Name: Consumer ID:

Does the consumer currently have a Behavior Treatment Plan? Yes No

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| --- | --- |
| 1. **Setting: The place in which the intervention took place.** | **2. Why the intervention was needed. Issue-Target Behavior: More than one choice is accepted.** |
| Program/Day Program/Vocational | Imminent harm to self |
| Group Home/Licensed Home/Correctional Setting/Nursing Home/Institution | Imminent harm to others |
| Private Residence/Semi-Independent Placement (SIP)(Unlicensed) | These may include property destruction elopement, or other behaviors that ultimately result in harm to self or others. |
| Community-(Other community activity) |  |

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| **3. Positive interventions used immediately prior to and during the intervention: Please mark the name of the intervention as it is used in your agency. More than one may be chosen.** | |
| Coached use of skill | Set realistic expectations |
| Offered Choices | Clarified expectations |
| Verbal re-direction/discussion | Taught alternative behavior |
| Used active listening | Reinforces alternative behavior |
| Did not attend to the behavior | Problem solved with consumer |
| Removed demand | Changed scenery or environment |
| Established helpful routines | Other - Specify **(Must Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Celebrated successes |  |

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| --- | --- |
| **4. Restrictive or Intrusive Interventions used: Include all that apply** | |
| Response Cost - removal of positive reinforcer previously earned | Phone restrictions |
| Restitution-restore the environment to as good or better condition | ☐ Search and Seizure |
| Removal of Personal Property | Meal Disruption |
| Restricting Access to Personal Property | Other: (Must Specify) |
| Direct Line of Sight Supervision – Arm’s length, one on one or two on one supervision | ☐ CPI Principles Identify specific principle used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Medication for Behavioral Control – PRN -The use of medication for the purpose of decreasing a specific inappropriate behavior. This does not include the use of medication for the reduction of psychiatric symptoms such as, anxiety, hallucinations or inappropriate affect. | Non-Exclusionary Time Out (Time out in a room with others-ex. sitting on the couch while others are around doing activity) |

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| **5. Physical Interventions** | **6. Length of Time of Each Physical Intervention** | |
| ☐ CPI Team Transport |  | ☐≤5 minutes ☐6-10 minutes ☐11-15 minutes |
| ☐ CPI Team Control Position |  | ☐≤5 minutes ☐6-10 minutes ☐11-15 minutes |

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| **7. The behaviors that resulted in termination of the interventions.** |
| ☐Consumer regained control of own behavior |
| ☐Maximum time for intervention was reached, not to exceed 15 minutes |
| ☐Other-Specify |

**Instructions for documenting the 911 calls, restrictive, intrusive, and emergency physical interventions**

The unusual incident reporting form is to be completed for all restrictive and intrusive interventions, emergency physical interventions, and calls made to the police. Each area should be completed as instructed. An additional sheet is attached with a key and check boxes that will need to be completed for all incidents that require restrictive and intrusive interventions and emergency physical interventions.

**Explain what happened /Describe injury if any**

Identify why intervention was used. *Ultimately resulting in harm to self or harm to others if not addressed.*

*Identify specific type of intervention used.*

*Phone call to police (indicate staff, resident or other)*

*Restrictive or Intrusive Intervention-Identify specific name (see key)*

*Emergency Physical Intervention-Identify approved method and length of time for* ***each*** *intervention used.*

Fax sheet with the Incident Report Form.