

Behavior Assessment Review



Admission & Quarterly or if behaviors intensify or change.

- History of aggressive behaviors? (To staff, family, and/or other residents)
- History of wandering into other resident's rooms or restricted areas
- History of elopement prior to admission? Explain _____

- History of self-injurious behavior Explain: _____
- Does the resident display behaviors which may be annoying to others? _____
- Did the behavior have an impact on others or the resident? No _____ Yes _____ Explain: _____

- Has history of abusive behaviors: Residents Staff Family Other: _____
- Displays current behaviors Explain: _____
- Is the resident *unable* to make needs and wants known?
- Is there a history of personal advances to others?

REVIEW BEHAVIORS FOR ROOT CAUSE ANALYSIS: (IDT REVIEW)

- Medication side-effects
- Pain _____
- Delirium _____
- Infection _____
- Insomnia/sleep deprived _____
- Uncontrollable Laughing (Inappropriate) _____
- Uncontrollable Crying (Inappropriate) _____
- Uncontrollable outbursts _____
- Hunger/thirst needs _____
- Acute psychotic illness _____
- Substance withdrawal _____
- Environmental stressors (heat, noise etc.) _____
- Psychological stressors _____
- Social stressors _____
- Neurological diagnosis _____
- Urinary frequency _____
- Constipation _____
- Physical activity _____
- Depression _____
- Social isolation _____
- Sleep deprivation _____
- Other: _____

IDT SIGNATURES OF DATA COLLECTION: _____ **DATE:** _____

ANALYSIS OR SUMMARY

SIGNATURE: _____ **DATE:** _____
RESIDENT _____ **PHYSICIAN** _____ **MED REC #** _____



Evaluation of Behaviors
(To be used at the Behavior Meeting)

____ **1.** What problem is caused by the resident's behavior(s)?

____ **2.** What category is the behavior(s)?

- a) Physical aggression toward others
- b) Verbal aggression toward others
- c) Destruction of property
- d) Provocative/Disruptive/Offensive
- e) Self-Injurious
- f) Elopement/wandering

____ **3.** For each behavior in a category, what does the behavior **look like**, and be as specific as you can:

- a) **Who** does the behavior involve? _____
- i. Describe any physical/emotional characteristics of that resident or residents interacting in that setting.

b) **Where** specifically does the behavior occur?

- i. Does the behavior move to another location? _____

c) **What time(s)** of the day does the behavior occur? _____

d) **How frequently** does the behavior occur? _____

e) How many **minutes/hours** does the behavior last? _____

f) How often is the behavior **repeated**? _____

g) What would someone observing this behavior **see** during an episode?

- i. Describe in detail.

h) What would someone observing this behavior **hear** during an episode?

- i. Describe the sounds in enough detail so that they could be reproduced.

i) For those behaviors involving physical aggression or self-injurious behaviors, describe the behavior so that it could be re-enacted.

- i. What part of the body is targeted and what objects or act causes the injury?

j) For those behaviors involving property damage, describe both the property and the damage.

___ 4. What is the need that the resident is trying to fulfill?
(Escape; avoidance; stimulation; pain attention; gaining materials bathroom issues,
hungry)

___ 5. What emotions seem connected to the behavior(s)?

Signs and Signals

___ 1. **Warning Signs (how do these relate specifically to the resident?):**

Does the resident:

- a) Change the tone of his/her voice or content of language? Ex: yelling, screaming, mumbling, sarcasm, swearing, threatening/derogatory remarks, negative self-statements ("I hate myself"; "I'm no good"; "I can't do anything right", etc.)
- b) Begin repeated questioning of others?
- c) Change facial expressions? Ex: reddening of the face, grimacing, squinting, staring, glaring, etc.
- d) Change body language, gestures or personal space?
- e) Change activity level or level of engagement with others? Ex: pacing, fidgeting, invading personal space, clinging, isolating
- f) Begin to refuse tasks, directives, activities, or directions that have been given?

___ 2. Describe if the resident is over-stimulated or under-stimulated. Include any potential cause of over or under-stimulation.

Summary of changes to be made to the care plan:

IDT Signatures: _____

Date: _____