

Commonwealth of Massachusetts
Department of Mental Health
De-Escalation Form for DMH Facilities/Vendors

This form is a guide to gathering information with clients for the development of strategies to de-escalate agitation and distress so that restraint and seclusion can be averted. It should be used in conjunction with the Trauma Assessment Form. It is recommended for use in all inpatient facilities, psychiatric emergency rooms, crisis stabilization and other diversion units, when clinically indicated. Indications include a past history or likelihood of loss of control of aggressive impulses. After clinical review, the information obtained should be incorporated into the treatment plan for this client.

1. It is 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 while you're here.

voluntary time out in your room		listening to music	
voluntary time out in quiet room		reading a newspaper/book	
sitting by the nurses station		watching TV	
talking with another consumer		pacing the halls	
talking with staff		calling a friend	
having your hand held		calling your therapist	
having a hug		pounding some clay	
punching a pillow		exercise	
writing in a diary/journal		using ice on your body	
deep breathing exercises		putting hands under cold water	
going for a walk with staff		lying down with cold facecloth	
taking a hot shower		other? (please list)	
wrapping up in a blanket			

2. Is there a person who has been helpful to you when you're upset? (Y/N) Would you like them to come and visit you? (Y/N) Can we assist in this process? (Y/N)

If you are in a position where you are not able to give us information to further your treatment, do we have your permission to call and speak to _____(name) _____(phone)? (Y/N) If you agree that we can call to get information, sign below:

Client signature _____ 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	
bedroom door open		people in uniform	
particular time of day (when?)		time of the year (when?)	
loud noise		yelling	
not having control/input (explain)		other (please list)	

4. Have you ever been restrained in a hospital or other setting, for example, in a crisis stabilization unit or at home?

	physically/mechanically?	chemically?
when?		
where?		
what happened?		

5. If you are escalating or in danger of hurting yourself or someone else, we may need to use a physical, mechanical or chemical restraint. We may not be able to offer you all of these alternatives, but if it becomes necessary, we'd like to know your preferences.

quiet room	seclusion	
physical hold	safety coat	papoose board
3-point restraint	face up?	face down?
4-point restraint with legs together	face up?	face down?
chemical restraint		

6. Do you have a preference regarding the gender of staff assigned to you during and immediately after a restraint? Women staff ____ Men staff ____ No preference ____

7. Is there anything that would be helpful to you during a restraint? Please describe.

8. We may be required to administer medication if physical restraints aren't calming you down. In this case, we would like to know what medications have been especially helpful to you? Please describe.

9. We do room checks here to make sure you are okay at night. We are trying to make these room checks as nonintrusive as possible. Is there anything that would make room checks more comfortable for you?

Please incorporate the information obtained in the de-escalation form into the treatment plan for this client