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| Potentially Contraindicated Procedures |
| *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.* |
| **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 | **Possible behavioral factors include**: C16, C17, C18 (eating much less or more than others, or eating out of garbage)**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)  | * Feeding treatment
* Non-removal of spoon
* Pairing appropriate behavior with food delivery/ Making food delivery contingent on appropriate behavior
* Edible related preference assessments
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| Previous sexual abuse; Medical complications from sexual or physical trauma (could include incontinence, fecal smearing) | **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 **Possible situational factors include**: Experiencing sexual abuse (FA5) or multiple instances of sexual abuse (F9) | * 1:1 support without oversight or additional precautions
* Toileting procedures (toilet training)
* Certain physical prompting procedures
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| Previous neglect or adverse circumstances (deaths of parents, removal from unsafe conditions, war, immigration or poverty related issues) | **Behavioral factors**: Person shakes (D33), freezes (E32), or there’s developmental disruption around caregivers (E9)**Situational factors**: FA2 (parent an alcoholic or addicted to substances, or child was present during drug use); FA8 (person was abandoned as 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) | * Attention related extinction
* Differential reinforcement of appropriate versus inappropriate requests
* Time out from attention reinforcement
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| Physical and/or sexual abuse, circumstances consistent with RAD, inconsistent caregivers in childhood | **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) **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)  | * 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
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| Neglect and involvement with law enforcement, suspensions and challenging behaviors | **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) **Possible situational factors**: Items related to Neglect: FA2, FA8, FA9, FA10, F3, F4, F5, F7, F10, F13  | * 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
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| If one or more of these items is present, person may have been involved in physical abuse. |  | * 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
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| 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  | **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  | * 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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