



Positive Behaviour Support Planning: Part 3

This information sheet may be useful for families who are:

- Supporting a family member whose behaviour could be described as challenging.
- Looking to understand why behaviour that challenges occurs.
- Looking for information on behaviour that challenges.



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Introduction

This information sheet is a practical guide to support family carers to understand how to reduce challenging behaviour. It explains what Positive Behaviour Support is, what a Positive Behaviour Support Plan is, why it is useful and how to create one.

It also describes a wide range of behaviour strategies you could include in a Behaviour Support Plan. We have included example copies of Behaviour Support Plans to show different formats for plans and highlight information to include.

Positive Behaviour Support Planning is the third information sheet in this series. It is recommended that it is read alongside “*Understanding Challenging Behaviour: Part 1*” and “*Finding the Reasons for Challenging Behaviour: Part 2*”.

What is Positive Behaviour Support?

Positive Behaviour Support (PBS) is an approach that is used to support behaviour change in a child or adult with a learning disability. Unlike traditional methods used, the focus is not on the challenging behaviour itself or on ‘fixing’ the person. PBS never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce.



- PBS suggests challenging behaviour is learned, and so is open to being changed.
- PBS teaches alternative behaviour and changes the environment to support the person well.
- PBS believes there is nothing wrong with wanting attention, to escape from a difficult situation, wanting certain items, or displaying behaviours which just feel good.
- PBS helps people to get the life they want by increasing the number of ways of achieving these things: for example, by developing communication skills.
- PBS helps people to learn new skills. For these to be used regularly, they have to be more effective than the challenging behaviour.
- PBS aims to understand the reasons people display challenging behaviour, to ensure the new behaviour we want to teach is reinforced in the same way.

What is a Positive Behaviour Support (PBS) Plan?



A Positive Behaviour Support Plan is a document created to help understand behaviour and support behaviour change in children and adults who have learning disabilities.

A PBS plan provides carers with a step-by-step guide to making sure the person not only has a great quality of life but also enables carers to identify when they need to intervene to prevent or reduce the likelihood of an episode of challenging behaviour.

A good PBS plan is based on the results of a *functional assessment*. The plan contains a range of tailored PBS strategies which not only focus on the challenging behaviour but also include ways to ensure the person has access to things that are important to them. The strategies used are referred to as proactive strategies and reactive strategies.

- **Proactive strategies** are intended to make sure the person has what they need and want on a day-to-day basis and also includes ways to teach the person appropriate communication and life skills.
- **Reactive strategies** are designed to keep the person and those around them safe from harm. They provide a way to gain safe, rapid and effective control in a situation where the person is distressed or anxious and displaying challenging behaviour.

A good PBS plan has more proactive strategies than reactive ones. This helps to ensure that the focus of the plan is not just on the challenging behaviour but provides ways to support the person to have a good life, enabling them to learn new skills and more effective ways of getting what they need and want. Feeling cared for and liked by those around them is equally important as enjoyable activities and so warm and positive relationships should be encouraged.

Who is it for?

A PBS plan is for individuals who regularly display challenging behaviour to the extent that it severely impacts on their life. For example, it may result in exclusion from places like schools, day centres and mainstream community activities e.g. swimming pool.

A PBS plan can be developed and used at any age. The earlier challenging behaviour can be understood, and strategies put in place to help reduce the behaviours, the better it is for the person and those caring for them.

Why do you need one?

Everyone has different beliefs about what is right and wrong and how to respond to behaviour based on their own experiences and understanding. Using a PBS Plan means that everyone consistently uses the same techniques, rather than everybody 'doing their own thing' based on what they think is best. It's a good idea to have the strategies written down and formalised in a PBS plan and so everyone can agree to follow it and be aware of amendments.

Where can it be used and who should use it?

A PBS Plan should be used in the settings a person goes to: home, school/college, day service, short breaks/respite, family members/friend's homes, out in the community or on holiday. Everyone who is supporting the person should follow the behaviour support plan.

