



Admission & Quarterly or if behaviors intensify or change.

History of wandering into other resident's rooms or restricted areas 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? NoYesExplain: Displays current behaviors Explain: Displays Current behaviors Properties and wants known? 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	☐ History of aggressive behaviors? (To staff, fan	nily, and/or other residents)	
☐ 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? NoYesExplain:	☐ History of wandering into other resident's rooms	s or restricted areas	
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□ Did the behavior have an impact on others or the resident? No			
Has history of abusive behaviors: Residents Staff Family Other: Displays current behaviors Explain: Is there a history of personal advances to others? REVIEW BEHAVIORS FOR ROOT CAUSE ANALYSIS: (IDT REVIEW) Medication side-effects Pain Infection			
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Evaluation of Behaviors (To be used at the Behavior Meeting)

2 W	hat category is the behavior(s)?
	Physical aggression toward others
	Verbal aggression toward others
	Destruction of property
	Provocative/Disruptive/Offensive
	Self-Injurious
	Elopement/wandering
1)	Elopomoni, wandering
	r each behavior in a category, what does the behavior look like, and be as
	ecific 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?
	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
	behavior so that it could be re-enacted.
	i. What part of the body is targeted and what objects or act causes the injury?

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 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, invadir 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 over or under-stimulation. Summary of changes to be made to the care plan:	ıg
IDT Signatures:	
Date:	