

<b>Behavioral Support Plan For:</b>			
<b>Prefers to be called:</b>		<b>Gender Identity:</b>	
		<b>Pronouns:</b>	
<b>D.O.B.</b>		<b>Age:</b>	
<b>Communication:</b>		<b>Legal Decision Maker:</b>	
		<b>Phone:</b>	
<b>Home Address:</b>			
<b>Phone:</b>			
<b>Contributors to Plan:</b>		<b>Development Date:</b>	<b>New</b> <input type="checkbox"/> <b>Renewal</b> <input type="checkbox"/>
<b>Psychiatric or Cognitive Diagnoses:</b>		<b>Relevant Medical Diagnoses:</b>	
<b>Relevant Behavioral Medication(s):</b>		<b>Relevant PRN Medication(s)</b>	
<b>Supervision/Staffing:</b>		<b>Environmental Considerations:</b>	
<b>Overview:</b>			
<b>Presenting Challenge:</b>			
<b>Presenting Challenge (Individual's <i>Own Words</i>):</b>			
<b>Strengths:</b>			

**Baseline Behavior** (*When the individual is doing well, how does this look?*):

**Noteworthy Behavioral Considerations & Factors**

- |  |   |
|--|---|
| <input type="checkbox"/> Self-Harm/Self-Injurious Behaviors<br><input type="checkbox"/> Suicidal Thoughts/Intent<br><input type="checkbox"/> Sexual Behavior<br><input type="checkbox"/> Physical Behavior<br><input type="checkbox"/> Involvement with Law Enforcement/Crisis | <input type="checkbox"/> Verbal Behavior<br><input type="checkbox"/> Substance Use<br><input type="checkbox"/> PICA (seeking/eating/drinking non-food items)<br><input type="checkbox"/> Elopement<br><input type="checkbox"/> Property Destruction<br><input type="checkbox"/> Other |
|--|---|

**Description of Behavior**

Behavior	What to look for/what might this behavior look like?

**My Toolbox: (Coping tools that help me quickly return to baseline)**

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<b>Likes/Interests:</b>	<b>Dislikes/Triggers:</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Effective Intervention Strategies</b>	
<b>Behavior:</b>	
<b>PROACTIVE APPROACHES:</b>	<b>REACTIVE APPROACHES:</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Communication Approaches:</b>	<b>Communication Approaches:</b>
<b>What to Say:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Avoid saying:</b> <ul style="list-style-type: none"> <li>•</li> </ul>	<b>What to say:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Avoid saying:</b> <ul style="list-style-type: none"> <li>•</li> </ul>
<b>MAINTAINING POSITIVE BEHAVIOR:</b>	
<b>Behavior:</b>	
<b>PROACTIVE APPROACHES:</b>	<b>REACTIVE APPROACHES:</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

**MAINTAINING POSITIVE BEHAVIOR:**

**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**

**Measurable Goals/Desired Outcome(s):**

- 1.
- 2.
- 3.

**Monitoring/Tracking Behavior**

**How:**

**Who:**

**Frequency of Review:**

<b>Signatures</b>	
	<b>Date:</b>
<b>Member</b>	
<b>Legal Decision Maker</b>	
<b>Support</b>	
<b>Support</b>	
<b>Care WI Care Team</b>	

<b>My Team:</b>		
<b>Name</b>	<b>Relationship</b>	<b>Contact Information</b>


**Copies will be provided to:**

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

**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.