## **Behavior Management Plan**

Last updated March 2024

**Introduction:** Behavior Management Plans are tools for addressing and modifying a patient's challenging behaviors. These plans typically outline specific inappropriate behaviors, set clear consequences for these behaviors, and detail rewards for appropriate behavior. Here's a sample template that you can adapt to suit each patient's unique needs and circumstances.

Patie	ent Name:	
Expe	ectations during hospitalization:	
	□ Make your bed every day.	
	□ Spend no more than hours a day in bed during the daytime.	
	□ Take your medications as prescribed by your physician.	
	□ Attend at least one patient group in the morning and one in the afternoon.	
	□ Take a voluntary time out when feeling upset or angry.	
	□ Ask staff for PRNS when necessary for anxiety, psychosis, agitation, insomnia.	
	□ Refrain from using profanity or insulting language.	
	Other	
Beha	avioral directives:	
	□ Maintain arm's length distance from other patients and staff.	
	□ No damaging of personal or hospital property	
	□ Limit requests at the nursing station to per	
	□ Do not stand within 4 feet of the nursing station doors.	
	Uther	
Cons	sequences	
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	, , ,	
	vards for appropriate behavior:	
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	2	ougnout the
	previous day.	
	Other	
I.	(patient name), hereby acknowled	dge that I have
been	(patient name), hereby acknowled n informed about these behavioral expectations and directives. I agree to adhere to this Beha	avior
Mana	agement Plan as outlined.	
Patie	ent Name Date	
Witno	ness/Staff Date	
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## SAMPLE BEHAVIOR MANAGEMENT PLAN

Patient Name: John Doe **Expectations during hospitalization:** □ Every AM: shower, brush teeth, get dressed, comb/brush hair. ☐ Take your medications twice a day and let nurses check your mouth to verify you've swallowed them. ☐ Allow nurses to administer the long-acting antipsychotic once a month. ☐ Attend the morning exercise and the afternoon counseling session. ☐ Take a voluntary time out when feeling upset or angry. ☐ Ask staff for PRNS when necessary for anxiety or agitation. □ Write in your journal for 15 minutes each evening to reflect on the day's experiences and emotions. Behavioral directives: No damaging of personal or hospital property No physical aggression towards staff or other patients □ No entering into other patients' rooms. □ No efforts to elope from the unit. Consequences □ No access to the communal area for the remainder of the day. ☐ Emergency medications for self-injurious or aggressive/assaultive behavior. □ Seclusion room and/or restraints if your behavior puts you or others at imminent risk of harm. □ No visitation rights for 48 hours after the disruptive behavior. Rewards for appropriate behavior: Access to the phone following appropriate behavior during the preceding nursing shift. Participation in morning outdoor activities contingent upon maintaining appropriate behavior throughout the previous day. Access to the vending machine to purchase snacks. (patient name), hereby acknowledge that I have been informed about these behavioral expectations and directives. I agree to adhere to this Behavior Management Plan as outlined. Patient Name Date Witness/Staff Date

