Positive Behavior Support Plan

CLIENT INFORMATION

Patient information:

Diagnosis (if any):

PRIMARY SUPPORT SYSTEM

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

Contact: _____ Contact: _____

BEHAVIORAL ASSESSMENT

1. What is the challenging behavior(s)?

2. What are the observable triggers or antecedents?

3. What are the consequences of the behavior?

4. What is the function of the behavior?

GOALS

Short-term goals:

Long-term goals:

STRENGTHS

What does the client do well that can be encouraged or built upon?

What positive behaviors or skills does the client already demonstrate?

What motivates or engages the client effectively?

INTERVENTION STRATEGIES

This section provides a framework to develop a person-centered, strength-based intervention plan. Address triggers and teach constructive alternatives while building on the individual's strengths.

Environmental modification:

Replacement behaviors:

How can the replacement behavior be encouraged?

Monitoring and feedback:

PROACTIVE

Indicators: What behaviors indicate the individual is calm and ready to engage?

Actions: What steps can you take to maintain engagement and prevent escalation?

ACTIVE (DE-ESCALATION)

Indicators: What subtle signs show the individual is becoming anxious or dysregulated?

Actions: What actions can help de-escalate the situation?

REACTIVE (CRISIS)

Indicators: What behaviors indicate the individual is at a crisis point?

Actions: What immediate steps ensure safety and stabilize the situation?

RECOVERY

Indicators: What behaviors show the individual is calming down and ready to re-engage?

Actions: What actions support reflection and reintegration into activities?

ADDITIONAL NOTES

Specify below:

Plan review date: _____ dd / mm / yyyy Name: _____

Signature: