

BEHAVIOUR SUPPORT PLAN

NAME: Jordan McCourt	D.O.B: 16/10/92
UNIT: North	D.O.A: 04/08/05
KEYWORKER: Jim Seymour	MEDICAL CONCERNS: Yes

A Specific issues:

What typically produces anxiety for this service user? Do they have a history concerning past aggressive outbursts? (what specific behaviour has he displayed) Do they have a history concerning past traumatic events? What medical conditions are present? What is the current diagnosis?

Jordan suffers from A.D.H.D for which he takes Concerta 1x18mg and 1x36mg each morning on a daily basis. Jordan tends to get Hyper when his Concerta is wearing off, especially at bedtime e.g. from about 9.30pm onwards. Jordan should only be allowed to drink fizzy juice in small amounts and never before Bedtime. *(be prepared to suffer the consequences if he is allowed to drink copious amounts of fizzy juice in particular any with a high sugar content).* Jordan feels very much at home and is very comfortable within North Unit and displays what can only be described as normal teenage behaviours, he can however be over friendly with female members of staff.

B Primary Interventions:

What interventions have been identified as appropriate for this service user? What strength based (primary) interventions have had past successes? Is there a particular staff member that can help prompt de-escalation?

Jordan responds well to clear direct statements although he can be abusive towards staff. Given time out to reflect on his actions also works for Jordan although he has been known to trash his room. Jordan has a good relationship with all members of North Staff. Within the education department he has an excellent relationship with all staff members in particular members of the Physical Education Department especially John Hillcoat. Jordan also has a good relationship with his key tutor David Lowther. All of whom would be of assistance to help with the de-escalation process should any issues arise. If Jordan is challenged by staff he may attempt to leave the unit which he has done on occasion in the past, however he has only ever gone as far as the entrance to the school and sat on the wall for 10/15 minutes he has always returned of his own accord. In the past he has also gone out to the football fields behind North unit and taken his anger, frustrations out on a football this also lasts about 10/15 minutes.

C Secondary Interventions:

When verbally redirecting or confronting this service user's behaviour, what intervention techniques have in the past been productive? e.g. use direct appeal, setting direction, limit setting and consequence reminders.

The settings of direction and consequence reminders have tended to be productive. Talking to Jordan in a soft tone of voice also calms him down very quickly, the use of appropriate humour and consequential reminders works very well with Jordan.

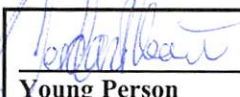
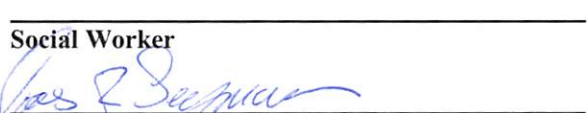
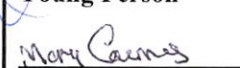
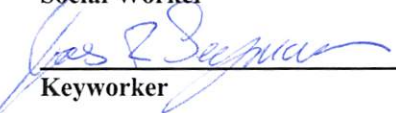
D Physical Intervention:

When there appears to be no other alternative, what Safe Crisis Management physical techniques would be appropriate for this client (from least restrictive to most restrictive)? What physical assists should not be used?

There are no physical assists which cannot be used; however the LEAST RESTRICTIVE ASSIST would be the preferred option. Since his arrival in Kibble, SCM physical assists have been implemented on several occasions, which have tended to last no longer than five minutes. Jordan is almost always tearful and emotional after each event and almost always, spends time in his room rearranging the furniture and cleaning and tidying his room.

DATE PLAN AGREED:	08/05/08	DATE NEXT REVIEW	08/08/08
--------------------------	-----------------	-------------------------	-----------------

SIGNATURES

	
Young Person	Social Worker
	
Parent / Carer	Keyworker