

## De-Escalation Preferences Form

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the individuals in your care. After clinical review, incorporate the following information into a client's behavior support or treatment plan.

Name:		
Date:		
1. It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.		
□ Listening to music.	<ul> <li>Playing a computer game.</li> </ul>	
<ul> <li>Reading a newspaper/book.</li> </ul>	<ul> <li>Using ice on your body.</li> </ul>	
<ul> <li>Sitting by the nurses' station/principal's office, etc.</li> </ul>	<ul> <li>Breathing exercises.</li> </ul>	
<ul> <li>Watching TV.</li> </ul>	<ul> <li>Putting your hands under running water.</li> </ul>	
<ul> <li>Talking with a peer.</li> </ul>	<ul> <li>Going for a walk with staff.</li> </ul>	
<ul> <li>Walking the halls.</li> </ul>	<ul> <li>Lying down with a cold facecloth.</li> </ul>	
<ul> <li>Talking with staff.</li> </ul>	<ul> <li>Wrapping up in a blanket.</li> </ul>	
<ul> <li>Calling a friend.</li> </ul>	<ul> <li>Using a weighted vest.</li> </ul>	
<ul> <li>Having your hand held.</li> </ul>	<ul> <li>Voluntary time out in a quiet room.</li> </ul>	
<ul> <li>Calling your therapist.</li> </ul>	<ul> <li>Voluntary time out (anywhere specific?):</li> </ul>	
□ Getting a hug.		
□ Pounding some clay.		
□ Punching a pillow.	o Other:	
□ Physical exercise.		

Writing in your diary/journal.

If you are not able to give us information, do we have your permission to call and speak to:  Name: Phone:  Yes No  If you agree that we can call to get information, sign below:  Signature:  Date:  Witness:  Date:  Date:  3. What are some of the things that make it more difficult for you when you're already upset?	2. Is there a person who's been helpful to you when you've been upset?
Name: Phone:	□ Yes □ No
If you agree that we can call to get information, sign below:    Signature:	If you are not able to give us information, do we have your permission to call and speak to:
If you agree that we can call to get information, sign below:  Signature:	Name: Phone:
Date:	□ Yes □ No
Date:	If you agree that we can call to get information, sign below:
Date:	Signature:
3. What are some of the things that make it more difficult for you when you're already upset?  Are there particular "triggers" that you know will cause you to escalate?  Being touched.  Being isolated.  Door open.  People in uniform.  Loud noise.  Yelling.  A particular time of day (when?):	Date:
3. What are some of the things that make it more difficult for you when you're already upset?  Are there particular "triggers" that you know will cause you to escalate?  Being touched.  Being isolated.  Door open.  People in uniform.  Loud noise.  Yelling.  A particular time of day (when?):	Witness:
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Being touched.  Being isolated.  Door open.  People in uniform.  Loud noise.  Yelling.  A particular time of day (when?):  A time of the year (when?):  Specific scents (please explain):  Not having control/input (please explain):	3. What are some of the things that make it more difficult for you when you're already upset?
Being isolated.  Door open.  People in uniform.  Loud noise.  Yelling.  A particular time of day (when?):	Are there particular "triggers" that you know will cause you to escalate?
Door open.  People in uniform.  Loud noise.  Yelling.  A particular time of day (when?):  A time of the year (when?):  Specific scents (please explain):	Being touched.
<ul> <li>People in uniform.</li> <li>Loud noise.</li> <li>Yelling.</li> <li>A particular time of day (when?):</li></ul>	<ul> <li>Being isolated.</li> </ul>
Loud noise.  Yelling.  A particular time of day (when?):  A time of the year (when?):  Specific scents (please explain):  Not having control/input (please explain):	□ Door open.
<ul> <li>Yelling.</li> <li>A particular time of day (when?):</li></ul>	People in uniform.
<ul> <li>A particular time of day (when?):</li></ul>	□ Loud noise.
<ul> <li>A time of the year (when?):</li></ul>	□ Yelling.
Specific scents (please explain):      Not having control/input (please explain):	A particular time of day (when?):
Not having control/input (please explain):	□ A time of the year (when?):
	Specific scents (please explain):
Others (please list):	□ Not having control/input (please explain):
	□ Others (please list):

5.	Do you have a preference regarding the gender of staff assigned to respond during a crisis?
	Female staff
	Male staff
	No preference
6.	ls there anything that would assist you in feeling safe here? Please describe: