

# Create Safe and Respectful Service Environments

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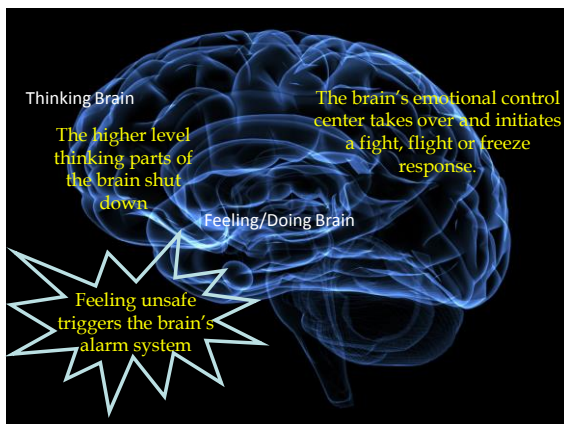


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"The first task of recovery is to establish the survivor's safety. This takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured." - J. Herman

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2



## Creating Safe and Respectful Environments: Key Organizational Elements

1. The organization has established standards for ensuring safe and respectful service environments (includes physical environment and standards for emotional safety – privacy, transparency, communication, information-sharing, language).
2. There is a process in place for identifying and reducing potentially triggering or re-traumatizing practices for service users.
3. Crisis prevention and intervention practices are trauma-informed.
4. There is a process in place for determining how safe service users and staff feel in the service environment.
5. The environment reflects an awareness and respect for the cultural backgrounds and experiences of survivors.
6. The organization offers peer-led programming.

Assessment Item: Organizational Elements

## Assessment Items

- Reception staff are trained to greet service users in a welcoming manner.
- Service users are not left waiting for longer than 15 minutes.
- Current or former service users have a role in welcoming new clients
- Policies have been developed about the use of common spaces.
- Privacy policies have been discussed with service users and can be individually modified.
- Peer support services are made available.

Assessment Item: Organizational Elements

## Establishing Safe Physical Environments

Assessment Item: Organizational Elements

## Components of a Safe and Welcoming Physical Environment

- Physical spaces that are well-lit and well-maintained.
- Locks on doors.
- Clearly marked exits.
- Create a calming atmosphere (e.g., lighting, plants, music).
- Designating a "quiet room" or quiet spaces where possible.
- Reflect the talents and cultures of the people you serve in your environment (e.g., artwork).
- Child-friendly spaces (if applicable).
- Focus on how you initially welcome people (what the entrance looks like, how the space is set up, language/tone on signs or instructions).
- Paying attention to how you orient people to your physical space.

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## Staff exercise:

Ask your staff to do the following:

Picture your organization's physical space. Focus on a place where you frequently meet with survivors. What do you see? Notice the physical layout of the room. What about the room's security? What about privacy? What does the overall atmosphere convey?

Draw the space that you just envisioned, with any additions or changes you would make to the space to make it more welcoming or safe for survivors.

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Establishing Emotionally Safe and Respectful Environments

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## Information Sharing

- The organization reviews rules, rights, and grievance procedures with consumers on a regular basis.
- Organizational information (e.g., policies, procedures, services, requirements) is available in the languages of the people served.
- Organizational information is easy to read (low literacy, pictures).
- Consumer rights are posted in places that are visible.
- Material is posted or available about traumatic stress (e.g., what it is, how it impacts people, trauma-specific resources).

Information, Policies, and Procedures

## Privacy and Confidentiality

- The organization informs consumers about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, when the program is obligated to report information to child welfare or police).
- Staff does not talk about consumers in common spaces.
- Staff does not discuss the personal issues of one consumer with another consumer.
- There are private spaces for staff and consumers to discuss personal issues.
- Consumers who have violated rules are approached in private.
- When applicable, the organization obtains permission from consumers prior to giving a tour of their space (e.g., person notified of date, time, and who will see the space).

Information, Policies, and Procedures

## Open and Respectful Communication

- The organization uses "people-first" language rather than labels (e.g., "People who are displaced" rather than "displaced people").
- Staff uses motivational interviewing techniques with consumers (e.g., open-ended questions, affirmations, reflective listening).
- Rules are enforced in respectful ways (e.g., expectations about room/apartment checks are clearly written and verbalized and checks are done in a manner that ensures as much control as possible for the survivor)
- Determine the least intrusive ways to be in a survivor's space.
- Staff asks about previous experiences with service providers and systems.

Information, Policies, and Procedures

## Consistency and Predictability

- The organization has regularly scheduled meetings with consumers.
- The organization provides advance notice of changes in the daily or weekly schedule.
- The organization has structures in place to support staff consistency with consumers across roles and shifts (e.g., trainings, staff meetings, shift change meetings, and peer supervision).

