

Comfort Plan for Wellness and Recovery

The Comfort Plan for Wellness and Recovery (Comfort Plan) attached has been co-designed with consumers, carers and staff to promote recovery focused, trauma informed care. It is primarily aimed at the prevention of reducing the use of restrictive practices which is known to increase the risk of trauma and may trigger symptoms of past experience of trauma.

When restrictive practices are implemented, they should only be used after reasonable attempts to use alternate means of calming and de-escalation, to enable a person to regain self-control, are unsuccessful

Aspects of a Comfort Plan

Comfort plans may be known by other names, such as 'personal prevention plans' or 'safety plans'. Regardless of the title, they all contain a minimum of three similar components;

1. triggers to the persons anxiety or distress,
2. the behaviours a person might exhibit when they are anxious or distressed and
3. strategies they find calming or soothing.

To ensure a trauma informed approach to developing a comfort plan it is recommended to engage the person in developing the plan and with a family member/significant other where possible; to gain an understanding of any trauma history the person may have experienced; and if at all possible, to allow them to select the gender of the staff with whom they interact.

While the primary focus is to prevent the use of restrictive practices, the Comfort Plan can also be used as an opportunity to engage the person in a meaningful conversation. Doing this can support their sense of feeling safe with staff and assist in the development of a therapeutic relationship to aid in their personal recovery.

Instructions

The Comfort Plan would be ideally developed by the consumer (alone, with staff or with a family member/significant other) and their Community Coordinator (where one exists). This interaction with a supportive person will enable the consumer to articulate their preference for staff (eg gender) and management approach (eg low stimulus), warning signs, triggers and calming strategies in the event they become distressed/agitated. It can also be developed while the person is in hospital and reviewed after discharge.

Once completed the Comfort Plan is signed by the person and staff member and is reviewed at each Care Plan review. The Comfort Plan will be added to their care record at the site where their care occurs; for reference and scanned into electronic data bases (CBIS/Sunrise/CCC). A review with changes to the Comfort Plan will need to occur to reflect the needs of the person within differing service settings (eg community/acute mental health unit/children's services).

Safety Requirements

Employees must comply with any safety instructions and local work instructions/procedures in the use of sensory items that might be used when assisting in the implementation of calming strategies with any individual. For example weighted products may need a weighted item risk assessment completed in conjunction with occupational therapy services.

Mental Health Restraint and Seclusion Toolkit Fact Sheet 4

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For more information

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