

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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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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"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure Give an example of a time these places related to challenging behaviors for the person.	<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"/> visting someone <input type="checkbox"/> someone's death or illness <input type="checkbox"/> 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 Give an example of a time these specific events related to challenging behaviors for the person.	<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"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure Give an example of a time these internal events related to challenging behaviors for the person.	<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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Instructions: 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? IPASS FORM: Then, for the 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. PUTTING INFORMATION IN 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. 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.