

# COMPASSION-LED AND TRAUMA INFORMED DE-ESCALATION AND REPARATION PRACTICES



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**May 13, 2025**



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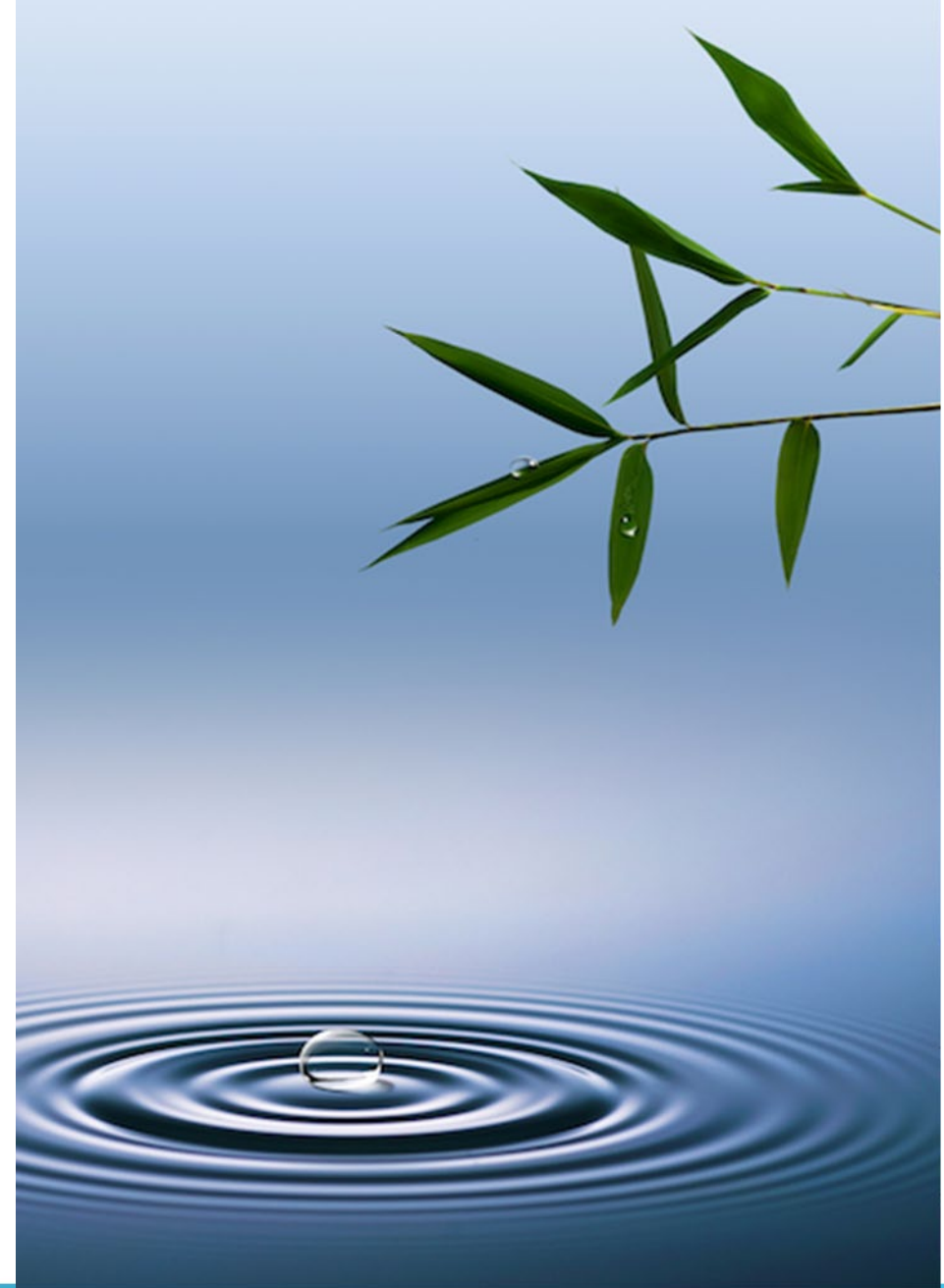


# PRESENTER DISCLOSURE

- Presenter: Marika Sandrelli
- Relationships with financial supporters:
  - Grants/Research Support: **None**
  - Speakers Bureau/Honoraria: **None.**
  - Consulting Fees: **None**
  - Patents: **None**
  - Other: **Employee of Fraser Health Mental Health and Substance Use Services**

