



**BUILDING
A
BETTER
BEHAVIOR
PLAN**

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DISCLAIMER

Information or education provided by the HCQU is not intended to replace medical advice from the individual's personal care physician, existing facility policy, or federal, state, and local regulations/codes within the agency jurisdiction. The information provided is not all inclusive of the topic presented.

INTRODUCTION

Supporting an individual with intellectual and developmental disabilities (I/DD) and behavioral issues can be challenging. The goal of this manual is to keep the team focused on the individual throughout all phases and techniques of behavior planning. Maintaining a person centered approach most often results in success for both the team and individual in managing challenging behavior; thus, promoting safety and overall well being. Utilizing multiple philosophies of behavior management, including Positive Approaches and Positive Behavioral Support, this manual offers step by step directions and guidance to build a better behavior plan.

WHAT IS A BEHAVIOR PLAN?

A behavior plan is a written document designed to help teams and individuals with I/DD manage challenging behaviors.

A good behavior plan:

- will help keep teams focused on effective interventions and supports
- will maintain consistency in how teams respond to a person's needs
- is not restrictive or punitive
- is intended to help a person enjoy an everyday life
- will give a person's team tools and knowledge to use in a variety of situations
- uses language that is easy to understand (no jargon)
- will involve ideas, thoughts and suggestions from the individual whenever possible.

While this guidebook is intended to be helpful in the creation of behavior plans, the process itself can be a daunting one. If you do not feel confident in your ability to create a plan, it is a good idea to seek the help of others who may have more experience and/or education. Working with them can help you to hone your skills and give you a wealth of experience that will prove invaluable in the future.



COSTS INVOLVED

A behavior plan is not a form that one can simply fill out – a good plan is built around the information gathered (i.e. the person’s needs). Information that is obtained about an individual guides the building of the plan.

A good behavior plan cannot be written overnight, nor can it be implemented instantly. There is typically a good deal of time and effort put into the creation of a plan. There may be missteps along the way, but teams must be willing to learn from those missteps in order to provide the best plan (and care) possible for a person. So what does it take to create a behavior plan that supports a person and his/her team effectively?

- Information about the individual must be gathered from many environments and from many people.
- Staff people who directly support the individual must take time to learn the plan and follow it.
- The plan needs to be maintained and modified as the need arises and the person’s needs change.
- Data must be collected and analyzed; this requires some knowledge of math and documentation.

Nothing worthwhile is easy and that is especially true of a good behavior plan. If done well, the plan can greatly enrich the individual’s life for years to come. If done poorly, the negative impacts of the plan will have far reaching effects; the person’s behaviors may worsen, staff may become frustrated and disillusioned, and the person may experience more hospitalizations and even face the possibility of being discharged from an agency.

LIMITATIONS



A behavior plan is a tool for teams to use when working with an individual who has challenging behaviors. However, there are things which a behavior plan can and cannot do, as with any tool.

A PERSON CENTERED BEHAVIOR PLAN	
CAN'T...	CAN...
...change a person	...help a person learn to manage challenging behaviors
...give instructions on what to do for a person in all situations	...help and encourage teams to think creatively and respond to a person's needs as they arise
...force team members to work together	...encourage team members to work towards common goals
...cure an individual of mental illness	...help an individual find ways to deal with an illness
...right the wrong in a person's past	...guide teams in building a present and future with the person that he or she can truly enjoy

The effectiveness of a behavior plan relies on the quality of the information used to create it. A lack of information about the individual's history, experiences, observations from staff/caregivers/family, preferences and/or strengths will result in a less helpful plan.

The person writing the behavior plan must have a sense of objectivity as well. This means examining information without making judgments (good or bad) about the person or those who work with the person. This can sometimes be hard to do, especially within a provider situation. Be aware of your own mindset, influences and biases as much as possible. If you cannot put those out of the way, look into the possibility of having someone else write the plan.



