

Resources for talk on Trauma, ASD, and TIBA

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TIPS and BIPS

Trauma Indicator Possibilities Screening and Buffering Items and Possibilities Scoring

The TIPS is a screening tool used in the SAFE-T model. If you are taking the online SAFE-T training or have access to the entire SAFE-T assessment booklet, it corresponds with the sections referencing the SAFE-T Screening Tools and SAFE-T Checklist. We typically use the screening tools as referral documentation, utilizing the broader and longer SAFE-T Checklist only if we have flagged a certain number of items in the screening tool that indicate to us, as a team, that there are concerns worth documenting further and teaming about. For example, we may elect to look further if there are behaviors or situations flagged on the screening tool that indicate to the team that trauma may have been present in the client's past or present history. We may do this because we want to ensure we appropriately document any trauma-related risks and needs that we wouldn't otherwise look for and document, but that could affect our client's behavior, pose risks to our client or others, or relate to biological and medical needs or concerns.

- (For more information on overall assessment of these issues, see Chapter 3 from SAFE-T online training modules: SHOULD WE MOVE ON TO ASSESSMENT? More on biological needs and concerns is found in the Risks and Needs section of the SAFE-T training.)
- We use this checklist to see whether we may need to move on to the larger assessment.
- Definitions are found after the screening tool followed by buffering items scoring.

Y N Are there concerning items marked from both the behavioral (left) and situational (right) column?

Y/N Are there 3+ items marked in any one section?

Y N Are there at least 4 concerning items marked in total?

If any Y's, consider trauma-related supports. If more than 2 Y's, usually need to complete the SAFE-T Checklist.



1. We administer Screening Tool
2. We determine if we need to go more in-depth (and complete the SAFE-T Checklist with ACEs)



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BEHAVIOR REFERRAL INFORMATION: Check the past and/or current box as appropriate for each behavior if you have a concern with this behavior, or if the person, to your knowledge, has ever used this behavior or shown this concern. **Challenging behaviors or concerns I have for this person in the past or present**

Past	Current	Behavior
		Acts out aggressive or sexual play with others or dolls or figurines
		Using alcohol, cigarettes or drugs
		Challenging behavior when almost any transition takes place
		Depicts aggressive events in drawing or coloring
		Challenges with appropriate play
		Trouble responding to caregiver's instructions
		Challenges with bedtime
		Depicts sexual events with drawing or coloring
		Destroys property
		Developing feeding skills is not happening on track
		Eating much less than others the person's age and size
		Eating much more than others the person's age and size
		Eating out of the garbage or eating hygiene products
		Makes false accusations about others
		Several weekly tantrums or crying spells lasting longer than 30 minutes
		Biting, kicking, or hitting others the person's own age
		Behavior that injures animals
		Running away from or leaving safe situations, or supervision
		Self injurious behavior when alone
		Public sexual behavior
		Sexual behavior toward animals
		Inappropriate sexual behavior
		Smearing feces
		Starts fires
		Taking things that do not belong
		Toilet training is not on track and person is not DD/ID
		Trouble talking
		Difficulty with expressing emotions
		Pain threshold seems higher or lower than that of most peers

Other behaviors:

Adverse experiences or difficult caregiving situations that have affected this person in the past or present

Past	Current	Situation
		Everyday parenting techniques seem to make challenges worse
		Client exposed to drugs in utero
		Client homeless as a child
		Client shows reduced eye contact with caregivers but not other people
		There is documentation of mistreatment, abuse or neglect
		It is likely a client was present during drug use
		Medical diagnosis
		Mental health diagnosis
		It is likely a client experienced neglect
		It is likely a client experienced sexual abuse
		It is likely a client experienced physical abuse
		It is documented a client witnessed family violence
		A client was abandoned as a child
		A client stayed in foster care as a child
		A client was adopted as a child
		A client was in multiple foster care placements
		A client was in a failed adoption
		Person's primary care was interrupted by a caregiver's incarceration or poverty
		A client was homeless as a child
		Person has lost a caregiver due to death
		A client's caregiving was disrupted due to immigration
		A client's caregiving was disrupted due to drug abuse
		A client has experienced a traumatic medical event
		A client has been treated for feeding challenges
		A client received feeding treatment, then family discovered medical reason for feeding concerns
		A client was pregnant before age 18
		A client's biological mother was pregnant before age 18

Other concerning situations:



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TIPS Definitions	
Behavior	Basic definition notes (for any behaviors your agency already records, may use your agency's definitions instead if there is a discussion or conflict)
Acts out sexual roles with others	Mark this item as a "1" (meaning "yes") if the client has been observed using behavior that could be sexual in nature WITH other people. DO NOT count it if the person has used this behavior only with objects or themselves, such as masturbation, drawing sexual content, etc. Could include sitting on someone's lap and touching someone's private parts, putting someone's hand on client's private parts, asking someone to touch them, etc).
Using alcohol, cigarettes or drugs	Mark this item as a "1" (meaning "yes") if the client has been observed or reported by staff or previous caregivers as using the behavior, even once, or if the client self-reports that they did.
Challenging behavior when almost any transition takes place	Mark this item if the client uses challenging behavior (e.g., behavior that may require a behavior plan to decrease to reduce the risk of harm to the client themselves or another person) during transitions (such as moving from one event to another, one scheduled item to another, stopping a preferred activity and starting a scheduled one, etc)
Depicts aggressive events in their writing or drawing	Mark this item if the client has been observed or reported to draw pictures or write content (e.g., journal, letters, etc) with aggressive content that 2 observers agree could be aggressive (such as a person hurting someone else including an animal, hurting themselves, scenes with blood or violence or harm to someone's person, etc)
Challenges with appropriate leisure skills	Mark this item if the client finds it difficult to engage in appropriate leisure skills OR uses challenging behavior (e.g., behavior that may require a plan to decrease in order to reduce the risk of harm to themselves or others) when asked to engage in appropriate leisure skills or when it is time to do so
Trouble responding to caregiver's instructions	Mark this item if the client often (e.g., to the extent that it is targeted in a skill acquisition plan or behavior reduction plan) refuses to respond to caregiver's instructions
Challenges with transitioning to rest or bed	Mark this item if the client uses unsafe or challenging behaviors or serious avoidance behaviors when it is time to go to rest or bed, to the extent that they need or are prescribed medications, behavior plan components or other supports to help them transition to rest or bed
Depicts sexual events with drawing or coloring	Mark this item if the client has been observed or reported to draw pictures or write content (e.g., journal, letters, etc) with sexual content that 2 observers agree could be sexual (such as a person engaging in sexual content with someone else including an animal, sexual content with only themselves, scenes with sex (may also include violence or harm to someone's person, etc)
Destroys property	Mark this item if the client has been observed or reported to destroy property to the extent that the person destroys someone ELSE's property, usually with criteria that the item is valued at some dollar amount to replace (for this and all other behaviors, if MELMARK has your own definition of this behavior,



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	use MELMARK's even if it conflicts with the examples or definitions provided here)
Eating much less than others the person's age and size	This item is usually present if the person is diagnosed with anorexia, but may also be scored if the person eats visibly less than others and there is no diagnosis. May still mark this if the item is likely present because of a drug interaction or another diagnosis.
Eating much more than others the person's age and size	This item is usually present if the person is diagnosed with bulimia, but may also be scored if the person eats visibly and markedly more than others and there is no diagnosis. May still mark this if the item is likely present because of a drug interaction or side effect, or another diagnosis.
Eating out of the garbage or eating hygiene products	Mark this item if the client has been observed or reported to engage in eating out of the garbage and/or eating hygiene products, even if it occurred rarely.
Makes false accusations about others	Mark this item if the client has been observed or reported to engage in this behavior. Do not include making statements about what someone MIGHT do, such as making inferences ("he is going to kill me") that might occur given a psychiatric diagnosis. Examples of making false accusations should include saying things that a person DID , not what they might do (e.g., saying "that staff member just tripped me" when the staff member was observed to be in another room, etc)
Several weekly explosive bouts of screaming behavior or crying spells lasting longer than 30 minutes	Mark this item if the client has been observed or reported to engage in more than 2-3 weekly bouts of crying or "explosive" behavior (e.g., shouting and screaming)
Aggression to others (may include biting, scratching, pulling, kicking, or hitting)	Mark this item if client uses aggression with other people. Do not count as "1" if client uses aggression to self such as self injurious behavior but never toward another person. Do not count if client used harmful behavior to themselves and someone else was hurt incidentally while blocking the behavior and this only occurred once.
Behavior that injures animals	Mark this item if client uses or has been observed to use behavior that injures animals such as hitting, kicking, throwing them, or pulling or pushing them, or hitting them with items, etc.
Running away from or leaving safe situations, or supervision	Mark this item if client uses or has been observed to use behavior that results in unsafe removal of supervision such as running away from supervision, leaving supervised area or safe situation; may be called "elopement" in past or current behavior plans.
Self-injurious behavior when alone	Mark item if client uses SIB (self injurious behavior) and this has occurred when other people are not present, even if the client later told someone about the behavior; mark item even if the injury does not leave a mark, or if the marks are not visible to others. Could include scratching themselves while asleep (e.g., clawing at chest and leaving marks), banging head, gouging eyes, pulling out hair, scratching skin; mark item even if client is also diagnosed with a disorder that could explain the behavior, such as Prader Willie Syndrome, or mental health challenges or as a side effect of a medication.
Public sexual behavior	Mark item if client uses sexual behavior in public, even if that behavior is directed toward self (e.g., pulling down pants or touching private body parts), if the behavior could be easily or reasonably viewed by someone else (e.g., in a public place or space, in a bathroom with the door open, etc)
Sexual behavior toward animals	Mark this item if client uses or has been observed to use behavior that involves sexual content and also involves animals such as pulling down