# LEARNING OBJECTIVES

1. Recall at least three trauma informed ways to potentially prevent verbal escalations and protect helping relationships
2. Apply compassion-led skills to defuse an immediate verbal escalation and generate co-regulation
3. Identify a response post escalation to repair a helping relationship towards regaining trust and safety





**One of the greatest human sufferings is to be deeply misunderstood.**

**One of the greatest healings is to be deeply understood.**

-Grigg, 2022 Personal Conversation



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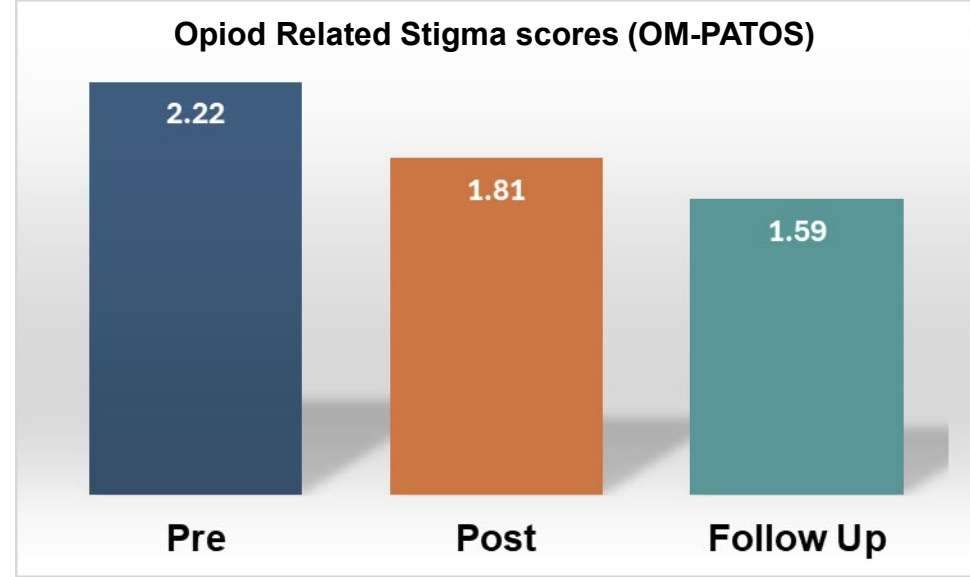
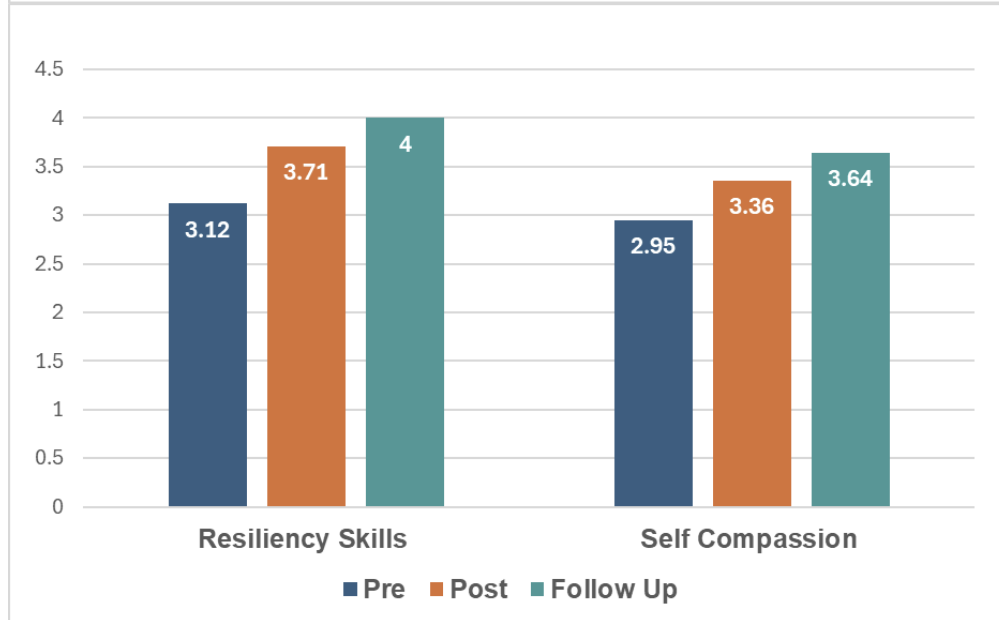
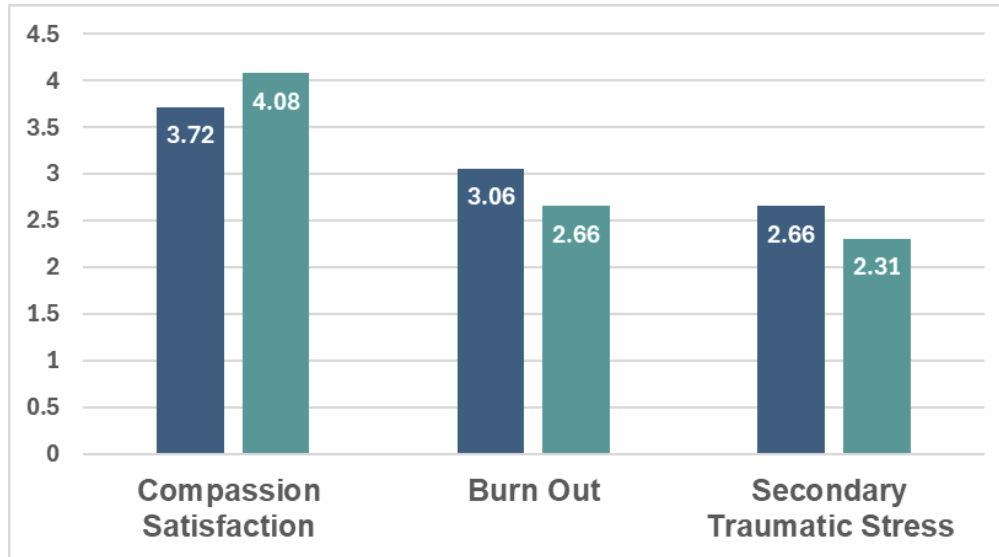
# Compassion Led Trauma & Resiliency Informed Practices