Step 1 – Determine the Purpose of the Behavior Plan

- **Who is requesting that the plan be created?**
 - * Is it the person him or herself, the person's staff/agency, family members or others who are involved with the individual?
 - * Try to think about the person who is asking you for help in meeting their needs. Challenging behavior is the result of an unmet need or want; in this sense the person who is exhibiting them is asking others for help.
- **What are the challenging behaviors that are to be addressed?**
 - * A behavior plan should not be created if there are no behaviors that challenge others and the individual. Document which behaviors are presenting a challenge to help define the focus of the plan.
- **How can we clearly and accurately describe the challenging behaviors?**
 - * This requires good observations and reports from those who work with or take care of the person.
 - * Depending on the ability of the person, self monitoring to establish the behavior needing changed can be useful.
 - * The behaviors must be described individually. For instance, hitting, biting, and scratching are all forms of aggression, but creating a plan to address "aggression" is not helpful. Instead, the plan needs to describe and address each individual form of aggression.
 - * Challenging behaviors should be defined in easy to understand and observable terms.
- For example: "Ann goes crazy every time the fire alarm goes off" is not clear and observable. However, "Ann makes vocalizations at a level above conversation level, hits her head with her right fist and bites her left hand hard enough to leave a mark when the fire alarms ring at her day program" is clear and describes behaviors that can easily be observed by others.

Step 2 – Gather Information



The gathering of information is an important part of developing a behavior plan. Identification of the triggers that elicit the behavior that is challenging is key in developing prevention approaches. Attention is also needed in the identification of any stimuli that decreases the challenging behavior and decreases the likelihood of it occurring.

- **Consider the person’s perspective by asking:**

- * What are the person’s wants, needs, feelings, goals?
- * If the person is non-verbal, what does their behavior say about their wants, needs, feelings and goals?
- * What keeps them from achieving these goals?
- * Does the person (or do others) have any unrealistic expectations?
- * What are his abilities and strengths?

- **Get information from others**

- * What do people who know the person best say about their wants, needs, feelings and goals?
- * How do they know that the person wants these things?
- * What do they see as keeping the person from achieving their goals or meeting their needs? (instructional barriers, funding barriers, individual barriers, communication barriers).
- * What do others see as the person’s strengths and abilities?

- **Observation**

- * How does the person behave:
 - ⇒ At home?
 - ⇒ At work / school?
 - ⇒ In the community?
- * Observation means recording what you see and hear happening with the person and their environment.
- * Staff, family and others who are with the person can record and report their own observations as well. However, an observer must refrain from making judgments or ‘diagnosing’ the person and her behaviors during observations.

- **History**

- * How long have these challenging behaviors been occurring?
- * What were the circumstances surrounding these behaviors?
- * Have the challenging behaviors happened during particular time periods? Do they seem to come and go? Are they fairly consistent?
- * What interventions have been tried in the past? Were they successful, partially successful or not effective?



Step 3 – Explore Health Issues

There are times when a person's health contributes to challenging behaviors. If an illness is the source of the behaviors, then the illness or condition should be treated before creating a behavior plan. Oftentimes, treating the illness eliminates the person's need to use challenging behaviors. It is vital that a person has a complete physical, psychological, and neurological assessment to uncover any potentially undiagnosed and untreated conditions.

Some areas to consider include:

- **Physical Health**
 - * Does the person have any medical/physical conditions or illnesses?
- **Mental Health**
 - * Does the person have any mental health conditions that are not diagnosed, not being treated or that may be worsening?
- **Neurological Issues**
 - * Does the person have a history of seizures or stroke? Does the person have any neurological conditions?
- **Trauma**
 - * Is there a history or evidence of any physical, emotional/psychological or sexual abuse in the person's past? Has the person experienced any sort of traumatic event?
- **Medications & Side Effects**
 - * What medications does the person currently take? What are they for and what are the possible side effects of them?

