Interim Behaviour Support Plan

CONFIDENTIAL

Person details

Person's name:	Richard McLean	**NDIS Participant #:**	430938559
Date of Birth (age):	*50*	**Gender:**	*Male*
Address:	*Homeless*	**State or Territory:**	*VIC*

Plan dates

Interim BSP date:	15/03/2024	**Comprehensive BSP due date:**	15/09/2024

Practitioner and provider details

NDIS Behaviour Support Practitioner:	Christina Ma	**Contact details:**	0451068307 christina@libertybehavioural.com
Specialist Behaviour Support Provider:		**Registration ID:**	P1484717

Contents

Purpose

The purpose of this Interim Behaviour Support Plan is to:

- Provide **brief information about the person** with disability and their needs.
- Outline **general preventative and response strategies** to keep the person and others safe.
- Respect and uphold the person's **rights and dignity**.
- Where relevant, **identify any regulated restrictive practices** used and how they will be reduced and eliminated. Note restrictive practices should **only be used as a last resort** and may not be necessary to minimise the risk of harm.
- Safeguard and minimise the risk of harm whilst a functional behavioural assessment is undertaken and a Comprehensive Behaviour Support Plan is developed with the person.

Consultation

Consultation with the Person

What was the person consulted about, when and how	Details provided about intent to include RRP
10/01/2024, face to face consultation (online) Medical and disability history, family background, his daily routine and activities, relationships, barriers or challenges he is facing, and behaviours of concern	Yes

Consultation with Others

Name, role and contact details	What were they consulted about, when and how	Details provided about intent to include RRP
Robyn O'Brien Support Coordinator (Previous) Tel: 0417 666 701 Email: robyn.obrien@genu.org.au	19/12/2023, phone consultation Behaviours of concern, potential risks to himself and support workers arising from these behaviours, and the application for SIL funding.	No
Anas Chattippurayil Support Coordinator (Current) Tel: 0484 917 584 Email: anas.c@genu.org.au	07/02/2023, phone consultation Living arrangements and the support he receives	No

About the Person

Richard McLean, a 50-year-old male diagnosed with schizophrenia, ADHD, Bi-polar and depression. He has reportedly been experiencing homelessness or residing in temporary crisis accommodation for the past three months, during which there have been multiple incidents of absconding from hospitals and crisis housing. He is accompanied by his dog, Crystal, throughout his nomadic lifestyle, except during hospital admissions.

Richard was born in Australia and is the middle child, with an elder sister and a younger brother. He is unmarried and does not have any children. Richard has indicated that he has severed all contact with his parents and siblings. His parents had obtained an intervention order against him.

Richard displays fluent speech, although he may occasionally have frustration tolerance issues coupled with underlying irritability. He has reported experiencing memory impairment. Previous assessments have revealed significant declines in his visual-spatial constructional skills, as well as executive difficulties such as challenges with planning, self-monitoring, and set-shifting.

Richard consistently expresses ongoing significant paranoid ideation. He presents persistent psychotic symptoms characterized by a high level of delusional content. Richard spends most of his day talking to others regarding perceived threats from his ex-partner, who was affiliated with ASIO, and believes himself to be targeted by an elaborate government conspiracy, as well as reporting unjust treatment by the health system. He has shared lengthy emails, blog posts, and social media content outlining these themes, and has made contact with numerous agencies and individuals regarding his beliefs. Richard has established his own website where he documents his ‘history’, which involves litigation against various government agencies and prominent figures. He keeps a record of dates associated with suicide. However, focusing on his website can lead to an increase in his distress level. Richard reports experiencing auditory hallucinations, especially during times of relationship and financial stress.

His medical history includes gastro-oesophageal reflux disease (GORD), syphilis, and psoriasis. His feet have been numb since his last suicide attempt. In his earlier report, it was revealed that he consumes alcohol heavily, is a frequent cigarette smoker, and has dependencies on methamphetamine. He exhibits constant leg shaking and foot movement. He presents with thought disorder and mood instability when hearing noises or voices from

outside. He has had several psychiatric inpatient admissions to optimise his mental health and mitigate serious risks to himself and others.

Richard's concerning behaviours include violence towards hospital staff, verbal threats to himself and others, suicide attempts, absconding, and substance abuse. The associated risks involve suicidality and the inability to effectively engage in assessment and treatment.

Given Richard's complex psychiatric and medical history, it is imperative to ensure his transition to supported independent living (SIL) with a 1:1 support worker providing 24-hour supervision and assistance for his daily living support and medication administration. Richard requires a stable and supportive environment to address his mental health needs. Without such accommodation and support, Richard faces significant risks, including exacerbation of his psychiatric symptoms and heightened potential for self-harm or harm to others. The lack of suitable accommodation may lead to instability and difficulty accessing necessary healthcare services.

Despite being prescribed multiple medications by hospital doctors to manage his mental health upon discharge, he lacks the ability to properly self-administer. Richard stated that he cannot access those medications. Currently, he only takes the following one.

Self-Administered Medication

Medication name	Dose	Frequency	Route	Status
Solian	200mg, 3 tab(s)	At night	Oral	Prescribed

Risks of harm

Description of behaviour	Richard engaged in suicidal self-harm behaviour with a vape pen, using it to cut his fossa cubital. This act was a protest borne out of his frustration over being denied access to dexamphetamine.

Frequency / Duration	The incident of self-harm with the intention to end his life occurred once on the 25th of February 2021, during Richard's admission to Clare Moore Psych Werribee Mercy Hospital under Temporary Treatment Order (TTO).
Intensity	The intensity of this behaviour can be considered as high, given its significant potential for life-threatening consequences.
Triggers	• The cessation of dexamphetamine upon admission, leading to frustration towards the treatment team. • The denial of discharge approval, adding to his feelings of frustration and agitation. • His dependence on methamphetamine contributed to heightened emotional distress and impulsivity, exacerbating the urge to engage in self-harm.
Risks	This behaviour has posed severe physical and psychological risks. It may result in severe self-injury or even death, leading to excessive bleeding, nerve damage, infection, or other complications. It can significantly exacerbate his mental health conditions. For individuals with schizophrenia, engaging in self-harm can amplify psychotic symptoms, leading to heightened delusions. Self-harm could intensify feelings of depression, reinforcing negative thought patterns.

Description of behaviour	Richard displayed physical aggression towards others. He assaulted two hospital staff, including treating psychiatrist, and had an altercation with a co-patient. In a moment of frustration, he seized the staff's eyeglasses and ruthlessly smashed them on the floor.

Frequency / Duration	The behaviour of physical aggression occurred occasionally, with the above instance recorded in June 2022.
Intensity	The behaviour is described as moderate in intensity. The aggression resulted in assaults and property destruction but did not escalate to more severe levels of harm.
Triggers	Richard's frustration with the admission process.
Risks	The associated risks with the above behaviour include: Harm to others - The physical aggression towards staff and the co-patient poses a direct risk of physical injury within the vicinity. Property damage - Smashing the eyeglasses on the floor indicates a risk of property damage. This behaviour could extend to other objects in the environment, leading to financial costs. Responsive strategies should be taken to ensure the safety of staff members, patients, and Richard himself during episodes of aggression. Immediate steps should be taken to remove any objects that could be used as weapons or could pose a danger in the environment.

Description of behaviour	Richard's behaviour escalated with an increase in threats voiced towards both himself and others in his surroundings, including healthcare workers. These threats were vague in nature, such as the ominous statement "make you all pay," indicating a heightened level of distress and potential risk to the safety of individuals involved.
Frequency / Duration	Richard reported that verbal aggression occurred nearly every day and happened multiple times each day.

Intensity	The intensity of the above behaviour can be deemed high due to its frequent occurrence at a loud volume, resulting in substantial emotional distress for the victims and disruption to the surrounding environment.
Triggers	Because Richard frequently transitions between homelessness and various temporary accommodations, it's difficult to locate support workers familiar with him who understand his psychotic state for consultation. Information about triggers hasn't been accessible for further behaviour analysis. Based on observations during consultation, verbal aggression predominantly arises when Richard experiences psychosocial stressors (such as being questioned) or during persecutory delusions.
Risks	Associated risks: Harm to Self - Richard's escalating threats towards himself indicate a risk of self-harm or suicidal behaviour. Harm to Others - This poses a direct threat to the safety and well-being of others in the vicinity. Security measures may be needed to ensure the safety of healthcare workers and other individuals. This may involve • Removing any potential weapons or harmful objects from his vicinity; • Increased monitoring; • Presence of security personnel; • Employing de-escalation techniques to try to calm Richard.

Description of behaviour	Richard frequently absconds from hospital or crisis accommodation, with unclear reasons or triggers for each occurrence. The report indicates that he previously requested discharge but was denied while under assessment order.
Frequency / Duration	Presently, it is reported that Richard's absconding occurs with a frequency ranging from 1 to 3 times per month. His absence typically extends for up to a couple of weeks before he either returns or is located by the police.
Intensity	The intensity of Richard's behaviour is high, given its frequency, duration, and the considerable risk it poses to his safety and health.
Triggers	Potential triggers may include • Dissatisfaction with the treatment plan, • Feeling restricted as an inpatient, such as being unable to take methamphetamine, • Experiencing delusions that make him feel unsafe.
Risks	Richard's absconding behaviour poses a significant risk to his physical and mental well-being, as well as his overall treatment plan. • Expose Richard to various physical dangers, including injury, exposure to harsh weather conditions, or accidents while navigating unfamiliar environments. • Interrupt his consistent care. • Impede progress in recovery.