The more you feel the effects of trauma and distress, the more you become in a threat response, and the more you automatically look to protect yourself.

**You can't give what  
you don't have.**

# Evaluation Findings in Fraser Health 2023-2024 n=84



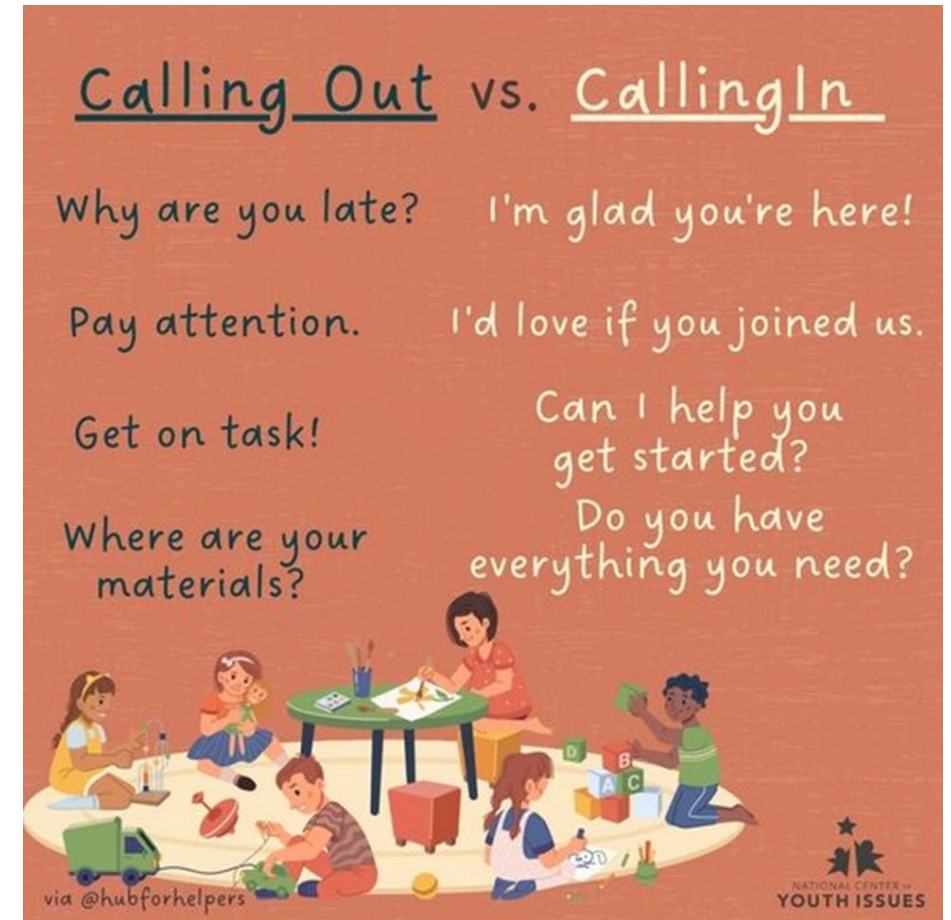
“This program has definitely made me re-evaluate my approach with any patient/family...pausing to look at the person within the context of their lives, not adding my own judgements or expectations...being careful of the words I use and the assumptions I have.” – ER Nurse

