



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.
- Reading a newspaper/book.
- Sitting by the nurses' station/principal's office, etc.
- Watching TV.
- Talking with a peer.
- Walking the halls.
- Talking with staff.
- Calling a friend.
- Having your hand held.
- Calling your therapist.
- Getting a hug.
- Pounding some clay.
- Punching a pillow.
- Physical exercise.
- Writing in your diary/journal.
- Playing a computer game.
- Using ice on your body.
- Breathing exercises.
- Putting your hands under running water.
- Going for a walk with staff.
- Lying down with a cold facecloth.
- Wrapping up in a blanket.
- Using a weighted vest.
- Voluntary time out in a quiet room.
- Voluntary time out (anywhere specific?):

- Other:

2. Is there a person who's been helpful to you when you've been upset?

- Yes
- No

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: _____

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?): _____
- A time of the year (when?): _____
- Specific scents (please explain): _____
- Not having control/input (please explain): _____
- Others (please list):

