

Outcome Measure	Overt Behaviour Scale (OBS)
Sensitivity to Change	Yes
Population	Adult
Type of Measure	Clinician-rated scale and observation instrument
Domain	Behavioural Function
ICF-Code/s	b1
Description	The OBS (Kelly et al., 2006) is primarily a clinician rating scale, although it can also be used as an observational instrument. It was designed to measure common challenging behaviors, suitable for people with acquired brain impairment (ABI) living in the community. The OBS contains 9 categories, within 8 of which contain 3-6 hierarchical levels (making a total of 34 levels across the scale): (1) Verbal Aggression (4 levels), Aggression against objects (4 levels), Aggression against self (4 levels), Aggression against people (4 levels), Inappropriate sexual behavior (6 levels), Perseveration/repetition (3 levels), Wandering/absconding (3 levels), Inappropriate social behavior (5 levels). The final category, Lack of initiative, contains a single level. The hierarchical levels within the categories represent increasing severity. Scoring uses 3 indices: Cluster score, which refers to the number of categories where the behavior occurs (range 0-9). Total Levels score, which refers to the number of levels that are endorsed (range 0 – 34), and Total Clinical Weighted Severity score, which is a summation of severity scores assigned to each of the levels – severity scores vary among the categories and range from 1 to a maximum of 5. The Total Clinical Weighted Severity score ranges from 0 to 84).
Properties	See Tate (2010) All results are based on a reliability and validity study published by Kelly, Todd, Simpson, Kremer, and Martin (2006) in which 30 clients were recruited from a community TBI rehabilitation service in Sydney, Australia. <u>Inter-rater and Test-retest:</u> The sample was concurrently evaluated on the OBS by two raters and again 1 week later. Inter-rater reliability and stability coefficients for the OBS total score was strong (0.97 and 0.77, respectively). <u>Construct validity:</u> Convergent and divergent validity was shown by the differential pattern of correlations with other measures. Moderate-to-strong coefficients (range 0.37–0.66) were observed between the OBS and other measures that had behavioural content (i.e. Mayo-Portland Adaptability Inventory, Current Behaviour Scale, Neurobehavioural Rating Scale–Revised). Divergent validity was shown by the lack of correlation between the OBS and the sub-scales of these tools that do not measure

	challenging behavior – coefficients not reported. <u>Responsiveness:</u> A second sample (n=28) of people with ABI who were treated for challenging behaviors were administered the OBS before treatment and again after a 4 month interval. Responsiveness was demonstrated with a significant improvement in OBS scores after 4 months of treatment (Weighs: Time 1 Median = 11.0 vs Time 2 Median = 7.5; $z = -2.24$, $p = .025$)
Advantages	• Provides comprehensive understanding of nature, frequency and severity of challenging behavior • Quite good psychometric properties • Becoming increasingly widely used • Available free of charge • In terms of a <u>head-to-head comparison</u>, the obvious alternative is the Overt Aggression Scale – Modified for Neurorehabilitation, which is the parent scale of the OBS (and indeed 4/9 OBS items are directly from it): - the OBS is more comprehensive with 9 vs 4 areas - the OBS is quicker to administer, being retrospective rather than an observational and prospective tool – the latter, of course, is a strength of that instrument, particularly for rehabilitation interventions, in which case it may be the preferred instrument. It also considers antecedents and interventions which the OBS does not. So choice of instrument will depend on the nature of the study - the OBS probably lends itself better to a research project using multiple measures, where administration time counts • The other <u>head-to-head comparison</u> would be the Agitated Behaviour Scale, but that is more limited to the post-acute setting, whereas the OBS has applicability at both the inpatient and outpatient levels.
Disadvantages	• Only includes 1 item on deficiencies in behavior (initiation), and other instruments will provide a more comprehensive analysis of that component of behavior (e.g., Apathy Evaluation Scale; FrSBe apathy subscale) • This point is not so much a disadvantage, but the OBS is quite a complex scale with a range of indices, and the user needs to be prepared to spend time and practice on administration and scoring
Additional Information	
Reviewers	Robyn Tate

References

- Kelly, G., Todd, J., Simpson, G., Kremer, P., & Martin, C. (2006). The overt behaviour scale (OBS): A tool for measuring challenging behaviours following ABI in community settings. *Brain Injury*, 20(3), 307-319. doi: doi:10.1080/02699050500488074
- Tate, R. L. (2010). *A compendium of tests, scales, and questionnaires: The practitioner's guide to measuring outcomes after acquired brain impairment*: Psychology Press.