“[I will be] more compassionate and caring; knowing how to work in collaboration with people with substance use problems.” – PCN Physician



# PREVENT VERBAL ESCALATIONS AND PROTECT RELATIONSHIPS

1. Use of language, voice tone, facial expressions, body language
2. Responding to social needs to reduce effects of social trauma
3. Turning inward to attune to our own level of distress and co-regulate



# USE OF LANGUAGE, VOICE TONE, FACIAL EXPRESSIONS, BODY LANGUAGE

## Your Circle of Influence on Actively Resisting Traumatization

Start with perspectives and practices where you have more control and influence.

- Perspective taking and paying attention to our intentions
- The words that we use (see handout)
- Voice tone
- Facial muscles
- Body language
- Asking for feedback
- Integrating that feedback





# USE OF LANGUAGE, VOICE TONE, FACIAL EXPRESSIONS, BODY LANGUAGE



Note: A handout will be emailed to you with more options and tools.

## Making the Shift from:

- “What is wrong (with you)?” to
- “What happened (to you)?”

**Controlling** - to asserting or taking a position or not feeling safe to be vulnerable

**Manipulative** – to not trusting us to clearly state their needs

**Uncooperative** – to opting out at this time

**Attention seeking** – to connection seeking

**Drug seeking** – to seeking relief from pain



# Using language to promote effective engagement & reduce the impacts of trauma

## Reference Handout



### Effective Engagement: Invitational Language Rooted in TRIP Principles



Research (E.g. Miller & Rollick, 2013) suggests that "the most effective listeners" are:

- Mostly silent but demonstrate deep listening through non-verbal communication (appropriate eye contact, body language)
- Provide clear and simple summaries of what they learn (typically every 2 to 5 minutes). Summaries do not contain judgements.
- Ask permission if it is ok to summarize what they have been saying: is it ok if I check-in with you to see if I'm getting it right?
- Start summaries with language such as:  
I'm hearing that...I'm learning that...As I listen, I respect/appreciate that...

#### PROMOTING A COMMON HUMANITY

##### To explore more

- Tell me more . . .
- I am curious to learn more
- Can you tell me more about . . .
- You are welcome to share what feels right for you
- How about I listen and you speak
- How about I just listen...help me get it...help me respect your truth
- I want to more fully understand . . .
- What is that like for you?
- What is important for me to know?
- What don't people understand about . . . that you want me to get?

##### To share

- Is it okay if I add to what you are saying . . .
- You have inspired me to . . .
- I am reflecting about your sharing, and . . .
- What you said resonates with me, and brings up...
- Can I add a few more thoughts?

##### To summarize

- Is it okay if I check in with you to make sure I understand?
- I appreciate that . . .
- I respect that . . .
- I am hearing that . . .
- I am learning that . . .
- I am understanding that . . .

#### Command Language Cautions



- You need to...
- You should...
- You must...
- I want you to...
- What you need to...