When everyone supporting the person uses the same approaches it helps the development of more socially acceptable ways of communicating needs. It is useful for anyone caring for the child or adult to see what is and what isn't working and enables carers to adapt or change strategies as necessary.



How to create a behaviour support plan

Ideally a PBS plan will be based on the results of a '*Functional Assessment*' which will be carried out by a Clinical Psychologist or behaviour specialist. Functional assessment is a very useful process that can increase our understanding of an individual's behaviour that may enable us to make changes in the person's life that will result in a reduction in challenging behaviour.



If the person you care for has not had a functional assessment, (or is on a waiting list to get one) you can record the behaviour yourself, using an ABC recording chart to help identify what the function of behaviour might be. Information from completed recording charts can help to identify strategies to include on the PBS Plan. Thinking about what already works is also very useful.

For more information about what a functional assessment is and further description of the functions of behaviour see the CBF's information sheet "[Finding the causes of challenging behaviour](#)".

The following eight steps will help you to start creating a plan:

Step 1: Challenging Behaviour

The first thing to think about is the behaviour that you want to address. You might decide to focus on one or two that you are most concerned about initially. It is helpful to record four things about the challenging behaviour:

- “*appearance*” – what the behaviour looks like; what the person did
- “*frequency*” - how often the behavior occurs
- “*severity*” - how severe the impact of the behaviour is
- “*duration*” - how long the behaviour lasts.

For example:

Ben punches his nose with his left hand. He does this most days, but it happens more frequently when he feels unwell, tired or not understood. Ben often breaks the skin and draws blood, resulting in needing medical help. Depending on the reason he is doing this it can happen once or repeatedly for 10 minutes or more.



Step 2: Functions of the challenging behaviour

This section should describe the function(s) of the behaviour (the reason the behaviour happens) which will be one or more of the following:

- To gain positive or negative *attention*
- To *escape/avoid* something/someone
- To get an object or item they want – a *tangible*
- To get *sensory* feedback or stimulation, often referred to as ‘sensory needs’
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When writing a PBS plan you will be thinking about which strategies could be put in place to help the person. You will also need to try to relate these to the different functions of behaviour that you have identified.

The strategies you choose should be different depending on the function of the behaviour.

Take the example of a person hitting care staff.

If the person is trying to get your *Attention* by hitting:

- Teach the person how they can get your attention/the attention of others in a more appropriate way. This could be by teaching them a sign, a vocalisation or to gently tap your hand/arm.
- Make sure you notice when the person is trying to get your attention appropriately and respond as soon as you can. This will help to reinforce the behaviour you want.
- If the person goes to hit you, use a phrase such as “Gently” or “Hands down”. Teach the person what this means.

- Interact with the person regularly, giving them plenty of opportunity to get positive attention.
- Where possible ignore the hitting – but do not ignore the person.

If the person hits others to *Escape/Avoid* something or someone:

- Give the person an effective way to stop something they don't like; to remove them from a situation or person they don't like. This could be a sign/word or photo card to say "Finish" or "Home".
- Teach them to make choices and a way to say "yes" and "no".
- Let them know how long an activity will last and what they are doing next.
- Introduce them to a situation/activity gradually to help them become used to it and understand what they have to do.
- Use agreed interventions to distract the person.
- Notice when they are displaying 'early warning signs' that they may be becoming unhappy or anxious.
- Change the way you ask them to do something.
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When the person hits others to get something *Tangible*:

