Positive Behaviour Support Plan Guidance

Use this guidance document to help you complete the PBS Plan. Terminology can be altered to suit service user need. Please remove any sections not relevant to the service user.

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| Date of initial plan: | Last review of plan: | Next review date: |
| Insert date of initial plan | Insert date of when the plan was last reviewed | Minimum 6 monthly as needs of the servicer user change |

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| This plan was created by: | | |
| Name | Role | Contact Details |
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| 1. **Who / Contact Details**   INSERT PHOTO | **Name:**  **NHS Number:**  **Date of Birth:**  **Address:**  **Telephone:** |

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| PART A: BACKGROUND |

This plan should be implemented alongside a risk management plan. The two plans will proactively and reactively manage risk and support the **reduction of restrictions**. Restrictions include any intervention (environmental, physical, relational, psychological or pharmacological) that prevent a person in your care from pursuing free action. This plan should be developed with support from a clinician with behavioural expertise following an assessment and functional analysis of the problem behaviour. All staff implementing this plan should be supported via appropriate levels of training and supervision.

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| **Consent to Intervention** |

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| Decision requiring test of mental capacity |  | |
| Date |  | |
| Details of any impairment of or disturbance in the functioning of the mind or brain either temporary or permanent |  | |
| Can the person | **A. Understand the information relevant to the decision**  **B. Retain that information**  **C. Use or weigh that information as part of the process of making the decision**  **D. Communicate their decision** | **Y / N**  **Y / N**  **Y / N**  **Y / N** |
| Discussion |  | |
| Outcome: | **The above named person has / does not have\* Capacity in relation to decision**  (*\*delete as appropriate)* | |
| Does this decision require a best interest decision? | **Y/N** | |
| Details of Best interest Decision (if required) | *(Include the person’s wishes, input and belief/values. Ensure decision is least restrictive, include who was involved and consulted as part of the decision making process )* | |
| Decision |  | |

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| 1. **Where/When**   C:\Users\pattka\Downloads\Map local.png | Describe the place or time where the plan is to be used  Eg. At college, home, during meal times etc |

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| 1. **Background**   **C:\Users\pattka\Downloads\Family 1.png** | Background information & description of the person’s baseline state (how the person acts day to day)  Communication needs  Who supports them and who is involved in their life  What are the persons strengths (what are they good at) |

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| 1. **Likes and Dislikes**   Likes Dislikes Stock Illustrations – 166 Likes Dislikes Stock  Illustrations, Vectors &amp; Clipart - Dreamstime | Think about what is important to them  List of the individuals likes and dislikes including hobbies and interests etc.. |

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| 1. **Physical Health**   Comparing Physical and Mental Health - Move Well, Live Well | People with LD are more likely to experience health problems. Physical illness can impact on behaviour.  In this section document any health issues which may impact on the individual’s health and wellbeing. For example:   * Epilepsy * UTIs * Constipation * Dementia |

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| 1. **Aims of PBS plan**   C:\Users\pattka\Downloads\Achieve.png | **Immediate Goals**  E.g. To improve quality of life  To provide evidence framework for delivery for person centred support strategies  **Long Term Goals**  What do we hope to achieve for the client when the PBS plan is implemented  Consider immediate and long term goals  All goals must be realistic and achievable  Include thoughts of the individual and those involved in their care |

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| PART B: ASSESSMENT OF BEHAVIOUR |

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| 1. **When does the behaviour happen?**   **C:\Users\pattka\Downloads\When_.png** | **Activities:**  **Places:**  **Other people (staff/service users/visitors):**  **Days or times of day**:  When does the behaviour tend to happen?  Are there triggers in terms of:   * activities * places * other people * times of day   **This section is to be data driven.**  A chronical review of incidents is to be completed before this section  Use observations and ABC charts to highlight themes in behaviour   * Antecedent * Behaviour * Consequence |

