



The British
Psychological Society



Division of
Clinical Psychology

Faculty for People with
Intellectual Disabilities

Outcome Measures for Challenging Behaviour Interventions

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Summary

A commitment was made by the Learning Disability Faculty of the British Psychological Society at its annual conference in April 2009 for the Faculty to develop a ‘menu’ of recommended measures for use by psychologists and the wider services that support adults with learning disabilities whose behaviour challenges services.

Project participants from ten services across England used one or more of a selection of outcome measures before and after carrying out interventions with adults who were referred into their team due to them displaying behaviour that challenged services.

Project participants also completed a ‘utility of measures’ questionnaire to provide a perception of how useful and valid each measure had been.

From the project data, four outcome measures are recommended for use for challenging behaviour interventions:

- The Behavior Problems Inventory-01 (Rojahn et al., 2001).
- The Challenging Behaviour Interview (Oliver et al., 2002).
- The Health of the Nation Outcome Scales – Learning Disability version (Roy et al., 2002).
- The Maslow Assessment of Needs Scales – Learning Disability (Skirrow & Perry, 2009).

Two of the measures – the Behavior Problems Inventory-01 and the Maslow Assessment of Needs Scales – are available to download from the Learning Disability Faculty website: http://dcp-ld.bps.org.uk/dcp-ld/ld_members_area/outcomes.cfm

A summary table of other outcome measures reported as being in use during the project was also collated from available data.

Introduction

The Learning Disability (LD) Faculty of the British Psychological Society recognises the importance of using outcome measures in routine clinical practice. There is, however, a lack of current guidance and agreement about which outcome measures should be used for interventions with people who are referred to services because their behaviour is considered to be ‘challenging’ (e.g. Townsend-White, Pham & Vassos (2011) highlight the lack of specific instruments that measure the quality of life of people with a learning disability who engage in behaviour that challenges services).

At the Learning Disability Faculty annual conference in April 2009 the Faculty membership requested that this issue be addressed because:

- Commissioners are becoming increasingly focused on the outcomes of clinical interventions as part of World Class Commissioning and other outcome-based approaches to health care.
- Challenging behaviour interventions are part of the ‘core business’ of many learning disability psychology services.
- There is a likelihood that the use of outcome measures will become a requirement for all services.
- There are a wide range of potential measures available, each with different aims and varied data on reliability and validity.

The Learning Disability Faculty therefore made a commitment to develop a ‘menu’ of recommended outcome measures for use by psychologists and the wider services that support adults with learning disabilities whose behaviour challenges services. The intention was to provide guidance on the use of clinical outcome measures that relate to the efficacy of a specific intervention rather than a wider set of outcome measures for an individual or service. This project therefore needs to be viewed as complimenting other strands of ‘outcomes’ development.

Since the 2009 conference, a number of additional influences have reinforced the need to develop guidance on clinical outcome measures. Notably, the investigation at Winterbourne View has highlighted the lack of clear outcome measures for people deemed to challenge services. The work of the National Development Team for Inclusion (www.ndti.org.uk) and Improving Health and Lives (www.ihal.org.uk) has also recommended the use of outcome measures.

Method

Measures

A list of outcome measures for challenging behaviour interventions currently in common use in services was generated during a workshop at the British Psychological Society's, Faculty of Learning Disabilities Annual Conference in 2009. (The Faculty has over 450 clinical psychology members, representing about five per cent of the profession who work with adults who have a learning disability, and provides support, guidance and leadership to psychologists who work in this field.) The list of measures was refined following further discussion, until a final list of measures to be included in the project was agreed (see Table 1).

The measures in Table 1 are not intended to provide a comprehensive list of all the measures available. They were chosen because they were reported to be in use already by some services, or appropriate for consideration for use, thus providing a framework on which the project could be built. It was anticipated that some of the other measures in use would be identified during the project, which would be catalogued in the final project report (see Appendix 4).

