

Appendix 10- The Challenging Behaviour Checklist

Challenging Behaviour Checklist

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Frequency

0	Never	Never shown this behaviour to my knowledge
1	Very rarely	Not occurred in the past 12 months
2	Rarely	Has occurred in the past 12 months
3	Occasionally	Has occurred in the past 3 months
4	Quite often	Has occurred 1 - 4 times in the past month
5	Frequently	Has occurred 4 times in the past month
6	Very frequently	Daily or more often in the past month

Management Difficulty

How difficult do you find this behaviour to manage?

0	No problem	I can usually manage this situation with no difficulty.
1	Slight problem	I can manage this situation quite easily although it does cause some difficulty.
2	Moderate problem	I find this situation quite difficult to manage, but I feel confident it can be managed.
3	Considerable problem	I find it very difficult to manage this situation on my own.
4	Extreme problem **	I simply cannot manage this situation without help.

** Use this rating (4) if it takes more than one person to manage the situation, whether or not there is a written policy involving more than one person.

Severity

0	No injury	Does not appear to cause pain or tissue damage to other person.
1	Minor injury	Has caused superficial scratching or reddening of the other person's skin (e.g. light slaps/hits, gentle pushes, hair pulling without force).
2	Moderate injury	Has caused moderate tissue damage to other person (e.g. bites/kicks/hits)
3	Serious injury	Has caused serious tissue damage (e.g. cuts, wounds, requires stitching).
4	Very serious injury	Has caused very serious tissue damage (e.g. broken bones, deep lacerations/wounds) or resulted in hospitalisation and/or certified absences from work for whatever reasons.

Checklist of Challenging Behaviours

This section is concerned with the problematic or challenging aspects of this person's behaviour. To give a balanced view there will be an opportunity at the end of the section to say something about his or her more positive characteristics.

NAME OF CLIENT:
NAME OF INFORMANT:
DATE:

SETTING:
HOW LONG KNOWN CLIENT:
OCCASION:

AGGRESSIVE BEHAVIOURS

ENTER APPROPRIATE NUMBERS

	F	MD	S
Pinching people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biting people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scratching people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hitting out at people? (i.e. punching or slapping)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grabbing, squeezing, pushing or pulling people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kicking people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Headbutting people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulling people's hair?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Choking or throttling people?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Key to rating scales

F = Frequency

MD = Management Difficulty

S = Severity

Aggressive behaviours

Enter Appropriate Numbers

	F	MD	S
Using objects as weapons against people (E.g. knife or other hand held object)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Throwing things at people?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tearing other people's clothes?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Making unwanted sexual contact?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Injuring self (E.g. head banging, eye Poking/gouging, biting or scratching self)?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does this person exhibit any other type of aggressive behaviour?

Yes 1 No 2

If yes, please describe:

Other challenging behaviours (Note: these behaviours are not rated for severity)

Enter Appropriate
Numbers

F

MD

Damaging clothes, furniture or other objects?

Smashing windows?

Slamming doors?

Shouting and swearing at people?

Making loud noises
(E.g. banging, screaming, screeching)?

Threatening to hurt others
(either verbally or non-verbally)?

Taking food or drink from others?

Eating inappropriate things
(E.g. rubbish, faeces, dangerous objects)?

Displaying ritualistic or repetitive behaviour
(E.g. closing/opening doors, rearranging furniture,
Hoarding rubbish etc.)?

Engaging in stereotyped behaviour
(E.g. body rocking, finger tapping, hand waving etc.)?

1. In your experience of this person, which of the behaviours you have described is the most difficult to cope with at present?

2. Does this behaviour fluctuate from month to month?

- Yes, usually more disturbing than this month 1
Yes, usually less disturbing than this month 2
No, behaviour fairly consistent 3

3. Can you say WHY this person behaves in this way?

4. Are there any particular events or situations which are likely to trigger this challenging behaviour?

- Yes 1 No 2 Don't know 3

If yes, please describe:

5. How often can you understand or explain this behaviour?

- Always 1 Often 2 Occasionally 3 Rarely 4 Never 5

6. What do YOU do when this behaviour happens?

7. Have you written guidelines for the management of this behaviour?

- Yes 1
No 2
Don't Know 3

Appendix 11- Agreement to Proceed from South Wales Ethics