

Domain 2: Stopping my problem behaviours- A Behaviour Support Plan

Name: Jenny Bloggs

NHS No. 123 456 7890

D.O.B. 1st January 1991

Named Nurse: S/N John Johnson

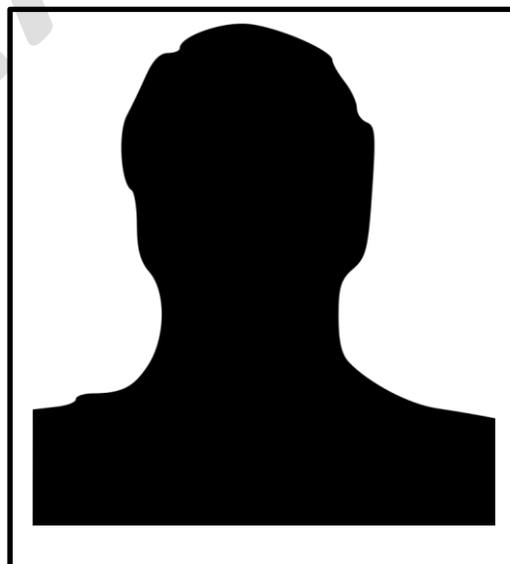
Responsible Clinician: Dr Thomas Timpson

Date behaviour support plan introduced: January 2017

People involved in developing the plan: Jenny Bloggs, S/N Johnson (Jenny's Named nurse), Jenny's MDT, Dr Samantha Smith (Clinical Psychologist)

Date plan last reviewed: January 2017

Date plan will next be reviewed: February 2017



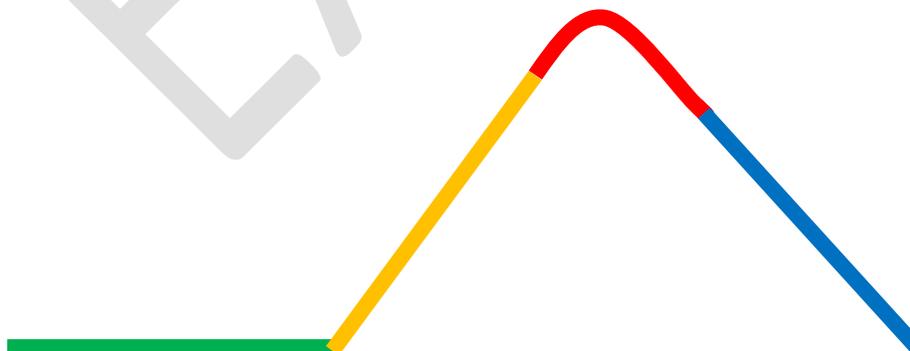
Aims of Jenny's Behaviour Support Plan

Jenny has a history of presenting with risky behaviours since childhood. These include incidents of verbal and physical aggression, assault, self-harm and suicide attempts. As a result of these risky behaviours Jenny has come into contact with services and the Criminal Justice System. She has committed a range of offences. She has since been placed on Section 3 of the MHA (2007, amended from 1983).

Please see risk assessments (HCR-20 v3 & Safety Summary) for more information about the assessment and management of these and other offending/ risk behaviours. On a day to day basis Jenny is at risk of displaying a number of behaviours that can be challenging for her and others:

- **Verbal aggression including threats to harm others**
- **Physical Violence** (e.g. hitting and kicking)
- **Destruction to Property**
- **Self Harm** (e.g. cutting and tying ligatures with wires or other items.)

Jenny's **Behaviour Support Planning Formulation** (see PARIS) explains why these behaviours may happen. This plan aims to meet these needs identified within her formulation. The plan is separated into four stages:



<u>GREEN:</u> What I do, say and look like when I am my usual self & how to help Primary Preventative)	<u>AMBER:</u> Triggers, warning signs & how to help (Secondary Preventative)	<u>RED:</u> Behaviours that challenge & how to help keep me and others safe at	<u>BLUE:</u> How to help when I am showing signs my level of arousal is reducing.
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What these behaviours may mean from Jenny's perspective

- Possibly as a result of early life experiences Jenny finds it difficult to trust others, perceives others as against her, and may feel unwanted.
- She can be highly sensitive to any perceived injustices. Incidents of aggression are commonly associated with triggers such as staff not meeting her needs immediately, inconsistencies between care planning or situations whereby Jenny feels she is being treated differently to others.
- It's possible that in these situations evoke feelings of being un-cared for and of being unable to rely on others.
- Jenny can find it difficult to label her emotions though, and can find it really hard to tell others how she is feeling.
- Her behaviour can be her way of getting difficult feelings out. Jenny has said that the physical pain of self-harming can, for example, distract her from the difficult emotions.

What Jenny does, says and looks like when she is her usual self

- You can find Jenny singing along to the radio first thing on a morning.
- Jenny can be very funny, she describes herself as “sarcastic”.
- Jenny likes to keep busy, i.e. she attends the activity centre gym and enjoys playing sports, football is her favourite.
- Jenny likes to keep busy and be around other people.
- Jenny has lots of interests - “I like listening to pop music, gardening and doing arts and crafts. I like to play cards- I teach the staff new games. I like reading real life stories but sometimes I worry about the things I read.”
- Jenny enjoys visiting family, they often go to Nandos.

How to help

Things Jenny needs in her environment.

- Jenny has a visual timetable. When she didn't have this she would often get confused about what she was doing each day which caused her anxiety. Staff should go through the timetable with Jenny each morning to help her get ready for her day.
- Jenny likes to use a quiet space to practice relaxation sometimes. Make sure she has access to a quiet room.