Table 1: Measures included in the project

Generic measures of mental well-being	<ul style="list-style-type: none">• Health of the Nation Outcome Scales – Learning Disability (HONOS-LD; Roy et al., 2002)
Measures of the frequency, intensity and impact of behaviours	<ul style="list-style-type: none">• Challenging Behaviour Interview (CBI; Oliver et al., 2002), or• Behaviour Problems Inventory (BPI-01; Rojahn et al., 2001)
Measures of quality of life	<ul style="list-style-type: none">• Life Experiences Checklist (LEC; Ager & Hatton, 1999), or• Manchester Short Assessment of Quality of Life (MANSA; Priebe et al., 1999a), or• The Maslow Assessment of Needs Scales – Learning Disabilities (MANS-LD; Skirrow & Perry, 2009), or• EuroQol (EQ-5D; Power, 2003)
Measures of adaptive behaviour	<ul style="list-style-type: none">• Adaptive Behaviour Assessment System – Second Edition (ABAS-II; Harrison & Oakland, 2003), or• Supports Intensity Scale (SIS; Thompson et al., 2004), or• Vineland Adaptive Behavior Scales, Second Edition (Vineland-II; Sparrow et al., 2005)

Data collection

Participating services were asked to provide information on their use of one or more of the outcome measures listed in Table 1. Data were collected on:

1. Scores from the measure when used before and after a challenging behaviour intervention. This data was collected through an ‘Outcomes Recording Sheet’ (see appendix 3).
2. Assessors’ perceptions of how useful and valid each measure had been. This data was collected through a ‘utility of measures’ questionnaire designed by the Faculty for Learning Disabilities Committee (see appendix 4).
3. If possible, services were asked to provide some additional data about the people on whom the measures had been used (e.g. gender, age, reason for referral etc.). This data was collected on the ‘Outcomes Recording Sheet’ (see appendix 3).

Participants

Initially, 30 services across the UK expressed an interest in collecting data for the project. A number of services dropped out, however, and only 10 services were eventually able to participate. Of these, eight provided data on both the ‘Outcomes Recording Sheet’ and ‘utility of measures’ questionnaire. The other two services were able to provide data on the ‘utility of measures’ questionnaire only.

Results

Project data received

The number of services contributing data to the project and the number of ‘outcomes’ and ‘utility’ sheets (see appendices 3 and 4) supplied by participating services is summarised below in Table 2.

Table 2: Amount of project data supplied

	BPI-01	CBI	HONOS-LD	MANS-LD	LEC
No. of services providing data*	3	5 (6)	6 (8)	1 (2)	3 (4)
No. of pre and post ‘outcomes’ sheets	21	16	54	5	27
No. of ‘utility’ sheets	4	17	20	4	7

* Figure in brackets is the total including services that provided ‘Utility’ sheets only (i.e. did not provide ‘Outcomes’ sheets).

‘Outcomes’ sheet analysis

Initial analysis focused on totalised scores for each measure pre and post intervention. The ‘Mann-Whitney U’ test was used to analyse the difference between these pre and post intervention scores, with the aim of determining whether the measures could identify a difference between the two groups (Note that this was not an analysis to determine whether an intervention resulted in changes in behaviour; the focus was on whether the measures could differentiate between pre and post intervention groups). Results are outlined below in Table 3.

Table 3: Difference between pre and post scores on each measure.

Measure	HONOS-LD	CBI	BPI-01	LEC	MANS-LD
Significance	$p = 0.0013$	$p = 0.3371$	$p = 0.0002$	$p = 0.0719$	$p = 0.0121$

‘Utility’ sheets results

‘Ease of use’ questions: The average scores (range = 1–10) from the ‘ease of use’ questions on the ‘utility’ sheets (see Appendix 4) are summarised below in Table 4. A higher score indicates a better rating.

‘Face validity’ questions: The average scores (range = 0–3) from the ‘face validity’ questions on the ‘utility’ sheets (see Appendix 4) are summarised in Table 5. A higher score indicates a better rating.

