



INDIVIDUAL PLAN

Participant Details

First Name	Carla	Surname	Johnson
Age	12/8/1991	Gender	Female

Residential Address

Address 1	28 Draper Road	Suburb	Chermside
State	QLD	Postcode	2222
Phone	(02) 2222 2222	Primary Email	CarlaBear91@email.com.au

My Profile

I am a 31-year-old female with a mild brain injury and have PTSD relating to a physical attack experienced 18 months ago. I find dealing with change hard and have just moved out of home as my Mum had to go into care because of her dementia.

I go to church every Sunday and attend Bible group with my church friends once a week, we take turns at each other's houses. I really loved when we did it at my old home and would like to continue to do this and learn how to cook nice afternoon treats for this.

I can do most activities myself; I might just need a few prompts to get me started. It's best to give me verbal prompts.

I can get overwhelmed at times, if I am stressed or scared and I can react angrily and sometimes violently. I have a behaviour support plan and a restrictive practice plan if required (attached to care plan).

I love to watch TV, especially shows like MasterChef or The Voice. I like texting and emailing my friends and my sister Charlotte. I find it easier to text than talk as sometimes my words don't quite come out right.

My Goals and Important Things



My Goals	<ul style="list-style-type: none">• Go to church every Sunday, at Mum’s facility or with Charlotte.• Continue bible study with my friendship group once a week.• Catch public transport to bible study.• Learn to cook scones for afternoon tea.• Attend counselling when I feel stressed.	Timeframe to Achieve	Ongoing
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Positive behaviour Support Plan Carla Johnson

Name: Carla Johnson

Date: 10/03/2021

Background information: Carla is a 31-year-old woman living at home with her elderly mother. Her mother has begun making plans for Carla to move into a group home when she is no longer able independently support Carla. Carla has only ever lived with her mother and sister Charlotte. Carla has a mild brain injury and has PTSD relating to a physical attack experienced 18 months ago.

Hobbies and interests: Watching TV, especially shows like MasterChef or The Voice. Texting and emailing my friends and my sister Charlotte. Going to church and bible study group and having afternoon teas.

Diagnosis:

- Mild brain injury (from birth) (12/8/1991)
- PTSD (Dr L.Christianson July 2019)

I can get overwhelmed at times if I am stressed or scared, and I can react angrily and sometimes violently.

Behaviours in need of support

Target Behaviours	Known warning signs of impending behaviour	Known triggers of impending behaviour
<p>Physical aggression towards others.</p> <ul style="list-style-type: none"> • Pushes others with open hands. • Will attempt to hit others with a closed fist if extremely agitated or upset. • Will throw objects or use them as a weapon. 	<ul style="list-style-type: none"> • Carla may begin invading personal space of staff and co-residents, and yelling loudly. • Carla may be shaking, and her face goes red. • Carla may be jumping up and down making aggressive gestures with her hands at the same time. 	<ul style="list-style-type: none"> • Overstimulation: too many things going on at once. • Change in routine without time to process. • Stress- unfamiliar situations and people, tasks that are challenging. • Scared – if reminded of circumstances of attack she experienced



		(physical assault by unknown individual).
<p>Self-harm. Withdraws to a small space and could;</p> <ul style="list-style-type: none"> • Self-rock to an intensity that she will strike her head on a hard surface. • Bite her own hand between her thumb and pointer finger. • Bite her forearm. 	<p>When Carla becomes aware of hurt or harm, she has caused she can react in two ways:</p> <ol style="list-style-type: none"> 1) Begin to sob uncontrollably and retreat to her room with speed. 2) Quietly withdraw to her room stating she is sorry and needs time to pray. 	<ul style="list-style-type: none"> • Becomes aware of hurting or harming a person or property and is unable to de-escalate properly. • Use of the restrictive practice, though not all times.
<p>For all behaviours: Be aware of setting events that are likely to bring on behaviours of concerns for Carla, such as:</p> <ul style="list-style-type: none"> • Change in routine. • Challenging tasks. • Unfamiliar people, places, or situations. • Emotional or physical reminders of her attack. • When these events are unavoidable minimise requests of Carla and allow extra time for processing. • Ensure Carla has access to her noise cancelling headphones, her iPad and bible. • Use visual social stories to communicate upcoming changes. • If sudden changes occur, give this information to Carla in a calm environment and allow time to process and ask questions. • Carla is aware of her triggers, asks her if he would like to have some time out of her activity to reduce any agitation. • Carla can take time out in the preferred area of the lounge so staff can supervise her easily or if she chooses her room, she is to be observed on a 5-minute basis. 		
<p>Proactive strategies and techniques</p>		
<p>At home</p> <ul style="list-style-type: none"> • Maintain routine. • Inform them of changes as soon as practical. • Use calendar and visual communication board in the bedroom and kitchen to maintain routine. • Ensure privacy is always respected, that no housemates go in Carla's bedroom. 	<p>In the community</p> <ul style="list-style-type: none"> • Use social stories to communicate new activities. • Allow Carla the opportunity to visit new environments prior to regular attendance. • Ensure Carla has her headphones, iPad, and bible. • Ensure Carla knows who she can go to if she is feeling uneasy/agitated. 	



- Ensure Carla knows where to always find a staff member.
- Provide Carla with access to her headphones, iPad, and bible as required.
- Provide access to recorded copies of favourite shows if not available on iPad.