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| 1. **What is the behaviour and why do we think the behaviour happens?**   **C:\Users\pattka\Downloads\Confused1.png** | **Description of behaviour that challenges** | **Slow Triggers** | **Fast triggers** | **Function of the behaviour that challenges** | **Consequences/ History** |
| **What is the behaviour that places the person or others at risk?**  Behaviour/s:  The first thing to think about is the behaviour that you want to address. You might decide to focus on one or two that you are most concerned about initially.  Describe the **behaviour.**   * Appearance * Rate * Severity * Duration   Consider what behaviour has been assessed and what behaviours we need to focus on within the plan.  Risk/s :  Include **risk** to self and others in detail. | Slow triggers - These are the things that are going on in the background and they often start a long time before the challenging behaviour. Slow triggers make challenging behaviour more likely to happen because they cause people not to feel at their best. Being aware of slow triggers can help us to understand on how to redirect the individual or may find things more tricky today, and may be more likely to communicate that to us through behaviours we find challenging.  Slow triggers include:  · Feeling unwell  · Feeling tired or not sleeping well.  · Having nothing to do for a long time  · Being hungry  · Not having any attention | Fast triggers - as you might imagine these are the triggers that have an immediate effect and occur much closer to the behaviour. Fast triggers include:  · Being ignored  · Being told to do something they don’t know how to do  · An event being cancelled  · Something unexpected happening  · Being told ‘No’ Slow and fast triggers combine to cause challenging behaviour | *This section should describe the function(s) of the behaviour (the reason the behaviour happens) which will be one or more of the following:*  *• To gain positive or negative attention*  *• To escape/avoid something/someone*  *• To get an object or item they want – a tangible*  *• To get sensory feedback or stimulation, often referred to as ‘sensory needs’*  What does the data say? This is not to be opinion based. Consider if the behaviour is present in all environments and ensure the assessments are completed with several people in a mixture of environments. Consider the motivators for this behaviour. | **Consequences**  Consider the consequences for this behaviour and consider if this maintains the behaviour or achieves a desired outcome for the client  **History**  Consider the whole picture;  Has the client displayed this behaviour before?  Has similar behaviour had the same function?  Has the individual presented this way in the past, what happened, what worked? |

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| 1. **Reducing restrictions** | **What boundaries are currently in place to support the individual and keep them safe? Can we reduce these?**  Examples: environmental boundaries, social restrictions, staffing levels  **What strategies are in place to monitor, evaluate and reduce boundaries for this person?**  How is the use of restrictions being measured?  How are restrictions being evaluated and reviewed over time?  How are we learning together with the patient and their family? |

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| PART C: Positive Behavioural Support | |
| 1. **Reinforcing the positive / Active Support**   **C:\Users\pattka\Downloads\Patricia 16.png** | **Person current strengths and skills –**  Evidence what skills the client currently has and how this enhances their quality of life (ie. They go to college, they can read/write, they are able to distract themselves)  Consider if the individual has any routines or activities which support them and any goals or activities they are participating in to enhance their skills.  Consider if the individual is using a 24 hour plan of care or activity time table.  Refer to any other assessments (Nursing, OT, SLT, Social Care etc)  **What life skills can we offer and teach that will help the person cope with their challenging behaviour?**  *Consider: coping skills, improving communication, utilising now and next boards, mindfulness, relaxation skills, emotional regulation, daily living skills.*  **How can we promote active support?**  Active Support:- Instead of doing things for people or to people, we work with them, so they can take part in everyday activities, regardless of their level of disability.  *(i.e, laundry, cleaning, shopping, budgeting, cooking, personal care etc.)*  Consider staff training in Active Support: <https://arcuk.org.uk/publications/files/2011/11/Active-Support-Handbook.pdf>  **How can we implement the PERMA model to ensure happiness and wellbeing for the individual?**  The PERMA **model** is an evidence-based approach to improve “happiness” and decrease anxiety, depression, and stress.  Think about what the service user currently has in their life and what could be done to improve their life in these areas.  Positive Emotion –  *E.g,*   * *Spending time with people you care about* * *Doing activities that you enjoy (hobbies)* * *Listening to uplifting or inspirational music* * *Reflecting on things you are grateful for and what is going well in your life*   Engagement –  *E.g,*   * *Participate in activities that you really love, where you lose track of time when you do them.* * *Practice living in the moment, even during daily activities or mundane tasks.* * [***Spend time in nature***](https://positivepsychology.com/positive-effects-of-nature/)*, watching, listening, and observing what happens around you.* * *Identify and learn about your character strengths, and do things that you excel at.*   Relationships –  *E.g.*   * *Join a class or group that interests you.* * *Ask questions of the people you don’t know well to find out more about them.* * *Create friendships with people you are acquainted with.* * *Get in touch with people you have not spoken to or connected with in a while.*   Meaning –  *E.g*   * *Get involved in a cause or organization that matters to you.* * *Try new, creative activities to find things you connect with.* * *Think about how you can use your passions to help others.* * *Spend quality time with people you care about*.   Accomplishment –  *E.g*   * [***Set goals***](https://positivepsychology.com/goal-setting-templates-worksheets/)*that are SMART (specific, measurable, achievable, realistic, and time-bound).* * *Reflect on past successes.* * *Look for creative ways to celebrate your achievements.*     -Martin E. P. Seligman (2012). *Flourish (A Visionary New Understanding of Happiness and Well-Being)*. USA: Atria Books. 368.  <https://www.youtube.com/watch?v=OWavCPydQ5k> |

