Positive Handling Plan

**Name: Date of Plan: Review Date of plan**:



What might he/she be thinking?........................................................................................

………………………………………………………………………………………………………

What might he/she be feeling?..........................................................................................

…………………………………………………………………………………………………………………….

What are common triggers? The immediate experiences that led to these thoughts and feelings?

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| --- |
|  |

What does the behaviour look like?

|  |  |  |
| --- | --- | --- |
| Stage 1 Anxiety Behaviours | Stage 2 Defensive Behaviours | Stage 3 Crisis Behaviours |
| ChildAdult Response: | ChildAdult Response: | ChildAdult Response: |
| Stage 4 Recovery  | Stage 5 Depression  | Stage 6 Debrief child and adult and Consequences |
| ChildAdult Response: | ChildAdult Response: | ChildAdult Response:**H**ear**E**xplain**L**ink**P**lan |

**Praise Points**

|  |
| --- |
| **1.** **2.****3.** **4.****5.**  |

**Diversions and distractions**

**1.**

**2.**

**3.**

**4.**

**5.**

**De-escalation skills Try Avoid Notes**

Visual /verbal cue   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Giving space   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reassurance   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change of activity   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Negotiation   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A or B Choice   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distraction   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remind Consequences   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned ignoring   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take up time   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change of scenery  

Supportive touch   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change of adult   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Success reminder   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recognise and label feelings   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proximity praise   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First/Then script   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Removing audience   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions to be taken into account before using Physical interventions?

**Preferred method Physical intervention Try Avoid Notes**

Big Gestures   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guide Away   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caring c’s   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what technique is used….

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Parents/Carers: Name:

Teacher Name:

Social services (if applicable) Name:

Educational Psychologist Name: