

Behavioral Support Plan For:			
Prefers to be called:		Gender Identity: Pronouns:	
D.O.B.		Age:	
Communication:		Legal Decision Maker:	
Home Address:		Phone:	
Phone:			
Contributors to Plan:		Development Date:	New <input type="checkbox"/> Renewal <input type="checkbox"/>
Primary/Secondary Psychiatric Diagnoses:		Relevant Medical Diagnoses:	
Relevant Psychiatric Medication(s):		Relevant PRN Medication(s)	
Overview:			
Presenting Challenge:			
Presenting Challenge (Individual's <i>Own Words</i>):			
Strengths:			
Measurable Goals/Desired Outcome(s):			
1.			
2.			
3.			
4.			
Monitoring & Tracking Goals/Behavior:			
How:	Who:	Frequency of Review:	

My Toolbox: (Things that help me quickly return to baseline)	
<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••
Likes/Coping Tools	Dislikes/Triggers:
<ul style="list-style-type: none">••••••	<ul style="list-style-type: none">••••••
Behavioral Challenge	What does this look like?
<ul style="list-style-type: none">• •	<ul style="list-style-type: none">• •

Behavioral Challenge:

PROACTIVE APPROACH

- **Effective Intervention(s):**
→ **COMMUNICATION APPROACH**
Example:
- **Say:**
- **Do Not Say:**

REACTIVE APPROACH

- Example:
- **Say:**
- **Do Not:**
- **Offer:**

MAINTAINING POSITIVE BEHAVIOR

- **Say:**
- **Do Not:**
- **Offer:**

Behavioral Challenge:

PROACTIVE APPROACH

- **Effective Intervention(s):**
→ **COMMUNICATION APPROACH**
Example:
- **Say:**
- **Do Not Say:**

REACTIVE APPROACH

- Example:
- **Say:**
- **Do Not:**
- **Offer:**

MAINTAINING POSITIVE BEHAVIOR

- **Say:**
- **Do Not:**
- **Offer:**

Does the individual have a Restrictive Measure or Client Rights Limitation?

Yes No

Restrictive Measure:

Client Rights Limitation:

Does the individual have any additional protocols or plans? (Ex: Medical Protocol, Communication Plan, Crisis Plan, etc.)

Yes No

If “yes,” list here:

If “yes” to any of the above, provide supplemental documentation for intervention strategies for use of restrictive measure client rights limitation, or protocol

Signatures:

Date:

Member

Legal Decision Maker

Support

Support

Care WI Care Team

My Team:		
Name	Relationship	Contact Information

Copies will be provided to:

1. Member
2. Legal Decision Maker
3. Provider
4. Care WI Care Team
- 5.
- 6.

Behavioral Support Plan Rationale:

Having an individualized behavior support plan (BSP) helps identify target behaviors, triggers, and effective ways to address the target behaviors both proactively and reactively. By having a plan in writing, it can be assured that all care takers are aware of any behaviors and positive methods for addressing said behaviors. The BSP promotes safety and respect for the member and all involved in providing cares. Should member demonstrate any of these behaviors or other abnormal behaviors, it is imperative that staff notify the member’s care team and guardian. If there is ever any police contact, ensure the incident is appropriately documented and notify member’s guardian and care team. Notifying appropriate supports of these behaviors helps ensure the member is being appropriately supported and that the BSP accurately documents the member’s behaviors and effective mitigation strategies.