

Crisis De-Escalation Interview (developed by the UIC National Research & Training Center, 1999; funded by NIDRR & CMHS)

Patient/Client Name _____ (PRINT) Date ____/____/____

STAFF: At intake, complete Items 1-7. **Note:** For the first two questions, **Plan 1** should be completed and dated **at intake**. Any changes to the Plan should be recorded in the Plan 2 column for the first two questions **only**, dating each (use Plan 3 if more changes are needed). **After each change, initial it above the column.** STAFF, READ TO PERSON: To provide you with the best care we can, we want to know what helps you to feel better and safer when you are having a hard time and think you might go into crisis. The information will be shared with your treatment team and put in your treatment plan.

1. Stress/Crisis Triggers. Certain things make people become very angry, very upset, or to go into a crisis when in the hospital. To help you feel safe, we want to know what things might upset or agitate **you** while you're here. I'll read a list and you tell me which ones might make you feel this way. (STAFF: Check all that apply.)

PLAN #	1	2	3	PLAN #	1	2	3
DATE				DATE			
being touched				being isolated			
bedroom door open				people in uniform			
particular time of day (when?)				time of the year (when?)			
noises				someone else yelling			
not having control/input				being around men or women (circle)			
feeling a lack of respect				people not paying attention to me			
shift change				feeling threatened or unprotected			
not having personal space				nightly room checks			
too many people crowding around me when I'm upset				seeing other people escalate and/or seeing them restrained or secluded			
other (please list)				other (please list)			

2. Calming Strategies. It's helpful for us to know the things that make you feel **better** when you're upset or agitated and fear losing control. Which of the following have helped you to gain control in these situations? (STAFF: Only check 3-5 items.)

PLAN #	1	2	3	PLAN #	1	2	3
DATE				DATE			
voluntary time out in your room				calling therapist (w/ privs & permis.)			
writing in a diary/journal				reading a newspaper/book			
being near staff				watching TV			
talking with staff about my needs				pacing the halls or in the quiet room			
artwork (drawing or coloring)				calling a friend (w/ privs & permis.)			
music via personal device				pounding clay			
punching a pillow				exercise			
deep breathing exercises				hot packs at night to help me sleep			
going for a walk in halls with staff				lying down with cold face cloth			
cup of hot tea, especially at night				snapping rubber band on wrist			
taking a shower/sitting in shower area				drawing on arm with red marker			
wrapping up in a blanket				putting hands under cold water			
using a "weighted" blanket				other (describe)			

STAFF, READ TO PERSON: When you start to get agitated or go into crisis, we'll ask you to try these things to help you calm down. We hope that you'll work on these strategies to keep yourself and others safe. While we won't **always** be able to offer every alternative you've identified, we'd like to work together to help you. So, each day, we'll talk about the calming strategies you've identified and what you can do, and what we can do, to help you feel safe while you're here.

3. History of Restraint. In thinking about your well-being while here, it is helpful for us to know whether or not you have ever been restrained or held down against your will in a treatment setting. Has this ever happened to you? Yes No

STAFF: ONLY ask the next four questions if the person answers "yes" to item 3. Otherwise, skip to the end, ask the person to sign the form, and find out if he/she has any questions about what you've discussed.

4. Were you restrained:
 in a hospital in a crisis unit in a group home or residential facility in another setting

Please think about the **last** time you were restrained and tell me why you were restrained?

Was it because you (staff read whole list): Threatened someone with serious physical assault
 Physically assaulted someone else
 Threatened to seriously hurt yourself
 Attempted to or did hurt yourself

How were you restrained? Were you: Sedated (or chemically restrained)
 Put in walking or hand restraints
 Put in four-point or full leather restraints

5. Preferences re: Restraint. If you're becoming a danger to yourself or someone else, we may need to restrain or seclude you. If it becomes necessary to do this, we'd like to know what you would prefer, if it's appropriate. Would you prefer:
 (Staff, read all and ask person to choose one, or two at most.)

to be in the locked quiet room		to be given an open door seclusion	
to be sedated (chemical restraint)		to be put in full leather restraint	
to be placed in walking restraints (hand/wrist restraints, posey vest)			

6. Contracting for Safety. If we need to restrain you at some point, is there anything that we can do to help you "contract for safety" to get out more quickly? Please describe.

7. Preferred Medications. We may be required to administer medication if physical restraints aren't calming you down. Would you like to discuss what medication you would prefer with your doctor? Yes No

Person unable to complete interview at intake.

Reason why: too sedated in restraints
 too symptomatic not ready to discuss
 cognitively impaired refused entirely

(If yes, interview must be re-attempted at every shift, unless patient demands no further attempts.)

****UPON COMPLETION OF INTERVIEW****

_____ (date) _____ (staff signature) _____

_____ (date) _____ (patient signature) _____