- Teach the person how to communicate they want a drink/toy/DVD etc.
- Give them what they've asked for as soon as they've asked appropriately and give praise for communicating. Make sure they have regular access to what they need.
- Teach them how to get something for themselves where possible. Make sure the person knows where their magazines are kept or that juice is found in the fridge and make sure there is a cup in a cupboard they can easily reach.
- Make sure they are not left without food or drink for too long, or without something meaningful to do (offer these regularly).
- As far as possible ignore the hitting (but not the person).
- If the situation escalates and people are at risk, give them what they want.
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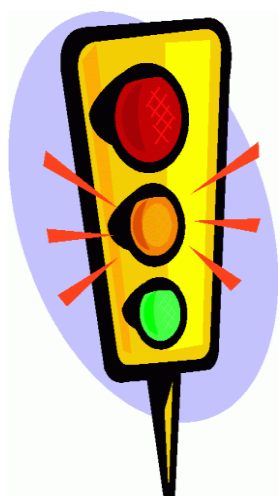
Where a person hits to get their *Sensory* needs met:

- Ask for a referral to a specialist Occupational Therapist (OT) who can do a sensory assessment to clarify specific sensory needs.
- Be creative! Get a drum, box, cushion, or other thing that they could hit.
- Try out different objects to see which they prefer, then use these to create new activities.
- Use the person's preferred items to help you engage with them.

- Make sure the person can get their sensory needs met but in a way that will not isolate them further or leave them engaging in a self-stimulatory behaviour for too long. If people have ritualistic activities that are very important to them, try and support them to have at least some meaningful routine/structure in their day, so that the ritualistic behaviour doesn't 'take over'

Stages of behaviour

A format which has been found to be particularly useful in helping carers to understand the different stages of behaviour is based on a 'Traffic light' system:



Green = calm & relaxed

Amber = anxious, aroused or distressed

Red = challenging behaviour incident (crisis)

Blue = calming down - but still need to be careful

Colour coding a behaviour support plan using this format can be a very useful way of clarifying the different stages of the behaviour. Using the traffic lights analogy, an individual's behaviour moves from 'typical' or 'baseline' behaviour when they are calm (**green**), to a level that indicates that problems are about to occur (**amber**) before the challenging behaviour itself (**red**). After an incident (**blue**), care must be taken to ensure that the person returns to the green phase. This format helps carers to more easily identify when they should intervene to prevent an escalation into an episode of challenging behaviour.

Step 3: Proactive "Green" plan



The '**green**' phase is when the child or adult is content and calm. Their stress hormones are at a normal level. We should aim for people to be in the green phase as much as possible. Developing a warm and positive relationship with the person will help them to feel relaxed and at ease.

Begin by thinking about what the person likes or has shown an interest in. Involve the person directly whenever possible and try to talk to people that know the person well and are really interested and enthusiastic about them. The longer the 'likes list' the better! Try to incorporate a lot of their 'likes' into their day.

Proactive Strategies are designed to meet the person's needs without them needing to rely on challenging behaviour. They are used when the person is in the green phase. The green part of the plan should include any strategies that are aimed at reducing the chances that the behaviour will happen and should focus on *all* aspects of the person's life.

Think about what the person looks like or does that lets you know that they are in the green phase. Then write down any strategies you use to keep them in this place and try to think of some others that might work using the ideas above:

"She will smile and giggle a lot when she is happy. She interacts with people more when she is mellow and may try to get them involved by gently hitting her thighs in a particular rhythm which she expects them to copy or clapping."

Some examples of green strategies include:

- Teach and give opportunity to use communication the person prefers
- Use Intensive Interaction to develop communication and trust
- Teach replacement skills
- Give reminders of rules, routines and structures
- Provide choice but not an excessive amount (maybe 2 or 3 options) Praise and reward positive behavior
- Change the environment to suit them (their bedroom, house or other spaces)
- Factor in healthcare, exercise and diet
- Keep language simple
- Use positive language (avoid 'no' and 'don't')
- Use an individualized communication plan
- Be consistent
- Put boundaries in place to teach the person what is and isn't acceptable in different situations. For example, masturbating is acceptable in the person's bedroom but not in the family sitting room or out in public.

Step 4: Early Warning Signs "Amber" plan

The **amber** phase is where a person displays the early warning signs before they resort to challenging behaviour.