Table 4: Average scores from 'ease of use' questions on 'utility' sheets

'Ease of use' questions	HONOS-LD	CBI	BPI	LEC	MANS-LD
Length of time to administer	8.3	6.0	8.8	8.6	7.25
Acceptability to informants	7.5	6.8	6.8	7.1	6.25
Clinical usefulness as well as being an outcome measure	6.6	7.2	5.5	5.3	6.5
Clarity of instructions and ease of administration	7.7	7.3	9.0	8.3	6.75
Respectful language	7.7	8.4	4.8	7.9	8.75

Table 5: Average scores from 'face validity' questions on 'utility' sheets

'Face validity' questions	HONOS-LD	CBI	BPI	LEC	MANS-LD
Did the measure show any change of score between T1 and T2 or T3?	2.1	2.2	3	1.2	2
Was any change of scores consistent with your clinical opinion of change (including if there was no change)?	1.9	2.4	2.5	1.2	2

Discussion

This section outlines information on those measures included in the project for which multiple data were received. In each section there is a summary of information about the measure (e.g. what sort of measure it is, reliability and validity information, instructions), details of the measure's availability/cost, and a summary of the project results. The latter section reports on whether the project results are supportive of the measures being useful indicators of outcome for challenging behaviour interventions for both individual cases and service level reporting. A concluding statement on whether each measure is recommended for use is also provided.

A summary of the recommended outcome measures for challenging behaviour interventions from the Faculty for Learning Disabilities project is provided in Appendix 1. A summary of other potential outcome measures for challenging behaviour interventions that were highlighted during the project is provided in Appendix 2.

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Appendix 1a

Measure	Format	Availability
Behaviour Problems Inventory (BPI-01; Rojahn, 2001).	Informant questionnaire (see Appendix A2)	Cost - Free. Available on the Faculty for Learning Disabilities website: http://dcp-ld.bps.org.uk/dcp-ld/ld_members_area/outcomes.cfm
Challenging Behaviour Interview (CBI; Oliver et al., 2002).	Informant questionnaire (see Appendix A3)	Available from a published article: Oliver, C., McClintock, K., Hall, S., Smith, M., Dagnan, D. & Stenfert-Kroese, B. (2002). Assessing the severity of challenging behaviour: Psychometric properties of the challenging behaviour interview. <i>Journal of Applied Research in Intellectual Disabilities</i> 2003, 16, 53–61.
Health of the Nation Outcome Scales – Learning Disability (HONOS-LD; Roy et al., 2002)	Clinician rating scale (see Appendix A4)	Cost – £35.00. Available via BILD website: www.bildservices.org.uk/acatalog/Books_Health_and_well-being.html
The Maslow Assessment of Needs Scales – Learning Disabilities (MANS-LD); Skirrow & Perry (2009)	Service-user/informant questionnaire (see Appendix A5)	Cost - Free. Available on the Faculty for Learning Disabilities website: http://dcp-ld.bps.org.uk/dcp-ld/ld_members_area/outcomes.cfm

Appendix 1b

Behavior Problems Inventory (BPI-01)

Description: The BPI-01 is a 52-item respondent-based behaviour rating instrument for self-injurious, stereotypic, and aggressive/destructive behaviour. Items are rated on a frequency scale and a severity scale. Instructions for use are provided on the measure.

Rojahn et al. (2001) report the BPI-01 to be a reliable (retest reliability, internal consistency and between-interviewer-agreement) and valid (factor and criterion validity) instrument for assessing challenging behaviour in people with a learning disability. Further information is also provided in Rojahn et al. (2012).

Availability: The BPI-01 is available free to Faculty for Learning Disabilities members on the Faculty for Learning Disabilities website: http://dcp-ld.bps.org.uk/dcp-ld/ld_members_area/outcomes.cfm

Project results: The results from the ‘utility of measures’ sheets for the BPI-01 suggest it was perceived by project participants as being clear and easy to use, and relatively short to administer. It was seen as being able to detect change for nearly all the people on whom it was administered, and this change was thought to be consistent with clinical opinion. The key limit to the measure was highlighted as being its use of terminology that is outdated in the UK and may therefore be deemed disrespectful (i.e. ‘mental retardation’).