Step 4 – Issues of Self-efficacy and Self-Determination

Many people with I/DD struggle to have a sense of self-control and self-direction over their lives. This struggle may be a source of challenging behaviors. An individual who is unable to make decisions, have choices or does not feel a sense of empowerment about life may experience frustration, anxiety, sadness and anger. It is important when creating a behavior plan to take note of how much ability a person has to make choices and decisions in their daily life.

Some questions to consider include:

- How much ability does the person have to make real choices in their life?
- How much power and control does the person have over big and/or small life decisions?
- How much belief does the individual have in the ability to make changes?
- How much belief does the person have that they can affect, impact and/or change their environment?

Giving thought to these questions will guide the interventions included in the behavior plan by helping them to be more person-centered. Giving a person the power to make choices, however large or small, can have a significant impact on their life – and on challenging behaviors. The incorporation of choice and decision-making in a behavior plan also helps caregivers, other professionals, and family members to be aware of ways that they can help the person to make choices. The incorporation of self-monitoring can additional aid in the development of self-determination.





Step 5 – Environment

Many times, a person's environment does not meet his or her needs. While it makes sense to think about this in theory, it is sometimes easy to miss how the environment may actually impact an individual. Take note of how a person's behavior may change from one environment to another; for example, a person may act calm at home, but will bite and smack himself at day program. In this case, the environment may not be well-suited to the person. However, if a person's behavior does not change much from one environment to the next, then it is likely that the environment is not a major factor in the person's challenging behaviors.

Some questions to consider:

- **Does the environment hold a person back from meeting their wants, needs and goals?**
- **Does the environment seem to cause the person any kind of physical, mental, or emotional pain or discomfort?**
 - * Examples – too much noise, uncomfortable furniture, room is too hot or too cold, bright lighting and colors, environment reminds person of past trauma
- **Who are the other people in the environment and how do they influence the person's behaviors, if at all?**
 - * Examples – others tease or belittle the person, others do not pay the person any attention, others are cold or hostile to the person
- **What are the wants, needs and goals of others in the person's environment?**
 - * Examples – others feel unable to complete tasks due to person's behaviors, others see person as loud or intrusive, others are afraid of person
- **How do others in the environment go about satisfying their needs and how does that impact the person?**
- **Are the person's wants and needs at odds with the wants and needs of others in the environment?**

Step 6 – Organizing Information

It is one thing to get all of the information about a person when beginning to create a behavior plan; it is quite another to organize it all. This guide can serve as a tool for gathering and organizing needed information, but it is not the only one to use. There are a variety of assessment and evaluation tools available for professionals to utilize in gathering and organizing information.

Three of the more well-known tools include:

- **Functional Behavioral Assessment (FBA):** a process intended to examine behaviors in order to determine their functions or meanings. It is conducted by a person with specific training on FBA. This process involves people who know the person directly and know them best.
- **Supports Intensity Scale (SIS):** a tool designed to assess the level and type of support that someone with I/DD would gain the most benefit from; done in an interview form with the person and/or the person's staff/caregivers/family
- **Adult Basic Skills Assessment (ABS):** tool used to identify a person's academic needs and abilities (i.e. math and reading skills); can guide supports in helping the person improve these skills.
- **Independent Monitoring for Quality (IM4Q):** are interviews that are conducted at the request of ODP. If a person has had an interview, it can be helpful in gathering information that might be helpful in the development of behavior planning.

Some who write behavior plans have found it helpful to organize the information in the same manner as Individual Support Plans. This can be a benefit in that it presents all plans and information in a consistent manner. Whether or not to organize information in a manner similar to an ISP is at the discretion of those creating the behavior plan.

Of course, any tool will have benefits and limitations. It is not a matter of finding the perfect tool, but using experience, respectful guesses, and being open to multiple considerations and viewpoints to build a better behavior plan.