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| 1. Environment   Plane fly over house with rainbow and cloud Vector Image | There are 12 Characteristics of the capable environment:  Considering the below characteristics, how can the individual’s environment be improved?  *(Mcgill, et al 2020)*   1. Positive social interactions (from staff, other service users, families) 2. Support for communication (communication passports, signposting, cue cards) 3. Support for participation in meaningful activity (activity support plan) 4. Provision of consistent and predictable environments which honour personalised routines and activities (timetables, now and next boards) 5. Support to establish and/or maintain relationships with family and friends (Planned family/friends visits, regular contact) 6. Provision of opportunities for choice 7. Encouragement of more independent functioning (Active Support, allowing service users to do more for themselves) 8. Personal care and health support (health action plan, hospital passport, annual health checks) 9. Provision of acceptable physical environment (minimal noise, areas to relax, shared spaces, room for manoeuvring, clear corridors, minimal clutter, adapted equipment, etc) 10. Mindful, skilled carers to support service users effectively (carers receiving the right training such as PBS, active support, mental capacity etc.) 11. Effective management and support (regular supervisions, reflection, de-brief) 12. Effective organisational context (clear policies and procedures, facilitation of training, right service for the client) |

Traffic Light System

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| 1. **Primary Proactive**   **Strategies**  **(Green Plan)**  **C:\Users\pattka\Downloads\Tick Yes.png** | **Indicators of baseline behaviour:**  We should aim for people to be in the green phase as much as possible.  Describe how the individual presents on a ‘good day’, what do they do, how to they act, what are their preferred activities to engage in.  Begin by thinking about what the person likes or has shown an interest in.  Proactive Strategies are designed to meet the person’s needs without them needing to rely on challenging behaviour*.*  **Positive Interaction and how to communicate**  Now describe how staff can support the person to remain in green, how should they communicate and approach the individual  Ensure that the health action plan points have been added to this section   * How does the person communicate * Verbally (single words; sentences) * Gesture * Objects * Signs * Body language * What is the person’s level of understanding? * Chunks of information in sentence * Understanding of negatives * Symbolic understanding * Understanding on non-verbal cues * Are there factors which affect the person’s communication abilities? * Sensory impairments * Physical disability * Level of arousal * Consistency of message * Background noise * Other sensory stimuli * Availability of structure and routine * Delayed information processing * Memory issues   This section should include any key recommendations from SALT including any OT sensory processing reports (this may include historical reports).  Consider any other relevant professional assessment and formulation that guides the understanding of the persons positive interaction  Is further staff training required for this individual?  **Active Support/Skills Teaching**  This section should make reference to daily participation planning, opportunity planning, and learning plans to teach individual skill development.  All support should be consistent  Detail the levels of support required within different stages of an activity that the person is learning or participating in. This may include:   * Ask (suggest or tell) * Instruct (verbal prompts for each step) * Prompt (using a clear gesture/sign) * Show (demonstrate what is needed to be done) * Guide (giving direct physical assistance)   Consider any relevant professional assessment or refer to OT for further support around skills building  **Activities and Routines**  List of activities and description of the routines that the individual currently participates in.  **Managing Triggers**   * Detail clear and specific strategies which can be used to manage both slow and fast triggers. These strategies can be short or long term. * Consider using the service user’s favoured activities both before and after an activity which is known to triggers episodes of challenging behaviour. * On their own the management of triggers is unlikely to deliver sustainable behavioural change and should always be accompanied with developmental strategies. This may include teaching the person skills to avoid a trigger or to cope with it when it is present. * This section might include desensitisation from a trigger   **Other Strategies which can be used as preventative**   * This section consider the individuals risk assessment e.g. need for a specific vehicle type to access the community, staff clothing/PPE, information about on call support * If possible include specific interventions designed to increase the time a person spends engaging in non-challenging behaviours. These are normally referred to as reinforcement schedules, and should only be designed and used by appropriately qualified practitioners. |

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| 1. **Secondary Strategies**   **(Amber Plan/Early Warning Signs)**  **C:\Users\blooha\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\8622142E.tmp** | **Early Indication of behavioural escalation**   * This section will include clear indicators that suggest that the person is leaving their baseline state and their behaviour is escalating * List specific behaviours that signify early indicators of increased anxiety or arousal and antecedents to challenging behaviour. (This will include sequence of behaviours identified within a chain of escalation).   These signals may be subtle but will often include observable signs such as increased pacing, increased heartbeat, sweating, changes in vocalisations, facial expressions, or body language.  Observation and ABC forms can contribute to this alongside Behavioural Function Assessments.  **Secondary strategies during escalation/ How should staff respond to this?**   * Key points on how to positively and proactively: * Support * Distract * Redirect * Problem solve * Or actively engage * Consider changes to communication approach at this stage also (for person and support worker). * Consider changes to environmental stimulus.   The aim here is to successfully support the person to return their behaviour to baseline/positive interaction and avoid further behavioural escalation. |

