**Behavior Support Plan (BSP)**

(Plan that assists a person in building positive behaviors to replace or reduce a challenging behavior)

**Name:**  **Date:** (original date created) **Updated:** (most recent date)

**Address:**

**DOB:**

**Review Plan:** the plan for reviewing the behavior plan

**Schedule** The schedule for review of the plan. Once developed, the plan will be periodically reviewed, at minimum every six months, or upon change in member condition.

**Who Included** The IDTS reviews the plan in collaboration with providers/caregivers, the member, their supports, including guardian, and licensed behavioral health professionals.

**Staff Training** How the staff is carrying out the plan, has been trained, or will be trained to implement the plan.

**Diagnoses/Allergies**

Provide a list of diagnoses and allergies, plusa review of current health considerations.

**History** *(If applicable, include Compatibility of Housemates)*

Provide general information about the member’s history including milestones in his or her life, level of education, natural supports and compatibility with housemates. Include a brief description of the member’s strengths, interests, personal appearance, or other factual information that would aid a reader/reviewer to understand the uniqueness of this member and how this plan is member-centered.

**Description of Challenging or Dangerous “Target” Behaviors**

What the target behavior looks like, the problem caused by the behavior, the category of behavior (physical aggression toward others, verbal aggression toward others, destruction of property, provocative/disruptive/offensive, self-injurious, elopement or wandering). Include needs member is trying to fulfill (escape, avoidance, attention, stimulation, pain relief, gaining materials) and emotions that may be tied in (mad, sad, irritated, lonely, bored, and/or overwhelmed).

**Behaviors and Interventions from Last Review Period**

Provide a brief summary of updates and changes and identify which supports are being used. Initiate discussion regarding any new supports or decreased supports that may be appropriate. Include any actual interventions used from “How Staff Should Respond” section, recent target behaviors and overall changes. Consider changes to services, environment, medical and mental health which impact behaviors either positively or negatively. Summarize the most up to date information regarding the member’s behaviors and potential triggers, keeping in mind that the BSP is part of the member’s plan of care and intended to be a living, updated document.

**Situations/Circumstances When Behaviors are Likely to Occur**

What specifically is the member doing prior to the behavior? Was there a certain activity that may have prompted the behavior? Describe any confrontation that occurred, or is occurring, when a behavior begins. Include who the actors are, how they are involved, and all observable characteristics of the confrontation. Was the member being redirected or denied any response or request? In terms of your five senses, what stimulation, or lack of stimulation, have you observed the member reacting to? Describe any changes that have occurred in the member's environment or circumstances, such as change in rules, holidays, change in schedule, inconsistent staffing pattern, undesirable activity, transition, or recent medication change or refusal of medications. Describe any positive or negative stressors (such as, things that cause discomfort, anxiety, euphoria) that the member may be experiencing prior to the behavior.

**Behavioral Signs and Signals Prior to Exhibiting Target Behaviors**

Describe the signs or signals that indicate the problem behavior will be exhibited very soon. Examples include: yelling (or what is perceived as yelling), negative self-statements ("I hate myself"; "I'm no good; "I can't do anything right", etc.), derogatory remarks, expresses feelings of depression, helplessness, abandonment, and/or anger. Other examples: the member is hungry, in pain, face is red, asks repetitive questions, refuses to follow directions, clinging behavior, staring, avoiding, agitated or presenting aggressive behavior. Include pacing, increased volume in speech or hyper verbal, if applicable.

**How Staff/Others Can Support and Encourage Appropriate Behavior**

Positive supports and strategies utilized to prevent dangerous and challenging behavior or reduce the likelihood of it occurring.

* Addressing the member’s physical needs, including pain, discomfort, hunger, or thirst; uncomfortable clothing.
* The best way to build a relationship with the member, communicate with the member.
* Ways to use praise and reassurance—the specific statements to use.
* Approaches or interventions that staff uses that elicit a good response.
* The member’s preferred activities; what the member enjoys and when he or she likes to do these activities.
* Type of conditions the member prefers (lighting, temperature, number of people, sensory room).
* A consistent routine or timely communication about routine change.
* Incentive program for positive reinforcement of appropriate behavior, if applicable.

**How Staff Should Respond When Target Behaviors Occur**

List what staff should do when they first notice signs and signals of escalating behavior. List specific steps to follow:

* What type of eye contact or physical contact should staff maintain
* Who should approach the member, and why
* How to approach, what to say, give examples
* The activities or distractions that work for this member
* What behaviors to avoid with this member
* PRN protocol for addressing agitation, if applicable

**RM Use: Yes** [ ]  **No** [ ] *(If RM use checked* **Yes***, complete the sections in the grey box.)*

If the support strategies have not completely resolved the situation to the team’s satisfaction, the team should decide if a restrictive measures approach is needed. This should only be considered after behavior support strategies have not provided the needed support for the member to eliminate dangerous/challenging behaviors or circumstances are such that attempting other behavior support strategies may increase the risk of harm to self or others.

**Step by Step Procedures for Applying Restrictive Measures**

Describe the sequential process for how the restrictive measures will be applied after positive supports have been attempted and either failed or have had minimal success; should include all steps in the restrictive measures process.

**Description of Criteria for Release**

Describe the use of the restrictive measure and the criteria for releasing the individual from the restraint, isolation or protective equipment. The release criteria described in the monitoring plan must contain a description of the specific dangerous/challenging behavior(s) that must stop before the member is released. When the behavior stops, the release from the restraint or isolation must occur within five minutes of calm behavior. Provide information on the definition/description of calm for the individual and how long the person needs to be calm to be released.

**Maximum Duration for Use of the Restrictive Measure**

The plan must specify the maximum duration of continuous application of the measure. The member must be released from the measure when the criteria identified in the behavior plan are met; **or**:

* If the criteria for releasing the person from the mechanical restraint, isolation or protective equipment have not been met within 60 minutes of the first use of the restraint; **or**
* The use of an approved manual restraint has lasted 15 continuous minutes; **or**
* The member’s behavior has not been dangerous and he or she has been calm for five (5) full minutes. Maintaining the measure after five minutes is considered an exceptional measure and requires the approval of the Restrictive Measures Oversight Committee (RMOC); **or**
* There are any threats to his or her health or well being from the use of the measure.

**How to Monitor RM Use**

Continuous monitoring of the member must be specified in the plan and ranges from direct, eyes on observation of the member at all times to observations at a lesser frequency or intensity. The nature of observation must be adequately described in the plan and include descriptions of physical proximity, hearing range, and related factors so the review team(s) can gain a full and accurate understanding of how monitoring will be conducted.

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| **PLAN REVIEW** |
| **Plan Reviewed by** | **Name** | **Signature** | **Date Reviewed** |
| Consumer, if not under guardianship |  |  |       |
| Guardian, if applicable |  |  |       |
| Placing Agency: CCI CM |  |  |       |
| Provider Agency |  |  |       |
| Behavior Consultant or Specialist |  |  |       |
| Other: CCI RN |  |  |       |
| Other:  |  |  |       |
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