# Positive Behaviour Support (PBS) Plan Template

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| Person’s name |  |  |

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| icare reference number |  |  |

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| icare contact person |  |  |

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| Contact details |  |  |

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| PBS Practitioner |  |  |

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| Contact details |  |  |

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| Start date: |  |  |

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

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| Summary of behaviour in need of support |

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| 1. |  |  |

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| 2. |  |  |

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| 3. |  |  |

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| General information |

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

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

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| Activities that the person enjoys include: |  |  |

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

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| Behaviour 1 |

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

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

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| 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) |  |  |

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

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| Behaviour 2 |

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

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

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| 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) |  |  |

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

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| Behaviour 3 |

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

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

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| 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) |  |  |

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

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| Additional information |

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| 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) |

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

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| 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) |  |  |

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

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

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| Attendant Care Care Co-ordinator |  |  |

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| Family member |  |  |

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| Case Manager |  |  |

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| Occupational Therapist |  |  |

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| Social Worker |  |  |

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| Psychiatrist |  |  |

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| General Practitioner |  |  |

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| Specialist physician |  |  |

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

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| 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

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| Signature |

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

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| Signature |  |  |

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