Behaviour is often described as being spontaneous (*"It happened without any warning"*). However, assessment may reveal that the person shows some reliable signals that all is not well prior to engaging in the behaviour. Many episodes of challenging behaviour occur because the early warning signs are not recognised or because we fail to change our own behaviour once we see the signs.

These signals may be subtle but will often include observable signs such as increased pacing, increased heartbeat, sweating, changes in vocalisations, facial expressions, or body language.

The behaviour indicates that the stress hormone adrenaline has started to kick in. The body is preparing for a 'fight or flight' response to whatever has caused the

anxiety or distress. However, the feelings experienced aren't always anxiety, anger or sadness. Some people get over excited and this arousal can sometimes cause a crisis if there is too much of it.

By clearly defining the behaviour seen at the amber stage, carers can be cued-in to the need to take immediate action and avoid moving on to 'red'.

Amber strategies are designed to support the person back down to the green phase. This is called *de-escalation*.

Again, think about what the person you care for looks like when they are becoming agitated. For example:

"She shows angry facial expressions, and she does not smile. She will start to aggressively pull at the flannel/paper that is in her hands and find more things to hold in the same hand. If you asked for something that she is holding when she is in amber behaviour, she will not give it to you."

Some examples of amber strategies include:

- Take away the trigger
- Divert or distract
- Humour – sing something, dance – use your imagination
- Not responding to or 'ignoring' the behaviour only if it is safe to do so and not ignoring the person
- Give the person what they need
- Withdraw from the situation
- Change of person supporting them
- Stay as calm as possible
- Asking what is wrong (look at the context of the time of day, where the person is etc.)

Step 5: Reactive "Red" plan

The **red** phase is where an incident of challenging behaviour occurs, sometimes it is referred to as crisis. The person may feel extremely anxious and out of control and due to the large amounts of adrenaline released in the body they may experience unpleasant sensations such as a racing heart and heat.



Reactive strategies are a way to respond to behaviour as safely and quickly as possible, to keep the person and those around them safe. This is where we need to do something quickly to achieve safe and rapid control over the situation to prevent unnecessary distress and injury.

Think about what the person you support does in the red, crisis phase. Their behaviour will be more obvious than in the amber phase. Then think about support strategies that you use that are helpful and try to think of some new ones using the ideas below.

“She bangs her head on the door/wall in the house or the headrest/window in the car.”

Some examples of red strategies include:

- Appear calm
- Use low arousal approaches – talk in a calm, monotone voice
- Consider eye contact – do not stare
- Consider touch
- Consider noise
- Use space to create distance and reduce feeling of being threatened
- Be aware of your own body language
- Do not make any demands of the person or keep talking to them
- Distraction and redirection (e.g. using a technique such as a guided walk to remove the person from the room to keep them and others safe)



Ideally a reactive plan should include step-by-step advice on how to reduce the chance that the challenging behaviour will escalate and put people at risk. It should be guided by the principle of implementing the least intrusive and least restrictive intervention first.

Restrictive interventions (such as physical restraint and medication) should be a last resort.

Physical interventions, and medication that is used solely to calm people down, are generally not considered a good long-term solution. When these restrictive interventions are used a record should always be kept. If restrictive interventions are frequently used the positive behaviour support plan should be reviewed. Physical intervention should only be used following professional advice and relevant training, and medication must be given according to medical guidance.

Please see the [Challenging Behaviour Foundation information sheets](#): “Physical Interventions for Challenging Behaviour” and “The Use of Medication in the Treatment of Challenging Behaviour” for more information on these subjects

Step 6: Post Incident Support “Blue” plan

The blue phase follows the incident of challenging behavior or red phase. The aim in this phase is to calm the person down and get them back to the green phase. The person’s biological responses (‘fight or flight’) start to return to normal but could easily rise again if the person is not given the time to recover fully. The person may experience a ‘slump’ where they feel tired or drained.