Description of behaviour	Richard demonstrates substance abuse, particularly with methamphetamine, and has a history of dependence on amphetamines. This behaviour has been observed to escalate impulsivity levels.
Frequency / Duration	Richard reports consuming methamphetamine on a daily basis.
Intensity	The intensity of Richard's behaviour indicates a high level, given his frequent and persistent consumption of methamphetamine.
Risks	The frequent and consistent use of methamphetamine by Richard poses significant risks to his physical and mental health. These risks include but are not limited to addiction, heightened vulnerability to exacerbation of mental health symptoms, potential interactions with existing medical conditions, increased likelihood of substance-induced psychosis, and further complications to his physical health such as worsening gastrointestinal issues and exacerbation of skin conditions.

Preventative strategies

SIL or SDA:

Richard's concerning behaviours listed above require immediate intervention to ensure his safety and that of those around him. It is imperative to provide stable and supportive accommodation, such as Supported Independent Living (SIL) or Specialist Disability Accommodation (SDA), to effectively address these issues.

SIL and SDA offer environments specifically designed to meet the complex needs of individuals like Richard, who require ongoing support and supervision. These accommodations provide a structured and safe living space staffed by trained professionals who can monitor and intervene when necessary to prevent escalation of risky behaviours.

Allocating funding to support Richard's transition into SIL or SDA not only ensures his access to a stable living environment but also enables him to receive personalised care and support tailored to his unique needs, where Richard can access the necessary resources, therapies, and assistance. Stable accommodation reduces the likelihood of homelessness or exposure to environments that may exacerbate his vulnerabilities, thereby promoting his overall well-being and rehabilitation.

Building Trustive Rapport:

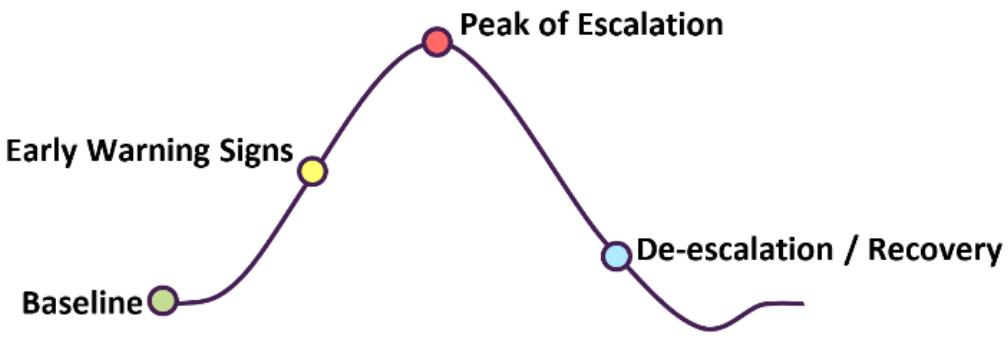
Teaching hospital staff or support workers strategies on how to gain Richard's trust and build a positive rapport will aid in managing his condition. Based on Richard's history of psychosis, which includes ongoing paranoid ideation and persistent delusional symptoms, it is important for staff to establish a trusting relationship with him.

Support workers should approach Richard with empathy and patience in order to create an environment where he feels safe and understood, which can reduce his paranoia and mitigate the risk of escalating behaviours.

As a result, Richard will feel comfortable discussing his concerns and seeking assistance when needed. This rapport can also promote collaboration in treatment planning and implementation.

Establishing a positive rapport with Richard allows support workers to monitor his symptoms effectively, identify any changes or escalation in his delusions, and intervene promptly to prevent crises or harm to himself or others.

Response strategies



Behaviour Escalation Cycle

What Richard's behaviour looks like	What to do
Baseline • Richard's behaviour appears calm and non-aggressive, as he calmly surfs the internet on his computer, showing no signs of agitation or hostility.	• Hospital or accommodation staff should remain in close monitoring and observation of Richard's behaviour to identify any early signs of distress or agitation. • Ensure consistent access to medication. • Allow Richard a sense of control over his environment and treatment decisions.
Early Warning Signs • Flushed face, rapid foot movements, trembling hands, increased vocal agitation, and verbal threats.	• Immediate steps should be taken to remove any objects that could be used as weapons or pose a danger in the environment. • Maintain a calm demeanour, use non-confrontational language, and provide reassurance. • Implement de-escalation techniques such as active listening, distraction, and establishing boundaries.
Peak of Escalation • Assaultive actions toward others, self-harm, suicidal attempts involving cutting himself, and absconding	• Staff should prioritise the safety of everyone involved and physically separate Richard from potential targets. • Call for trained crisis intervention teams for assistance. • Avoid approaching Richard directly and instead monitor the situation from a distance. • Remain calm and supportive, emphasising his safety and well-being.
De-escalation / Recovery • Richard's behaviour shows signs of calming: decreased aggression, lower voice tone, slower pace, and logical, reasonable speech.	• Provide Richard with a safe and supportive environment to process his emotions and feelings after the incident. • Reduce unpleasant sensory input. • Guide him in deep breathing exercises. • Ensure reduced demands and increased preferred access to items and activities. • Monitor for signs of further escalation. • Acknowledge Richard's feelings and concerns to validate his experience. • Offer opportunities for Richard to debrief and express his thoughts and concerns in a non-judgmental setting. • Give him additional attention to address his needs. • Involve Richard in finding solutions to any issues or conflicts that may arise, cultivating a sense of empowerment and autonomy.

