐ (3) Somewhat successful, settled for short time only or requires constant attention<br>☐ (4) Not successful |