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| 1. **Reactive Strategies**   **(Red Plan)**  8 Do&#39;s and Don&#39;ts of Email Marketing During a Crisis - Relationship One | **Non Physical Reactive strategies**  The **red** phase is where an incident of challenging behaviour occurs, sometimes it is referred to as crisis.  **Reactive strategies** are a way to respond to behaviour as safely and quickly as possible, to keep the person and those around them safe.  Some examples of **Non Physical Reactive Strategies** include:   * Appear calm * Use low arousal approaches – talk in a calm, monotone voice * Consider eye contact – what is the individuals preference? * Consider use touch – does the service user like or dislike this? * Consider noise – does the service user like or dislike this? * Use space to create distance and reduce feeling of being threatened * Be aware of your own body language * Do not make any demands of the person or keep talking to them * Distraction and redirection (e.g. using a technique such as a guided walk to remove the person from the room to keep them and others safe)   Consider actions that maintain the safety of the individual and others. This may include:   * Use of possible barriers * Strategic capitulation * Redirection to a preferred activity for distraction * Management of personal space * Management of others in the environment   **What PRN medication can be used?**  **Not everyone uses or is prescribed medication to help with their moods**  **PRN:** If medication is to be used include or reference a PRN protocol developed by nursing and or medical staff. Be clear about how it is to be given and what it is aiming to achieve. Please refer to local guidance when completing this section.  **Restrictive physical interventions/ What reactive strategies can be used as a last resort**?   * Provide a clear description of the challenging behaviour (which are viewed as crisis and no longer manageable using previous techniques) that require restrictive physical intervention. These descriptions will come from ABC charts and observations. Provide as much detail here as possible. * Write how to positively and proactively manage the crisis. This should include: * Details from the individuals risk assessments * What level of assistance they require (staffing levels etc.) * Levels of potential restriction required to keep the person and others safe * Monitoring requirements during each episode of restrictive physical intervention.   **(If Required) Breakaway & self-protective physical interventions:**  In this section clearly list identified behaviours that may require breakaway/self-protection e.g. hair pulls, clothing grabs, head-butts, and state the specific type of technique that is required **as per your local guidance.**  All techniques documented in this plan should be best practice and all staff should be trained and competent in using them.  **If restrictive interventions are frequently used the positive behaviour support plan should be reviewed.** |

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| 1. **Post Incident Support**   **(blue plan)**  Ice Cube Clip Art - Free Transparent PNG Clipart Images Download | **How to tell the incident is over**  Include here a brief description of how to tell the person is returning to baseline. Consider also the possibility of reescalation  **How to support the individual**   * Consider what physical support the person may require, do they require medical attention for any injuries/pain? * List who is responsible to facilitate debrief and to ensure emotional and physical needs are met. * List any identified process/policy that directs this support.   The following questions could be considered after an incident when debriefing a staff team/ family member.   * What went well? * What happened? * Why did it happen? * Was it preventable? * If yes, why was it not prevented? * Are there any changes to the primary and secondary strategies within the plan that could be made to further reduce the possibility of an incident? * Are there any changes to the reactive strategies within the plan that could be made to further reduce the possibility of an incident?   **How to support others involved post incident and who do we need to inform (De-brief)?**  It is best practice de-brief following a severe incident of challenging behaviour.    The service should have a plan around the frequency and timing of a debrief which can be different for each individual.  What should happen after the behaviour has stopped?  Consider whether the service user will be involved or not as per preference.  **What has been learned from the incident?**  What learning can take place to improve future practice? |

**PBS Plan Grab Sheet**

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| **Name:** | | |
| **Primary Strategies**  **(What to do to prevent the behaviour happening)** | **Secondary Strategies**  **(What to do when the individual is showing warning signs)** | **Reactive Strategies**  **(What to do when the individual in crisis)** |
| **How does the individual present at their baseline (on a normal day to day):**  **What do to keep the individual happy and settled**  Communication/Interaction:  Structure and Routine:  Sensory Needs:  Environment Needs:  **Activities and other Strategies**  **What new skills to focus on** | **Warning signs:**  **How to support the individual when they are displaying early warning signs:**  Communication/Interaction:  Environmental Management:  Distraction/Redirection:  **What strategies can the individual utilise when they are displaying early warning signs?**  **PRN Medication [if required]** | **When the individual is in crisis they may:**  **How to support the individual when they are in crisis:**    Environmental management:  Distraction/Redirection:  **What strategies can the individual use when they are in crisis?**  **PRN Medication [if required]** |
| **Post Incident Support** | **How to support the individual**  **How to support others** | |