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	pants and using the animal to touch private areas, or rubbing the animal on body, or taking two animals and touching them together in sexual way
Inappropriate sexual behavior	Mark item if client uses sexual behavior that is inappropriate per the person's context, such as touching self in a public place, using verbal behavior with sexual content to a peer or person with whom it is not appropriate; any contact between adult client and a minor. Do NOT include touching the person's spouse or partner if the touch was consensual and in a private room and was appropriate per the two clients' plans; therefore, the client may act out sexual roles with others (e.g., another item on this screening tool) but NOT have this item marked, and that could be appropriate given the situation.
Smearing feces	Mark item if client uses this behavior or has been observed to use the behavior. Do not count if client was in a toilet training program or working on related goals and the behavior ONLY occurred during a time limited way during the appropriate context (e.g., if client's behavior incidentally resulted in smeared feces on a toilet or related surface while being supervised to acquire the behavior or appropriate toileting).
Starts fires	Mark item if client started fires in the past or has used behavior that would have started fires in inappropriate setting if the behavior had not been stopped by a caregiver.
Taking things that do not belong	Mark item if client takes things that do not belong.
Toilet accidents	Mark item if client is not toilet trained and has accidents, whether this is a current goal or age appropriate or not. (For example, a 2 year old who has toilet accidents involving voiding bowels or bladder or both, either during the daytime or nighttime or both, would receive a "1" for this item and a 20 year old or 12 year old would also receive a "1" for this item. Record "1" whether "accidents" are "intentional" or not.
Trouble communicating with others	Mark item if 2 observers would reasonably agree that communication is difficult for the client, if others have trouble understanding the client's attempts to communicate their wants and needs, or if the client has communication related goals in their plan because they struggle in one of these or related ways: using challenging behavior instead of expressing wants and needs; absence of attempts to communicate; low rates of appropriate communication; etc
Difficulty with expressing emotions	Mark item if 2 observers would reasonably agree that expressing emotions is difficult for the client and this is a problem that impedes their quality of life; if others have trouble understanding the emotions the client attempts to express, or the client routinely expresses emotions that do not match or are not consistent with the client's current environmental context; or if the client has emotional expression related goals in their plan because they struggle in one of these or related ways: using challenging behavior instead of expressing emotions; absence of showing emotion or understanding emotion that others express in social situations; etc
Pain threshold seems higher or lower than that of most peers	Mark item if observations are consistent with one or more of these: client is diagnosed with pain threshold related conditions; if expressing pain is targeted in plan because client does not seem to "register pain"; if client inflicts pain on themselves that they do not seem to feel; if client's team member(s) in the past have observed this as a problem; etc



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This is the BIPS (Buffering Items and Possibilities Scoring). Part 1: Teams may use this before or after treatment, during screening, or to guide teams to include therapeutic supports that have been found in the literature to support people during and/or after trauma. Use the definitions (next page) to fill out the table below and if needed, add to the person’s behavior support plan, treatment plan, person-centered plan, or training package.

Part 2: Next, make sure to note which of the screened behavior “concerns” (from the screening tool, TIPS) might also have beneficial aspects. Some teams find it helpful to use this as a jumping-off point for treatment, in gathering information about possible alternative skills and behaviors you can build on.

BIPS (Buffering Items and Possibilities Scoring) Part 1						
<i>While supporting behavior needs, honor the whole person and their overall health needs. The goal is to work towards a person scoring “YES” for every item below. No matter what behavioral supports are provided, the below factors will be incredibly helpful and may be even more critical.</i>						
*Item number in SAFE-T Checklist	Buffering Item	Yes/ engagement	No/ no engagement	Item is in behavior or support plan	Unknown	Notes
E47	Person exercises regularly					
E48	Person maintains a relatively healthy diet (including having the resources, knowledge, social support, and access to do so)					
E49	Person is working on using stress relieving techniques that work for them (e.g., they can calm down after a scary event, they can “relax”; may include meditation, yoga, stretching, reading, deep breathing, etc); they have at least one of these skills in their repertoire and are socially supported to do it when appropriate or needed					
E50	Adequate sleep hygiene					
E51	Person receives appropriate mental health care					
E52	Person has relationship with trusted adult					

*SAFE-T Checklist training available at cuspemergenceuniversity.com

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Buffering Item Possibilities Scoring		
Item number in SAFE-T Checklist	Buffering Item	Brief definition of "Engagement" in this item
E47	Person exercises regularly	Person engages regularly in a form of exercise appropriate to them (their abilities, environment, and supports); for example, person takes a walk every day, does yoga regularly, person bounces on a ball or plays an active game with staff or peers regularly; etc. Score "no" if person rarely engages in physical activity, even if it is prescribed and on the plan (e.g., person's team and BIP recommend regular exercise but client uses protests and does not engage in recommendations)
E48	Person maintains a relatively healthy diet	Includes having the resources, knowledge, social support, and access to do so. Person has been provided nutrition counseling or support, and attempts to follow a healthy diet, OR is supported by team to maintain healthy diet. Score "no" if person has been recommended a healthy diet but observations suggest client regularly violates it and eats a majority of unhealthy foods on a regular basis or avoids almost healthy foods on a regular basis
E49	Person is working on using stress relieving techniques that work for them	Person works on, with support if appropriate, using a coping skill when stressed; this skill or set of skills is in behavior plan, OR is practiced regularly by person with staff or in their educational program on a daily or regular basis; score "no" if the person does NOT use a stress relieving technique, is not supported to use one, there is not a related target skill(set) in their behavior plan or skill acquisition plan; the person responds inappropriately or "disproportionately" to stressful situations, etc. This item might include: they can calm down after a scary event, they can "relax"; may include meditation, yoga, stretching, reading, deep breathing, etc); they have at least one of these skills in their repertoire and are socially supported to do it when appropriate or needed
E50	Adequate sleep hygiene	Person has received sleep recommendation and regularly (e.g., 5/7 days per week) meets that (such as being told by primary care provider they need 7 hours of sleep, and sleeping 6-8 hours per night; score "no" if person regularly sleeps much less (2+ hours) than their recommended number hours of sleep
E51	Person receives appropriate mental health care	Person is assigned to and /or regularly attends mental health support from qualified provider (e.g., do not count if person occasionally discusses mental health concerns with a provider who is not a mental health therapist, such as talking to one's residential counselor or educator about mental health); may include ACT session with behavior analyst or other therapist; psychologist or psychiatrist session to manage medications and discuss symptoms, mental health concerns; therapy session with cognitive behavior therapist or DBT provider; can include single or group sessions. INCLUSIONS: children who are not appropriate to attend meeting themselves, but who are followed by mental health team and providers, managing meds and symptoms
E52	Person has relationship with trusted adult	Person is reported to, and observed to, have relationship with trusted adult, as indicated by the following: Evidence of approach and interaction that may include some of these: initiates verbal behavior, including questions and statements; making and responding to bids for interactions combined with positive social affect as commensurate with how that client typically expresses it (e.g., smiles, eye contact, handing them things, accepting things, using parallel engagement in activities, talking and answering questions); LACK of the following exclusively or mostly in this person's presence: downcast eyes, running away, turning away combined with negative affect (e.g., frowns/grimaces), shaking or removing body parts when grazed).