Step 7 – Making Respectful Guesses

Once information has been gathered and organized, the next step is to make respectful guesses about the person's needs. A respectful guess is a statement that tells others why a challenging behavior is occurring. As is sometimes the case, there may be more than one reason why a person engages in a challenging behavior. All reasons must be considered when making a respectful guess.

Another thing to consider is that the process of making respectful guesses is continuous. New information may surface that necessitates changing the statement, or creating a new one entirely. Remember that interventions used to support the person will be based on the guesses made in the plan. These statements help to guide the interventions that are selected for an individual because they are created to address unmet wants and needs –the sources of challenging behaviors. These needs and wants can and do change over time, and so should respectful guesses.

To construct a respectful guess statement, be sure to include:

- **An example of the challenging behavior**
- **Conditions in which the behavior is frequently seen**
- **What the person may be communicating to others via the behavior**

EXAMPLES OF RESPECTFUL GUESS STATEMENTS:

- ◇ *Jane hits her head when she is tired and sick in order to communicate that she is not feeling well.*
- ◇ *Bob slaps himself when told to do something in order to communicate that he wants to make his own decisions.*
- ◇ *Sherry rips the phone from her peers' hands when they are talking to their families in order to communicate her anger, frustration and sadness.*



Step 8 – Interventions to Help the Person Meet His/Her Needs

Respectful guesses can be used as starting points for discovering ways to support the individual and developing interventions. Once a team has an idea of what a behavior means, they can work to address the need that the person is communicating through that behavior.

INTERVENTIONS HAVE TWO PARTS:

1. The person's responsibilities in dealing with behaviors

- * Examples: taking anger management classes, working to improve communication skills (i.e. learning sign language, using a communication board), taking part in some form of individual and/or group therapy

2. Staff's/family's/caregivers' responsibilities in supporting the person

- * Examples: providing encouragement and rewards for positive behavior, helping the individual to practice skills being taught, prompting the person to use newly learned skills in certain situations (i.e. using deep breathing to relax when a peer does something that is aggravating to the person).

In addition to therapeutic interventions (those described above), a behavior plan may also have step-by-step directions for those working with the person to follow when challenging behaviors escalate. These steps are included to ensure both the person's safety and the safety of others in the person's immediate environment.

Families, staff and other professionals should understand how best to be supportive of the person. This may mean:

- training on the plan itself
- practicing techniques in the plan for proficiency
- information on who to contact with questions or for further guidance
- education on methods of tracking any behavioral changes

Remember that the person also should be educated about his or her behavior plan, as he or she is a vital member of the treatment team.

Step 9 – Tracking and Analyzing Behavioral Changes



TRACKING CHANGE

Tracking change can help teams in directing and guiding changes to the behavior plan that will best help the individual. As with assessing and organizing information, there are tools available to document behavior changes over time.

Some of these tools include:

- **Antecedent-Behavior-Consequence Chart (ABC Chart):** allows team members to document what happens before and after a behavior as well as when it occurred, in which setting it happened, and how long it lasted; though traditionally used to chart negative behaviors, consider tracking positive interactions and behaviors with the ABC chart as well.
- **Behavioral Occurrence Chart:** allows team members to track the person's positive behaviors (i.e. progress); target behaviors are addressed in positive terms, such as 'keeping hands to self' instead of 'not hitting others'; team members track how long the person can engage in the positive behavior and use the information to continue to encourage the person.
- **Mood Chart:** allows team members to track a person's moods; may be helpful in determining patterns of mood and their impacts on behavior; can also aid in monitoring the impact of interventions.

ANALYZING CHANGE

An important step for the team is to analyze the information to see if interventions are effective. Factors to consider include the intensity of the behavior, how long the behavior lasts and elimination of behavior in specific settings (i.e. the behavior no longer occurs at home but continues at day program). These are important indicators of progress and could be missed if one were only counting frequency of occurrence. The basic idea of data analysis is to understand what the information that has been gathered is communicating. This analysis should guide the team in making any needed changes and adjustments to the behavior plan. Remember to include the person in this discussion as well; it can be helpful to the person to see how the plan is working and to suggest changes that can strengthen supports. Also, take the time to celebrate successes of the person and the staff. Even small successes can be huge for a team and person who have been struggling with challenging behaviors.



Step 10 – Fading

The last step in creating a behavior plan is to think about how the team will phase out the formal plan and monitoring that comes with it. Also, the team must consider how to best maintain the supports that have made the plan successful.

Questions to consider:

- How will we know when we have achieved our goals?
- How will we know that's it's time to discontinue?
- How will we handle the transition from a behavior plan?
- How can we ensure that effective supports remain in place?

Keep in mind that even if a team decides to fade from the behavior plan, the possibility remains of reinstating or modifying the plan. The person's needs have to be the priority in behavior planning; if it is clear that the plan must continue, then the team should maintain it. If the plan is clearly not needed anymore, then it is time for the team to move on from the plan.

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APPENDIX

SAMPLE PERSON CENTERED BEHAVIOR PLAN

Jane Doe
123 American Street
Hometown, PA 12345

PURPOSE:

This is a plan that will focus on assisting staff with supporting Jane.

FOCUS:

For Jane to decrease hitting staff with her open hand.

INFORMATION:

From the person: Jane will say she is “angry” when she hits. When asked what she is angry about, she is able to say she is “angry with staff.” Jane says that she wishes that staff would do what she tells them to do. When asked for an example of staff not doing what she wants them to do, she states “They don’t take me to the mall”. When asked how she feels when staff don’t do what she wants them to she says she feels “angry”.

From others: Direct support staff state that most issues with Jane center around requests of hers that cannot be carried through. They give an example of Jane asking to go to the mall when it is already closed or when there are not enough staff to take her there. They report that sometimes there are other issues that result in Jane exhibiting challenging behavior. Sometimes Jane will follow staff throughout the house requesting almost constant conversation with them. They report Jane has not shown these challenging behaviors with a particular staff person (Nancy). They report that they have never seen Jane exhibit challenging behavior while on outings in the community.

From observation: Jane was observed on several occasions in her day program and group home. She did not exhibit the challenging behavior that is the focus of this plan. There was an incident at her group home in which she raised her voice (above conversation level) to a direct support staff and said, “You never let me doing anything!” Upon talking with staff it was discovered that Jane was supposed to ride along in the van to pick up another individual from an outing; however the plans changed and that individual no longer needed to be picked up.

From History: Jane’s ISP indicates that she has a history of this focused challenging behavior. Her mother reports that Jane has engaged in this behavior from the time that she lived at home. If her mother punished her by preventing her from going on outings, Jane would ‘slap’ her younger sibling.

Health Issues: Jane has a diagnosis of hyperthyroidism and takes Synthroid. She has a diagnosis of Major Depressive Disorder. She currently sees a psychiatrist and takes medication to treat her depressive disorder.

SELF –ADVOCACY AND SELF DETERMINATION

Jane relies upon staff for transportation to and from the day program 5 days a week. She also relies upon staff to take her into the community. Her ISP states that she is able to cross streets and navigate traffic with assistance. She does not work for payment though her day program but states that she would like to make money. When asked if she thinks that she could start working for a paycheck, her response is that she is unsure and doesn't know what she would do.

Environment: Jane's challenging behavior seems to happen most often at her group home, although there have been occurrences at her day program.

Type of environmental situation: Jane lives in a group home. Due to staffing, it is not possible for Jane to be taken everywhere she would like to go at the times that she would like. It is not possible for staff to engage in near constant conversation or give her constant attention.

RESPECTFUL GUESSES

Jane hits staff with her open hand when she is angry and frustrated. This seems to be based on her need to have control over being able to go places.

INTERVENTIONS

Steps to helping Jane meet her needs:

Begin communication plan for Jane working with her to articulate her frustrations, wants and needs. Explore words with her to help in expanding her vocabulary.

Jane will receive anger management therapy to learn techniques to reduce angry outbursts.

Jane will work with staff to increase her knowledge and understanding of when places are open and closed.

Jane and staff will work together to increase her ability to make choices of where and when she would like to go to various places.

Increase Jane's ability to go places when she would like to do so. Jane will learn how to take public transportation to and from the mall.

STEPS FOR STAFF TO HELP JANE TO MEET HER NEEDS

When Jane expresses her wants and wishes, stop what you are doing and listen to her. Restate in your own words what she has said and ask if you understand her correctly. Respond back to her questions and/or concerns in a natural, honest and concerned manner. Keep in mind that what she is talking about with you is important to her.

If you do not have time to talk with Jane and can not stop what you are doing, explain this to Jane. However, let her know you are concerned and will make time to hear her out when you are finished with the task at hand. You may also give her a later time that you will be able to talk with her.

Jane will work with her therapist to identify her anger triggers. She is working with her therapist to understand and reduce her anger as well as to walk away from a situation when it becomes too difficult for her to handle. Staff will re-enforce this by encouraging her to utilize the techniques she learns in therapy. Encourage Jane to walk away from a situation if she is becoming upset. Encourage her to utilize her deep breathing. Listen to her if she speaks to you about her anger. Encourage her to utilize her journal.

Help Jane to learn places are open and closed. Print off website information with phone number regarding the mall hours. Help her to learn that the mall is not open at all hours.

Help Jane to plan outings. Put these outings on a calendar and review with her when they will be happening. Outings should only be placed on the calendar when it is certain that staff will be able to follow through on them. Some form of outing in the community should be planned weekly, even if it's only walking to the corner market.

A transportation goal will be implemented to help Jane learn how to take public transportation.

INFORMATION RECORDED

An ABC chart will be kept in Jane's book noting if/when she hits staff with her open hand. Staff will write down what happened just prior to Jane hitting and what happened after she hit. Information on how Jane does with her communication, therapy, and transportation goals will also be kept with the recorded goals.

FADE

When Jane is no longer hitting staff, the formal plan will be discontinued. However, the goals and interventions may stay in place for utilization on an informal basis.

PERSON CENTERED BEHAVIOR PLAN CHECKLIST

Use this form to check if the plan being reviewed or written contains key features of a person-centered plan. Not every single one of these questions must be answered “yes”; but if an answer is “no”, it may be a good idea to review the question and to see if you can uncover and use more information in the plan.

PURPOSE & MAKE-UP OF THE PLAN

- Is the purpose of the plan identified?
- Is this plan individualized or does it seem like a copy of another plan?
- Is the focus of the plan defined using clear terminology?
- Is the targeted challenging behavior defined in clear and observable terms?
- Does the plan reflect multiple needs or types of needs?

INFORMATION FROM/ABOUT THE INDIVIDUAL

- Was input from the person considered in the gathering of information?
- Is there information about the person’s wants, needs, feelings, or goals?
- Are the situations surrounding the person’s challenging behavior unique?
- Were any personal barriers or unrealistic expectations identified?
- What are the person’s abilities, including his/her ability to communicate?

INFORMATION FROM OTHERS ABOUT THE INDIVIDUAL

- Are observations and information from others included in the plan?
- Is input from others regarding what they believe are the person’s wants, needs, feeling and goals included?
- What do others feel are the person’s personal barriers and expectations?

INFORMATION GATHERING

- Was information gathered from observation?
- Was any information gathered from the person’s history?
- Is there information about how long the challenging behaviors have been occurring?
- Is there information about past circumstances in which behaviors occurred?
- Is there any information about interventions tried in the past and how successful they were?

