

Behavior Treatment Data Collection



Name:

Consumer ID:

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

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.
<input type="checkbox"/> Program/Day Program/Vocational	<input type="checkbox"/> Imminent harm to self
<input type="checkbox"/> Group Home/Licensed Home/Correctional Setting/Nursing Home/Institution	<input type="checkbox"/> Imminent harm to others
<input type="checkbox"/> 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.
<input type="checkbox"/> Community-(Other community activity)	

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.		
<input checked="" type="checkbox"/> Coached use of skill	<input type="checkbox"/> Removed demand	<input type="checkbox"/> Taught alternative behavior
<input type="checkbox"/> Offered Choices	<input type="checkbox"/> Established helpful routines	<input type="checkbox"/> Reinforces alternative behavior
<input type="checkbox"/> Verbal re-direction/discussion	<input type="checkbox"/> Celebrated successes	<input type="checkbox"/> Problem solved with consumer
<input type="checkbox"/> Used active listening	<input type="checkbox"/> Set realistic expectations	<input type="checkbox"/> Changed scenery or environment
<input type="checkbox"/> Did not attend to the behavior	<input type="checkbox"/> Clarified expectations	<input type="checkbox"/> Other - Specify (Must Specify)

4. Restrictive or Intrusive Interventions used: Include all that apply	
<input type="checkbox"/> Response Cost - removal of positive reinforcer previously earned	<input type="checkbox"/> Phone restrictions
<input type="checkbox"/> Restitution-restore the environment to as good or better condition	<input type="checkbox"/> Search and Seizure
<input type="checkbox"/> Removal of Personal Property	<input type="checkbox"/> Meal Disruption
<input type="checkbox"/> Restricting Access to Personal Property	<input type="checkbox"/> Other: (Must Specify) _____
<input type="checkbox"/> Direct Line of Sight Supervision – Arm's length, one on one or two on one supervision	<input type="checkbox"/> CPI Principles Identify specific principle used _____
<input type="checkbox"/> 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.	<input type="checkbox"/> Non-Exclusionary Time Out (Time out in a room with others-ex. sitting on the couch while others are around doing activity)

5. Physical Interventions	6. Length of Time of Each Physical Intervention
<input type="checkbox"/> CPI Adult Seated (Low, Medium, High)- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> CPI Adult Standing (Low, Medium, High)- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> CPI Children Seated (Low, Medium, High)- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> CPI Children Standing (Low, Medium, High)- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> QBS Stability Hold (1 Person, 2 Person)- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> QBS 2 Person Transport (Forward, Reverse)- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> QBS Floor Drop Transition, Floor Seated Stability Hold- CIRCLE ONE	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes
<input type="checkbox"/> Other: _____	<input type="checkbox"/> ≤5 minutes <input type="checkbox"/> 6-10 minutes <input type="checkbox"/> 11-15 minutes

7. The behaviors that resulted in termination of the interventions.
<input type="checkbox"/> Consumer regained control of own behavior
<input type="checkbox"/> Maximum time for intervention was reached, not to exceed 15 minutes
<input type="checkbox"/> 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.