Following feedback from this project the BPI-01 author has provided an updated version of the measure with language consistent with current UK terminology. This updated version is now available on the Faculty for Learning Disabilities website.

There was a significant difference ($p = 0.0002$) between the totalised BPI-01 scores for the pre- and post-intervention groups. This suggests that the BPI-01 is able to differentiate between the two populations, and may therefore be useful for reporting outcomes at a service level as well as for individual clinical interventions.

Based on the results of this project, the BPI-01 is recommended for use as an outcome measure for challenging behaviour interventions in adult learning disability services.

Appendix 1c

Challenging Behaviour Interview (CBI)

Measure Information: The CBI is divided into two parts. Part I of the interview identifies the occurrence of different forms of challenging behaviour in the last month. Part II assesses the severity of the behaviours identified on 14 scales measuring the frequency and duration of episodes, effects on the person and others, and the management strategies used by carers. Instructions for use are provided on the measure.

The reliability and validity of the CBI are discussed in a paper by Oliver et al. (2003). Results were reported to show, in general, good reliability and validity.

Availability: Details of the CBI are outlined in a paper by Oliver et. al (2003). The authors report that an updated version of the CBI will be published in the near future.

Project results: The results from the 'utility of measures' sheets for the CBI suggest it was perceived by project participants as being clear and easy to use and useful as part of the wider clinical assessment of a person's challenging behaviour (e.g. it is helpful in collecting information on the frequency and impact of challenging behaviours). It was seen as being able to detect change for most people on whom it was administered, and this change was thought to be mostly consistent with clinical opinion. The key limit to the measure was highlighted as being its length to administer when a person is presenting with multiple challenging behaviours. The additional useful information gathered when using the CBI, which is over and above the 'outcome measure' element of it, differs from many of the other scales in the project. The feedback about the time taken to use the CBI is therefore complicated by this dual function of its administration.

There was no significant difference ($p=0.3371$) between the pre- and post intervention score groups on the CBI. This appears to be because the CBI allows for different numbers of behaviours to be included for each person who is assessed, and this variable element of the testing procedure has impacted on the results of the statistical analysis. One strategy for preventing this procedural issue affecting any analysis of service-level results would be for services not to use totalised scores to record pre- and post challenging behaviour intervention outcomes. Instead, use of pre-and post scores for a particular behaviour category or a set number of behaviour categories (e.g. the three perceived as of greatest priority) may provide a useful alternative approach. At the time of writing this report we have been unable to get an opinion from the test authors as to their preferred approach to this matter, or whether it will be addressed in the published version of the CBI, which they report is in progress.

Based on the results of this project, the CBI is recommended for use as an outcome measure for challenging behaviour interventions in adult learning disability services. There are, however, some additional considerations for services to consider, as discussed above.

Appendix 1d

Health of the Nation Outcome Scales – Learning Disability (HoNOS-LD)

Measure information: The HoNOS-LD is designed for use with people with a learning disability with mental health needs, irrespective of the degree of their disability. It is a rating scale (i.e. not a questionnaire/interview) completed by clinicians using information collected during their assessment. Instructions for use are provided with the HoNOS-LD when it is purchased.

The HoNOS-LD has been tested for inter-rater reliability, convergent reliability, validity to change, and acceptability in a national pilot study. Results were reported to demonstrate good inter-rater reliability and a level of sensitivity to change that was acceptable to clinicians working in the field (Roy et al., 2002).

Availability: At the time of writing the HoNOS-LD was available to purchase from the British Institute for Learning Disabilities (BILD) website at a cost of £35.00 (www.bildservices.org.uk/acatalog/Books_Health_and_well-being.html)

Project results: The results from the ‘utility of measures’ sheets for the HoNOS-LD suggest that it was perceived by project participants as being clear and easy to use, and relatively short to administer. This measure achieved the most consistently positive ratings across the ‘ease of use’ questions on the sheet. It was, however, rated slightly lower on the ‘face validity’ questions. This may be due to the fact that there are a number of questions on the HoNOS-LD that do not relate directly to factors likely to change as a result of a challenging behaviour intervention (e.g. ‘Memory and orientation’, ‘Seizures’, etc.), which can lead to relatively small changes in the totalised score. There were also a number of qualitative comments suggesting that the HoNOS-LD does not detect change in some areas of work where clinicians target their interventions, such as staff having a clearer risk management plan. Despite these comments, the HoNOS-LD was perceived as being able to detect change for most people on whom it was administered, and this change was thought to be generally consistent with clinical opinion.

There was a significant difference ($p = 0.0013$) between the totalised HoNOS-LD scores for the pre- and post-intervention groups. This suggests that the HoNOS-LD is able to differentiate between the two populations, and may therefore be useful for reporting outcomes at a service level as well as for individual clinical interventions.

It should be noted that the Payment by Results clustering tool that is currently being piloted across a number of learning disability services in England is based upon the HoNOS (with additional questions) rather than the HoNOS-LD. This may present dilemmas for services if the clustering tool becomes widely used, as it seems unlikely that many services will opt to use the HoNOS-LD as well as the ‘HoNOS’ clustering tool.

Based on the results of this project, the HoNOS-LD is recommended for use as an outcome measure for challenging behaviour interventions in adult learning disability services. There are, however, some additional considerations for services to consider, as discussed above.

Appendix 1e

The Maslow Assessment of Needs Scales – Learning Disabilities (MANS-LD)

Measure information: The MANS-LD is a 19-item questionnaire designed for use with a person with a learning disability. Response is via a five-point scale with symbols to help the person decide on their response. Questions are focussed on how happy the person is with the way some of their basic needs are being met. The MANS-LD is supplemented by an eight-item questionnaire adapted from the World Health Organisation Quality of Life Scale (WHOQOL-8; Power,2003), which also has a five-point scale to help the person decide on their response. The two measures can be used separately, as needed. Instructions for use of the MANS-LD and WHOQOL-8 are provided on the measure.

The MANS-LD was developed by Paul Skirrow and Ewan Perry (© 2009 Mersey Care NHS Trust). The authors describe the measure as having good face validity, applicability to a range of settings and consistency with national policy such as Valuing People and the Human Rights Act. The authors have piloted the scale to refine standardisation, but no validation or reliability studies have been completed.

Availability: The MANS-LD is available free to Faculty for Learning Disabilities members on the Faculty for Learning Disabilities website (http://dcp-ld.bps.org.uk/dcp-ld/ld_members_area/outcomes.cfm).

Project results: Issues in some of the services participating in the project meant that the amount of final data for the MANS-LD was limited. This should be considered when evaluating the project results.

The results from the ‘utility of measures’ sheets for the MANS-LD suggest it was perceived by project participants as reasonably short to administer. The fact that it is designed for use with people with a learning disability appears to have contributed to a general perception that it is very respectful in its design. There were some qualitative comments by project participants highlighting that some of the questions could be difficult for people with a learning disability to understand, which could contribute to the scale being lengthy to answer. This may indicate that further validation and standardisation would be helpful. On balance, however, the MANS-LD was perceived as a good measure for use with people with a learning disability who have the ability to answer the questions in the format provided. It was seen as being able to detect change for most people on whom it was administered, and this change was thought to be mostly consistent with clinical opinion.

There was a significant difference ($p = 0.0121$) between the totalised MANS-LD scores for the pre- and post-intervention groups. This suggests that the MANS-LD is able to differentiate between the two populations, and may therefore be useful for reporting outcomes at a service level as well as for individual clinical interventions.

Based on the results of this project, the MANS-LD is recommended for use as a self-report outcome measure that reflects the service user’s perception of their quality of life before and after a challenging behaviour intervention. There are, however, some additional considerations for services, as discussed above.

Following completion of this project, the authors of the MANS-LD have produced a manual and updated version of the measure. These are now available on the Faculty for Learning Disabilities website.

