

Common caregiver questions about BSPs | Living Hope Residential Care LLC

Understanding Behavioral Support Plans

What a Behavioral Support Plan (BSP) Is

Q: What is a behavioral support plan?

A Behavioral Support Plan (BSP) is an individualized, written document that guides how caregivers and staff respond to challenging behaviors. Rather than applying generic discipline or reacting in the moment, a BSP provides a consistent, clinically-informed framework tailored specifically to one person. It is developed in partnership with behavioral health professionals, family members, and the care team — and reviewed and updated regularly as the individual grows.

Q: Is a BSP a punishment or restraint document?

No — and this is an important distinction. A BSP is a support tool, not a control tool. Its purpose is to help an individual succeed by building genuine skills, preventing situations that trigger challenging behavior, and ensuring everyone around them responds consistently and compassionately. Restrictive procedures, if needed at all, are always a last resort and require clinical justification.

Q: Why does my loved one need one?

Without a consistent, coordinated plan, challenging behaviors are often responded to differently by different people — which can increase anxiety and escalation rather than reduce it. A well-implemented BSP creates predictability and safety for the individual, the care team, and other residents. It also ensures that your loved one is being supported in a way that builds real skills, not just manages behavior in the moment.

How a BSP Is Developed

The BSP development process at Living Hope follows these steps:

1

Functional Behavioral Assessment (FBA)

A behavioral health professional assesses the function of the challenging behavior — what need or communication is it serving? Common functions include escape, attention, access to preferred items, or sensory needs.

2

Data Collection & Observation

Staff observe and document patterns — when behaviors occur, how often, how long, and what happens immediately before and after — to identify trends.

- 3 Collaborative Team Discussion**
The individual (where possible), family, direct support staff, and behavioral health professionals discuss the findings together before any strategies are finalized.
- 4 Plan Writing**
The behavioral health professional writes the BSP including antecedent strategies, replacement skill teaching, staff response protocols, and crisis procedures if needed.
- 5 Staff Training**
Every staff member who works with the individual is trained on the specific plan before implementation — consistency begins here.
- 6 Implementation & Monitoring**
The plan is put into practice and behavioral data continues to be tracked to measure progress and catch problems early.
- 7 Regular Review & Revision**
Plans are reviewed at regular intervals and adjusted based on data. A BSP is a living document — not a form that gets filed and forgotten.

What the Plan Contains

Q: What are the key sections of a BSP?

A complete behavioral support plan typically includes:

- Baseline information — who the individual is, their communication style, strengths, and history
- Target behavior definition — a precise, observable description so all staff measure the same thing
- Antecedent strategies — environmental or schedule changes that reduce trigger likelihood
- Replacement behavior teaching — the skill taught instead of the challenging behavior
- Staff response protocol — exactly how staff should respond when behavior occurs and when the replacement is used
- Crisis procedures — step-by-step safety instructions for escalated situations

How Families Can Support the Plan

Q: Am I involved in the development of my loved one's BSP?

Yes — and we actively encourage it. Family members have invaluable knowledge about the individual's history, what has worked in the past, and what their behavior looks like at home. Your input shapes the plan. You will be invited to participate in the assessment process and plan review meetings, and you will receive a copy of the current plan.

Q: How can I support the BSP at home and during visits?

Consistency between home and residential care is one of the most powerful factors in behavioral progress. Here is how to help:

- Ask our team to walk you through the current BSP at your next visit
- Use the same language and cues staff use when teaching replacement behaviors
- Respond to both target and replacement behaviors the same way staff do
- Share observations from home — triggers, health changes, stressors — so the team can adjust if needed
- Avoid inadvertently reinforcing the challenging behavior during visits (e.g., giving in to a demand made through aggression)

Q: What if I disagree with something in the plan?

Raise your concern with the care team or behavioral health professional directly. You have the right to participate in plan development and review, and your perspective matters. If you feel your concerns are not being addressed, you can request a formal care meeting or contact the Director, Umu Kabba, at 979-313-5300.

Tip: Progress looks different in behavior

Behavioral progress is often gradual and can be hard to see day-to-day. Ask our team for behavioral data summaries at care meetings — numbers give a clearer picture than impressions alone.

Questions about the behavioral support plan?

Contact our team at 979-313-5300 or umukabba@gmail.com. We are happy to walk you through the plan, explain the strategies, and schedule a care meeting.