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BIPS Part 2

Instructions: Place check marks in appropriate column based on whether the person uses some beneficial items in this screened area. May further describe in the boxes or attach papers.

Below: Each behavioral area assessed on the screening tool could also be associated with a beneficial repertoire component. Ways to use this include (but are not limited to) these:

-For programming supports, to select behavioral alternatives, etc: May select past/current or both by using checkmarks to indicate if this buffer is present, then use this skill or area to help engineer supports for related concerning items

-To note how the person’s repertoire has changed, or to monitor progress: Some clients will have a “past” check but not a “current” one, indicating there may be stimulus control problems (e.g., they “can” use this skill but they are not finding the support in their current environment to do so- see for instance literature on boredom during incarceration and lack of input during neglect, which lead to development of problematic repertoires), or that there may be medical problems (e.g., there is onset of dementia, skill regression after abuse, or lack of enjoyment related to depression, cognitive decline or mental health challenges)

Past	Current	Screening area and beneficial skills or actions associated with it
		Roleplay: Acts out roles with others; plays pretend or uses roleplay (can imitate others’ actions, act out events, and make statements to describe their behavior):
		Substances: Uses substances responsibly (e.g., may drink responsibly if legal drinking age; takes medications on time and in prescribed doses):
		Transitions: Communicates about challenging transitions; requests help as needed during transitions; uses transition object or items as needed; switches between events when needed:
		Drawing and writing: Can write or draw; describes events in their drawing or writing:
		Leisure skills: Uses at least one leisure skill; has a “hobby”; uses leisure skills at appropriate times; can be “by self” safely and use skills to entertain self:
		Responds to instructions: Person is able to respond to caregiver’s instructions. For more information on building a repertoire of instruction following (which might be useful in safety situations, like “follow the red lights to safety” or “go to the exit”), see VB-MAPP for assessing and building listener responding skills. Subskills include asking questions for clarification if questions are not clear, asking for help if the question is too difficult, asking for an example if the instruction is new, etc.
		Transitions safely: Person safely transitions to rest or bed, or when it’s time to stop doing one thing and start doing another, person moves between the activities
		Colors or draws: Person can depict events with drawing or coloring
		Uses items safely: Person has an array of skills to use with common objects or items. Pre-requisite skills may include object imitation (for this and related skill, see ABLLS-R)
		Eating: Consumes adequate amounts of healthful food (other related skills may include making a snack or a simple meal; washing dishes; following mealtime routines; enjoying a meal with others).
		Safe food responses: Eats only items that are produced or grown for eating; eating only edible items
		Accurate reporting: Can accurately describe what occurred after it happened; makes reports in which the reported event matches what an observer saw happen
		Feelings: Feels variety of feelings and uses appropriate affect (e.g., cries when sad things happen, but asks for help or uses soothing skills to return to doing something the person loves or finds comforting, after a little while (length will vary different individuals); laughs when there is something funny or smiles when someone tells a new funny story
		Touch: Uses safe touch with others; has opportunities to engage in appropriate touching (roughhousing, patting, smoothing an animal’s fur, volunteering to hold animals if appropriate at a shelter, etc – can also include hugging or shaking hands, receiving or giving massage)- select skills and environments and recipients that are appropriate (places, times, sufficient amount, etc)
		Safe around animals: Uses an appropriate repertoire of safe behaviors around animals, appropriate to the location, observers, number of people or animals present, etc. For instance, asks before petting a dog one



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		passes on the street; follows owner's instructions as needed; gives treats to an animal appropriately; brushes fur or trims nails; etc
		Stays in proximity to safety: stays where there is appropriate supervision or follows safety signals (individualize for age and developmental age, skill level); stays out of unsafe environments (e.g., stays on bank of a lake instead of jumps in without a life vest); if taking the bus, for example, talks to people in safe amounts and using safe words and volume; asks bus driver or other community helpers for assistance if needed, follows safety instructions suited to the environment
		Uses safe behavior with self: Touches self without causing injury; uses self soothing behaviors that are supportive and helpful and effective
		Safe behavior in public: Uses safe behavior in public, including touching others only if appropriate or suited to the person and situation
		Toileting: Voids and uses toilet hygiene appropriately (uses in appropriate places and uses toilet paper appropriately; washes hands after voiding in toilet; uses communication effectively if needs assistance or if there are questions and language barriers or constraints (there is a line, the person is sick, etc)
		Fire safety: Person uses fire related equipment safely and follows safety rules in the environment, issued by a caregiver or stated by authorities; can use safety equipment to put out a fire or can ask for assistance
		Uses own items: Uses the person's own items; uses other's items only with permission; asks permission to borrow or share; follows rules set by social environments; their own Taking things that do not belong
		Communicates with others effectively: Uses appropriate communication appropriate to age and developmental level, perhaps including prostheses (pictures, written words or scripts, or PEC system, or technological assistance; related skills might include asking for what the person needs (including assistance, information, affection, interaction, food or other items; or tells others when things are wrong or bothering them; or when they need space, a break, a different environment, etc)
		Describes emotions: Can use age-appropriate or developmentally appropriate skills related to emotion (e.g., can articulate emotions, select pictures of emotions, describe emotions; answer questions related to emotions)
		Describes pain and follows appropriate instructions related to it: Can describe where pain is located in or on body; can describe or label parts of the body and respond to related instructions; goes to doctor and dentist visits and follows instructions related to those; takes medications as described