Telling people what to do rarely lands well

#### PROMOTING CHOICE, COLLABORATION AND CONNECTION

- What would you...
- What would best work for you...
- What would you most welcome...
- What are your thoughts about...
- Would it be ok if I...
- How would it be if...
- What most makes sense to you...
- What would be most helpful...
- How can I best help you with...
- If you like, I could...how does that sound...
- Please feel free to...
- Please let me know if...
- You're welcome to share whatever feels right for you

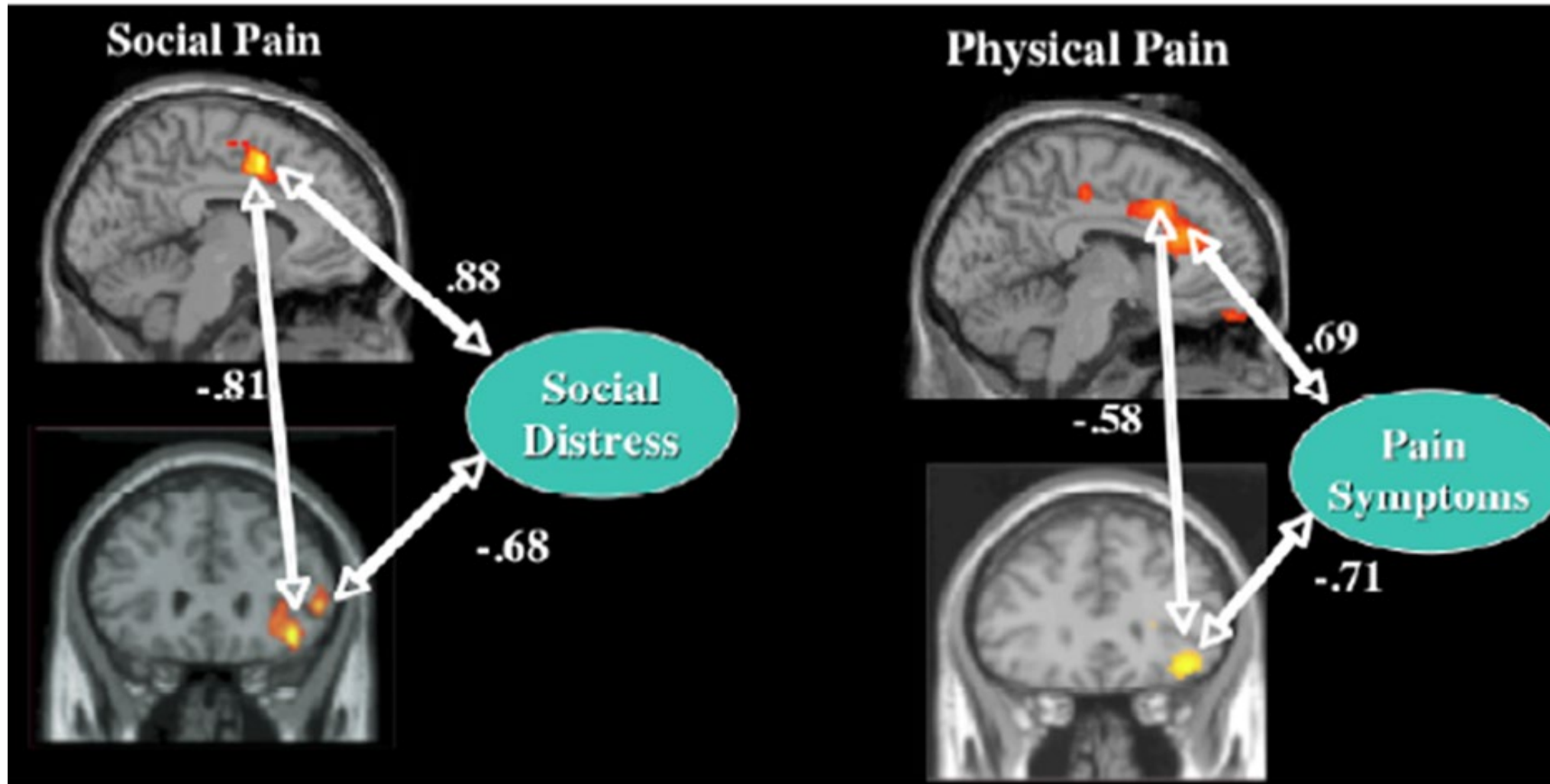
#### PROMOTING SAFER ENGAGEMENT

- What would help you feel safer?
- What do I need to avoid doing that gets you upset / triggered?
- What helps you stay grounded so I can learn from you what works?
- What do I need to understand that would help you?
- •Would it be ok if you helped me better understand?

