HOW TO WRITE A BEHAVIOUR SUPPORT PLAN

Behaviour support plans describe the type of situations that a person finds difficult and what they and others can do to help them cope with distress. They are a useful way of encouraging those supporting the person to respond consistently.

Before writing a behaviour support plan it is important to think about:

- How the person likes to spend their time and who with
- What’s important to the person
- What do they like / not like
- Important points to remember when communicating with the person
- Things to remember / avoid when working with the person.

The format of the plan can be adapted to suit each individual (see examples for possible variations). The main thing is to keep plans short and easy to read.

You should develop the plan with the individual wherever possible. It can also be helpful to involve families and other people who know the person well.

It is important to ensure that the person has detailed support / care plans that are used alongside the behaviour support plans, covering areas important to their life, such as communication, activities, health, personal care, morning/evening routines, mealtimes etc. to maximise the person’s wellbeing on a day to day basis.

All plans should be regularly reviewed and updated.

Ensure the safety of all concerned at all times.

If PRN medication and/or restrictive physical interventions are included:

- Clear procedures for the use of these must be included, either as part of the behaviour support plan or as a separate document that staff can refer to in conjunction with the behaviour support plan.
- Detailed records should be kept of their use.

Following an incident, there should be a review to think about what might help in the future, and to amend risk assessments and support plans accordingly.

You should seek professional help with writing Behaviour Support Plans when:

- You are unclear about the function of the person’s behaviour
- Support plans / strategies are not effective
- Behaviours are considered high risk
• The person may be committing a criminal offence

Below is some guidance to assist you to write a behaviour support plan. Strategies have been divided into ‘stages’ of increasing severity to encourage people to respond to the first signs of distress and resolve issues before they escalate. This will help to ensure that the least restrictive interventions are being used and that the strategies being used are proportionate to the level of risk.

A. TRIGGERS

What can cause the person distress?
– Think about places, specific situations, people, activities, changes, sensory issues (e.g. noise, touch, etc)

B. PROACTIVE STRATEGIES

How can you support the person to cope with these triggers?
– Summary of strategies
  (NB: Detailed support plans should be developed separately)

C. STAGE 1 – EARLY WARNING SIGNS (LOW INTENSITY BEHAVIOURS)

a) How do you know the person is becoming distressed?
  – First signs, e.g. body language, facial expression, language, tone of voice, behaviours

b) What can help the person to feel calmer at this time?

D. STAGE 2 – MEDIUM INTENSITY BEHAVIOURS

a) What might the person do at this stage?
  – List specific behaviours
  – Include details of how long they may last and who may be at risk

b) What should you do at this time?
  – List things you can do to try to prevent the situation from getting worse
  – Consider what you do to make sure everyone is safe

E. STAGE 3 – HIGH INTENSITY BEHAVIOURS

a) What might the person do at this stage?
  – List specific behaviours
  – Include details of how long they may last and who may be at risk

b) What should you do at this time?
  – Consider what you do to make sure everyone is safe
  – Often the best course of action is for everyone to withdraw and leave the person in a safe area to calm down on their own. (But this may not be the case for some people.)
F. AFTER AN INCIDENT

a) How do you know the person is calming down?
   - eg. body language, facial expression, language / tone of voice / behaviours

b) What should you do at this time?
   - support for the individual
   - support for staff
   - who should be informed
   - any records that need to be completed

c) What would help in the future?
   - What were the triggers?
   - How could they have been prevented?
   - What did the person respond well to?
   - What didn’t work?

This guidance was prepared by Flora Wilson and Jo Vidal, Psychologists in Learning Disability, East Kent Psychological and Behaviour Support Team and is used with permission.
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Sample Behaviour Support Plan 1

These guidelines must be used in conjunction with Sarah’s care plans.

TRIGGERS

The following situations/events can cause Sarah’s anxiety levels to rise:

**Family/ Friends related:**
- Not being able to see her friends when she wants to
- Telephone calls from family members, especially when they do not happen
- Talking about negative events from her childhood

**Interactions with others:**
- Being clearly asked not to do something
- Being asked to do something she does not want to do, especially if done repetitively
- When someone agrees to do something but does not follow through.

**Activities:**
- Specific activities – e.g. medical appointments, using public transport.
- When a planned activity is cancelled.
- Delays and waiting in queues.

**Physical Environment:**
- When others are noisy around her.
- Crowded environments, e.g. supermarkets.

**Other:**
- Hot weather

PROACTIVE STRATEGIES

(these are things you should do to avoid Sarah becoming anxious in the first place)

- Keep a positive attitude at all times.
- Support Sarah to see her friends on a regular basis.
- Respond to Sarah when she talks to you.
- Explain any changes to Sarah’s activities to her and offer a suitable alternative.
- Avoid crowded/noisy environments.
- Ensure Sarah has an opportunity to talk to staff about her feelings once a day.
STAGE 1: Early Warning Signs

When Sarah is beginning to feel anxious, she will present as follows:

**Facial Expression:**
- Frowns
- Avoids eye contact

**Body Language:**
- Clenches fists
- Waves arms

**Language and tone of voice:**
- Lowers voice
- Talks to herself more
- Swears
- Says things like: “Nobody listens to me”.

**Behaviours:**
- Slams doors
- Stamps her feet
- Makes rude gestures

What should staff do at these times?

1. Ignore any swearing – don’t mention it at all.

2. Distraction / Moving on
   a) Talk about something happy in Sarah’s life – Encourage Sarah to tell you about a happy memory or event. Sarah also responds well to humour.
   b) Suggest a calming activity
      Ask Sarah if she’d like to do something with you, or if she would prefer to spend some time by herself. Give her a few activity examples if required and help her get ready/start the activity. If Sarah chooses to spend time by herself, agree a time to come back to ask her if she’d like to do something else. Remind her that she can also come and find you.

3. Breathing
   If Sarah is finding it difficult to calm down, encourage her to slowly breathe in and out with you.

4. PRN
   If Sarah does not respond to the above strategies, ask her if she would like a tablet to calm her down and follow PRN guidelines. NB: This can take up to 30 minutes to have an effect. No more than [dose] [name of medication] (in separate [amount] doses) can be given in a 24 hour period without approval from the GP or Psychiatrist.

Praise Sarah when she copes with a difficult situation without losing her temper, emphasising any strategies that she used to help her.
STAGE 2: Verbal Aggression / Damage to Property

If the Stage 1 strategies do not work, or Sarah is feeling particularly anxious, she may display the following behaviours:

a) Verbal aggression towards others
Sarah may swear at others around her. Sarah may continue to shout/swear for up to 15 minutes and the situation can escalate to throwing objects and/or physical aggression towards others.

b) Damage to Property
Sarah may throw and/or destroy small items around her, including [examples]. She usually throws a single item and tends to pick up the closest object to her. At times she will also throw objects at others (see Stage 3).

✔ What should staff do at these times?

- If Sarah is swearing, don’t engage with the hurtful things she says.
- If she has thrown/destroyed an item, ignore the broken item unless it is unsafe to do so.
- Keep a safe distance and ensure you have an exit route in case Sarah becomes physically aggressive.
- Focus on breathing and calming strategies outlined in Stage 1 to begin with, and/or offer PRN medication as per the guidelines.
- If you feel Sarah will be receptive, ask her what’s upset her and judge whether it is something you should try to resolve now.
- If Sarah asks to go on an activity that’s about to start, explain that you’ll have to wait until she’s calm. If it’s necessary to rearrange it, let Sarah know when she’ll be able to do it next and arrange to do something else with her instead once she has calmed down. Don’t cancel afternoon activities just because Sarah has had an incident in the morning – her behaviour should be risk assessed at the time an activity is due to start.
- If Sarah becomes more agitated, continues to throw items and/or you feel threatened by her behaviour, give her some space to calm down and ring the emergency number for support.
- If you are in the community suggest going outside for a break or a walk. If Sarah does not calm down or it is unsafe to continue, abort the activity and ring the emergency number for support. Reassure Sarah that you can resume the activity later, when she feels less stressed.
- When the support person arrives they should take over the process of calming Sarah down, using the strategies described in Stage 1.
STAGE 3: Physical Aggression

When Sarah is extremely anxious or angry she may become physically aggressive towards others by:

a) **Throwing objects:** e.g. [examples]. She tends to pick up the nearest object and throw it at the nearest person.

b) **Hitting others:** e.g. slapping, pushing, kicking. Sarah usually targets the nearest person/people, but new members of staff, especially men, may be more at risk. Sarah has never been physically aggressive towards children.

Physical aggression is usually preceded by swearing but can occur on its own.

**What should staff do at these times?**

It is very difficult to calm Sarah down when she reaches this stage. You should therefore focus on keeping Sarah, yourself and others safe.

- Remove yourself and other names from the situation.
- Remove dangerous objects from within Sarah’s reach if it is safe to do so.
- Call the emergency number for support if you have not already done so.
- Use approved breakaway techniques if you are unable to remove yourself from the situation but **DO NOT** attempt to use physical restraint without a second member of staff present.
- When the second member of staff arrives, they should take over and use the strategies in Stage 2 to support Sarah to calm down.
- If these are not effective, it may be necessary to restrain Sarah to ensure her and others’ safety. [Service] has confirmed that the following holds have been approved for Sarah:

  ![Pictures] / [Name of approved strategies]

*All restraint must be undertaken by two members of staff. Staff who have not been trained in these techniques by a certified trainer must NOT use them.*

**ENSURE THE SAFETY OF ALL CONCERNED AT ALL TIMES**

- If you are unable to calm Sarah down it may be necessary to phone the police.

**USEFUL NUMBERS:**

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<th></th>
<th>Parents:</th>
<th>Psychologist:</th>
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<td>Emergency number:</td>
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<td>GP:</td>
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<td>Minor Injuries:</td>
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Sarah will indicate that she is calming down by saying “I’m fine now”.

- **Supporting Sarah**
  - Provide reassurance and keep demands to a minimum as Sarah can take time to calm down and can easily become anxious again. If a second member of staff has been called, she/she should remain nearby for 15 minutes after leaving in case they need to be called again.
  - Broken items should be cleared up with minimal fuss and very little reference made to the damage (as this can re-trigger [Name’s] anxiety).
  - If Sarah/other clients are injured they should be assessed by a doctor and taken to their GP/Minor Injuries/A&E as appropriate.
  - Resume activities as normal once Sarah has calmed down. Do not cancel an afternoon activity just because there’s been an incident in the morning.
  - Do not try to discuss the incident with Sarah immediately after it happens. It’s best to give her some space and wait until she approaches you to talk about it (this could be the next day).

- **Support for Staff**
  - Senior management should ensure that staff are given appropriate support and supervision following an incident. This may involve providing an opportunity to talk about what happened, make arrangements to have a break or end a shift early, or additional training.
  - If staff are injured they should contact the managers to arrange cover for their shift and seek medical advice as appropriate.

- **Inform others:**
  - Inform senior management immediately of any incidents involving physical aggression.
  - Ensure the next person on shift is aware that there has been an incident.

- **Paperwork**
  - Record the incident on the appropriate ABC chart. Send a copy to the head office, (Care Manager) and (Psychologist).
  - If restraint was used, complete and send off the relevant paperwork.

- **Preventing future incidents**
  - Think about what the triggers of the incident were, how they could have been prevented, what Sarah responded well to, what didn’t work and any changes that can be made to the way she is supported. Discuss your ideas with senior management and amend Sarah’s guidelines, support plans and risk assessments accordingly.

