



## Support Plan

Camper Name: \_\_\_\_\_

<p><b>Anxiety</b> (A noticeable increase or change – what are the first signs of his/her anxiety)</p>	<p><b>Supportive</b> (how can we support your child )</p>
<p><b>Defensive</b> (Verbal escalation, intimidation – what does this look like?)</p>	<p><b>Directive</b> (staff takes control of potentially escalating situation by setting limits – what should these limits be?)</p>

<p><b>Acting Out</b> (Loss of control, physically acting out – what does this look like?should staff do or not do?)</p>	<p><b>Intervention</b> (What should staff do or not do?)</p>
<p><b>Tension Reduction</b> (decrease in emotional and physical energy – how do we know it is over?)</p>	<p><b>Therapeutic Rapport</b> (re-establish communication - examples)</p>

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Staff Signature \_\_\_\_\_