

1<sup>st</sup> Attempt time: \_\_\_\_\_

2<sup>nd</sup> Attempt time: \_\_\_\_\_

3<sup>rd</sup> Attempt time: \_\_\_\_\_

### Patient Debriefing Form

Must Be Completed Within 24 Hours Post Hold/Seclusion

1. Did something happen to you that made you feel unsafe/frustrated? \_\_\_\_\_ What was that?

- Conflict with Peer     Conflict with Parent/Guardian     Unit Rule/Procedure     Environment Stimuli     Conflict with Staff     Bedtime
- Scheduled Activity     Change in discharge plans     Difficult family Session     Bad Phone Call     Internal Trigger     Parent
- Physical Boundary     Reacting to Tension in milieu     Resisting Redirection     Unwillingness to Bathe/Shower/ Activities of Daily Living
- Unknown     Other (explain below)

2. Tell us what triggered this behavioral problem: \_\_\_\_\_

3. What decisions did you make that led to this incident? \_\_\_\_\_

4. What coping skills did you use during this stressful situation?

- Deep Breathing     Counting     Positive Self-Talk     Mental Imagery     Talking with Someone     Diversion/Activity     Exercise
- Problem Solving     Reframing     Drawing/Journaling     Other (describe): \_\_\_\_\_

5. How do you rate your ability to use these skills?

- You are able to make effective use of coping skills     You think current coping skills are ineffective
- You want additional training     You do not want to make use of any coping skills

6. What coping skills could you have used that you did not? \_\_\_\_\_

7. How are you feeling now? \_\_\_\_\_

8. What can we do to help you feel better? \_\_\_\_\_

9. What can we do to help you feel safer now? \_\_\_\_\_

10. What most helped you to calm?     Ignoring peers     Change staff member talking to me     Having just one person talk to me

Nothing     Removing what bothered me     Other: \_\_\_\_\_

11. How effective was the staff in assisting you through this incident?

- Very Helpful     Somewhat Helpful     Not at all Helpful

If so, how was the staff helpful? \_\_\_\_\_

12. In your opinion, was this intervention necessary to keep you and/or others safe?

- Yes     No     I am not sure

13. Observed patient response after the intervention:

- Patient able to process/debrief     Calmed down and rejoined milieu     Refused debriefing     Continued to be agitated     Isolated
- Other: \_\_\_\_\_

14. How could we help you better during a similar situation in the future? \_\_\_\_\_

Patient Signature \_\_\_\_\_  
 Printed Patient Name \_\_\_\_\_

Date & Time \_\_\_\_\_

Staff Assisting Signature \_\_\_\_\_

Date & Time \_\_\_\_\_