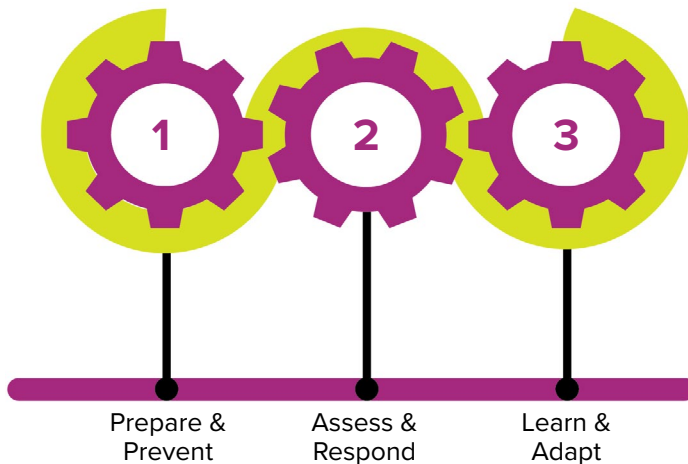


TVIC Strategies for (Re)Establishing Safety in Care Encounters

Interactions can become unsafe when service users experience a trauma response. These strategies can help you prevent, prepare for, and appropriately respond to difficult situations.



A key goal in a TVIC approach is to prepare staff and settings to prevent situations where people might experience a trauma response. If situations do become unsafe, ensure all staff are well-prepared to recognize and respond to indicators of potential escalation, in themselves and service users, and then learn from situations to adapt practices in a quality improvement cycle.

1. Prepare & Prevent

Organization-Level Strategies

Given the prevalence of trauma and increasing social and health stressors, prepare your setting and all staff assuming that some conversations may lead to trauma (re)activation, in both staff and service users. This can include (depending on the practice context):

- Train all staff in grounding techniques they can teach to service users, and use themselves if needed
- Conduct a Trauma Review and/or Equity Walk-Through, including with service users, looking for ways to increase comfort and decrease stressors (e.g., excessive noise, lack of privacy) in waiting areas and clinical spaces
- Allow flexible scheduling to ensure enough time for those with complex needs and/or histories, especially for initial visits
- Use “Tap Out” protocols, where a colleague takes over an especially challenging situation, no questions asked



2. Assess & Respond

Ensure all staff can recognize the stages of a trauma response and what escalation might look like:

| ANXIOUS | AGITATED | AGGRESSIVE | VIOLENT |
|---|---|--|--|
| <ul style="list-style-type: none"> • Tense posture • Fidgeting • Pacing • Nail-biting • Irritability | <ul style="list-style-type: none"> • Clenched teeth/fists • Cursing • Raised voice • Abrupt movements | <ul style="list-style-type: none"> • Making insults or threats • Damaging property • Invading personal space or privacy | <ul style="list-style-type: none"> • Slapping • Hitting • Biting • Throwing objects • Kicking |

Early intervention using the following strategies can prevent the more extreme responses:

Individual-Level Strategies



- 1 Be empathetic and nonjudgmental – while a person’s feelings may seem unjustified to you, they are real to them.
- 2 Use active listening, open-ended questions, relaxed and open body language, and verbal and non-verbal cues to convey that you are paying attention to their words and feelings.
- 3 Respect personal space to decrease anxiety. If an examination is required, request permission and explain what will happen.
- 4 Remain calm, rational, and professional. While you can’t control the person’s behaviour, how you respond will influence whether the situation escalates or defuses.
- 5 Offering choices can be a powerful tool when someone feels their only options are fight, freeze, or flight. Present and discuss options, such as changing topics or rescheduling.
- 6 Try to agree as much as possible unless there’s no way to honestly do so, in which case, agree to disagree.
- 7 Set clear limits demonstrating your desire to help but not to be disrespected or abused. Advise the person of the consequences of escalating behaviour (e.g., the visit will end). Prioritize safety; exit the situation if it becomes violent.
- 8 Ignore challenging questions, as answering them can result in a power struggle. Instead, bring the focus back to working together to resolve the issue at hand.
- 9 Allow time – when a person is upset, they may not be able to think clearly. Give them a few moments to think through what you’ve said; silence is okay.
- 10 People experiencing anxiety may not be able to process verbal information in the same way as when calm. Use short sentences and simple vocabulary.

Remember, these feelings can also happen to a provider during or after an encounter. Staff well-being should also be attended to and monitored (see our *TVIC and Provider Wellbeing Tool*).

3. Learn & Adapt

- After a situation where the above strategies were used, set aside time for informal debriefing to ensure the involved staff (and service user, if appropriate) are okay. Discuss what worked and did not work in the situation, and what could have been done differently.
- Develop anonymized learning scenarios based on these experiences and use them for all-staff training opportunities.

How to cite this document:

Wathen, C.N. (2023). TVIC Strategies for (Re)Establishing Safety in Care Encounters. London, Canada. Available at: gtvincubator.uwo.ca/resources/

This resource has been adapted with permission from: Orr, E. & Jack, S.M on behalf of the PHN-PREP Project Team [2022]. Foundational Communication Skills: Verbal De-escalation with Clients and Families [Professional Resource]. School of Nursing, McMaster University. <https://phnprep.ca/resources/verbal-de-escalation/>

The following related resources are available online: [Trauma Review Exercise](#); [EQUIP Equity Walk-Through \(also in French\)](#); [Trauma- & Violence-Informed Care and Provider Well-Being](#); and [Box Breathing video](#). Visit EQUIPHealthcare.ca or GTVincubator.ca for other work on gender, trauma and violence.