Attachment: Consistency and Predictability

13

## Identifying and Reducing Trauma Reminders and Re-traumatizing Practices

Attachment: Identifying and Reducing Trauma Reminders

14

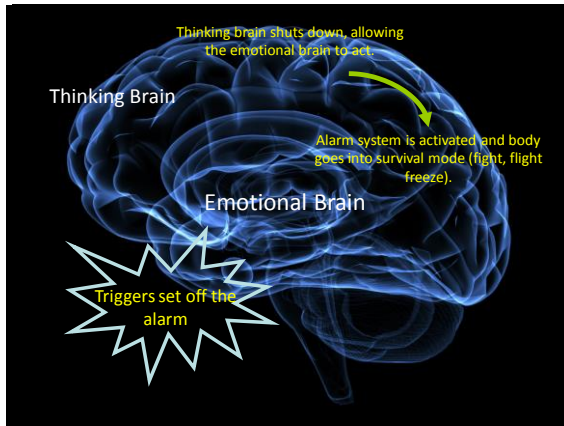
## Trauma Reminders/Triggers

Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment.

Responses can appear confusing and out of place and be misunderstood by others.

Attachment: Trauma Reminders/Triggers

15




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### Trauma Reminders/Triggers

- Loud noises
- Physical touch
- Smells
- Authority figures and limit-setting
- Chaos or uncertainty
- Particular spaces (e.g., bedrooms, bathrooms or areas that are less monitored)
- Changes in routine
- Witnessing violence between others
- Emergency vehicles and police or fire personnel
- Emergency drills
- No locks on doors
- Lack of privacy

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### Trauma Reminders/Triggers

- Times of year
- Transitions/times of uncertainty and unpredictability
- Lack of choice regarding quiet and communal space
- Lack of control over possessions
- Inability to move freely in the space or ability to go outside.
- People of a particular gender
- People from a particular cultural group
- Locked spaces or being confined
- Threat of loss of benefits
- Threat of other system involvement
- Being asked personal questions that remind you of difficult experiences.
- Filling out paperwork.
- A case manager leaving.
- A child's behaviors.
- Separation from love ones and pets

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## Mapping Triggers Activity

1. Take photos of your service environment (lobby, office, residential spaces).
2. Share photos with staff and asked them to identify potential triggers for survivors in each picture. Consider not just the physical space, but what you might be doing with people that could be triggering (e.g., having a difficult conversation, conducting an assessment).
3. Identify possible opportunities for minimizing trauma reminders or anticipating possible reminders ahead of time and preparing survivors.

VA Medical Center, Durham, North Carolina, 27705

## Mapping Triggers Activity

### Reception Area (examples)

Noise  
Large groups of people  
Not being greeted or clearly informed about what to expect

### Office Area (examples)

Feeling like you can't get out  
Having to talk with a stranger about personal things  
Reminders of negative employment experiences

### Hallway (examples)

Confined space  
Doorways  
Feeling trapped or confused

VA Medical Center, Durham, North Carolina, 27705

## Retraumatizing Practices

Service systems designed to help people who have experienced trauma can sometimes **re-traumatize** the people they serve by **recreating situations or experiences that mirror or replicate past trauma causing survivors to experience a similar level of distress in the present (e.g., situations that leave people feeling helpless, vulnerable and out of control).**

VA Medical Center, Durham, North Carolina, 27705

## Retraumatizing Practices

- Employing harsh or shaming practices.
- Rigid rules.
- Telling people what to do.
- Allowing environments to become chaotic, disorganized, unpredictable or unsafe.
- Minimizing survivor voice in services.
- Treating survivors disrespectfully.
- Unannounced room or apartment checks.
- Privacy violations
- Using physical touch without permission
- Not being clear on expectations and what is happening next.

Understanding Trauma-Informed Practice

22

## Retraumatizing Practices

What does your agency currently do well to recognize and reduce retraumatizing practices? What could you do better?

Understanding Trauma-Informed Practice

23

## Trauma-Informed Crisis Prevention and Intervention

Understanding Trauma-Informed Practice

24






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**Traditional:** Reactive and crisis-driven.

**Trauma-Informed:** Proactive, attempt to avoid future crises.

"There are frequently people who are in crisis in our office. It feels like we are always putting out fires. We are never sure when something is going to set someone off or why things escalate to such an intense situation."

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**Crises:** All behavior is a means of communication. Behavior is an expression of need, or a way to get a need met.

When a person goes into crisis, they have some need they want met.

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## Phases of a Crisis

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### Phase 1: Baseline

Pre-crisis state – How someone normally behaves and responds.

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### Phase 2: Triggering Phase

Triggering Phase – Something sets a person off, stress response activated.