#### PROMOTING COLLABORATION (ASKING FOR FEEDBACK)

- What could we do more of or less of for you to feel understood?
- What has been helpful...who or what has made a difference?
- What advice do you have for me/other helpers?
- What advice or encouragements would you have for others who have walked in your shoes coming here?

# RESPONDING TO SOCIAL NEEDS TO REDUCE EFFECTS OF SOCIAL TRAUMA



-Lieberman, 2013



# RESPONDING TO SOCIAL NEEDS TO REDUCE EFFECTS OF SOCIAL TRAUMA

**Social exclusion hurts** – undesirable state of social pain produces the same discomfort that is experienced in response to physical pain. This social pain focuses attention on significant social experiences and promotes correction (e.g. get loud and big) or avoidance (e.g. not show up or ‘fawn’) in the future.



# RESPONDING TO SOCIAL NEEDS TO REDUCE EFFECTS OF SOCIAL TRAUMA

<b>S</b>	Status – One person worth and relative importance to others	“I am valuable”
<b>C</b>	Certainty – How confident one is about what is going to happen	“I know where I stand and what will happen”
<b>A</b>	Autonomy – how much control one believes they have in their situation/lives	“I have a choice”
<b>R</b>	Relatedness – degree to which you feel connected to others	“I belong”
<b>F</b>	Fairness – desire for a sense of equity	“I am treated fairly, and others are treated fairly.”

- Adapted in 2023 from David Rock's Brain-Based Model for Collaborating with and Influencing Others, 2008 <https://davidrock.net/publications/>

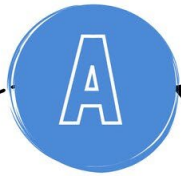


# DROPPING ANCHOR

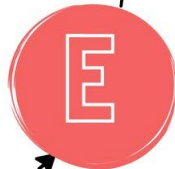
By Russ Harris



ACKNOWLEDGE  
YOUR INNER EXPERIENCE



CYCLE SLOWLY  
3 OR 4 TIMES



COME BACK INTO  
YOUR BODY



ENGAGE WITH THE  
WORLD AROUND YOU



## A = Acknowledge Your Thoughts and Feelings

- Observe your thoughts, feelings, images, memories, urges with out judgement- just let them be
- Be curious and gently
- Just notice with reaching any conclusions or explanations

## C = Come Back into Your Body

- Now connect with what is going on in your body rather than your mind.
- Push the soles of your feet into the ground
- Straighten your back and reach for the sky with your arms
- Press your fingers or palms together
- Rub your knees or hands together
- Shrug and roll your shoulders
- Take some dep breaths through your nose and allow for slower out breaths

## E = Engage with What You Are Doing

- Notice what is around you – Name 5 things you can see, 4 things you can hear, 3 things you can feel, 2 things you can smell; 1 you can taste
- If you have a favourite object, pick it up and feel it in your hands
- If you have a pet, engage with them

**Then re-engage with the task or activity you were doing.**

- Adapted from Russ Harris, 2024 and retrieved from [Dropping Anchor: Three Steps for Tolerating Strong Emotions](#)



