Client Code: Date discussed:

PLANNING TO PROVIDE SAFETY-RELATED INFORMATION IN TRAUMA-SENSITIVE TEAMS

Discuss these questions with your client. Write down the client's responses or team observations:
(See resource section for examples)

1. ____**When asked (or observed), what would your (or does your) client say and do when they are in a safe behavioral environment?**

2. ____**What changes in the environment when suddenly there is a threat?** (e.g., what are examples of "triggers" for the kinds of behavior your client uses when threatened?)

3. ____**When asked (or observed), what would your (or does your) client say and do if there is an overall threatening environment?** (Are there dangers or reminders from the past that are sometimes still present? Are there places, people, activities, or things the client avoids because they were threatening in the past?)

4. ____**What is the very first sign that shows you that your client is feeling unsafe** in their environment (e.g., any physiological changes, things they say, "precursor" behaviors they start to use, or other changes you notice or they notice?)

5. ____ **What is an example of safety-related information your client wants/needs, given their history** (e.g., what is the question they ask, or would ask if they could, or the question that gets answered through significant behavior challenges that often end in the same way each time)?

THESE SITUATIONS MIGHT INDICATE PROBLEMS WITH SAFETY-RELATED INFORMATION

- ☐ The team **has not** considered when and how and what to present in terms of safety information; there is no policy or strategy for providing this information
- ☐ The team **does** present information about big upcoming changes, but typically only during big meetings that are held after a significant difficulty for the client
- ☐ The team **tries** to present safety-related information only after the client has used appropriate behavior
- ☐ The team tries to **ignore** the client's requests if they occur in inappropriate ways
- ☐ The client uses a **repeated** response pattern that, when started, doesn't end until there is an altercation or visit with someone in a position of high power or authority (police, judge, team leader, parent, principal, a doctor, etc)

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THESE MOVES MIGHT HELP WITH THREAT-RELATED BEHAVIOR

- ☐ Safety information is regularly provided independent of the person's "challenging behavior" (e.g., its provision and removal is not contingent on any given behaviors, it is just regularly provided)
- ☐ During a crisis, safety information is not withheld, and is still available
- ☐ Visits with someone in positions of high power are scheduled regularly in advance so they are unpaired with challenging times related to behaviors

Discuss: Might a client or team member benefit from any of these procedures related to their behavioral needs, if trauma is potentially involved?

___SAFETY SIGNALS: **If caregivers have been paired with threatening stimuli in the past, make sure the caregiver is "unpaired" with threats.** Analyze the potential risks versus benefits of having a primary caregiver conduct the threatening procedure. If at all possible, assign the procedure to someone else, such as having a crisis plan in which a physical restraint plan is carried out by only a trained staff member or a member of the police force or a therapist and not the caregiver.

___REGULAR NEUTRAL INTERACTION: **Have the caregiver approach and interact regularly with the client in neutral and positive ways** (e.g., not trying to praise, reduce, or increase specific behaviors, but just provide interaction). Use procedures that involve providing regular caregiver interaction that is unpaired with threats and that occurs regularly, predictably, and not based on appropriate behavior from the client (e.g., not only "noncontingent" but make this interaction "UN-contingent").

___REINFORCE PRECURSOR BEHAVIOR: **If the team learns contextual stimuli present in the environment have been paired with threat in the past,** observe for indications that the client may be using early and mild precursor behavior (e.g., manding for safety related information) and reinforce it (e.g., provide safety-related information answering questions about the client's safety, or provide noncontingent interactions with the client that allow the client to ask and get their own answers to these questions. Do not require the client to "ask appropriately" for this information, but try to satiate the environment with it.**.**

___NCR (noncontingent reinforcement) schedules of preventive stimulation: **If the client has previously had interaction with a high-level reinforcer that also meets a physical need, examine it carefully.** It is dangerous to provide it as a consequence to (e.g., right after, and dependent on) significant dangerous behavior, but also dangerous to withhold it. Instead, examine the benefits and risks of providing it as preventative stimulation unpaired with their behavior. Ensure that the person's BEHAVIOR is never again their only path to this high-level interaction.

Examples:

- **Physical contact:** If they enjoy physical contact but only have it via unsafe sexual contact with others, engineer a preventive schedule of massage (for instance) that is not contingent on safe behavior but that is regularly available
- **Police contact:** If they have police contact as a result of dangerous and escalating behaviors, ensure a schedule that is more frequent than they have previously had, that takes place independent of their challenging behavior, and that is regular and predictable and involves their approach. By approach, this means that the client now visits the police instead of being surprised by police visits or picked up by police in their neighborhood. The client dresses for the visit, plans what they will do, and practices skills ahead of time with a therapist.
- **Medical or therapist visits:** If they typically have had therapist visits or medical interaction only after eloping to hospital (for instance) or using unsafe behavior resulting in hospitalization, consider a schedule where regular visits are appetitive (e.g., planned in advance, under conditions of approach, and not contingent on "appropriate behavior". This means the team will no longer withhold or pause the visits just because the client "messed up". This is not a "reward" for "good behavior" but a preventative technique.