Blue strategies: This is where the incident is over, and the person is starting to recover and return to their baseline behaviour. We still need to be careful here as there is a risk of behaviour escalating again quickly especially if they are reminded or ‘told off’ about it.

When a person is calming down and recovering from an incident of challenging behaviour, think about what they look like, sound like and what they do. For example:

“She makes a noise that sounds similar to “uuuuuuuu,” in a questioning voice while quickly moving just the top of her head from left to right. She may give eye contact or raise her eyebrows while doing this.”

Some examples of blue strategies include:

- Make no demands
- Move to different environment if appropriate
- Give the person more space
- Engage them in an activity
- Check their physical and emotional wellbeing (i.e. check for injuries).
- Check carers are alright and reflect on the incident together (in private)

Step 7: Agreeing the Plan



Positive Behaviour Support Plans should be created with input from all people involved with the person's care. It is important that this includes family carers, and whenever possible, the person themselves. The plan should record who has been involved in its discussion and agreement, to ensure a broad range of views have been considered.

Step 8: Reviewing the plan

Positive Behaviour Support Plans should be 'living documents'. This means that information in the plan should change to reflect changes in the person's behaviour or progress in other skills.

Plans should be regularly reviewed and updated (for example every 6 months). When risks have been identified and behaviour strategies agreed to help minimise those risks, it is important to feedback and review how effective the strategies are and to reflect on their impact on the person and those caring for them.

However, there should also be a 'contingency' plan with clear guidelines explaining when the plan should be reviewed more urgently. For example, the Plan should be reviewed if self-injury increases or if the use of reactive strategies, particularly physical interventions or PRN medication, increases.

Example PBS plans

In the next section we have included three example PBS plans. Two of the plans are designed around specific behaviour - coping with car journeys and difficulties with food. The third plan is based on the traffic light format and addresses more than one behaviour.

Appendix 1: Example 1 PBS Plan to help with car journeys

Appendix 2: Example 2 PBS Plan around food

Appendix 3: Example 3 Gabriel's traffic light PBS Support Plan

With thanks to:

Mark Addison, Consultant Clinical Psychologist, Rapid Intervention Team, Somerset Partnership NHS and Social Care Trust

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The Challenging Behaviour Foundation

We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email info@theCBF.org.uk, or visit our website: www.challengingbehaviour.org.uk

If you have found this information useful, please consider making a donation. You can show your support at www.challengingbehaviour.org.uk/support-us. Make a £5 donation by texting CBF DN05 to 70085 Or email us to get involved at support_us@theCBF.org.uk

Appendix 1

My difficult situation

Car journeys, especially when:

- We have to stop at a red light
- We get stuck in traffic
- We take an unfamiliar route
- I misunderstand where we are going
- I don't know where we're going



Behaviour I might display

Early warning signs:

- Tense mouth
- Face looks tense
- I will ignore you if you try to talk to me
- I will start to rock back and forward



If the early warning signs are not noticed I may:

- Rock back and forward violently
- Try to get out of my seat
- Bang my head against the windows
- Try to pull the drivers hair, pull at their clothes, or anything else I can reach
- Try to kick the driver
- Scream and shout at the top of my voice
- Throw anything that is within reach in the car

Appendix 1

What you can do to avoid this difficult situation

- Make sure I know exactly where we are going and remind me throughout the journey
- Give me a picture/symbol card of where we are going so I can hold on to this to remind myself throughout the journey
- Slowly talk me through what will happen on the route... "first we will go past the cinema..."
- Take familiar routes whenever possible
- If we have to go on an unfamiliar road, warn me beforehand
- Provide a running commentary of the journey, e.g., if we're coming up to a red light, say "red for stop", or if we're approaching a queue of traffic say "we're going to stop behind this car"
- If something happens to alter the route talk me through this too
- Play my favourite music to distract me



What can you do if I display challenging behaviour

When I am showing early warning signs:

- Remind me where we are going
- Make sure I have hold of my picture card to remind me where we're going
- Play my favourite music to try and distract me
- Tell me about the fun things we are going to do when we get to our destination