This list is just a start. Several curricula will be helpful if you or a caregiver or team learn there is an area that could use some additional related skill building; behavior analytic curricula (or assessments and assessment/curricula combination) that could be compatible may include:

- *DNA-V (expressing emotions, interacting with others (adolescents and up)*
- *TAPS (talking aloud problem solving)*
- *ABLLS-R*
- *VB-MAPP*
- *PEAK relational training system*
- *EFL (Essential Skills for Learning)*
- *AFLS (Assessment of Functional Living Skills)*



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SAFE Staff: Screening tool for possible trauma indicators in staff or team members. **NONE of these items is meant to judge a behavior as wrong, detect or diagnose trauma or any other concern on the part of staff or clients, but to assist teams with supporting their members and clients (could include areas such as training, emotional support, mental health support, or additional expertise, etc).**

Y/N	Concern experienced by staff
	Client harm: Has witnessed clients harming themselves
	Client harm: Has witnessed clients harming other clients
	Client harm: Has witnessed clients harming staff or team members
	Client harm: Has been harmed by a client's physical actions
	Restraint: Has been involved in administering physical restraint
	Restraint: Has been involved in administering physical restraint in which someone else was injured
	Sexual trauma: Works with client who has experienced sexual trauma was experienced
	Property Destruction: Has had personal property destroyed by a client
	Medical needs: Has been assigned to work with someone who was medically fragile
	Reporting: Staff has had to report mistreatment, abuse or neglect for a client
	Uncertainty: Has been assigned to work with someone using behaviors the staff did not know/ was not trained to support
	Reporting: Staff has had to report that a client has been subject to mistreatment, abuse or neglect
	Reporting: Staff has had to report another person for mistreatment, abuse or neglect
	Bullying and accusations: Has experienced false accusations about themselves by a client
	Bullying and accusations: Has experienced bullying toward themselves by someone at work (including by client, staff, or others)
	Animals: Has observed a client injuring animals
	Elopement: Has chased a client who was in danger of injury because of client's behavior of leaving safe supervision
	Sexual behavior: Has been touched inappropriately by a client
	Dangerous or difficult settings: Has worked with a client in a difficult and trauma-related setting (include mental institution; prison; rehabilitation facility; residential home for persons from abused or abusive backgrounds; etc)
	Dangerous or difficult behaviors: Has worked with a client who uses difficult or dangerous behaviors (include behaviors that cause self-injury; behaviors with knives or other weapons; etc)

Adverse experiences or difficult situations that have affected this person in the past or present

Y/N	Situation experienced by staff
	Has experienced trauma in their own childhood – between 1 and 4 events
	Has experienced trauma in their own childhood – 5 or more events
	Has experienced housing or food insecurity as an adult
	Has experienced job, transportation, or financial insecurity as an adult
	Has family members with medical concerns at present
	Has family members with mental health diagnoses or concerns

Other concerning situations:

Y/N	Buffer experienced by staff
	Has access to trauma related supports for job related concerns
	Has access to mental health related supports for job related concerns
	Has access to stress relieving supports, and time to use appropriate supports, on the job
	Has access to healthy foods (meals and snacks) at work and time to eat
	Has time to sleep regularly and support to do this
	Has time to exercise regularly and support to do this
	Staff is not the only person trained to work with a given student/ behavior concern/ diagnosis (e.g., all people on caseload have a backup person)



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Needs and Risks Resource: Example question types and risk targets

Some example question types	Example risk targets (be as specific as possible in identifying the risk target population, as there may be risks to that population)
<p>a. Is it safe to do ___? (Is it safe to accept this client? Is it safe to treat this behavior? Is it safe to transition client to a new foster home? etc)</p> <p>b. Should we do (option 1) or (option 2)? (Example: Should we pull client out of therapy to attend a different school placement, or keep client in therapy at x number of hours?)</p> <p>c. Behavior is changing for the worse. Should we ___? (Behavior is getting worse and parents want to add a medication. Should we?)</p>	<ul style="list-style-type: none">● Client (may consider client (or ANY risk target) in context of their personal safety; wellbeing; mental health; social interaction; personal freedoms and liberties; educational opportunities; residential opportunities; etc)● Client’s family members (risks may be different for parents, foster families, adoptive families, biological families, siblings, grandparents, etc)● Caregivers● Community / society members (neighbors; clergypersons; community helpers; passers-by)● Peers● Educators● Therapists (physical, trauma, occupational, speech and language; mental health; etc)● Team members (social workers; CASA volunteers or people who work closely with client; guardian)● Administrators and owners● Animals● Funders



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Needs and Risks Resource: Potentially Contraindicated Procedures (e.g., procedures needing special care before implementation)

<i>It is recommended to request specialty provider input, rule out medical contributions, and document risks related to, these procedures when these behavioral or situational factors are present.</i>		
Clusters of Risk Factors	Related items in SAFE-T Checklist	Behavioral procedures or protocols that may require special care
Previous food insecurity, food related abuse or neglect, and/or severe food deprivation; or feeding related issues	<p>Possible behavioral factors include: C16, C17, C18 (eating much less or more than others, or eating out of garbage)</p> <p>Possible situational factors include: F28 (food insecurity); F29 (starvation), F13 (e.g., life disrupted due to immigration or war; could be risk factor for food insecurity), F30 (food related abuse or neglect)</p>	<ul style="list-style-type: none"> ● Feeding treatment ● Non-removal of spoon ● Pairing appropriate behavior with food delivery/ Making food delivery contingent on appropriate behavior ● Edible related preference assessments
Previous sexual abuse; Medical complications from sexual or physical trauma (could include incontinence, fecal smearing)	<p>Possible behavioral factors include: C2, C11, C27, C28, C29 (sexual play behavior, sexual depictions, sexual aggression to others); C30 and C30 (in some cases smearing feces and/or toileting disruption may be related to physical or medical challenges after sexual abuse or physical trauma)</p> <p>Possible situational factors include: Experiencing sexual abuse (FA5) or multiple instances of sexual abuse (F9)</p>	<ul style="list-style-type: none"> ● 1:1 support without oversight or additional precautions ● Toileting procedures (toilet training) ● Certain physical prompting procedures
Previous neglect or adverse circumstances (deaths of parents, removal from unsafe conditions, war, immigration or poverty related issues)	<p>Behavioral factors: Person shakes (D33), freezes (E32), or there's developmental disruption around caregivers (E9)</p> <p>Situational factors: FA2 (parent an alcoholic or addicted to substances, or child was present during drug use); FA8 (person was abandoned as</p>	<ul style="list-style-type: none"> ● Attention related extinction ● Differential reinforcement of appropriate versus inappropriate requests



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	child); their care was interrupted by incarceration (FA9), or death, poverty, abandonment (FA10); person experienced neglect (F3 or F4), person was homeless as a child (F10)	<ul style="list-style-type: none"> • Time out from attention reinforcement
Physical and/or sexual abuse, circumstances consistent with RAD, inconsistent caregivers in childhood	<p>Behavioral factors: E9 and E11 (there is developmental disruption around caregivers, and everyday parenting techniques seem to worsen behavior); E27 (person responds differently to different people), E37 (responds differently to praise; it seems to worsen behavior)</p> <p>Possible situational factors: Person was abandoned as a child FA8, lost a caregiver (FA10), was adopted (F6), lived in multiple foster care placements (F8), or was in a failed adoption (F27) or experienced emotional abuse (FA1), sexual abuse (FA5), physical abuse (FA6, F9)</p>	<ul style="list-style-type: none"> • Contingent praise statements to establish compliance related behaviors • If physical abuse was present, physical prompting procedures may be contraindicated without a full examination of how person responds to physical prompting and insuring the team does not harm relationship by providing physical touch without consent, physically intrusive prompting procedures may be related to aversive conditioning experiences person experienced as a result of witnessing and/or being a part of family violence and physical abuse
Neglect and involvement with law enforcement, suspensions and challenging behaviors	<p>Behavioral related factors: A34 there is a prison therapist or psychologist involved; C37 person has been arrested; Client has been arrested (C37); person has been through school suspension (E23, E24, E42); person has been exposed to security guard discipline (E38-41) and police being called to house (E34, E35)</p> <p>Possible situational factors: Items related to Neglect: FA2, FA8, FA9, FA10, F3, F4, F5, F7, F10, F13</p>	<ul style="list-style-type: none"> • Least to most punishment • Using visits with disciplinarians to provide high level attention contingent on person’s major unsafe challenging behaviors • Using time out from educational or therapeutic situations as “punishment” for behavior
If one or more of these items is present, person may have		<ul style="list-style-type: none"> • Physical prompting procedures may be contraindicated without a full examination of how person responds to



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<p>been involved in physical abuse.</p>		<p>physical prompting and insuring the team does not harm relationship by providing physical touch without consent, physically intrusive prompting procedures may be related to aversive conditioning experiences person experienced as a result of witnessing and/or being a part of family violence and physical abuse</p>
<p>Parent was an alcoholic or addicted to drugs; person has been exposed in utero to drugs or alcohol; or they have experienced a traumatic medical event</p>	<p>Behavioral factors: Person may struggle to express pain, express emotions, articulate physical symptoms (or may OVER- focus on them and seem to have psychosomatic complaints, see C40 and C41), may have unexplained broken bones (F22) or be clumsy (D35), experience learning challenges (D34) or behavior problems related to education like learning at slower rates ad need greater repetitions; person may use repetitive behaviors but not have diagnosis of autism (e.g., D28, D29, D30) Other situational factors: FA2, F2, F15, F16, F17, F18, F19, F29, F25 (person was exposed to drug or alcohol use in utero or has experienced a medically traumatic event</p>	<ul style="list-style-type: none"> ● Operant procedures that do not consider medical relationships ● Treating malingering or medical attention seeking behavior may require special support, care to minimize risks of making the behavior worse



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IPASS (Inventory of Potential Aversive Stimuli and Setting Events)

Uses:

- Record information about potential aversive stimuli in client's environment that could relate to past trauma-involved stimuli
- Guide clinician in looking at combinations of stimuli that may be overlooked, such as events in the client's visual, auditory, or olfactory field of stimulation, etc.
- Events include:
 - Visual stimuli
 - Auditory stimuli
 - Olfactory stimuli
 - Places
 - Events or activities
 - Internal stimuli or sensations
- Follow instructions at end of form (and see example integrating results in client's FBA)



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Client:
Respondent:

INVENTORY of POTENTIAL AVERSIVE STIMULI and SETTING EVENTS (IPASS)

