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**Location**
1. Therapy Session
2. Residence – activity room
3. Residence - other
4. Community Activity
5. Vocational Services
6. Other

**Behavior(s)**
1. Threats
2. Abusive Language
3. Elopement or attempts to elope
4. Self-Injury
5. Property Destruction
6. Physical Aggression
7. Other: __________________
8. Other: __________________

**Replacement Behavior**
0. Self excused independently to self or avoid problems
1. Responded quickly to staff prompts
2. Self-excused after episode to De-escalate
3. Failed to self-excuse well after Episode
4. Actively resisted prompts to Excuse self

**Outcome** (5 min. after intervention)
1. Increase
2. Decrease
3. No Change

**Response to Feedback**
1. No need for corrective feedback; praised (positive reinforcement)
2. Immediate response with minimal prompts
3. Responsive to multiple prompts
4. Failed to respond to mult. prompts
5. Actively resisted staff feedback

**Antecedent**
0. Unknown
1. Not observed
2. Peer interaction
3. Difficult task or demand
4. Staff feedback or correction
5. Staff denial of client request
6. Predisposition (e.g., fatigue, Hunger, seizure)

**Intensity of Episode**
1. Mild
2. Moderate
3. Severe

**Consequence**
0. Positive reinforcement
1. Prompt use of replacement beh.
2. Corrective feedback
3. Ignore
4. Successful escape from demand
5. Obtain desired activity or item
6. Redirection
7. Other (specify in narratives)

**Physical Crisis Technique Use**
0. None
1. Partitioning
2. Response block - interruption
3. Emergency Manual restraints

**Assessed Risk Level - (to be completed by the team of staff on duty at the time of a behavioral event or scheduled level review time)**
1. Serious difficulties present during past two hours. “out of cottage” activities may be discouraged. Monitor closely for safety.
2. Recent problems (i.e., within the past 4 hours). May be discouraged from “out of cottage” activities based on team review.
3. No minor issues within past 24 hours. May participate in “out of cottage” activities with supervision.
4. No problems or obvious signs of impending problems in last 24 hours. Should be encouraged to access the community and other out “out of cottage activities with amount of supervision or independence as determined by the team.

Comments:  __________________________________________________________________________________________

__________________________________________________________________________________________________________________________

**Participant Name:** ___________________________ **Date that current form was initiated:** ________________
What does it all mean?

Rationale: This form, while appearing complicated, will give us a lot more information regarding behavioral episodes, which should lead to better treatment decisions. Given that staff don’t have to write episodes in narrative form, it should become very quick and simple to complete this form, once you get the hang of it.

Instructions: Staff should fill out this form any time a target behavior occurs. Additionally, the “use of self-management” section should be completed at any time staff observe the resident successfully managing a situation that would ordinarily cause behavioral upset. This will allow us to track their progress in skill acquisition. Staff should match the most appropriate response (number) in each category on a “best fit” basis with the category options listed in corresponding boxes below. There will be times when nothing seems to be a perfect match, but do the best you can.

Term Definitions:
Date: Write the date that the behavior occurred
Start time: When did the episode begin
Location: Where were they when the episode occurred?
Antecedent: What was going on before the behavior(s) occurred that might have caused or prompted the behavior(s)?
Behavior: Record all the behaviors that occurred in the order that they occurred (when possible)
Intensity of Episode: Based on your understanding of this individual, how intense was their upset?
Use of Self-Management: At what level did the individual attempt to remain in control with support that was provided?
Consequence: How did staff or others respond to the behavior?
Outcome: 5 minutes after the staff intervention, what was the affect on the individual’s behavior? Did it help or make things worse?
Response to feedback: How well did the individual respond to support from staff to remain in control?
Other clients: Write the initials of the other client(s) that were involved in the behavioral episode (if this interaction was the cause of the upset)
End time: The time where the behavioral episode ended.
Crisis Plan Use: What level of intervention was used to protect the resident and others from harm?
Risk Level: This is a rating that is made by the team of staff members working directly with a resident – immediately following the incident or at the regularly scheduled risk review meeting. It is intended as a way to communicate to others the seriousness of an incident and to evaluate environmental or access levels that should be used to decrease risk in the immediate future. It should also serve as a prompt to increase an individual’s access to the community at times when they are not having behavior problems for extended periods.
Staff Initial: Initials of the staff that was most involved in the situation. This would be the best person for the behavior analyst to talk to about the event should there be any questions.

Individual Target Behavior Definitions (Record the following behaviors if they meet the following operational definitions):
Threats – verbal or physical comments that are perceived as defensive or attempts to intimidate others
Abusive language – comments that are derogatory or offensive.
Elopement or attempts to elope – leaving the facility during an upset without permission or supervision from staff.
Self-Injury – Hitting or biting self in such a manner that physical harm was or could have been caused if not interrupted.
Property destruction – throwing or breaking items.
Physical aggression – hitting, kicking, biting or other actions toward others that could cause harm (contact required to count as aggression).
If the person merely gestures without contact, it should be scored as a threat. Attempts to hit or cause harm that are “dodged” or interrupted by staff that would have resulted in possible injury would be scored as aggression.