If the situation has escalated:

- Talk in a calm voice
- Don't use too many words
- If you can work out where I think we are going (that is distressing me), tell me where we are really going
- If I am trying to pull your hair/pull at your clothes, say "sit on your hands"
- If I am banging my head on the window or getting very distressed, find a safe place to stop, help me out of the car
- Do not continue the journey until I can sit calmly

Afterwards:

- Continue the journey, calmly talking me through what is happening

Appendix 2

My difficult situation

Being given foods I don't like, including:

- Butter
- Cheese
- Fish pie
- Milk
- Eggs
- Bananas
- Ice cream
- Chicken
- Mashed Potato
- Sandwiches



Behaviour I might display

Early warning signs :

- Pursed mouth
- Face looks tense
- I will not engage with you
- I will wring my hands/pick at my fingers
- I will vocalise "nah" (translates as "No")
- I will sign don't like/don't give me

If the early warning signs are not noticed I may:

- Repeatedly sign "No" and may sign I don't like butter eggs cheese fish/list foods I don't like repeatedly
- Start to cry uncontrollably and shout "nah nah nah" repeatedly
- Attempt to hit or kick
- Wet or soil myself



Appendix 2

What you can do to avoid this difficult situation

- Make sure you know what I do and don't like to eat, review this regularly as I may change my mind
- Ask me what I would like
- Give me choices and respect my choices
- Don't just expect me to eat what others are eating
- Actively involve me in choosing meals, buying, preparing and cooking. When we are shopping encourage me to look for foods on the shelves, put them in basket, put them on the conveyor belt at the till, put the shopping in bags and paying
- Work on skills to teach me to cook foods that I do like
- Give me opportunities to try foods if I want to
- I like different foods so help me to look for foods and meals to make from other countries – look in magazines, the internet, shops, ask people – be creative



What can you do if I display challenging behaviour

When I am showing early warning signs:

- Reassure me that I don't have to eat it
- If there is nothing I want to eat suggest we go to the shop and find something I do like
- Use humour to distract me: sign "Never give me" and say it in a deep, funny cross sounding voice with a pretend cross face
- Ask me what I think of I will reply "Eugh" – you repeat "Eugh" this makes me laugh

If the situation has escalated:

- Talk in a calm voice
- Don't use too many words
- Don't offer me alternative food until I have calmed down
- If I put my hand up as if I am going to slap/hit you say "Hands down" or move away from me and just say "Let me know when you feel calmer"

Afterwards:

- Put some music on and give me a drink and small snack - grapes or a couple of chocolates
- Give me a hug if I want you to

Appendix 3

Gabriel's Green Strategy

Support strategies	Behaviour
The things that we can do or say to keep Gabriel in the green for as much time as possible.	What Gabriel does, says and looks like that gives us clues that he is calm and relaxed.
<ul style="list-style-type: none">• Give Gabriel regular positive feedback and encouragement• Always try to use positive language even when he is doing something you would rather he didn't e.g. "oh that is mummy's precious book, let's find your book"• Use simple, clear language• Make sure that Gabriel has the opportunity to do something outside of the house at least once a day• Support Gabriel to access what he wants using his PECS system or with his tablet• Make sure that at least once an hour you spend some one to one time with Gabriel e.g. reading a book, a massage• Make sure that Gabriel has his chewy tube to carry around• Make sure that if you have to ask him for his chewy tube for a certain period of time e.g. meal time/bath that you tell him clearly when he will get it back e.g. "dinner and then chewy tube"• Regularly practise using the PECS system with Gabriel• Give Gabriel plenty of opportunity to walk independently and make sure if out for a walk as a family/group you go somewhere where he is going to have this opportunity• Give Gabriel plenty of time to process what you have said to him before asking again• Make sure that Gabriel has all his medication so that he does not become constipated• Give plenty of opportunity to listen to music	<ul style="list-style-type: none">• Gabriel will smile and laugh• He will happily make eye contact and will communicate with you and respond positively• He will initiate contact and want to join in with what others are doing.• He will bounce up and down on his knees• His body language will be relaxed• He may move around quite fast whilst making an eeeeeeeeeeeeeee kind of sound• He may dance• He will bang his object on the floor• He will blow raspberries on himself and others• He will do roly-polies!

Appendix 3

Gabriel's Amber Strategy

Support strategies The things that we can do or say to stop the situation from escalating further and return Gabriel to the proactive phase as soon as possible.	Behaviour What Gabriel does, says and looks like that gives us clues that he is becoming anxious or aroused.
<ul style="list-style-type: none">• Ask Gabriel if he would like help with whatever it is he is struggling with or trying to access• Offer to scratch his back• Ask him to blow a raspberry on your hand/arm• Support him to access what he wants with his PECS system or through Makaton• Try to distract Gabriel by offering an activity e.g. listening to music, playing drums or reading a book• Initiate some rough and tumble play with Gabriel• Place Gabriel in an upside down position or swing him around whilst supporting him under his arms with his head against your chest• Ask him if he wants a bath• Ask him if he wants to go to his room and play his drums• Cuddle up with the cuddle blanket• Watch live music videos on the iPad• Sing songs with Gabriel or make funny noises e.g. animal noises• Distract Gabriel with some different toys or read a book with him• Tickle him• Bouncing on the trampoline	<ul style="list-style-type: none">• Gabriel will shout• He will clench his fists and vocalise in a high pitched voice. He will usually adopt a W sitting position at these times• He will come and seek you out if you are not in the same room• He may become tearful and want to sit on your lap• He will shake the stair gate• He will cast things• He will be unwilling to engage in positive communication• He will appear distracted and will be unable to concentrate or make eye contact• He will lay his head on the side of the sofa

Gabriel's Red Strategy

Support strategies	Behaviour
The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.	What Gabriel does, says and looks like when he is challenging.
<ul style="list-style-type: none">• Stay calm and reassure Gabriel that you are going to help him.• Make sure only one person talks at a time.• If Gabriel is seeking to comfort himself by banging his head encourage him to cuddle his teddy bear instead.• Distract Gabriel with a favoured object.• If he is seeking sensory feedback encourage him to bang his hands or feet instead.• If he is pulling hair or pinching etc say to him 'kind hands' and support him to stroke hair or arms etc.• Say 'LOOK' in a really excited voice and then distract him with a chosen object.• Don't make reference to the behaviour but stop him doing it. For example if he is hitting himself take his hand and say 'high 5'	<ul style="list-style-type: none">• Gabriel will rock against furniture or the door etc.• Gabriel will vocalise in a way which sounds like a high pitched growl or a very loud shout.• He may be crying.• He will cast objects.• He will bang his head on the floor or against the furniture.• He may come up to you and bang his head on you e.g. on your knee.• His body language will be very tense.• He will usually be sitting bolt upright.• He may hit himself on the head with a closed fist.• He may pull hair, pinch or slap bare skin.• Gabriel may become very clingy and will want continual contact.

Appendix 3

Gabriel's Blue Strategy

Support strategies The things that we can do or say to support Gabriel to become more calm again and return to the proactive phase.	Behaviour What Gabriel does, says and looks like that tells us that he is becoming more calm
<ul style="list-style-type: none">• Have a cuddle with the cuddle blanket• Offer a massage or scratchy back.• Make sure Gabriel has a preferred object• Gabriel's 'blue' phase appears to be fairly quick and once he has had a few of minutes of recovery he is usually back in the green phase. The exception to this is when he has been struggling to communicate what he wants. In these circumstances wait until he is calm and communicative and support him using PECS or Makaton to access what he wants	<ul style="list-style-type: none">• His posture will become more relaxed• He will make more eye contact and will interact with you• He will seek out attention from a preferred person