Appendix R: Example: Personal De-escalation Plan

Personal De-escalation Plan

Patient Name: ______________________________

Date: ______________________________

PROBLEM BEHAVIORS: What type of behaviours are problems for you?

- ❑ Losing control
- ❑ Assaultive behaviour
- ❑ Restraints/Seclusion
- ❑ Feeling unsafe
- ❑ Running away
- ❑ Feeling suicidal
- ❑ Injuring yourself
- ❑ Suicide attempts
- ❑ Drug or alcohol abuse
- ❑ Other: ______________________________

TRIGGERS: What type of things (triggers) make you feel unsafe or upset?

- ❑ Not being listened to
- ❑ Feeling pressured
- ❑ Being touched
- ❑ Lack of privacy
- ❑ People yelling
- ❑ Loud noises
- ❑ Feeling lonely
- ❑ Arguments
- ❑ Not having control
- ❑ Darkness
- ❑ Being isolated
- ❑ Being stared at
- ❑ Being teased or picked on
- ❑ Contact with family ______________________________
- ❑ Particular time of day/ night: ______________________________
- ❑ Particular time of year: ______________________________
- ❑ Other: ______________________________

WARNING SIGNS: Please describe your warning signs, for Example what other people may notice when you begin to lose control?

- ❑ Sweating
- ❑ Breathing hard
- ❑ Racing heart
- ❑ Clenching teeth
- ❑ Clenching fists
- ❑ Red faced
- ❑ Wringing hands
- ❑ Loud voice
- ❑ Sleeping a lot
- ❑ Bouncing legs
- ❑ Rocking
- ❑ Pacing
- ❑ Squatting
- ❑ Cant sit still
- ❑ Swearing
- ❑ Crying
- ❑ Isolating/ avoiding people
- ❑ Hyper
- ❑ Not taking care of self
- ❑ Hurting myself
- ❑ Hurting others or things
- ❑ Singing inappropriately
- ❑ Sleeping less
- ❑ Eating less
- ❑ Eating more
- ❑ Being rude
- ❑ Laughing loudly/ giddy
- ❑ Other: ______________________________

INTERVENTIONS: What are some things that help to calm you down or keep you safe?

- ❑ Time out in your room
- ❑ Time out in the Quiet room
- ❑ Listening to music
- ❑ Reading a book
- ❑ Sitting with staff
- ❑ Watching TV
- ❑ Pacing
- ❑ Talking with peers
- ❑ Talking with staff
- ❑ Coloring
- ❑ Exercising
- ❑ Calling a friend (who?)
- ❑ Hugging a stuffed animal
- ❑ Writing in a journal
- ❑ Calling family (who?)
- ❑ Taking a hot shower
- ❑ Taking a cold shower
- ❑ Molding clay
- ❑ Blanket wraps
- ❑ Running cold water on hands
- ❑ Humor
- ❑ Lying down
- ❑ Ripping paper
- ❑ Screaming into pillow
- ❑ Using cold face cloth
- ❑ Using ice
- ❑ Punching a pillow
- ❑ Deep breathing exercises
- ❑ Having your hand held
- ❑ Crying
- ❑ Getting a hug
- ❑ Going for a walk
- ❑ Speaking with therapist

INTERVENTIONS (continue):

- ❑ Drawing
- ❑ Snapping bubble wrap
- ❑ Being read a story
- ❑ Making a collage
- ❑ Bouncing ball in QR
- ❑ Being around other people
- ❑ Playing cards
- ❑ Male staff support
- ❑ Female staff support
- ❑ Video games
- ❑ Using the gym
- ❑ Doing chores/ special jobs
- ❑ Other: ____________________

What are some things that **do not** help you calm down or stay safe?

- ❑ Being alone
- ❑ Loud tone of voice
- ❑ Humor
- ❑ Not being listened to
- ❑ Having many people around me
- ❑ Being disrespected
- ❑ Peers teasing
- ❑ Being ignored
- ❑ Other: ____________________

STRENGTHS: What are your strengths when feeling out of control?

____

____

SKILLS: What skills do you have/ what are you good at?

____

____

OTHER:

Are you able to communicate to staff when you are having a hard time? If not, what can staff do at these moments to help??

____

____

What kinds of incentives work for you?

____

____

SPECIAL PLANS: List any special plans that help you (things you have used in the past or would like to try).

____

____

____

____

Patient Signature:____________________ Date:__________ ____

Staff Signature:____________________ Date:__________ ____

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APPENDICIES