How Safety-Care® Supports Helping People Who Have Experienced Psychological or Sexual Trauma

Safety-Care is designed to assist staff and multidisciplinary teams in effectively supporting individuals who have experienced psychological or sexual trauma. Trainees are encouraged to understand the effect that past trauma may have on current behavior, within the context of a "whole person" understanding of the individual. Safety-Care focuses on creating a supportive physical and social environment to provide an experience of safety for an individual with a trauma history. Trainees are shown how to develop trust and rapport while avoiding behaviors that might remind the individual of coercive interactions that might have happened in the past. This allows staff to collaborate with the affected individual to build on strengths, provide choices, and build functional skills.

Trainees are taught to always communicate respect and promote dignity, regardless of the behavior of the person. Instead of teaching staff how to "set limits" or engage other kinds of confrontational interactions, trainees in Safety-Care learn how to disregard challenging behavior while identifying and focusing on the person's individual skills and strengths. This may be accomplished by prompting, noticing, focusing on, shaping, and reinforcing approximations of more desirable behavior.

People with traumatic histories may have very individualized triggers for emotional or escalated behavior. Safety-Care teaches trainees to identify and help the person to manage triggering events, and also to identify patterns of precursor behaviors ("signals") in order to solve problems as early and effectively as possible. If de-escalation becomes necessary, trainees learn neutral, non-intrusive interactions that assist the person in getting needs met, engaging in calming behavior, or taking the time needed to regain composure.

In the event that the person's behavior escalates to become dangerous to self or others, Safety-Care focuses on a least restrictive approach. Physical responses to dangerous behavior begin with moving safely away from the person, while avoiding interactions that the person might perceive to be aggressive, embarassing, or painful. In all cases, the goal is to have staff behavior be as unlike what may have occurred during previous trauma events as possible.

Restraint is always a last resort, and may be particularly problematic as a means of safely managing the behavior of an individual with a history of trauma. Any use of restraint may act as a trigger of trauma-related emotional behavior, resulting in further escalation and the potential to damage rapport and the ability of staff to help the individual in the future.

However, Safety-Care does recognize that there may be times when staff have no safe option other than use of physical restraint. Physical hold procedures are designed to be as safe and non-intrusive as possible, avoiding discomfort or placing the person into an awkward or embarassing posture. During a hold, staff continue de-escalation. Staff are cautioned against such seemingly natural statements as, "calm down," or "relax," in part because we want to avoid wording that seems like what a previous

abuser might have said to the person while engaging in abuse. Instead, the de-escalation model is used to either cue and reinforce approximations of safer, calmer behavior, or to give the person time while avoiding any potentially triggering interactions.

Following an escalation, Safety-Care emphasizes safe, calming, non-judgmental interactions. When the person is ready, we recommend a follow up collaborative debriefing, focusing on identifying triggers, discussing what happened, and coming up with a mutual plan for the future.