Implementation support and monitoring

Action area	Task	Person(s) responsible	Timeframe
Training	The Behaviour Support Practitioner will conduct training for all relevant support personnel to ensure their familiarity with the preventative and responsive strategies outlined in the behaviour support plan.	Behaviour Support Practitioner	Within 4 weeks
Implementation of strategies	The implementation of the strategies outlined above will be carried out consistently by the house staff and support workers.	SIL house staff and support workers	Throughout the duration of the plan
Monitoring	House staff will systematically record behaviour data according to the established protocols. The data sheets will be sent to the behaviour support practitioner on a weekly basis. Any incidents that occur during the implementation of the plan will be documented in incident reports. These reports will include details of the incident, any	SIL house staff Behaviour Support Practitioner	Ongoing

Action area	Task	Person(s) responsible	Timeframe
	interventions implemented, and outcomes. Incident reports will be provided to the behaviour support practitioner on a fortnightly basis. House staff will provide feedback on the effectiveness of the strategies implemented and any challenges encountered during implementation. This feedback will be communicated to the behaviour support practitioner regularly to inform ongoing adjustments to the plan.		
Communication (including post incident de-briefing)	Monthly care team meeting will be held. If required, post incident debriefing sessions will be conducted by either behaviour support practitioner or house staff.	Care team members	Ongoing
Development of Comprehensive BSP	Behaviour support practitioner will develop comprehensive BSP by integrating findings from a comprehensive functional behaviour assessment, along	Behaviour Support Practitioner	Within 6 months

Action area	Task	Person(s) responsible	Timeframe
	with behavioural data collection and feedback on the implementation of preventative and responsive strategies.		

ABC Chart

Date and Time	Antecedent	Behaviour	Consequence
When did the behaviour occur? (Was it during a specific time of day or in response to a particular event or situation?)	What happened right before the behaviour occurred? What were triggers? Were there any environmental or social triggers that contributed to the behaviour? Who was around?	What did the behaviour look like? Provide a detailed and accurate description of the behaviour.	What happened directly after? How did staff or supports respond to the behaviour? Was any action taken? What did he avoid or obtain by engaging in the behaviour? Did the behaviour serve a specific function or purpose?

Practitioner declaration

I declare that:

- I have been considered suitable as an NDIS behaviour support practitioner as defined in section 5 of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (the Rules).
- I am duly authorised by the specialist behaviour support provider (as stated in this form) to submit this behaviour support plan.
- I understand the requirements of registered NDIS providers in relation to reporting the use of regulated restrictive practices.
- I have read the NDIS Quality and Safeguards Commission's (NDIS Commission) Practice Guidance about regulated restrictive practices and behaviour support.
- I understand that I can use the Behaviour Support Plan (BSP) Checklists to check the quality of the behaviour support plan and ensure compliance with requirements.
- I have developed this behaviour support plan in accordance with the legislative requirements as set out in the Rules and in accordance with the state or territory's restrictive practice authorisation and consent requirements, however described.
- I understand that behaviour support plans containing regulated restrictive practices must be lodged with the NDIS Commission, consistent with the Rules.
- I understand that the NDIS Commission is bound by the *Privacy Act 1988* in relation to the collection and use of personal information, and that more information can be found in the Privacy Collection Statement and Privacy Policy at www.ndiscommission.gov.au/privacy.
- I understand that the NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the *National Disability Insurance Scheme Act 2013* (the Act) and any Rules established under the Act.
- I acknowledge the NDIS Commission may share the information contained in the behaviour support plan with relevant Commonwealth, State, and Territory agencies including the Police.
- To the best of my knowledge, the information provided in this behaviour support plan is true, correct and accurate.
- I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995*.

Practitioner's electronic signature: 

Practitioner's name: Christina Ma

Practitioner ID #: P1484717

Job title: Behaviour Support Practitioner

Date: 19/03/2024

Supervisor's electronic signature:

Supervisor's name:

Supervisor's Practitioner ID #:

Job title:

Date: