

PRECAUTIONS PROBLEM SOLVING FORM

Purpose: On occasion, when people are faced with stressful or difficult personal problems, they will exercise poor judgement and act on a destructive impulse. Often these impulsive actions do not permanently solve the underlying problem, perhaps even making things worse. They may create a situation of danger to the person or others they interact with. This requires staff intervention (precautions) in order to reduce the risk of harm.

The purpose of this problem solving exercise is to determine if the person on precautions has actually thought through the underlying problem enough to identify specific alternatives or solutions they may take in the future. Unless one has identified more effective solutions to these problems, they are likely to continue to act impulsively and are not a good risk to be taken off the precaution.

1. DESCRIBE THE SPECIFIC THINGS YOU DID TO LEAD THE TREATMENT TEAM TO DECIDE YOU NEEDED THE ADDITIONAL STRUCTURE PROVIDED BY THE PRECAUTIONS.
2. WHAT UNDERLYING PROBLEMS WERE YOUR ACTIONS INTENDED TO SOLVE? WHAT DID YOU HOPE TO ACCOMPLISH BY TAKING THAT ACTION?
3. IF YOU WERE NOT IN THE HOSPITAL AND ENGAGED IN THOSE BEHAVIORS, WHAT MIGHT HAPPEN TO YOU? WHAT COULD BE THE LONG TERM CONSEQUENCES OR RESULTS FROM SOLVING THE PROBLEM THIS WAY?

4. BRAINSTORM OR THINK OF *FIVE* CONSTRUCTIVE ALTERNATIVE SOLUTIONS TO THE UNDERLYING PROBLEM. (YOU MAY NEED TO RESEARCH IDEAS FROM OTHER PEOPLE WHO HAVE SOLVED SIMILAR PROBLEMS THEMSELVES.)

1.

2.

3.

4.

5.

5. SELECT TWO OF YOUR IDEAS YOU THINK WOULD BEST WORK FOR YOU. THESE SHOULD BE LONG TERM SOLUTIONS THAT SATISFY YOU AND RESOLVE THE UNDERLYING PROBLEM.

1.

2.

6. LIST THE SUPPORT AND ADDITIONAL SKILLS YOU NEED TO DEVELOP IN ORDER TO TURN THESE IDEAS INTO EFFECTIVE ACTION. HOW CAN OTHERS HELP YOU BECOME MORE SUCCESSFUL WITH YOUR PLAN?

7. COMPLETE THE FOLLOWING STATEMENT:

In the future, whenever I feel: _____.

and start to do: _____.

I will stop, recall my alternatives and (do): _____.

_____.

_____.

_____.

SIGNATURE: _____ TREATMENT TEAM APPROVAL: _____.