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## BEFORE ATTUNING AND RESPONDING TO OWN DISTRESS

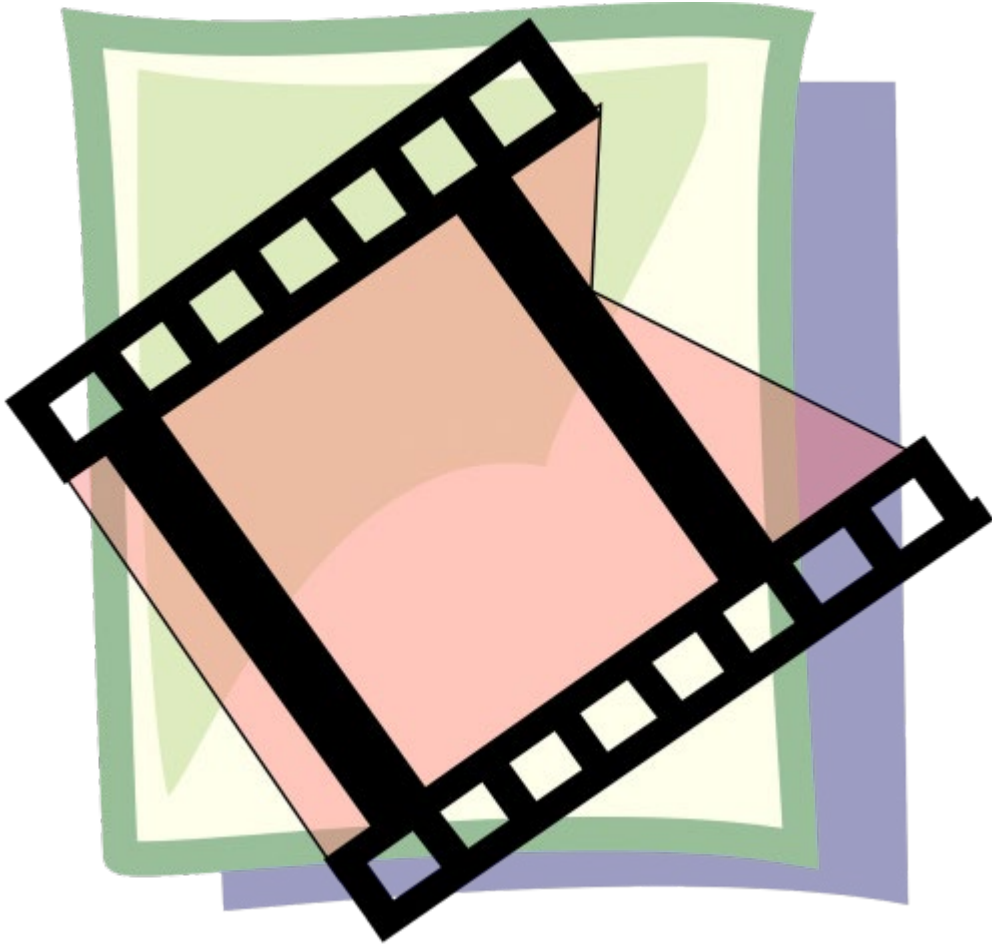
Beth, 38-year-old female prostitute, works the streets at night despite being told how unsafe prostitution is for her. She drinks alcohol most days, uses fentanyl and smokes cigarettes. She has Hep C and HIV and refuses treatment. In the past year, she has gone to emergency department over 30 times and only hospitalized twice. Also, she hasn't been able to keep her housing for more than a year because she can't follow the required rules.



## AFTER ATTUNING AND RESPONDING TO OWN DISTRESS

Beth, 38-year-old female, has survived a history of trauma since she was 10 years old. At 13, she left her abusive household. In her words, surviving has taken all her energy and resources so that completing school was not possible nor even considered. Thus, her only source of income is from sex work which makes it difficult for her to keep her housing. She finds relief from pain from drinking alcohol most days, using fentanyl and smoking cigarettes. She has Hep C and HIV and for her, treatment seems pointless given her life experiences. In the past year, she has gone to emergency department over 30 times and hospitalized twice. She sees the hospital as her only safe space.

