

Name: _____ DATE: _____ Facility: _____

Personal Safety Plan (Modified for use in Limited Mental Health Assisted Living Facilities)

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. My Favorite Things are: What are things that you like? How would you like someone to let you know that they are proud of you or that you did a good job?

Food, specify:	Books, specify:
Extra time spent doing something? Specify:	Art supplies, specify:
Music, CD's? I-Tunes?	Games, specify:
Special privilege:	Picking the movie for movie night.
Picking out the menu for dinner.	Other? (Please list below)
Sports Equipment, specify:	

1b. What would you like to hear someone tell you that would make you feel more respected and appreciated?

2. 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)

3. 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

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4. 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)

5. 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 _____

6. 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: _____

7. 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?

8. 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?

9. 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:
