***This template is provided as a sample only that includes required content. Behavioral providers should keep in mind that the primary purpose of the BSP is to guide the team in how to provide appropriate treatment. When plans are complex it is helpful to have a short summary of the most critical procedures to use as a “Job Aid”.***

**Sample Behavior Support Plan Template**

**Individual:** **DOB**:

**Plan Date:**

* *Include date of initial plan and at least most current update*
* *Must be updated annually*

**Author** **Name and Credentials**:

**Author’s Signature**:

**Author Contact: (phone and email)**

Background and Statement of Problem

* *State the individual’s name, gender, age, (height/weight if relevant), any diagnoses, where/with whom the individual lives, and functional areas of strength.*
* *Include individual’s legal status (e.g. own guardian, surrogate, parent’s, etc.).*
* *It may be appropriate to include how the person communicates in this section (if not here, it should be included in the functional assessment).*
* *Describe behavioral history and current challenging behaviors.*

### *Include previous procedures implemented and their effectiveness.*

* *Include sources of information (e.g., parent’s report, etc.) and include which stakeholders participated in the plan development and why other stakeholders were not included (e.g., several attempts were made to contact mother, but she did not return calls).*
* *If relevant, consider including the individual’s mobility status and ability to perform daily living skills.*

Relevant Medical History/Medical Necessity

* *Are there any medical issues that may exacerbate behavioral concerns?*
* *Are there any medical issues that may impact how behavioral programming may be implemented?*
* *Note if individual takes any medications that have mood-related side effects (like sleepiness or irritability).*

Identified Challenging Behaviors: *(i.e., behaviors targeted for reduction)*

* *List each behavior and the specific observable, measurable definition of each behavior.*
* *Often helpful to include both examples and nonexamples of each targeted behavior.*
* *If individual has identified challenging behaviors that are not addressed in this plan, provide rationale.*

Functional Behavioral Assessment

* *Describe who did assessment*
* *When and where assessment was done*
* *If the initial functional behavior assessment (FBA) is older than 12 months, or if the individual has had a change of placement (residential or other) since the FBA’s completion, how was the FBA re-validated or updated*
* *Methods used for conducting*
	+ *Descriptive -observations (required), data analysis, structured ABC etc. (direct observation of the target behavior/situation is required for the FBA)*
	+ *Indirect (required)- interviews, interview tools like FAST, QABF, FAI*
	+ *Experimental – If conducted*
* *Results of FBA – Hypothesized function of each behavior.*
* *Description of setting events, precursor behaviors, behavioral chains, etc.*
* *Discussion of psychosocial stressors that may impact behavior*
* *Description of organic, psychiatric, or medical conditions related to/contribute to challenging behavior – or statement that there is no organic basis*
* *Description of skills related to challenging behavior*

## Potential Reinforcer Identification

* *Name the type of stimulus preference assessment used (interview, MSWO, Paired Stimulus, etc.)*
* *Include a summary of results using data (e.g., provide a bar graph indicating most to least preferred items in descending order).*
* *It MAY be appropriate to indicate things that the individual does not like.*

Baseline Data

* *Describe how baseline data were collected and for how long. Describe your graph.*

Rationale for Current Plan and Procedures

* *Describe how selected interventions will address the challenging behaviors based on identified function of the challenging behavior. Included for:*
	+ *Environmental supports/modifications, especially if involve rights restrictions.*
	+ *Replacement/alternative behaviors.*
	+ *If alternative behavior selected, rationale for selection.*
	+ *Responses to challenging behaviors*

Behavioral Objectives:

* *Objective for each targeted challenging behavior (can include short and long term)*
* *Objective for each replacement behavior (e.g., The client will independently say “Break” in demand contexts to request a break from a task during at least 4 out of 5 opportunities.)*

**Strategies for Preventing Problem Behavior and Teaching Alternative Behaviors**

Alterations to Interactions and the Environment

* *Describe environmental, interactional, educational changes that are specific to this individual.*
* *In addition to supervision needs, this section should include antecedent prevention procedures, and a list of things that the individual needs to be successful- things he/she should always have.*

Identified Replacement Behaviors

* *List each behavior and the specific observable, measurable definition of each behavior.*
* *Remember that the replacement behavior should be related to decreasing the challenging behavior.*
* *Often helpful to include both examples and nonexamples of each targeted behavior.*

Replacement Behavior Teaching

* *Specific steps to teach the skill and steps to increase the probability of the replacement behavior occurring at the right time and place. A replacement behavior is defined as a socially appropriate alternative behavior which serves the same purpose (i.e., function) as the behavior targeted for reduction.*
* *When training should be conducted, how long will sessions be, who will do the training*
* *This can be functionally equivalent replacement behavior training or alternative behavior.*

Reinforcement Procedures

*If not addressed in sections above, describe how occurrence of replacement behaviors will be reinforced (DRA, tokens, praise, etc.) and/or how nonoccurrence of behaviors targeted for reduction will be reinforced*

Strategies for Decreasing and Responding to Challenging Behaviors

* *Describe the functionally appropriate response to the target behavior.*
* *Behaviors may be grouped according to response class in this section. Describe the step-by-step procedures to follow once a behavior targeted for reduction is emitted. These step-by-step procedures will be different for behaviors in different response classes (i.e., behaviors that serve different functions).*

Data Recording/Fidelity Monitoring

* *Should be conducted for all behaviors targeted for reduction and for replacement behaviors*
* *How will data be collected*
* *Who will take data?*
* *How often will data be collected?*
* *What data collection forms will be used?*

Generalization, Maintenance, Fading Strategies

* *How and when?*
* *Describe settings, people or stimuli used in generalization programming.*
* *Describe schedule of reinforcement at each fading step.*
* *If prompts or restrictive components in place, describe how will be faded.*

Natural Supports/Staff Training

* *Who will train?*
* *What methods will be used to train?*
* *How will staff competency be assessed?*
* *What is mastery criterion?*

Program Monitoring:

* *Who will monitor?*
* *How often?*
* *Using what tools?*
* *Include at least monthly data analysis and graphing of all behaviors targeted for reduction and replacement behaviors*
* *Behavioral service provider should upload into IDD-C*

Risks and Benefits

* *If risks are high (severity and/or number), include a plan for frequent monitoring to ensure safety and protection of the individual’s rights.*
* *Benefits should outweigh risks. If not, reconsider the procedures you have selected.*
* *Human Rights Committee or special circumstances review may be needed for use of some restrictive procedures or devices*

Consent

By signing below, I hereby consent to the procedures outlined in the plan above. I acknowledge that the procedures appear reasonable and necessary and that there is no intent to cause harm. I understand that the plan and outcomes will be monitored as described. I have had an opportunity to ask questions and had my questions answered. I understand that I may revoke consent to this plan at any time with a request addressed to [name of behavioral provider]

Parent/Guardian/Individual Printed Name

Parent/Guardian/Individual Signature Date

*Attachments to BSP*

* *Data Collection Forms – Challenging & replacement behavior*
* *Monitoring Forms/Fidelity Checklists*
* *Staff Training Records/Plan*