Date:
Interviewer:

Check this box if AUDITORY stimuli (things the person hears) seem to be related to challenging behaviors			
Check ANY sounds that seem to relate to behavior challenges	When were sounds related to challenging behavior?	Are these aspects of the sounds problematic?	How are these stimulus events related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> loud noises <input type="checkbox"/> soft noises <input type="checkbox"/> crashing <input type="checkbox"/> celebrations <input type="checkbox"/> laughing <input type="checkbox"/> animals <input type="checkbox"/> cough/sniff <input type="checkbox"/> vehicles <input type="checkbox"/> chewing <input type="checkbox"/> rustling <input type="checkbox"/> talking <input type="checkbox"/> yelling Other sounds: _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When it starts <input type="checkbox"/> Y <input type="checkbox"/> N When it stops <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it lasts a long time	<input type="checkbox"/> Noises seem to "set off" (or precede) challenging behavior <input type="checkbox"/> Person freezes when these stimuli are present <input type="checkbox"/> Person seems upset when these stimuli are present <input type="checkbox"/> Person uses challenging behavior after hearing these stimuli <input type="checkbox"/> The person avoids these stimuli <input type="checkbox"/> The person uses unsafe behaviors related to these stimuli <input type="checkbox"/> These stimuli are often heard before challenging behavior If yes above, when before behavior are they heard? Mark all that apply <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Give an example of a time that noises related to challenging behaviors for the person.			
Check this box if VISUAL stimuli (things the person sees) seem to be related to challenging behaviors			
Check ANY that seem to relate to behavior challenges	When were visual stimuli related to challenging behavior?	Are these aspects problematic?	How are these stimulus events related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> bright lights <input type="checkbox"/> darkness <input type="checkbox"/> flickering <input type="checkbox"/> strobe lights <input type="checkbox"/> people approaching or leaving <input type="checkbox"/> seeing emotion (happy, sad, etc) <input type="checkbox"/> blood or injuries <input type="checkbox"/> screens <input type="checkbox"/> drug paraphernalia Other, or specific examples: _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When it starts <input type="checkbox"/> Y <input type="checkbox"/> N When it stops <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it lasts a long time	<input type="checkbox"/> Visual events seem to "set off" (or precede) challenging behavior <input type="checkbox"/> Person freezes when these stimuli are present <input type="checkbox"/> Person seems upset when these stimuli are present <input type="checkbox"/> Person uses challenging behavior after seeing these stimuli <input type="checkbox"/> The person avoids these stimuli <input type="checkbox"/> The person uses unsafe behaviors related to these stimuli <input type="checkbox"/> At least one is often pre: If yes above, when before behavior are they seen? Mark all that apply <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Give an example of a time that visual events related to challenging behaviors for the person.			
Check this box if ODORS (things the person SMELLS) seem to be related to challenging behaviors			
Which odors may relate to behavior challenges?	When were odors related to challenging behavior?	Are these aspects problematic?	How are these stimulus events related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> alcohol <input type="checkbox"/> chemicals <input type="checkbox"/> feces <input type="checkbox"/> urine <input type="checkbox"/> smoke (fire) <input type="checkbox"/> smoke (cigarettes/drugs etc) <input type="checkbox"/> perfume <input type="checkbox"/> food Other, or specific examples: _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When it starts <input type="checkbox"/> Y <input type="checkbox"/> N When it stops <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it lasts a long time	<input type="checkbox"/> Visual events seem to "set off" (or precede) challenging behavior <input type="checkbox"/> Person freezes when these stimuli are present <input type="checkbox"/> Person seems upset when these stimuli are present <input type="checkbox"/> Person uses challenging behavior after seeing these stimuli <input type="checkbox"/> The person avoids these stimuli <input type="checkbox"/> The person uses unsafe behaviors related to these stimuli <input type="checkbox"/> At least one is often present before challenging behavior If yes above, when before behavior do they occur? Mark all that apply <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Give an example of a time that odors related to challenging behaviors for the person.			





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Client:
Respondent:

INVENTORY of POTENTIAL AVERSIVE STIMULI and SETTING EVENTS (IPASS)

Date:
Interviewer:

Check this box if PLACES seem to be related to challenging behaviors			
Which places may relate to behavior challenges?	When were these places related to challenging behavior?	Do specific places seem problematic...	How are these places related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> bedroom <input type="checkbox"/> kitchen <input type="checkbox"/> bathroom <input type="checkbox"/> pool/beach <input type="checkbox"/> home <input type="checkbox"/> park <input type="checkbox"/> Other, or specific examples: _____	<input type="checkbox"/> garage <input type="checkbox"/> basement <input type="checkbox"/> public restroom <input type="checkbox"/> outside <input type="checkbox"/> school <input type="checkbox"/> gym <input type="checkbox"/> Give an example of a time these places related to challenging behaviors for the person.	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure <input type="checkbox"/> Y <input type="checkbox"/> N When client arrives <input type="checkbox"/> Y <input type="checkbox"/> N When client leaves <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When client is there a long time	<input type="checkbox"/> Certain places seem to "set off" challenging behavior <input type="checkbox"/> Person freezes in certain places <input type="checkbox"/> Person seems upset in certain places <input type="checkbox"/> Person uses challenging behavior after visiting certain places <input type="checkbox"/> The person avoids certain places <input type="checkbox"/> The person uses unsafe behaviors related to these places <input type="checkbox"/> Person is usually somewhere specific before challenging behavior If yes above, when did visit occur before challenging behavior? <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Check this box if specific observable EVENTS or activities seem to be related to challenging behaviors			
Which events seem related to behavior challenges?	When were these events related to challenging behavior?	Do specific events seem problematic...	How are these events or activities related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> meals <input type="checkbox"/> playing/leisure <input type="checkbox"/> holidays <input type="checkbox"/> screen time <input type="checkbox"/> visiting someone <input type="checkbox"/> someone's death or illness <input type="checkbox"/> Other, or specific examples: _____	<input type="checkbox"/> voiding <input type="checkbox"/> work/chores <input type="checkbox"/> rest/sleeping <input type="checkbox"/> winning/losing <input type="checkbox"/> parties <input type="checkbox"/> Give an example of a time these specific events related to challenging behaviors for the person.	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure <input type="checkbox"/> Y <input type="checkbox"/> N When client starts <input type="checkbox"/> Y <input type="checkbox"/> N When event is over <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it's been going on a long time	<input type="checkbox"/> Certain activities seem to "set off" challenging behavior <input type="checkbox"/> Person freezes during certain activities <input type="checkbox"/> Person seems upset during certain activities <input type="checkbox"/> Person uses challenging behavior after doing certain activities <input type="checkbox"/> The person avoids certain activities <input type="checkbox"/> The person uses unsafe behaviors related to these activities <input type="checkbox"/> A specific activity usually occurs before challenging behavior If yes above, when did activity occur (before the challenging behavior)? <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks before
Check this box if specific internal events or sensations seem to be related to challenging behaviors			
Which items seem related to behavior challenges?	When were these events related to challenging behavior?	Do specific events seem problematic...	How are these events or activities related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> sadness <input type="checkbox"/> sickness <input type="checkbox"/> cold/hot <input type="checkbox"/> worry <input type="checkbox"/> hungry <input type="checkbox"/> medication change <input type="checkbox"/> body positioning in space <input type="checkbox"/> spinning/ turning <input type="checkbox"/> feeling a sensation (e.g., wind) <input type="checkbox"/> Other: Examples:	<input type="checkbox"/> anger <input type="checkbox"/> being tired <input type="checkbox"/> PMS <input type="checkbox"/> constipation <input type="checkbox"/> on menses <input type="checkbox"/> Give an example of a time these internal events related to challenging behaviors for the person.	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure <input type="checkbox"/> Y <input type="checkbox"/> N Initially (at beginning) <input type="checkbox"/> Y <input type="checkbox"/> N When event is over <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it's been going on a long time	<input type="checkbox"/> Certain activities seem to "set off" challenging behavior <input type="checkbox"/> Person freezes during certain activities <input type="checkbox"/> Person seems upset during certain activities <input type="checkbox"/> Person uses challenging behavior after doing certain activities <input type="checkbox"/> The person avoids certain activities <input type="checkbox"/> The person uses unsafe behaviors related to these activities <input type="checkbox"/> A specific activity usually occurs before challenging behavior If yes above, when did these occur (before the challenging behavior)? <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks before



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IPASS (Inventory of Potential Aversive Stimuli and Setting Events)

Instructions:

Complete IPASS FORM: Complete each section if stimuli in that sensory modality or category have ever related to the client's challenging behavior or difficulties. For each sensory modality, the assessor will mark all examples that apply. For each modality where you have marked stimuli, generate an example in words in the space provided, or attach separate pages, that describes the relationship you observed between the recorded sensory stimuli and any behaviors you have observed. If any items in the left column are selected, complete all additional sections for that stimulus modality so that you have as complete an example as possible.

Define BEHAVIORS OF INTEREST: Include attached list of behaviors of interest, including a behavioral definition for each, an example, nonexamples, and the schedules that typically describe their occurrence in the person's behavior stream (e.g., how often do they occur? what times of day, week, month, year, etc, and how often and for how long? What usually happens when the behaviors occur?

Add information to FBA: If any of the IPASS contains information after assessing each section, transfer the list of examples from the IPASS to the client's FBA in any appropriate section (e.g., perhaps in a section on how the environment may relate to the challenging behaviors being assessed in the FBA). To the extent possible, use behavioral terminology to describe the relationships observed and documented in this inventory.

Example: A complete example from the IPASS describes in words how all sections are related. For example, "As noted in Internal Events section of IPASS for Client A., items related to behavior challenges include being hungry or worried or experiencing spinning, such as being in a car while it loses control and is spinning on ice. These are related to challenging behaviors for her about once a week (being hungry or worried) or whenever spinning occurs, such as while driving with others (she drives to day program three times a week) or when visiting an amusement park or spinning in an office chair. These events are usually problematic after the event, when people discuss it, and when it has been going on a long time. These events are related to challenging behavior in these ways: She usually freezes after these events, then uses challenging behaviors during the next 24-48 hours. An example of challenging behaviors related to these events: Client A. was on her way to day program and staff F. was driving, and had to swerve to avoid hitting a squirrel crossing the road. Client A. froze in the back seat and would not get out of the car when it finally arrived at day program 9 minutes later. She hit staff when staff tried to unbuckle her seat belt and then cursed at people with a higher frequency when they gave her instructions during the day program day. The next day she refused to get into the car to go to day program and sat unsafely in the middle of the road." **RESPONDENT INFORMATION:** Respondent is person completing form. May be a staff person, guardian, parent, or client if appropriate; may complete after observing client or reading notes or reports. It may be helpful for several different staff (or educators) to fill out reports if the client has used different behaviors in their presence, to get multiple examples of how the client's external (or internal) environment may be related to their behavior or to settings related in the past to trauma.