

## Positive Behaviour Support (PBS) Plan

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Name: \_\_\_\_\_ Plan ID: \_\_\_\_\_

Behaviour support practitioner: \_\_\_\_\_

Date published: \_\_\_\_\_ Review date: \_\_\_\_\_

### People consulted/sources of information (i.e. assessment, interviews, records, observation)

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<i>Date:</i>	<i>Source:</i>	<i>Assessor / person responsible:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Personal details

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D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Living arrangement: \_\_\_\_\_

Person responsible (e.g. individual, family member/appointed guardian): \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

### Relevant information:

(e.g. factors that underlie behaviour and may impact choice of intervention [e.g. disability, mental health, medical issues], family circumstances, communication methods, etc)

**Family and informal support systems involved with the person** (including decision-making supports):

**Strengths, dreams and aspirations**

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**Individual preferences/interests**

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**Community involvement** (e.g. outings, day programs)

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**Key Contacts**

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Name: \_\_\_\_\_

Relationship to person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Behaviour/s of concern

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**Description:**

**Frequency / duration / intensity:**

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### Factors contributing to the occurrence of the behaviour

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**Antecedents:**

*(setting events/motivating operations, environmental stimuli/events)*

**Maintaining Consequences:**

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**Function of the behaviour** *(e.g. to escape/avoid or gain item, activity, person, sensory stimuli)*

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*For formulation and functional analysis refer to Appendix*

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## Behavioural Goals and Objectives

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**Long-term goals**

*(what TO DO, not what *not* to do)*

**Expected Date:**

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**Short-term behavioural objective:**

*(progressing towards the long-term goal; what TO DO, not what *not* to do)*

**Expected Date:**

## **Preventative Ecological Strategies**

(Improve the environment; make behaviour/s of concern irrelevant)

***Include all settings that providers support the individual in***

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### **Physical environment:**

(e.g. make environment organised and predictable)

### **Routine:**

(e.g. incorporating meaningful activities; promoting self-determination)

### **Social environment:**

(e.g. staff/family communication strategies)

## **Skill Development**

***Teach & Reinforce Desired Replacement Behaviour***

(behaviour that serves the same function as the behaviour of concern in an appropriate manner)

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### **Desired Behaviour/s:**

### **Teaching strategies and reinforcement schedules:**

*\*reinforcers/rewards may need changing overtime to maintain interest/motivation for the individual*

**Remove maintaining consequence ('payoff') for behaviour/s of concern**  
*(make behaviours of concern ineffective)*

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**Incident management (de-escalation strategies)**  
*How to respond when the behaviour of concern occurs*

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**Crisis management & Restrictive Practice Schedule**

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Ensure safety of individual and others (if needed) by:

**Schedule of restrictive practices** (environmental, mechanical, physical, seclusion & chemical):  
(summary)

**Conditions of authorisation:**

## REFERRALS

Referrals (staff training, medical, therapeutic):      Actioned by:

### Evaluation (details of how you will assess the success of this plan)

Data to be collected	Data collection methods	Person/s responsible	Timeline

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