**Compiled by:** Sarah’s staff team  
**[Date]**
Sample Behaviour Support Plan 2

The following guidance should be used in conjunction with William’s care plans and risk assessments.

**Identified Triggers for William's behaviour**

**Physical Environment**
- Unfamiliar places
- Crowds / busy places
- Not being able to access the kitchen to get a drink

**Interaction with others**
- Being woken up before he is ready to get up
- People not understanding what William wants
- Being told he can’t have something he wants

**Activities**
- Waiting for something, e.g. going out, mealtimes
- Not wanting to do a particular activity

**Other**
- Pain
- Wet incontinence pad
- Being dirty
- Feeling hungry or thirsty

**Proactive Strategies**
These strategies should be followed to reduce the likelihood that William will become anxious in the first place:

- Wherever possible avoid crowded / busy environments
- Ensure that you are completely ready to go, e.g. money, coat, disabled badge etc. are ready, before asking William if he would like to go out.
- Use a social story to inform William where you are going and what he can expect
• Ensure that William has regular opportunities to access the kitchen to make a drink at regular intervals throughout the day
• Ensure that William has access to healthy snacks throughout the day
• Allow William to wake up when he is ready in the morning
• Use William’s visual communication board to assist him to tell you what he wants
• When it is necessary to refuse a request made by William, give him a reason why and offer an alternative instead
• When offering William activities give him a choice of two activities and ask him “which one?”
• If he refuses this should be respected and he should be given the opportunity to say what he would like to do.
• William should be supported to use the toilet at regular intervals (See care plan).

Stage 1 - Early Warning Signs

• Increase in vocalisation. Louder and higher pitched.
• Breathing faster
• Rushing from one room to another
• Grabbing staff
• Slamming doors
• Stamping feet
• Biting his hand but not leaving a mark
• Waving his arms above his head and frowning

What should you do at this time?
• One member of staff to engage with William to attempt to identify what the problem is
• Ensure that William is clean and dry
• Ask William to “calm down”
• Ask William to show you what is wrong
• Assess whether William is in pain. If you suspect that he is in pain follow “accessing pain relief” care plan. Signs that William is in pain include:
  o Slapping himself round the face
  o Deep vocalisations
  o Increase in “early warning signs” behaviour
  o Banging his head against the wall
• Attempt to identify what William wants and wherever possible give this to him
• Attempt to redirect William to a quiet area, e.g. lounge, bedroom and encourage him to engage in a relaxing activity, e.g. watching a DVD, foot spa, listening to music, colouring
• Ensure that another staff member is around in case you need support

Stage 2 - If William’s Behaviour escalates

If William's behaviour escalates he may:
• Grab hold of staff forcefully, possibly tearing clothes in the process
• Attempting or actual biting staff
• Twisting staff’s hand, digging his nails into staff’s hand.
• Pinching others
• Scratching others
• Biting his hand, arms, elbow or shoulder, leaving noticeable teeth marks
• Hitting hard objects, e.g. walls, fire extinguishers
• Pulling others' hair
• Chasing staff and vocalising loudly
• Throwing objects, e.g. furniture and objects

What should you do at this time?

• Try to stay calm
• Tell William to “stop” or “let go” using a clear and confident voice
• Ensure that 2 staff are available to support William if needed
• Give William space and time to pace, this can help him to calm down.
• Consider PRN medication (see PRN Medication care plan)

• If William is placing himself or others at risk two staff to support him to access a quiet area, e.g. quiet lounge, bedroom using approved physical interventions.
• The minimum physical interventions necessary should be used and details MUST be recorded on behaviour recording charts.
• Once in his room William may continue to scream and throw things but will generally calm down gradually.
• If William drops to the floor move out of his reach but do not attempt to move him, unless he is placing himself at risk, e.g. In the middle of the road.
• If William gets up and continues to display behaviours which place himself or others at risk the staff should intervene again using approved physical interventions

