

THE BEHAVIOURAL STATUS INDEX: STUDIES IN AN ENGLISH SPECIAL HOSPITAL

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[summary of a paper delivered at the Fourth Annual Conference of the International Association of Forensic Mental Health Services (IAFHMS), Stockholm, Sweden, June 5-10, 2004]

SUMMARY: A key challenge for forensic practice is to convince clinical staff of the utility of rating tools. Current literature indicates that, whilst care may be individually planned for patients, delivery may be sporadic and intuitive rather than goal-directed. Risk assessments are often underdeveloped; lack relevant norms; and are not effectively formulated or validated. Researchers believe that regular use of psychometrically supported tools within routine clinical practice should improve this and help individual nurses (and other professionals) become more skilled reflective practitioners.

This project is aimed at assessing these issues in relation to the Behavioural Status Index (BEST-Index): whose six subscales (Social Risk; Insight; Communication and Social Skills; Work and Recreational Activities; Self and Family Care; Empathy) measure the core behavioural skills needed to be successful within society. The BEST-Index is unusual in that it does not collect a list of negative symptoms or diagnostic criteria, but examines a range of normal behaviours to assess how much, and where, a patient falls away from normal functioning. The BEST-Index has been substantially researched, including at Rampton Hospital, the setting of this study; and shows excellent test-retest reliability; good construct validity; and emerging predictive validity. It is also clinically accepted as a reliable and valid tool. The BEST-Index is currently the focus of a major collaborative study assessing the cross-cultural validity of the instrument as a predictor of social risk and as an individual patient profiling and treatment selection aide for dangerous offenders in Germany, Holland, the United Kingdom and Norway.

This study explores the clinical impact of the instrument in terms of its ability to inform members of the multidisciplinary team, especially the keyworker (or “named nurse”) and other members about patient social risk; treatment needs; and areas of good social functioning. The study also involves a representative convenience sample of multidisciplinary team members in semi-structured, one-to-one interviews with qualified nursing staff and small group sessions with unqualified nursing staff, the transcripts of which are the subject of thematic content analysis. The objective of this aspect of the study is to assess critical shifts in thinking about patient needs which may occur during, and as a result of, involvement in the intensive assessment regime involved.

Approved training in use of the BEST-Index is given to all named nurses on one ward, equipping them with the skills to complete the index. The training also gives an overview of normatively-based assessment and behavioural observation. The training is

additionally offered to all care staff, irrespective of discipline or qualification, in order to promote involvement of the full care team in the assessment process.

The study's main aims are to:

- compare trained staff members' ratings against perceptions of patients' progress by care team members who know the patient well, but are NOT completing the BEST-Index ratings, thus rechecking the validity of BEST-Index ratings and providing a comparative indicator of staff attitudinal changes without involvement with BEST-Index ratings;
- assess the impact of using the BEST-Index on record-keeping, using the Documentary Analytic Checklist (DAC) measuring against set standards of care in areas of assessment, care planning, implementation and evaluation;
- monitor any changes in key workers' attitudes towards patients and the patients' treatment needs;
- explore staff opinions and experiences of BEST-Index training and usage.