

# 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 patients and colleagues you're surrounded by.

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.**

- |   |   |
|---|---|
| <input type="checkbox"/> Listening to music.                      | <input type="checkbox"/> Playing a computer game.                 |
| <input type="checkbox"/> Reading a newspaper/book.                | <input type="checkbox"/> Using ice on your body.                  |
| <input type="checkbox"/> Sitting by the waiting room, lobby, etc. | <input type="checkbox"/> Breathing exercises.                     |
| <input type="checkbox"/> Watching TV.                             | <input type="checkbox"/> Putting your hands under running water.  |
| <input type="checkbox"/> Talking with a peer.                     | <input type="checkbox"/> Going for a walk with staff.             |
| <input type="checkbox"/> Walking the halls.                       | <input type="checkbox"/> Lying down with a cold facecloth.        |
| <input type="checkbox"/> Talking with staff.                      | <input type="checkbox"/> Wrapping up in a blanket.                |
| <input type="checkbox"/> Calling a friend.                        | <input type="checkbox"/> Using a weighted vest.                   |
| <input type="checkbox"/> Having your hand held.                   | <input type="checkbox"/> Voluntary time out in a quiet room.      |
| <input type="checkbox"/> Calling your therapist.                  | <input type="checkbox"/> Voluntary time out (anywhere specific?): |
| <input type="checkbox"/> Getting a hug.                           | _____   |
| <input type="checkbox"/> Pounding some clay.                      |   |
| <input type="checkbox"/> Punching a pillow.                       |   |
| <input type="checkbox"/> Physical exercise.                       | <input type="checkbox"/> Other:                                   |
| <input type="checkbox"/> Writing in your diary/journal.           | _____   |

**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):  
\_\_\_\_\_  
\_\_\_\_\_

**4. Have you ever been restrained?**

- Yes       No

When: \_\_\_\_\_

Where: \_\_\_\_\_

Please describe what happened:

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**5. Do you have a preference regarding the gender of staff assigned to respond during a crisis?**

- No       Yes (please provide gender preference): \_\_\_\_\_

**6. Is there anything that would assist you in feeling safe here? Please describe:**

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