CLINICAL ISSUES

- Were any health issues identified? Do these need to be explored?
- Were any mental health issues identified? Do these need to be explored?
- Were any neurological issues identified? Do these need to be explored?
- Were any trauma issues identified? Do these need to be explored?
- Are there any medication issues including side effects identified? Do these need to be explored?

SELF-DETERMINATION

- Have issues surround self-efficacy and self-determination been explored?
- Have issues regarding power and control been explored?
- Have the person’s personal beliefs about him or herself been explored?
- Has the person’s belief in his or her ability to make changes both for him/herself and the environment been explored?

SAMPLE BEHAVIORAL OCCURRENCE CHART

NAME: JANE DOE

DATE: 1/11/2012

TARGET BEHAVIOR: USES AN ANGER THERAPY TECHNIQUE

Please tally the number of times that the target behavior occurs next to the hour increments. At the end of each hour, count the total tally of behaviors and list the number in the final column.

TIME	TALLY OF BEHAVIORS	TOTAL
12:00 a.m. – 1:00 a.m.		
1:00 a.m. – 2:00 a.m.		
2:00 a.m. – 3:00 a.m.		
3:00 a.m. – 4:00 a.m.		
4:00 a.m. – 5:00 a.m.		
5:00 a.m. – 6:00 a.m.		
6:00 a.m. – 7:00 a.m.		
7:00 a.m. – 8:00 a.m.	IIII	4
8:00 a.m. – 9:00 a.m.	II	2
9:00 a.m. – 10:00 a.m.		
10:00 a.m. – 11:00 a.m.		
11:00 a.m. – 12:00 p.m.		
12:00 p.m. – 1:00 p.m.		
1:00 p.m. – 2:00 p.m.		
2:00 p.m. – 3:00 p.m.		
3:00 p.m. – 4:00 p.m.	I	1
4:00 p.m. – 5:00 p.m.	III	3
5:00 p.m. – 6:00 p.m.	IIIII I	6
6:00 p.m. – 7:00 p.m.	III	3
7:00 p.m. – 8:00 p.m.	IIIII II	7
8:00 p.m. – 9:00 p.m.	II	2
9:00 p.m. – 10:00 p.m.		
10:00 p.m. – 11:00 p.m.		
11:00 p.m. – 12:00 a.m.		

SAMPLE MOOD CHART

PLACE A CHECK MARK IN THE APPROPRIATE BOX THAT BEST DESCRIBES THE PERSON'S MOOD FOR EACH DATE.

Name: Jane Doe Month: September Year: 2011

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Elevated Severe							X	X	X	X																					
Elevated Moderate						X	X				X																				
Elevated Mild			X	X	X							X																			
Normal	X	X											X	X	X	X	X												X	X	
Depressed Mild																		X											X		
Depressed Moderate																			X	X	X					X	X				
Depressed Severe																								X	X	X	X				

SAMPLE ABC FORM

A-B-C / Duration / Intensity Chart

Person's Name: Jane Doe Site: 123 American Street, Hometown, PA 12345

Shift / Observer: Kate Smith

Date	Time	Location	Antecedent What was happening before the behavior occurred?	Behavior	Consequence What happened after?	Duration How long did the behavior last?	Intensity
1/23/11	12:33pm	Dining Room	Jane was making a sandwich for lunch. She was choosing to make a Peanut Butter and Jelly sandwich. She is on a calorie restricted diet and this item is not low calorie. I reminded her that this was the case. She did not acknowledge what I said, so I repeated myself asking her if she heard me to be certain she did so.	Jane yelled "Angry" and showed me her hand, shaking it in front of me.	I walked away from Jane, out of the kitchen and into the living room in order to not escalate the situation. In about 10 minutes Jane left the kitchen. Later in the evening I asked Jane if we could talk about what happened, letting her know that I was sorry to see her upset. She seemed calm so we talked about some of her anger management techniques that she might use the next time (walking away, deep breathing, journaling).	Seconds	Jane was able to stop herself from hitting staff.

NOTES: _____



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