

# Draft Positive Support Transition Plan (Form-6810)

<b>Part A. Background Information</b>	
Name:	Primary/Secondary Diagnosis:
Projected Implemented Date:	Projected Ending Date <i>(If including a prohibited procedure, must be no later than 11 months after implementation date)</i> :
Frequency of Reviews: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (minimum) <input type="checkbox"/> Other: _____	
Date(s) Plan updated:	
Date when Positive Support Transition Plan was written:	
Service(s) and treatment provider(s) involved in implementation of plan:	
<u>Psychotropic Medication(s)</u> Prescribed <i>(note intake frequency and if the med is a PRN)</i> :	

<b>Part B. Target Interventions</b>
<u>Target Intervention(s)</u> targeted for elimination:
Desired, alternative, positive support strategy/intervention(s):
Positive support strategy objective(s), including measurable criteria (how will the intervention benefit the person):
Baseline data (# of targeted intervention(s) over at least two weeks of baseline data) if unable to acquire, document reasons:
Alternative Interventions that have been attempted, considered, and rejected as not being effective or feasible:

<b>Part C. Target Behaviors</b>
<u>Target Behavior(s)</u> , defined in measurable and observable terms, identified for elimination:
Desired alternative action(s):
Identified/hypothesized purpose of the target behavior(s):
Baseline data (pretreatment measurement of target behaviors) at least two weeks of baseline data, or if unable to acquire, document reasons:
Reported and/or observed impact the target behavior(s) have on the person's quality of life:

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<b>Part D. Crisis Support Planning and Response</b>	
<b>Phase I</b> <u>Calm/Ideal</u>	Description of the person's affect/behavior when in phase I:
	Strategies/methods used to support the person maintain phase I: <i>(Include use of Psychotropic Medication, counseling, emotional regulation training, skill building, preferred activities, etc.)</i>
<b>Phase II</b> <u>Triggers</u>	Description of identified triggers/antecedents for the person: <i>(Situations, words, people, internal stimulus, decisions, critical periods, etc.)</i>
	Methods to support the person to cope with or avoid triggers/antecedents – proactive strategies: <i>(Proactive strategies = strategies to use before a known trigger/antecedent will be encountered)</i>
	Methods to support the person when encountering triggers/antecedents – reactive strategies: <i>(Reactive strategies = strategies to use after encountering a trigger/antecedent)</i>
<b>Phase III</b> <u>Escalation</u>	Description of the person's affect/behavior when in phase III:
	Support/intervention strategies during phase III: <i>(Specific de-escalation techniques, offer PRN, call a crisis line, etc.)</i>
<b>Phase IV</b> <u>Crisis</u>	Description of the person's affect/behavior when in phase IV:
	Intervention methods during phase IV:  <i>(Call 911, emergency use of manual restraint, etc.)</i>
<b>Phase V</b> <u>Recovery</u>	Description of the person's affect/behavior when in phase V:
	Strategies/methods to support the person in recovery phase:  <i>(Debriefing, personal stories, talking to an ally, etc.)</i>

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### Part E. Quality of Life

Quality of Life Indicator(s) (*minimum of two indicators, each from different categories*):

Quality of Life Objective(s):

Baseline for Quality of Life Indicator(s) minimum two weeks of data, or if unable to acquire, document reasons:

### Part F. Data Collection Method

Objective Data Collection method(A method must be identified for sections II, III and V):

- Frequency count: \_\_\_\_\_
- Duration recording: \_\_\_\_\_
- Time sampling: \_\_\_\_\_
- Interval recording: \_\_\_\_\_
- Permanent products: \_\_\_\_\_
- Rating scale: \_\_\_\_\_

Frequency for when data will be reviewed (if different from review period identified in Section I):

### Part G. Authorship and Consent

\_\_\_\_\_  
Name of Author of plan

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
DC or Author Signature

\_\_\_\_\_  
MM/DD/YYYY

Statement of Understanding and Consent: *By signing this document, I am consenting to the interventions described in this plan. Consent can be withdrawn at any time and will automatically expire 365 days after signing below. Future, substantial changes to the plan will require consent before implementation.*

\_\_\_\_\_  
Name of person receiving services or legal representative (Print)

\_\_\_\_\_  
Person receiving services or legal representative signature

\_\_\_\_\_  
MM/DD/YYYY

**Part H. Positive Support Transition Plan review (Form-6810A)**

Date of review: \_\_\_\_\_

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The expanded support team met to review the results of the plan this period  Yes  No

In attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Data on Target Behavior: \_\_\_\_\_

Did the data indicate an increase, decrease or stability in occurrence: \_\_\_\_\_

Data on Target Intervention: \_\_\_\_\_

Did the data indicate an increase, decrease or stability in occurrence: \_\_\_\_\_

Data on Quality of Life: \_\_\_\_\_

Did the data indicate an increase, decrease or stability in Quality of Life Indicators: \_\_\_\_\_

Does the team consider the person's current setting/treatment to be the most integrated setting? :

Yes  No If "No", explain: \_\_\_\_\_

Does the team recommend changes to the Positive Support Transition Plan:  Yes  No

If so, what changes and date of revised plan: \_\_\_\_\_

*Changes in the plan require a new document to be created within seven (7) days of the review*

If no, what is the date of the next review: \_\_\_\_\_

\_\_\_\_\_  
DC or Author Signature

\_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
Person or Authorized Representative

*By signing this I consent to the above  
recommendations to the plan*

\_\_\_\_\_  
Person or Authorized Representative Signature

\_\_\_\_\_  
MM/DD/YYYY