

Client Name:
Social Security Number:
Legal Status:

Date of Birth:
Admission Date:
Hospital/Agency Name:

De-Escalation Preference Form

This form is a guide to gathering information with clients for the development of strategies to de-escalate stressful situations so that restraint and seclusion can be averted. It is recommended that all patients fill out this form in inpatient facilities, psychiatric emergency rooms, crisis stabilization and other diversion units in order to have prevention tools that may be helpful to an individual in crisis. After clinical review, the information obtained should be incorporated into the treatment plan for this client.

1. It is helpful for us to be aware of things that help you feel better when you're having a hard time. Please indicate if any of the following have ever worked for you. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you're here.

- Listen to music
 - Reading a book
 - Wrapping in a blanket
 - Writing in a journal
 - Watching TV
 - Talking to staff
 - Talking with another consumer
 - Calling a friend
 - Voluntary time in the quiet room
 - Taking a shower
 - Going for a walk with staff
 - Exercise
 - Writing in a journal
 - Pacing in the halls
 - Having a hug
 - Drinking a beverage
 - Dark room
 - Medication
 - Reading the Bible
 - Writing a letter
 - Hugging a stuffed animal
 - Other? (Please include below)
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2. Is there a person who has been helpful to you when you're upset? (Y/N) If you are in a position where you are not able to give us information to further your treatment, do we have your permission to call and speak with the following individual? (Y/N)

Name _____ Phone _____

If you agree that we can call this person, please sign below:

Client signature _____ Witness _____ Date _____

3. What are some of the things that make it more difficult for you when you're already upset? Please identify any particular "triggers" that may cause you to escalate:

- Being touched
- Security in uniform
- Yelling
- Loud Noise
- Contact with person who is upsetting
- Being restrained
- Called names or made fun of
- Being forced to do something
- Physical force
- Being isolated
- Lying about my behavior
- Being threatened

4. Do you have a preference regarding the gender of staff assigned to you during a time when you are upset or escalated? Women staff _____ Men staff _____ No preference _____

5. Do you have a history of trauma in childhood _____ or adult _____? Please specify. (sexual, emotional abuse, battered, cult abuse, war, or other?) _____
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6. This hospital is trying to never use seclusion and restraints, therefore, it would be helpful to know if you have ever been in a seclusion room or restrained. This information will be used only for collecting data and for training purposes not to predict any future behaviors.

Have you ever been in a seclusion room? yes _____ no _____
Have you ever been restrained? yes _____ no _____

7. If your answer is “yes” to any of the above questions, have you discussed the issue(s) in treatment? _____ If not, is this an issue you would like to talk about? _____
8. What are your preferences regarding physical contact by staff? For example, you may not like to be touched at all or you may find it helpful to have a hug or be touched appropriately when you are upset. Please be specific. _____

9. We may be required to administer medications if talking does not help you to calm down. In this case, we would like to know what medications have been especially helpful to you? Please describe. _____
10. Are there any medications that are not helpful? _____
11. We do room checks at night to make sure you are okay. We are trying to make room checks as non-intrusive as possible. Is there anything that would make room checks more comfortable for you? _____

12. Is there anything else that would make your stay easier and more comfortable? Please describe. _____

Please incorporate the information obtained in the de-escalation form into the treatment plan for this client.

Each client should receive a copy of this form.

Guidelines for De-Escalation Preference Form

1. The De-escalation Preference Form should be completed within 24-72 hours of admission.
2. It is preferable that this form is not included in the admission packet or completed along with admission forms because most clients are not emotionally prepared to focus on these questions during that time.
3. The form may be administered during an individual interview or a group session. Even though the material is sensitive, it is often helpful to administer it in a group session. Persons sitting together at a table may feel more comfortable talking about the information while they answer the questions and may also encourage others to complete the form more thoughtfully. A group setting offers a more informational-type gathering as opposed to a clinical setting. If given during a group session, there should be several staff members present to help individuals who need support or assistance with reading, understanding, or answering the questions.
4. Careful consideration should be given as to who will administer the form. Ideally, it should always be the same person, someone who is both familiar and comfortable with the material. A consumer advocate employed by the hospital would be ideal, because peers are often less threatening than professional staff. It must be understood by the person administering the form that the form is not presented as treatment or therapy, but as helpful information that can be included in the treatment plan.
5. To effectively provide information, persons administering the form should be knowledgeable about the material. For example, it is helpful for a person to learn about additional efforts that are being made at the hospital to reduce seclusion and restraint and how this information will be used as part of that process. These persons should be able to answer questions about the request for sensitive information. For example, it is important that information about touching at the hospital is presented as promoting appropriate, *not inappropriate*, touching.
6. When patients are not communicative enough to answer the questions, they may be provided an opportunity to answer the questions at another time, if they so desire.
7. Patients must always be given the option to decline answering a question.
8. The form, when completed, should be placed in the patient's file where it is known and used effectively by staff.
9. Persons served should be told how the form is to be used. They should be given a copy of the form to keep.
10. It may be helpful for the hospital to collect data on answers to these questions to identify patterns and trends that are important to patients.

