Concordia
BEHAVIORAL HEALTH

Name: _____ DATE: _____ Facility: _____

Personal Safety Plan

You can document on this form suggested calming strategies IN ADVANCE of a crisis. You can list things that are helpful when you are under stress or are upset. You can also identify things that make you angry. Staff and individuals receiving services can enter into a *"partnership of safety"* using this form as a guide to assist in your treatment plan. The information is intended only to be helpful; it will not be used for any purpose other than to help staff understand how to best work with you to maintain your safety or to collect data to establish trends. This is a tool that you can add to at any time. Information should always be available from staff members for updates or discussion. Please feel free to ask questions.

1. Calming Strategies:

It is helpful for us to be aware of things that help you feel better when you're having a hard time. Please indicate (5) activities that have worked for you, or that you believe would be the most helpful. If there are other things that work well for you that we didn't list, please add them in the box marked "Other". We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you're here.

	Listen to music		Exercise
	Read a book		Pace in the halls
	Wrapping in a blanket		Have a hug with my consent
	Write in a journal		Drink a beverage
	Watch TV		Dark room (dimmed lights)
	Talk to staff		Medication
	Talk with peers on the unit		Read religious or spiritual material
	Call a friend or family member		Write a letter
	Voluntary time in the quiet room/comfort room		Hug a stuffed animal
	Take a shower		Do artwork (painting, drawing)
	Go for a walk with staff		Other? (Please list below)

2. What are some of the things that make you angry, very upset or cause you to go into crisis? What are your "triggers"?

	Being touched		Called names or made fun of
	Security in uniform		Being forced to do something
	Yelling		Physical force
	Loud Noise		Being isolated
	Contact with person who is upsetting		Some else lying about my behavior
	Being restrained		Being threatened

3. Signals of Distress:

Please describe your warning signals, for example, what you know about yourself, and what other people may notice when you begin to lose control. Check those things that most describe you when you're getting upset. This information will be helpful so that together we can create new ways of coping with anger and stress:

	Sweating		Clenching teeth
	Crying		Not taking care of self
	Breathing hard		Running
	Yelling		Clenching fists
	Hurting others:		Swearing
	Throwing Objects		Not eating
	Pacing		Being rude
	Injuring self: (Please be specific)		Other? (Please list below)

CONTINUED OVER

4. Preferences Regarding Gender and Others:

Do you have any preferences or concerns regarding who serves you when you are upset or angry?

Women staff_____ Men staff_____ No preference_____ Language_____

Ethnicity_____ Culture _____ Of a particular religion_____

5. Preferences Regarding Physical Contact:

We would like to know about your preferences regarding physical contact. For example, you may not like to be touched at all or you may find it helpful to have a hug or be touched *appropriately* when you are upset.

Do you find it helpful to be hugged or touched appropriately when you are upset?
Yes___ No___ Comments:_____

6. Seclusion and Restraint:

This facility is trying to eliminate the use of seclusion and restraints, therefore, it would be helpful to know if you have ever been placed in a seclusion room or been restrained. This information will be used only for collecting data and for training purposes, not to predict any future behaviors.

Have you ever been placed in a seclusion room? Yes ____ No ____
Have you ever been restrained? Yes ____ No ____

7. In Extreme Emergencies:

In **extreme** emergencies seclusion and restraint may be used as a last resort. Is there anything you find helpful in emergency situations that could prevent them from being used?

Alternative physical spaces such as:
Comfort Room _____ Quiet Room_____
Other such as exercise _____ Medication by mouth_____
Emergency injection_____ Other:_____

8. Medical Conditions:

Do you have any physical conditions, disabilities, or medical problems such as asthma, high blood pressure, back problems, etc., that we should be aware of when caring for you during an emergency situation?

_____
_____
_____

9. Helpful Medications:
We may be required to give medications if other measures do not help you to calm down. In this case, we would like to know what medications have been especially helpful to you? Please describe. _____
_____
_____

10. Not Helpful Medications:
Are there any medications that are not helpful? What and why? _____
_____
_____

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11. Room Checks:

Room checks are done at night to make sure you are okay. In order to make room checks as non-intrusive as possible is there anything that would make room checks more comfortable for you? _____
_____
_____
_____

12. Trauma History:

Do you have any issues regarding abuse such as sexual or physical abuse that you would like to talk about with staff, or with counselor? Yes___ No___

Would you like more information on these issues in classes or support groups? Yes____ No____

13. Anything Else?

Is there anything else that would make your stay easier and more comfortable? For example do you have any special issues like cultural, diet, sexual preference, appearance, etc. that you think could contribute to misunderstandings or cause problems for you? Please describe:

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The Personal Safety Form Information should be presented to the treatment team and incorporated into the treatment plan for this individual. Each individual shall receive a copy. This form has been adapted from an original form created by the Massachusetts Department of Mental Health