

Division: ☒ General Psychiatry ☐ Addiction Services☒ Behavioral and/or ☐ MedicalObservation Type:   C/O   Frequency: ☐ 15 ☐ 30 ☐ 1 hour Rationale:   POS/POO  

| TARGET POSITIVE BEHAVIOR (TPB)  | INTERVENTIONS (I)                                     | BEHAVIORS OF CONCERN (BOC) CODES   |
|---|---|--|
| T-0 No Target Behaviors Observed                                      | I-0 No Interventions Offered                          | B 0 No Behavior of Concern during the time period observed   |
| T 1 Asking for help or support  | I 1 ADLs, Meals, Fresh Air                            | B 1 Requesting unapproved items  |
| T 2 Expressing feelings to staff                                      | I 2 Actively engage in social interaction with peers  | B 2 Signs of Agitation: Posturing, inappropriate boundaries, e.g. – arms out and bumping into others purposely, blank stare without meaningful contact, impatient, breathing hard, asking the same question repeatedly, frequent use of the bathroom, asking about staffing patterns, crying |
| T 3 Utilizing the comfort room/listening to music soothing activities | I 3 Set clear expectations                            | B 3 Excessive use of phone   |
| T 4 Effective (nonaggressive & direct communication)                  | I 4 Communicate things positively “do this”           | B 4 Self-Harm Behaviors: misuse of approved objects, obtaining unapproved objects for the purpose of self-harm, swallowing items, inserting items into anus or vagina, re-opening a wound.   |
| T 5 Follow staff direction  | I 5 Encourage use of coping skills                    | B 5 Aggression Against Others: threats to harm others, swearing hitting, scratching, spitting, throwing items.   |
| T 6 Off/On unit based activity/engagement (specify)                   | I 6 Increase structure/remind her of options/schedule | B 6 Social Isolation/Withdrawal: staying in bed, refusing shower, groups blunted affect, not responding to directions.   |
| T 7 Physical Activity (YOGA, Walking, Gym)                            | I 7 Individual/Group Therapy                          | B 7 Other :  |
| T 8 Other   | I 8 Practice Relaxation Skills                        |  |
| T 9   | I 9 Milieu Activities                                 |  |
| BIS Team Date: _____  | I 10 Monitored Items:                                 |  |
| Staff Signature/Title:  | Bra (B), Socks (So), Shoes (Sh),                      |  |
| Yvette Bertrand, LPC  | Glasses(g), Blanket (BL), Books (Bk),                 |  |
| Tracey Sondik, PsyD   | Chalk (Ck), Sheet (Sh), Crayon(Cy),                   |  |
|   | Marker (Mk)   |  |

| FIRST Shift – DATE: _____  |       |   |   |   |          | 1 <sup>st</sup> Shift Total - TPB: _____ BOC: _____ |       |   |   |   |          |
|----------------------------|-------|---|---|---|----------|---|-------|---|---|---|----------|
| 1 <sup>st</sup> Shift Time | Codes |   |   | Patient behavior, description of intervention, patient response | Initials | Time  | Codes |   |   | Patient behavior, description of intervention, patient response | Initials |
|                            | T     | I | B |   |          |   | T     | I | B |   |          |
| 7:15AM                     |       |   |   |   |          | 11:30   |       |   |   |   |          |
| 30                         |       |   |   |   |          | 45  |       |   |   |   |          |
| 45                         |       |   |   |   |          | 12:00 PM  |       |   |   |   |          |
| 8:00                       |       |   |   |   |          | 15  |       |   |   |   |          |
| 15                         |       |   |   |   |          | 30  |       |   |   |   |          |
| 30                         |       |   |   |   |          | 45  |       |   |   |   |          |
| 45                         |       |   |   |   |          | 1:00  |       |   |   |   |          |
| 9:00                       |       |   |   |   |          | 15  |       |   |   |   |          |
| 15                         |       |   |   |   |          | 30  |       |   |   |   |          |
| 30                         |       |   |   |   |          | 45  |       |   |   |   |          |
| 45                         |       |   |   |   |          | 2:00  |       |   |   |   |          |
| 10:00                      |       |   |   |   |          | 15  |       |   |   |   |          |
| 15                         |       |   |   |   |          | 30  |       |   |   |   |          |
| 30                         |       |   |   |   |          | 45  |       |   |   |   |          |
| 45                         |       |   |   |   |          | 3:00  |       |   |   |   |          |
| 11:00                      |       |   |   |   |          | 15  |       |   |   |   |          |
| 15                         |       |   |   |   |          |   |       |   |   |   |          |

Name: \_\_\_\_\_ MPI#: \_\_\_\_\_

| SECOND Shift – DATE: _____    |                 |   |   |  |                 | 2 <sup>nd</sup> Shift Total - TPB: _____ BOC: _____ |                 |   |   |  |                 |
|-------------------------------|-----------------|---|---|--|-----------------|---|-----------------|---|---|--|-----------------|
| 2 <sup>nd</sup> Shift<br>Time | Codes           |   |   | Patient behavior, description of<br>intervention, patient response | Initials        | Time  | Codes           |   |   | Patient behavior, description of<br>intervention, patient response | Initials        |
|                               | T               | I | B |  |                 |   | T               | I | B |  |                 |
| 3:30 PM                       |                 |   |   |  |                 | 7:30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 4:00                          |                 |   |   |  |                 | 8:00 PM   |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| 30                            |                 |   |   |  |                 | 30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 5:00                          |                 |   |   |  |                 | 9:00  |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| 30                            |                 |   |   |  |                 | 30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 6:00                          |                 |   |   |  |                 | 10:00   |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| 30                            |                 |   |   |  |                 | 30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 7:00                          |                 |   |   |  |                 | 11:00   |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| THIRD Shift – DATE: _____     |                 |   |   |  |                 | 3rd Shift Total - TPB: _____ BOC: _____             |                 |   |   |  |                 |
| 3rd Shift<br>Time             | Codes           |   |   | Patient behavior, description of<br>intervention, patient response | Initials        | Time  | Codes           |   |   | Patient behavior, description of<br>intervention, patient response | Initials        |
|                               | T               | I | B |  |                 |   | T               | I | B |  |                 |
| 11:30 PM                      |                 |   |   |  |                 | 3:30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 12:00 AM                      |                 |   |   |  |                 | 4:00 AM   |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| 30                            |                 |   |   |  |                 | 30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 1:00                          |                 |   |   |  |                 | 5:00  |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| 30                            |                 |   |   |  |                 | 30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 2:00                          |                 |   |   |  |                 | 6:00  |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 | 15  |                 |   |   |  |                 |
| 30                            |                 |   |   |  |                 | 30  |                 |   |   |  |                 |
| 45                            |                 |   |   |  |                 | 45  |                 |   |   |  |                 |
| 3:00                          |                 |   |   |  |                 | 7:00  |                 |   |   |  |                 |
| 15                            |                 |   |   |  |                 |   |                 |   |   |  |                 |
| Initials                      | Staff Signature |   |   | Initials   | Staff Signature | Initials  | Staff Signature |   |   | Initials   | Staff Signature |
|                               |                 |   |   |  |                 |   |                 |   |   |  |                 |
|                               |                 |   |   |  |                 |   |                 |   |   |  |                 |
|                               |                 |   |   |  |                 |   |                 |   |   |  |                 |
|                               |                 |   |   |  |                 |   |                 |   |   |  |                 |