Am I safe here?

Examine each environment from the client's perspective. (Settings could include living, leisure, community, transportation, educational, worship settings, etc).

Insure safe people and spaces

Why examine current settings? We are looking for the presence of cues that indicate to the client they might be unsafe. Is there something that reminds them of what happened? A feature of a program? An environment? A situation? A person? Try to minimize these possible danger cues and provide different, safe ones.

Document the plan moving forward

Who will the client speak to about what has occurred? Do team members need training on: trauma dumping and how to respond; how to redirect topics in supportive ways; setting boundaries around when, how, in whose presence, it is ok to discuss trauma topics; communicating with family about what was discussed

Still have questions?

Please reach out to a trauma specialist. For behavioral teams, feel free to reach out to a BCBA-D with trauma experience.

When we discover trauma has occurred

We may need to act immediately in several ways. After reading this brochure, we recommend contacting your team's trauma specialist and asking that person for more information about any section that applies to you and your setting… and have your team members each brainstorm a short list of questions. **What does each team member need to know to move forward as kindly and helpfully as possible?**

@CuspEmergence

Email Dr. Camille Kolu or ask about the SAFE-T resources for documenting trauma-related needs:
cuspemergenceu@gmail.com
Training: cuspemergenceuniversity.com
BLOG: cuspemergence.com

Document current needs and trauma-related stimuli in plans

In current behavior plan, IEP PWN (prior written notice), FBA and/or person centered plan (as appropriate): Note any contextual information about the events. This will make it more likely the team will be able to include trauma-informed approaches needed for future problem solving, trigger analysis, prevention of retraumatization, understanding of conditioned avoidance or new behavior concerns, etc.

Consider any counter-indicated procedures

Some procedures may no longer be recommended, or may need to be temporarily paused, based on the kind of mistreatment/ abuse/ neglect that occurred. Document these in assessments.

Tracking

Immediately begin tracking developmental areas including eating, sleeping, toileting, creative play, communication; document current rates of growth and any learning, behavioral, and medical needs. Have a physical and document results if possible. (Baseline data will be helpful if there is regression, and can help team understand the need to treat problems from a trauma-informed perspective instead of assuming consequences-based approaches need to occur first.

Staff training

Document which skills on this handout are present in staff repertoires. If not, immediately make recommendation to add them, and include "goal by" dates and recommended trainers/ professionals.

"We are so sorry. Here's how we plan to keep this from happening again."

Assurances to family

How will you accomplish relationship repair? What will communication plan look like (to insure we discuss concerns, immediately take them to appropriate person, respond professionally, and insure this will not occur again)?

How can team reduce likelihood of it happening again?

Assess if applicable, document discovered needs, make referral, and have team sign plan and revisit formally periodically: Are there any safety, communication, self-advocacy skills or repertoire needs that could have reduced likelihood of this event? Are there any physical environmental changes or supervision strategies that could have prevented it? Is there any staff training or company policy that could have reduced its likelihood?