Appendix 2a

Measure	Format	Availability
Behaviour Problems Inventory – Short Form (BPI-S) Rojahn et al. (2012)	Informant questionnaire assessing the frequency and severity of self-injurious, aggressive/destructive and stereotyped behaviour of a person with a learning disability.	Cost - Free. Available on the Faculty for Learning Disabilities website (http://dcp-ld.bps.org.uk/dcp-ld/ld_members_area/outcomes.cfm)
Life Experiences Checklist (LEC) Ager (1998)	Informant/self-rating checklist assessing whether someone has had a number of defined life experiences (see Appendix 2b).	Out of print. Not recommended for use as an outcome measure for challenging behaviour interventions based on the Faculty for Learning Disabilities project.
Adaptive Behaviour Assessment System – Second Edition (ABAS-II) Harrison & Oakland (2003)	Informant interview and rating scales assessing adaptive behaviour.	Available to buy from psychcorp www.psychcorp.co.uk Current cost: From £199.50 + VAT.
Supports Intensity Scale (SIS) Thompson et al. (2004)	Informant interview and rating scales assessing support requirements in 57 life activities and 28 behavioural and medical areas.	Available to buy from www.siswebsite.org Current cost: From \$150 + shipping.
Vineland Adaptive Behavior Scales, Second Edition (Vineland-II) Sparrow et al. (2005)	Informant interview and rating scales assessing personal and social skills.	Available to buy from psychcorp www.psychcorp.co.uk Current cost: From £132 + VAT.

Appendix 2a (continued)

Measure	Format	Availability
Manchester Short Assessment of Quality of Life (MANSA) Priebe et al. (1999a)	Service-user questionnaire assessing the person's perception of their quality of life.	Available in a published article: Priebe, S., Huxley, P., Knight, S. & Evans, S. (1999b). Application and results of the Manchester Short Assessment of Quality of Life (MANSA). <i>International Journal of Social Psychiatry</i> , 45(1), 7–12.
EuroQoL (EQ-5D) Power (2003)	Service-user questionnaire for use as a measure of health outcome.	Available free (registration needed) via EuroQoL website: www.euroqol.org
Adaptive Behavior Scales – Residential and Community (ABS-RC2) Nihira, Leland & Lambert (1993)	Informant questionnaire assessing the performance skills and behaviour of a person with a learning disability.	Out of print.
Guernsey Community Participation and Leisure Assessment (GCPLA) Baker (2000)	Informant questionnaire measuring frequency with which the person with a learning disability accesses various activities or contacts.	Further details available in a published article: Baker, P.A. (2000). Measurement of community participation and use of leisure by service users with intellectual disabilities: the Guernsey Community Participation and Leisure Assessment (GCPLA). <i>Journal of Applied Research in Intellectual Disabilities</i> , 13(3), 169–185.
The Quality of Life Questionnaire (QoL-Q) Schallock & Keith (1993)	Informant/person with learning disability interview assessing the overall quality of life of the person with a learning disability.	Publication details unavailable at time of going to press.

Appendix 2b

Life Experiences Checklist (LEC)

Measure information: The LEC is a 50-item questionnaire designed to identify whether a person with a learning disability has or has not had one of a number of life experiences. It is designed for use either with an informant or directly with a person with a learning disability. Instructions for use are included in the measure.

Reliability and validity data for the LEC has been discussed in detail in a series of papers (Cummins, 1997 & 2001; Ager & Hatton, 1999).

Availability: The LEC is now out of print. Informal reports from Faculty members suggest a number of psychology departments still have some stocks of the LEC available.

Project results: The results from the 'utility of measures' sheets for the LEC suggest it was perceived by project participants as being clear and easy to use. It was not, however, seen as a useful part of a wider assessment. In addition, the LEC was scored relatively poorly on the 'face validity' questions, indicating that project participants did not perceive the measure as useful for detecting change following challenging behaviour interventions.

There was no significant difference ($p = 0.0719$) between the totalised LEC scores for the pre- and post-intervention groups. This suggests the LEC is not useful for reporting outcomes at a service level.