See a change in behavior, voice, mood

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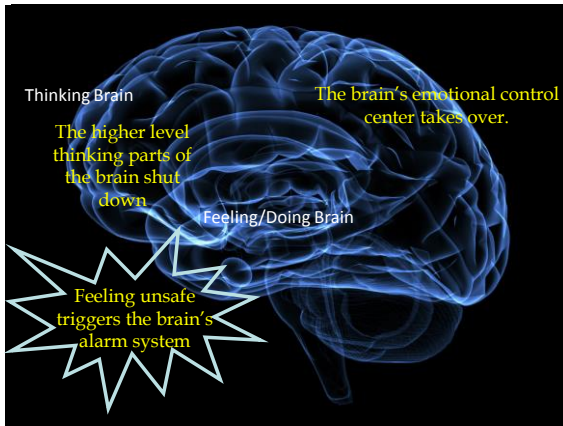
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### Early warning signs:

Increasingly agitated  
 Appears more anxious or angry  
 Tearful  
 May start moving or pacing  
 Raising voice  
 Becoming quieter/more withdrawn  
 Less responsive to questions or conversation

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### Preventative responses:

Attention, encouragement, positive reinforcement, understanding the need and responding empathically, using reflection, validation, and basic counseling skills.

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### Phase 3: Escalation Phase

Agitation grows

Crisis intervention techniques required

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### Escalated responses:

Increasingly Disruptive

Yelling

Swearing

Physical Aggression

Threatening

Crying

Leaving

Shutting-down

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Under threat all aspects of the individual's functioning change, including feeling, thinking, behaving, and internal state.

Learning cannot and does not occur while a person is in this state.

Person tunes out all non-critical information.

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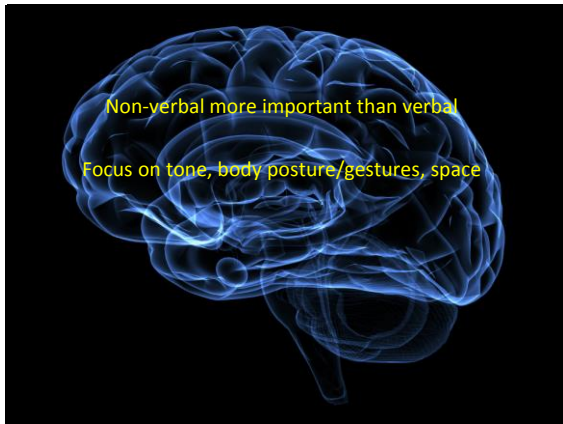
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### Supportive Interviewing

**Treat the person with respect and dignity:** Avoiding judgmental language or imposing your ideas/values.

**Identify yourself and your role:** Be clear about your intention or purpose in being part of the situation.

**Maintain boundaries:** Allow for a reasonable "comfort zone" – including physical distance that offers people space.

**Demonstrate concern by being attentive to the person's immediate needs and sensitivities:** Use active listening skills (eye contact, relaxed facial expression/posture, calm voice tone) to allow for people to feel heard.

**Identify, acknowledge and label feelings:** Acknowledge distress without arguing or challenging.

**Offer support and reassurance:** Offer support that corresponds to the situation (not over or under responding).

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### Grounding Techniques: Helping Clients Learn to Be in the Here and Now

- Breathing
- Something to hold, squeeze, feel
- Re-establishing awareness of your surroundings – how your chair feels, temperature, space

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#### Phase 4: Outburst Phase

Escalation full blow and person engages in dangerous behavior.

Requires assistance to calm down

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#### Directive Interviewing

**Structure the intervention:** Reminding people what your role is, what you are doing, what you can do.

**Help a person reality test:** Respond clearly and correct mis-perceptions or confusion when helpful, but without arguing.

**Set limits:** Set behavioral limits firmly but respectfully. Determine when setting limits is helpful vs. challenging.

**Provide people with choices:** Discuss different alternatives.

**Set positive expectations:** Set the tone that you expect that people will regain control. Offer options for getting help on their own terms if he/she can't maintain control.

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#### Phase 5: Recovery Phase

Crisis = Opportunity to learn, prevent future crises.

Return to use of basic counseling skills – listening, showing empathy, validating feelings, non-judgemental.

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Phase 5: Recovery Phase

Ensure a formal process for staff debriefing.

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4. Determining Sense of Safety: Survivor

How do you assess?

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4. Determining Sense of Safety: Staff

How do you assess?

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## 5. Environment of Cultural Awareness

- Post materials in the language of the survivors being served.
- Screen books, movies, magazines and other media resources for negative cultural, ethnic, or racial stereotypes before using them.
- Include visuals that reflect the racial and cultural diversity of survivors served.

Adapted from: Resources for Trauma-Informed Care

## 5. Peer Led Programming

What is offered?  
What are the barriers?

Adapted from: Resources for Trauma-Informed Care

Thank you for the work that you  
do and for your time today.

For more information, please contact:  
Kathleen Guarino, LMHC  
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To learn more about our trauma work visit our website at  
<http://www.air.org/resource/trauma-informed-care-service-systems>

