

Team-Teach

Positive Handling Plan (PHP)



Name:

Setting:

TRIGGER Behaviours: (Describe common behaviours / situations which are known to have led to Positive Handling being required. When is such behaviour likely to occur?)

TOPOGRAPHY of Behaviour: (Describe what the behaviour looks / sounds like?)

PREFERRED Supportive & Intervention Strategies (Other ways of C.A.L.M.ing such behaviours Describe strategies that, where and when possible, should be attempted before positive handling techniques are used)

- | | | | |
|---------------------------|--------------------------|--|--------------------------|
| Verbal advice and support | <input type="checkbox"/> | Distraction (Known Key words, objects, etc..Likes) | <input type="checkbox"/> |
| Reassurance | <input type="checkbox"/> | Take up Time | <input type="checkbox"/> |
| C.A.L.M talking / Stance | <input type="checkbox"/> | Time Out (Requires a written plan) | <input type="checkbox"/> |
| Negotiation | <input type="checkbox"/> | Withdrawal (Requires Staff/Carer Observation) | <input type="checkbox"/> |
| Choices / Limits / | <input type="checkbox"/> | Cool Off: Directed / Offered (Delete as appropriate)
Time allowed out to calm down or cool off. | <input type="checkbox"/> |
| Humour | <input type="checkbox"/> | Contingent Touch | <input type="checkbox"/> |
| Consequences | <input type="checkbox"/> | Transfer Adult (Help Protocol) | <input type="checkbox"/> |
| Planned Ignoring | <input type="checkbox"/> | Success Reminder | <input type="checkbox"/> |

Others?

Praise Points / Strengths: (Areas that can be developed and built upon) Please state at least 3 Bridge builders.

1:

2:

3:

Medical Conditions that should be taken into account before physically intervening.

i.e. Asthma, Brittle bones

Preferred Handling Strategies:(Describe the preferred holds: standing, sitting, ground, stating numbers of staff, what “get outs” that can be used when holding, etc)

De-briefing process following incident: (What is the care to be provided)

Recording and notifications required:

Please print:

Please sign:

Establishment:

Name:

Placing Authority:

Name:

Parents/Guardians:

Name:

Name:

Signature:

Date:

___ / ___ / _____

Review Date:

___ / ___ / _____

Other Factors to Consider:

- Key behaviour difficulties
- Our understanding of the behaviour
- What we want to see instead
- Environmental Changes that might help
- Monitoring progress
- How the individual can help
- How Parents or Carers can help
- Rewarding progress



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