Appendix 3

Generic outcome				
		Assessment [Time 1]	Closure/review [Time 2]	Follow-up [Time 3]
HoNOS-LD	Total score			
Quality of life				
LEC	Home living			
	Leisure facility use			
	Relationships			
	Freedom to choose			
	Opportunities			
MANSA	Total score			
MANS-LD	Total score			
EQ-5D (EuroQol)	Descriptive system total score			
	VAS (health scale) score, if used			
Behaviour scores				
CBI (please continue on separate sheet if more than three behaviours reported)	Total score behaviour 1 (beh category code)			
	Total score behaviour 2 (beh category code)			
	Total score behaviour 3 (beh category code)			
BPI	Self-injurious behaviour scale total			
	Stereotyped behaviour scale total			
	Aggressive/destructive behaviour scale total			

Appendix 3 (continued)

Adaptive Behaviour				
		Assessment [Time 1]	Closure/review [Time 2]	Follow-up [Time 3]
ABAS-II	Conceptual composite			
	Social composite			
	Practical composite			
	General adaptive composite			
Vineland-II	Communication domain standard score			
	Daily living skills domain standard score			
	Socialisation domain standard score			
	Motor skills domain standard score			
	Adaptive behaviour composite standard score			
Supports intensity scale	Support needs scale total standard score			
	Protection and advocacy scale total raw score			
	Medical/behavioural needs totalled score			

Additional information

Referral reason/presenting problem:		
1. Physical aggression to others	4. Screaming/shouting	7. Pica
2. Self-injurious behaviour	5. Property damage	8. Other (please state):
3. Verbal aggression	6. Sexually risky/ inappropriate behaviour	_____

Appendix 3 (continued)

Gender:		
1. Male	2. Female	Age: _____ years

Ethnicity:							
White	A	Mixed	B	Asian	C	Black	D
British	A1	White/Black Caribbean	B1	Indian	C1	Black Caribbean	D1
Irish	A2	White/Black African	B2	Pakistani	C2	Black African	D2
Other White	A3	White/Asian	B3	Bangladeshi	C3	Other black	D3
		Other mixed	B4	Other Asian	C4		
Chinese/other ethnic group			E				
Chinese			E1				
Other ethnic group			E2				

Accommodation:	
1. Lives in own home (owned/rented)	2. Family home
3. Hospital	4. Group home
5. Other (please state): _____	

Level of learning disability:			
Mild	Moderate	Severe	Profound (DSM-IV/ICD-10)
Or...			
Level of learning disability:		Level of learning disability:	
Significant impairment		Severe impairment (BPS definition)	

IQ (if known): _____	Adaptive composite (if known): _____ (most recent)
Type(s) of intervention:	Main model(s) of intervention:
1. Direct with service user	1. Behavioural
2. Indirect with paid carers	2. CBT
3. Indirect with unpaid carers (family)	3. Psychodynamic
4. Consultation with carers	4. Systemic
5. Training / education with carers	5. CAT
6. Other (please state): _____	6. Other (please state): _____

MDT (circle other professionals involved):		
1. Nurse	4. Psychiatry	7. Behaviour specialist
2. Social worker	5. SALT	8. Dietetics
3. Occupational therapy	6. Physiotherapy	9. Other (please state): _____

Appendix 4

'Utility of Measures' evaluation sheet

Please complete one sheet for each different scale that you have administered.

Your name:	
Your service:	
Name of measure:	
How many times have you administer the measure (approximately)?	

1. Ease of use:

How practical did you find using this scale in your routine clinical practice? Please rate the measure on each dimension below on a 10-point scale (1= not practical; 10 = very practical).

Dimension	Rating (1 to 10)	Comments
Length of time to administer		
Acceptability to informants		
Clinical usefulness as well as being an outcome measure		
Clarity of instructions and ease of administration		
Respectful language		

2. Face validity

Did the measure show any change of score between T1 and T2 or T3?	For all clients (3)	For most (2)	For some (1)	For none (0)
Was any change of scores consistent with your clinical opinion of change (including if there was no change)?	For all clients (3)	For most (2)	For some (1)	For none (0)

Appendix 4 (continued)

3. How did your impression of the scale change as you used it more often?

4. What did you think was good about the measure?

5. What did you think was not good about the measure?

6. Any other comments?

Thank you for your help.

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