Overt Aggression Scale – JARGON BUSTER
Modified for Neurorehabilitation (OAS-MNR)
Alderman, Knight & Morgan, 1997

1. BEHAVIOURS

<table>
<thead>
<tr>
<th>Verbal aggression</th>
<th>Physical aggression against objects</th>
<th>Physical aggression against self</th>
<th>Physical aggression against other people</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>PO</td>
<td>PS</td>
<td>PP</td>
</tr>
</tbody>
</table>

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2. What happened before?

Set One
Contributing Factors (coded 1-3)

1. Structured activity – e.g. meal time, session
2. Noisy environment – was the TV loud, music, other patients talking?
3. Had epileptic fit in last 24 hrs

Set Two
Observed Directly before Behaviour (coded 11-25)

11. Asked to do something
12. Told how to do a task
13. Given feedback
14. Another patient was verbally aggressive/loud
15. They were told no when asking for something
16. Any other verbal interaction – talking/conversation/greeting
17. Physically helped to do a task e.g. getting dressed
18. Another patient was physically aggressive towards them
19. Another patient was physically aggressive towards another person
20. During restraint
21. Given item e.g. food/therapy materials
22. Inappropriate behaviour is ‘played down’
23. Obviously agitated or distressed
24. Nothing happened beforehand, behaviour ‘out of the blue’
25. Other (please specify)

3. What did you do after the behaviour?

A. Aggression ignored or “played down” completely
B. Talking to patient including prompts
C. Closer observation
D. Holding patient (physical restraint)
E. Immediate medication given by mouth
F. Immediate medication given by injection
G. Isolation without seclusion
H. Seclusion
I. Activity distraction
J. Injury requires immediate medical treatment for patient
K. Injury requires immediate medical treatment for other
L. Special programme
M. Physical distraction (leading the patient away)
N. Other (please specify)
ST ANDREW’S SEXUAL BEHAVIOUR ASSESSMENT SCALE – JARGON BUSTER (SASBA SCALE)

1. BEHAVIOURS

<table>
<thead>
<tr>
<th>Verbal Comments VC</th>
<th>Non Contact NC</th>
<th>Exposure E</th>
<th>Touching Others TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Masturbation = rubbing own genitals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b) Bedrooms and bathrooms are non public/non-shared environments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Attempts to touch which are only prevented by staff intervention, should be rated as if contact occurred.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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2. What happened before?

Set One: Contributing Factors (coded 1-3)
- Structured activity - e.g., meal time, session
- Noisy environment - was the TV loud, music, other patients talking?
- Had epileptic fit in last 24 hrs

Set Two: Observed Directly before Behaviour (coded 11-25)
- Asked to do something
- Told how to do a task
- Given feedback
- Another patient was verbally aggressive/loud
- They were told no when asking for something
- Any other unusual interaction - talking/conversation/greeting
- Physically helped to do a task - e.g., getting dressed
- Another patient was physically aggressive towards them
- Another patient was physically aggressive towards another person
- During restraint
- Given item - e.g., food/therapy materials
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