**Section 144.TABLE A Overview of Staff Intensity Scale of Maladaptive Behaviors**

a) Staff Intensity Scale

1) The Staff Intensity Scale (SIS) is designed to describe behavior problems which are displayed by children and adults who have developmental disabilities. The rating categories were not "borrowed" from instruments used to describe problems among other disability groups. Rather, the behavior modification practitioners who designed the SIS focused on the behavior problems of people with developmental disabilities who live in institutions or community settings.

2) The Staff Intensity Scale measures twenty-four major areas of problem behavior. These areas are denoted within the scale as capitalized and underlined section headings. The 24 behavior areas include the following:

A) Coercive Sexual Behavior

B) Offensive Bodily Exposure

C) Suicide Attempts and Threats

D) Pica

E) Verbal Abuse

F) Mania

G) Inappropriate Affect

H) Manipulative Behavior

I) Physical Assault

J) Property Theft

K) Substance Abuse

L) Extreme Irritability

M) Hyperactivity

N) Temper Tantrums

O) Wanders, Roams, Runs Away

P) Depression or Excessive Withdrawal

Q) Hallucination

R) Delusions

S) Fire Settings

T) Self-Injurious Actions

U) Handles/Plays with Bodily Waste

V) Property Destruction

W) Resists Supervision

X) Stereotypical Behavior

3) Proper use results in descriptions of three behavioral dimensions. First, the absence or presence of a behavior problem in each of the twenty-four major areas can be indicated. Second, the rater can describe the severity of the behavior, problem within a major area. For example, within the major area PHYSICAL AGGRESSION, light slaps directed at another can be differentiated from a range of aggressive behavior including life-threatening attacks. Third, the rating scale also yields a description of the frequency of a problem along a frequency continuum which is appropriate to the behavior. For example, since self-stimulatory behavior usually occurs at a much higher rate than coercive sexual behavior, the frequency continua for the two behavioral areas differ accordingly.

4) Beyond providing a basis for comparative information for clinical client evaluation at two or more points in time, the rating scale also allows comparison is an important aspect of the SIS. If the relative severity of individuals' behavior problems can be measured accurately, then allocation of staffing resources can occur in accord with problem severity.

b) Using the Instrument to Rate a Client

1) The rater should be a psychologist, program unit director, or behavior therapist responsible for the development, implementation and evaluation of the client's behavior programming. It is best to become thoroughly familiar with the instrument before rating a client. Read through each of the descriptions associated with the 24 behavioral areas, noting how the frequency continua change from area to area and how the behavioral descriptions span a range of problem severity within each area. Also note that the position of the behavioral areas of the rating scale follows no pattern. Position within the list was randomized to decrease changes that rating within an area would be affected by rating in adjacent areas.

2) After examining the whole list of behaviors thoroughly, go back to the first area and begin rating the client's behavior in that area and in each subsequent area in turn. A rating is expressed by marking an "x" on one of the lines under the frequency column ("once or more per minute, hour, day, etc.") and next to the behavioral definition in the area which best describes the most staff consuming behavior problem displayed by the client within the behavioral area. If the client does not receive structured data based behavioral programming in an area, do not mark any of the lines for that area. Similarly, if a client no longer displays maladaptive behavior at the minimal frequency associated with the behavioral area do not mark any of the lines for that area. If you are currently working with a client who displays a behavioral problem at a frequency higher than that associated with the relevant area of the scale, mark the most frequent occurrence listed.

3) Observing the following rules will eliminate errors in rating interpretation:

A) For each of the 24 major behavior problem areas, all lines should be left blank if the client does not receive a program in the area or the problem occurs at a frequency lower than the lowest frequency category associated with the area.

B) For each of the 24 major behavior areas a single line should be marked with an "x" if the client has a behavior problem in the area and receives a structured behavior management program.

C) The line marked with an "x" should indicate the current frequency of the problem behavior which consumes most staff time within the behavior problem area.

D) None of the 24 major behavior problem areas should be marked with more than one "x".