



Tennessee Department of Children's Services

# Therapeutic Response Unit (TRU) Behavior Support Plan

Name: \_\_\_\_\_ Date of TRU Placement: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date of Form Completion: \_\_\_\_\_

**Behaviors that led to TRU Admission (Describe in words youth understands what he did to warrant TRU placement.)**

--

**After five days on TRU, you need to maintain the following behaviors for 24 hours to leave (Provide what behaviors the youth needs to demonstrate. Be specific (i.e. youth will maintain safe behaviors and refrain from physical assaults.))**

1.	
2.	
3.	

**Plan to Address Behaviors:**

**Engage in ART daily to: (List goals for what the youth will learn in ART to reduce behaviors. This may include specific skills and strategies.)**

--

**Engage in therapy to: (List goals for what the youth will work on with therapist to reduce behaviors. (i.e. identify triggers, develop coping skills, etc.))**

--

**Behavior Plan (List what the youth will try to do instead of assaultive behavior. The best option is to incorporate skills from ART and therapy (i.e. "when mad at staff, youth will practice taking deep breaths, use reminders, and think about goals before reacting."))**

--

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dorm Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Representative Signature

\_\_\_\_\_  
Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-4213, 06/21



\_\_\_\_\_  
RDA 2875  
Page 1