# Positive Behaviour Support (PBS) Plan Template

|  |  |  |
| --- | --- | --- |
| Person’s name |  |       |

|  |  |  |
| --- | --- | --- |
| icare reference number |  |       |

|  |  |  |
| --- | --- | --- |
| icare contact person |  |       |

|  |  |  |
| --- | --- | --- |
| Contact details |  |       |

|  |  |  |
| --- | --- | --- |
| PBS Practitioner |  |       |

|  |  |  |
| --- | --- | --- |
| Contact details |  |       |

|  |  |  |
| --- | --- | --- |
| Start date: |  |       |

|  |  |  |
| --- | --- | --- |
| Date for review: |  |       |

|  |
| --- |
| Summary of behaviour in need of support |

|  |  |  |
| --- | --- | --- |
| 1. |  |       |

|  |  |  |
| --- | --- | --- |
| 2. |  |       |

|  |  |  |
| --- | --- | --- |
| 3. |  |       |

|  |
| --- |
| General information |

|  |  |  |
| --- | --- | --- |
| Person’s short term and long-term goals |  |       |

|  |  |  |
| --- | --- | --- |
| Person’s understanding of why the above behaviours occur |  |       |

|  |  |  |
| --- | --- | --- |
| Activities that the person enjoys include: |  |       |

|  |  |  |
| --- | --- | --- |
| Conversational topics that the person enjoys include: |  |       |

|  |
| --- |
| Behaviour 1 |

|  |  |  |
| --- | --- | --- |
| Functions of the behaviours and/or possible causes.The case formulation |  |       |

|  |  |  |
| --- | --- | --- |
| Warning signs, triggers and rates of behaviour |  |       |

|  |  |  |
| --- | --- | --- |
| Proactive strategies (To reduce intensity/frequency/duration of behaviours of concern, such as environmental strategies, routine & activity planning, opportunities for choices/control, reinforce alternative behaviours, skill development, communication training) |  |       |

|  |  |  |
| --- | --- | --- |
| Reactive strategies (immediate response to the behaviour to minimise risk, provide feedback, remove triggers, de-escalate behaviour) |  |       |

|  |
| --- |
| Behaviour 2 |

|  |  |  |
| --- | --- | --- |
| Functions of the behaviours and/or possible causes. The case formulation |  |       |

|  |  |  |
| --- | --- | --- |
| Warning signs, triggers and rates of behaviour |  |       |

|  |  |  |
| --- | --- | --- |
| Proactive strategies (To reduce intensity/frequency/duration of behaviours of concern, such as environmental strategies, routine & activity planning, opportunities for choices/control, reinforce alternative behaviours, skill development, communication training) |  |       |

|  |  |  |
| --- | --- | --- |
| Reactive strategies (immediate response to the behaviour to minimise risk, provide feedback, remove triggers, de-escalate behaviour) |  |       |

|  |
| --- |
| Behaviour 3 |

|  |  |  |
| --- | --- | --- |
| Functions of the behaviours and/or possible causes. The case formulation |  |       |

|  |  |  |
| --- | --- | --- |
| Warning signs, triggers and rates of behaviour |  |       |

|  |  |  |
| --- | --- | --- |
| Proactive strategies (To reduce intensity/frequency/duration of behaviours of concern, such as environmental strategies, routine & activity planning, opportunities for choices/control, reinforce alternative behaviours, skill development, communication training) |  |       |

|  |  |  |
| --- | --- | --- |
| Reactive strategies (immediate response to the behaviour to minimise risk, provide feedback, remove triggers, de-escalate behaviour) |  |       |

|  |
| --- |
| Additional information  |

|  |  |  |
| --- | --- | --- |
| Plan for monitoring |  | • Any acts of aggression must be recorded on the abc data collection sheet • Staff to review behavioural issues and PBS Plan regularly at team Meetings (STATE FREQUENCY)• Staff to contact PBS practitioner if plan needs immediate review• Core outcome measures HoNOS-ABI, DASS and SPRS-v2 will be re-administered (state when)      |

|  |  |  |
| --- | --- | --- |
| Criteria for postponing or ceasing PBS |  | •      •      •      •            |

|  |  |  |
| --- | --- | --- |
| Medications – discussion with prescribing doctor/s(include details of medication and reason for use) |  |       |
| Does this plan recommend the use of any Restrictive Practices?(if so, please provide details) |  |  |

|  |
| --- |
| Team members involved (names) – include where relevant |

|  |  |  |
| --- | --- | --- |
| Attendant Care service provider (company name) |  |       |

|  |  |  |
| --- | --- | --- |
| Attendant Care Care Co-ordinator |  |       |

|  |  |  |
| --- | --- | --- |
| Family member |  |       |

|  |  |  |
| --- | --- | --- |
| Case Manager |  |       |

|  |  |  |
| --- | --- | --- |
| Occupational Therapist |  |       |

|  |  |  |
| --- | --- | --- |
| Social Worker |  |       |

|  |  |  |
| --- | --- | --- |
| Psychiatrist |  |       |

|  |  |  |
| --- | --- | --- |
| General Practitioner |  |       |

|  |  |  |
| --- | --- | --- |
| Specialist physician |  |       |

|  |  |  |
| --- | --- | --- |
| Other persons consulted in formulating this Behaviour Support Plan |  |       |

|  |
| --- |
| Declaration |

[ ]  The person has been involved as much as possible in the development of this PBS plan

[ ]  The person (and their family member or nominated person) agrees with the behaviours in need of support, goals and strategies to the extent possible

[ ]  The person has been provided with a copy of this plan

|  |
| --- |
| Signature  |

|  |  |  |
| --- | --- | --- |
| Name |  |  |

|  |  |  |
| --- | --- | --- |
| Signature |  |       |

|  |  |  |
| --- | --- | --- |
| Date  |  |       |