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Positive behaviour recognition

- Carla responds to verbal praise and reassurance, however, make sure it is age appropriate and keep eye contact to a minimum as she can find it overwhelming.
- Carla responds to limited physical contact such as high five or touch on the shoulder but from females only.

Post incident requirements

- Carla needs to have some down time following an incident as she will need time to process and recover. However, this time must be under supervision.
- Carla is aware of her behaviours and can become distressed if she has physically hurt someone through her actions. She can become so distressed that she will withdraw into a small space and possibly self-injure, therefore she will need to be supervised and supported if she is overtly upset or aware she has hurt someone.

Behaviours; self-harm

Strategies for home:

- Direct Carla to her headphones, bible and iPad. Encourage her to listen to her favourite song or watch the last episode of her favourite show.
- Use short clear sentences to inform Carla that you will be staying with her and that she is safe from harm.
- Always remove all other stimulus from the environment and maintain visual contact.
- Where possible remove other stimulus, if not encourage Carla to remove herself to her room.
- Assist Carla with putting on her headphones and encourage Carla to have her bible in her hands so she can go through her favourite pages.
- Remain an arm's length from Carla with easy access to an exit.
- Ensure your body language is open and your tone reassuring.
- Contact Charlotte to provide extra reassurance by text.

Behaviours; Physical aggression towards others

Strategies for home

- Remove all other people from the environment and tell Carla that you will be giving her some time to calm down on her own.
- Do not restrain Carla or block her way into her bedroom.
- Remove all other people and ensure there are no unsafe objects in Carla's proximity.
- When Carla stops her initial aggression return and direct her to her headphones, bible or iPad and take some time out. Direct her to the lounge, her room, or the courtyard.
- If Carla does not want to go to any of those areas leave again and try in a further 5 minutes.
- If Carla's initial aggression escalates, and there is a definite threat of harm to others or damage to property implement the restrictive practice.



Who is responsible? All home support staff.

Who is responsible? All home support and day service staff.

Review: 10/03/2022
Developed By: M Lockart Behaviour Support Practitioner.



Restrictive practice protocol for Carla Johnson

Restrictive practice protocol for the use of seclusion.

Seclusion to be used as a strategy as a last resort when Carla is at significant risk of hurting herself or others. Carla's NDIS (National Disability Insurance Scheme) behaviour practitioner developed a behaviour support plan that contains this seclusion protocol in 2020.

Rationale

Carla engages in aggressive behaviours, including hitting and throwing objects. This has resulted in significant physical injury to others in the past (day program). The use of seclusion is to prevent harm to others and to Carla.

Carla can engage in aggressive behaviours to escape situations that she found overwhelming and stressful.

Seclusion place

Carla is only to be secluded within her house by removing all other people from her space and restricting her access to leave. Prior to any seclusion, all areas of Carla's house need to be assessed for safety. This should always occur in advance.

Frequency

PRN (as needed).

Only to be used as a last resort.

Seclusion should not occur for more than 15 minutes.

Early warning signs that Carla is about to engage in a behaviour of concern:

- Carla may be shaking, and her face goes red.
- Carla may be jumping up and down making aggressive gestures with her hands at the same time.
- Carla may begin invading personal space of staff and co-residents and yelling loudly.

Procedure

If Carla is at imminent risk of danger to herself or others, (for example Carla is getting closer to staff and co-residents in an attempt to hit or kick, or an increase in emotional outbursts is observed) staff are to:

1. Tell Carla that you will be giving her some time to calm down on her own
2. Lock the front door
3. Remove co-residents and yourself to a covered area and lock the backdoor. At this point seclusion is in place. A support worker is to begin timing the length of seclusion at this point.

- Staff should visually monitor Carla from accessible viewing points while also supporting co-residents.
- One staff member should be allocated to observe and document verbal and/or behavioural cues every 5 minutes. This should include any change of condition, physical health, risk assessment, and an assessment of the need for continuing seclusion.
- The same staff member is to speak to Carla through the window, ask Carla if she is OK, and let her know staff are there to help her. Verbal support and body language should always be non-judgmental and empathetic. Staff can also suggest ideas that may help her to calm down such as putting on music or using sensory devices.
- Seclusion should stop immediately when Carla is observed to have calmed down and is no longer at risk of harm to herself or others. Signs Carla has calmed down include, yelling stops, tone of voice is calmer, and she is responding to staff communication.
- Staff are to open the backdoor and slowly re-enter the house. When Carla is calm the residents can return to the house.
- Staff are to reassure Carla that everything is OK, and that they are there to help her attempt to involve her in a relaxing activity of her choosing when she is ready.
- Close observation should be maintained after seclusion.



Data Collection

- Document the use of seclusion, and document appropriate information in an ABC chart.
- Document any frustration shown by Carla or other issues in relation to the use of seclusion any psychological side effects.
- With Carla's guardian's consent, share the above documentation with her NDIS behaviour support practitioner to assist in the behaviour support plan review.
- Complete reporting requirements for the use of seclusion to the NDIS Commission.

The reduction and elimination of the restraint (fade out plan)

The aim is to reduce the amount of time and incidents Carla is exposed to seclusion. For example, reducing from 15 minute to 10 minutes, and or reducing incidents of seclusion.

Training

All staff, including new staff need to be appropriately trained to implement the seclusion protocol. Training will occur in team meetings.



Case Notes		
Date	Note	Standard of Support
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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Plan Revisions Required		