Behavior Log

- Please record any behaviors noted throughout the day/night
- Please record any interventions that were tried, including medications
- Bring this log with you to your next visit

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of behavior</th>
<th>Intervention</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. 12/10/19</td>
<td>Ex: restless</td>
<td>Ex: took a short walk outside</td>
<td>Ex: calmed down</td>
</tr>
</tbody>
</table>
### ABCs of Challenging Behaviors: Probes for the ‘ABC Process’

<table>
<thead>
<tr>
<th></th>
<th>What is the behavior?</th>
<th></th>
<th>Why is this behavior a problem?</th>
<th></th>
<th>How would you like this behavior to change?</th>
<th></th>
<th>Why do you think this behavior happens?</th>
<th></th>
<th>When does the behavior happen?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>“Take a minute and describe what CR does.”&lt;br&gt;Listen for irrational thoughts, misunderstandings about AD (dementia), unrealistic expectations of the CR</td>
<td>Notes</td>
<td>People react differently to behaviors. What about this behavior really gets to you?&lt;br&gt;What bothers you?&lt;br&gt;Why does this get on your nerves?&lt;br&gt;Can you list the reason(s)?&lt;br&gt;What effect does this behavior have on you?&lt;br&gt;How does it make you feel?</td>
<td>Notes</td>
<td>When would you consider the problem “solved”?&lt;br&gt;What would make it seem to you that it was better? (“tolerable”)&lt;br&gt;What would make you feel better about this problem?</td>
<td>Notes</td>
<td>Do you see any causes or triggers?</td>
<td>Notes</td>
<td>Time of day?&lt;br&gt;Days of the week?&lt;br&gt;When does the behavior begin?&lt;br&gt;Can you recognize any cycles or patterns?&lt;br&gt;What happened right before the problem behavior occurs?&lt;br&gt;Does behavior happen constantly?&lt;br&gt;How often does the behavior happen?</td>
<td>Notes</td>
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</table>
| **6** | **Where does the behavior happen?**  
- Is there a unique place in the house?  
- Does it only happen in certain places?  
- Are there places where it does not happen?  
- Have you changed the surroundings of your family member? If yes, did it get worse or better when this happened? | **Notes** |
| **7** | **Who is around when the behavior occurred?**  
- Do other people help care for your family member?  
- Do you care for other people? children?  
- Is the behavior influenced by other family members/friends?  
- How do other people react to your family member’s problem behavior?  
- Any special sleeping arrangements? | **Notes** |
| **8** | **What have you tried?**  
- What do you do when she/he does this?  
- Have you tried anything that hasn’t worked?  
- Have you tried anything that seems to help?  
- How often have you tried doing that? | **Notes** |
| **9** | **Additional information**  
- Has your doctor been told of this behavior?  
- If yes, what has your doctor recommended?  
- Does care recipient have hearing problems?  
- Does care recipient have vision problems? | **Notes** |
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.