How to support William when he is calm

Indications that William has calmed include:
- The intensity of William’s vocalisations will reduce, i.e. become quieter and less frequent
- His pacing will slow down and eventually stop
- His breathing will become regular
- He may request a drink
- He may seek out staff to assist him
- He may sit down at the kitchen table
- He may show interest in an activity, e.g. colouring

What should you do at this time?
- Approach William at his level and attempt to gain eye contact with him.
- Smile at William and praise him
- Offer William a drink
- Sit quietly with William and gradually begin to engage with him
- Encourage William to inform you what he wants and get it for him
- If William wants to go out inform him what needs to happen before you can go. If necessary offer him an alternative.
- William may choose to come downstairs or he may prefer to stay in his room. If William chooses to stay in his room support him to access his music or a DVD or other relaxing activity.
- Staff do not need to remain with William but should maintain regular checks on him

Additional:
- Record incident on behaviour recording chart
- Inform relevant others:
  o Staff on next shift
  o Head office
  o Care Manager
  o Psychologist
  o CQC (if applicable)

Guidance developed by:
Date:
Sample Behaviour Support Plan 3

**My difficult situations**

I sometimes find it difficult when...

- Someone tells me not to do something or tells me off
  - My dogs barking repeatedly

- Someone sits in the chair I was in
  - Someone doesn’t listen when I talk to them

- People call me a liar
  - People don’t tell me about changes

- I’m told things at the last minute
  - My computer isn’t working properly

- I’m told to get up before I’m ready to
  - Other people are rude to me

- I forget to record a TV show
Stage 1 - Warning signs of my anger

(1) My Angry Feelings
This is how my body feels when I am angry...

1. Face feels hot
2. Heart beating faster
3. Breathing fast
4. Hands clenched
5. Legs feel like jelly
6. Butterflies in my stomach

(1) What others might notice
Other people have noticed that I might also...

- Have an angry look on my face
- Ignore others when they are trying to talk to me
- Pace up and down the room
- Tip back in my chair and bang my chair on the floor
- Raise my fist

(2) When I notice that I am starting to feel angry...

I will...
1. Do my breathing exercises
2. Try to think calm thoughts, for example:
   - It's a lovely day and I'm going out
   - I'm ok
   - Relax
3. It can also help to remember a happy situation, for example:
   - Going to MacDonalds
   - Walking in the park
   - Lying on the beach
4. Do something nice to relax, for example:
   - Listening to my CDs
   - Go for a walk
   - Reading
5. Talk to someone

(2) How others can help me at this time...

1. Ask me if I would like to talk about what is upsetting me
2. Sometimes it can be helpful to ask me to write down what's happened
3. Have a cup of tea with me
Stage 2 - When I'm feeling very angry

(1) What I might notice at this time...

4. Seeing "red"
5. My body might start to shake
6. My face is on fire
7. My head feels like it might explode

(1) What others might notice...

Other people have noticed that I might...
- Throw objects
- Shout and swear
- Stamp my feet
- Threaten to hit others
- Attempt to hit others

(2) What I can do at this time...

1. Take a deep breath and breathe out my anger
2. Walk away and go somewhere quiet
3. Count to 10
4. Do my breathing exercises or muscle relaxation
5. Think calm thoughts

(2) How others can help me at this time

1. Ask me to stop and think about what I'm doing and what the consequences might be, for example:
   - They upset other people
   - I might hurt someone
   - I might hurt myself
   - I might lose friends
   - My activities might get cancelled
2. Suggest I go somewhere quiet to calm down
3. I don't like people shouting at me - I prefer people to use calm voices
When I am feeling calmer

I can...

• Try to see the situation from the other person's point of view

• Think of how I can resolve or defuse the situation

• Talk to someone about how I feel

• Reward myself for staying calm by doing something nice

Author(s) and Date: