

Agitation scales

The use of agitation aggression scales may assist staff in determining those consumers at greater risk of violence and afford an opportunity to implement prevention strategies related to the factors that put the person at greater risk of aggression in the first instance.

It is recommended that clinical teams determine what risk assessment and scales related to potential aggression are adequately evidenced based and suit the needs of their individual units. Smaller, easy to use scales may be used in the first instance where inter-rater reliability is high and little training is required to utilise them. More detailed scales, completed by professionals trained to utilise them can then be completed as indicated by the initial assessment.

Monitoring of scores on these scales can provide the clinical team with clear indicators of risk improving or declining over time and can be viewed with the consumer to assist their understanding of why the clinical team remains concerned about their mental health.

Below is a sample form that may be used.

Agitated Behaviour Scale (ABS) Rating form

Administration

The ABS is an observational as opposed to a self-report measure. The ABS has been shown to be reliable and valid when based on therapists' 30-minute observation periods, or primary nurses' perceptions based upon an 8-hour shift (Corrigan, 1989). Ratings based on 10-minute observation periods by psychology assistants or a rehabilitation nurse have also been found to be reliable. However, serial monitoring must be done with comparable observations, as it has been found that ratings during 10-minute observation periods are not comparable to ratings based on 8-hour shifts.

Observers make a rating of one to four for each of the fourteen items. A rating of "1" is ascribed when the behaviour in the item is not present. Ratings of "2," "3," and "4" indicate the behaviour is present and differentiate the degree or severity. Degree can be a function of either the frequency with which the behaviour occurs or the intensity of individual occurrences.

Raters should be instructed that the basis for establishing the degree is the extent to which the occurrence of the behaviour described in the item interferes with functional behaviour that would be appropriate to the situation:

- > We suggest a rating of "2" or "slight" be ascribed when the behaviour is present but does not prevent the conduct of other, contextually appropriate behaviour. Patients may redirect themselves spontaneously or the continuation of the agitated behaviour does not preclude the conduct of the appropriate behaviour.
- > A rating of "3" or "moderate" indicates the individual may need to be redirected from an agitated to an appropriate behaviour, but is able to benefit from such cueing.
- > A rating of "4" or "extreme" is ascribed when the individual is not able to engage in appropriate behaviour due to the interference of the agitated behaviour, even when external cueing or redirection is provided.

Scoring

The Total Score is calculated by adding the ratings (from one to four) on each of the fourteen items. Raters are instructed to leave no blanks; but, if a blank is left, the average rating for the other fourteen items should be inserted such that the Total Score reflects the appropriate possible range of values. The Total Score is the best overall measure of the course of agitation (Corrigan, 1989; Corrigan & Bogner, 1994).

Subscale scores are calculated by adding ratings from the component items:

- > Disinhibition is the sum of items 1, 2, 3, 6, 7, 8, 9 and 10.
- > Aggression is the sum of items 3, 4, 5 and 14. (It is not an error that Item #3 is in both scores).
- > Lability is the sum of items 11, 12 and 13.

In order to allow subscale scores to be compared to each other and to the Total Score, it is recommended that an average item score for each factor be calculated and multiplied by fourteen. This procedure provides subscale scores with the same range as each other and the Total Score, which is useful for graphic presentation.

For more information

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Agitated Behaviour Scale Rating Form

Patient _____

Observation Environ. _____

Rater/Disc _____

Period of Observation From Date / / Time am/pm

To Date / / Time am/pm

At the end of the observation period indicate whether the behaviour described in each item was present and, if so, to what degree: slight, moderate or extreme. Use the following numerical values and criteria for your ratings.

1 = absent: the behaviour is not present.

2 = present to a slight degree: the behaviour is present but does not prevent the conduct of other, contextually appropriate behaviour. (The individual may redirect spontaneously, or the continuation of the agitated behaviour does not disrupt appropriate behaviour).

3 = present to a moderate degree: the individual needs to be redirected from an agitated to an appropriate behaviour, but benefits from such cueing.

4 = present to an extreme degree: the individual is not able to engage in appropriate behaviour due to the interference of the agitated behaviour, even when external cueing or redirection is provided.

Subscale scores are calculated by adding ratings from the component items:

Disinhibition is the sum of items 1, 2, 3, 6, 7, 8, 9 and 10.

Aggression is the sum of items 3, 4, 5 and 14. (It is not an error that Item #3 is in both scores.)

Lability is the sum of items 11, 12 and 13.

DO NOT LEAVE BLANKS

Patient _____

Observation Environ. _____

Rater/Disc _____

Period of Observation From Date / / Time am/pm

To Date / / Time am/pm

Observations		Disinhibition Score	Aggression Score	Lability Score
1	Short attention span, easy distractibility, inability to concentrate.			
2	Impulsive, impatient, low tolerance for pain or frustration.			
3	Uncooperative, resistant to care, demanding.			
4	Violent and or threatening violence toward people or property.			
5	Explosive and/or unpredictable anger.			
6	Rocking, rubbing, moaning or other self-stimulating behaviour.			
7	Pulling at tubes, restraints, etc.			
8	Wandering from treatment areas.			
9	Restlessness, pacing, excessive movement.			
10	Repetitive behaviours, motor and/or verbal.			
11	Rapid, loud or excessive talking.			
12	Sudden changes of mood.			
13	Easily initiated or excessive crying and/or laughter.			
14	Self-abusiveness, physical and/or verbal.			
Sub Totals				
TOTAL				