



ABCs of Challenging Behaviors: Probes for the ‘ABC Process’

1	What is the behavior? <ul style="list-style-type: none"><input type="checkbox"/> “Take a minute and describe what CR does.”<input type="checkbox"/> Listen for irrational thoughts, misunderstandings about AD (dementia), unrealistic expectations of the CR	<u>Notes</u>
2	Why is this behavior a problem? <ul style="list-style-type: none"><input type="checkbox"/> People react differently to behaviors. What about this behavior really gets to you?<input type="checkbox"/> What bothers you?<input type="checkbox"/> Why does this get on your nerves?<input type="checkbox"/> Can you list the reason(s)?<input type="checkbox"/> What effect does this behavior have on you?<input type="checkbox"/> How does it make you feel?	<u>Notes</u>
3	How would you like this behavior to change? <ul style="list-style-type: none"><input type="checkbox"/> When would you consider the problem “solved”?<input type="checkbox"/> What would make it seem to you that it was better? (“tolerable”)<input type="checkbox"/> What would make you feel better about this problem?	<u>Notes</u>
4	Why do you think this behavior happens? <ul style="list-style-type: none"><input type="checkbox"/> Do you see any causes or triggers?	<u>Notes</u>
5	When does the behavior happen? <ul style="list-style-type: none"><input type="checkbox"/> Time of day?<input type="checkbox"/> Days of the week?<input type="checkbox"/> When does the behavior begin?<input type="checkbox"/> Can you recognize any cycles or patterns?<input type="checkbox"/> What happened right before the problem behavior occurs?<input type="checkbox"/> Does behavior happen constantly?<input type="checkbox"/> How often does the behavior happen?	<u>Notes</u>

6	<p>Where does the behavior happen?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is there a unique place in the house? <input type="checkbox"/> Does it only happen in certain places? <input type="checkbox"/> Are there places where it does not happen? <input type="checkbox"/> Have you changed the surroundings of your family member? If yes, did it get worse or better when this happened? 	<u>Notes</u>
7	<p>Who is around when the behavior occurred?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do other people help care for your family member? <input type="checkbox"/> Do you care for other people? children? <input type="checkbox"/> Is the behavior influenced by other family members/friends? <input type="checkbox"/> How do other people react to your family member's problem behavior? <input type="checkbox"/> Any special sleeping arrangements? 	<u>Notes</u>
8	<p>What have you tried?</p> <ul style="list-style-type: none"> <input type="checkbox"/> What do you do when she/he does this? <input type="checkbox"/> Have you tried anything that hasn't worked? <input type="checkbox"/> Have you tried anything that seems to help? <ul style="list-style-type: none"> <input type="checkbox"/> How often have you tried doing that? 	<u>Notes</u>
9	<p>Additional information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has your doctor been told of this behavior? <input type="checkbox"/> If yes, what has your doctor recommended? <input type="checkbox"/> Does care recipient have hearing problems? <input type="checkbox"/> Does care recipient have vision problems? 	<u>Notes</u>



Behavioral Prescription Template

Specific Behavior:

Overall Goal of this Prescription:

Please remember that dealing with challenging behaviors can be stressful. The brief relaxation strategies will help you deal with stress when dealing with this problem. In particular, we recommend using the signal breath technique immediately before you use the strategies suggested in this behavioral prescription.

Strategies for preventing a challenging behavior from occurring:

Strategies for guiding how you respond during or after a behavior occurs:

General Information:

You are a dedicated caregiver and you are doing a great job. We understand that this can be very upsetting to you and are committed to helping you with this challenge. We believe these strategies will help and look forward to working with you in the coming weeks. Please contact your Interventionist _____ if you have any questions or concerns.