Daily activities

- It's really important for Jenny to be occupied. Jenny prefers group activities to being on her own. Staff should make sure Jenny is offered
- Jenny likes to be around other people. Staff should make sure Jenny is offered a group activity at least once a day.
- Jenny enjoys cooking and doing daily household tasks. Staff should make sure she has the chance to cook at least once a week.

Skills & Coping

- Jenny is currently attending DBT. Staff should offer Jenny time to practice these skills each day. Jenny has a DBT skills book so

don't worry if you don't know the skills well, you can learn together. The skills that are important for Jenny to practice regularly are skills like ABC PLEASE, Increasing Positive Emotions, Coping Ahead of Time.

Ways others communicate with Jenny and the support they offer

- Jenny generally has good communication skills and will let staff know if she needs something. She can start conversations. Jenny says she likes staff to engage with her using 'banter'.
- Jenny can find waiting hard. If you have to ask Jenny to wait for something, always give a reason why.

Focused support

- It can be helpful for staff around Jenny to point out how well she is doing and remind her of the positive things that are happening.
- Jenny is prescribed regular medication to help her stay well (see Domain 1).

Things that might trigger behaviours that challenge

Things people do

- "Making changes to my care plans without discussing this with me or changes in my support".
- "Not following my care plans"
- Other patients offending or upsetting Jenny.
- Other patients being distressed.

Situations & Activities

- "When I am bored"- structure is really important to Jenny.
- "Missing my family" Jenny can sometimes become upset following family visits.

Warning Signs

Things Jenny might do

- "Spend more time in my room or refuse to get up".
- Become argumentative with others. Refuse to listen to requests from others or listen to advice.
- Refuse to go to planned activities that Jenny usually enjoys.
- Jenny might request pain relief

- Jenny might hide items that could be used to self-harm with later, i.e. pens, cords.
- “I might refuse to go to my bedroom at night.”

Things Jenny might say

- Jenny might ask repeatedly about things her and staff have already talked about.
- Jenny might be very quiet and not engage in conversation with staff and others.
- “I might say I don’t know when staff ask me questions about how I am feeling.”

What Jenny might look like

- Jenny might appear sullen or tearful.

How to help when Jenny is showing warning signs

- Offer Jenny a distraction e.g. suggest playing a game of cards or Rummikub together for example.
- It can sometimes help to offer Jenny time to talk on a 1:1. Use her DBT skills book to help think about what skills might be helpful now (e.g. Pros and Cons, STOP, TIP, Acting Opposite)
- Offer Jenny something from the Safewards Calm Box.
- Be mindful that if Jenny spends too much time in her room alone, this can make her feel worse. Offer Jenny the chance to go for a walk if safe to do so.
- Encourage Jenny to spend some time in the sensory room or quiet room. Allow Jenny space to process her emotions and remain available for her to talk to when she is ready but be

What Jenny might say, do and look like when behaviours that challenge are happening

- Jenny might be verbally aggressive towards others.
- Jenny might make threats to harm others
- Jenny might become physically violent
- Jenny might engage in self-harming behaviours

Behaviour that challenges	How to help Jenny in the first instance
Verbal aggression including threats to harm other	<ul style="list-style-type: none"> • Offer Jenny the opportunity to discuss how she is feeling. The use of validation can be helpful. • Encourage Jenny to use her coping skills like listening to music or having a bath. • Facilitate not just prompt DBT skills e.g. offer Jenny a cold flannel, suggest talking outside (TIP)
Destruction to Property	<ul style="list-style-type: none"> • Try to make the area safe by removing risk items. • Consider whether others need to be moved to a safe area. • Remind Jenny that staff want to help. • Give her as much space as possible explaining staff are available when she needs them.
Physical Violence	<ul style="list-style-type: none"> • As much as is safe to do so give Jenny space. • If Jenny or others safety is at imminent risk staff may need to utilise physical intervention.
Self-harm e.g. use of ligatures	<ul style="list-style-type: none"> • Speak to Jenny from a distance to ensure her breathing is not being affected. • If Jenny's self-injurious behaviour place her at serious risk of physical health deterioration staff may need to use physical intervention to maintain her safety

General strategies

- In the event of any risk incident staff should review Jenny's observation and engagement levels.
- If Jenny's level of arousal increases despite continuous use of strategies included in this plan staff should consider offering PRN.

Signs Jenny is calming

- Jenny might knock on the office window
- She will spend time in the day area
- Jenny will often start playing cards on her own

How to help

- Show her that you are listening. Use active listening skills.
- Make any necessary changes to risk assessments/ strategies of support and review these every 24 hours.
- Review Jenny's leave status with my responsible clinician as appropriate.

My Behaviour Support Plan Toolkit

Things that might help prevent risk behaviours

Staff will go through my timetable with me each morning

Staff will make sure I have access to a quiet room

I will practice relaxation each day

Keep busy

I should practice my DBT skills like ABC Please. Staff will help me with this.

Staff will try to make sure they give me a reason why if they ask me to wait for something.

Taking my prescribed medication

To help at times when I am showing warning signs

Staff might offer me a distraction

Staff may offer me a 1:1

Staff might consider changing my observation levels

Going for a walk

Playing a board game

Using the Safewards calm box

I can use my DBT skills like Acting Opposite)

To help when I am showing risks

Staff will make sure I know they are there to help

Staff will give me space if it is safe to do so.

Staff will make the area safe

Staff may need to use physical intervention. They are aware I should be placed in supine position if full physical intervention is required.

To help when I am starting to feel calmer

Staff will offer me a debrief. Sometimes I prefer this to the day after.

Staff will offer me an activity to do-it helps me to stay distracted,

Staff might make changes to my risk assessment/ strategies

Staff will review my leave with me and my RC