**Therapeutic Plan**

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| **Name:** |  | **DOB:** |  | **Date:** |  | **Review Date:** |  |

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| **Photo** | **Risk reduction measures and differentiated measures (to respond to triggers)** | |
| **Valued behaviours** | | **Strategies to respond** |
| **DIFFICULT detrimental behaviours** | | **Strategies to respond** |
| **DANGEROUS detrimental behaviours** | | **Strategies to respond** |
| **Post incident recovery and debrief measures** | | |

**Signature of Plan Co-ordinator:** ………………………………………… **Date:** ……………………

**Signature of Parent / Carer:** ………………………………………… **Date:** ……………………

**Signature of Young Person:** ………………………………………… **Date:** ……………………