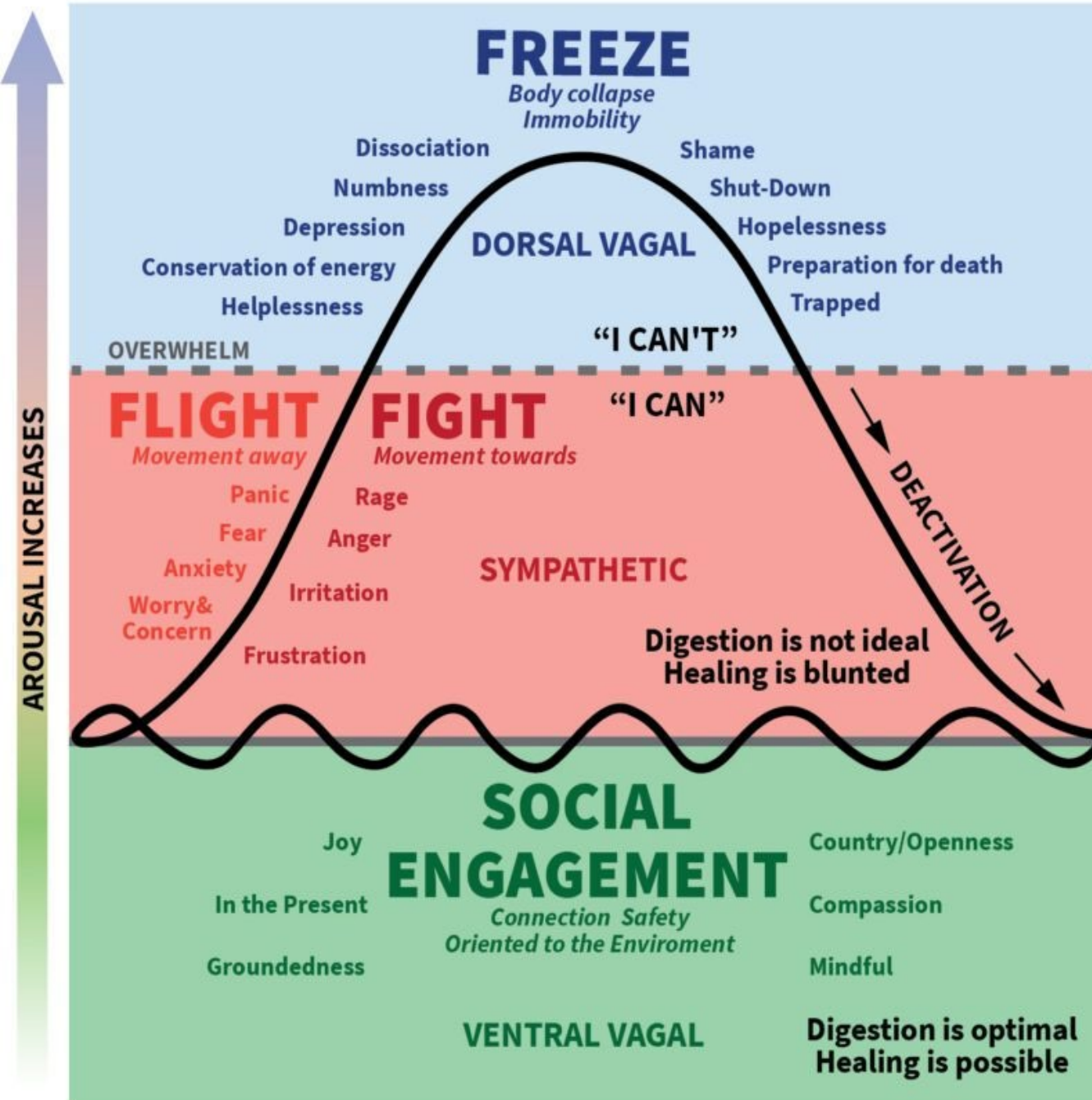




**Watch this video that illustrates an escalation and response.**



## DORSAL VAGAL THEORY



## DE-ESCALATION AND CO-REGULATION

When 'knocked out' of window of tolerance and arousal increases, nervous system becomes dysregulated to flight, fight- then freeze states. This can happen slowly or quickly. Also, people can become acclimated to these dysregulated states and appear to be in a 'faux window of tolerance'.

Known as Window of Tolerance  
- Daniel Siegal



# DE-ESCALATION AND CO-REGULATION

What Will Not Be Helpful	Examples
Don't tell people what to do especially if they are not willing, able or ready.	"Calm down." "Sit down and be quiet." "Don't use that language here."
Don't respond with judgment. That is not your role.	"You shouldn't feel that way." "What you are saying doesn't make sense." "You are wrong." "You always get angry about this."
Avoid 'power' postures and gestures.	Crossing arms, crowding space, raising voice, interrupting, talking over.
Don't fill silence with a lot of talking and give false reassurances.	"It's going to be okay, trust me. By tomorrow, you will forget this even happened." "I will make sure you get XX." (even if you know this is not true)
Don't probe and force people to talk	"I can't help you if you don't tell me what you need."



# DE-ESCALATION AND CO-REGULATION

What May Be Helpful	Examples
Regulate, Ground	Breathe, press feet to ground
Use your body as a medium to convey calmness	Voice tone, palms up, relax shoulders, relax face, angle body slightly, give space if possible
Observe and Listen Carefully	What are they repeating and saying first. Words have meaning, and primacy matters
Validate what is being said and focus on present moment.	"I hear you say that no one wants to help you. I am here now and want to try."
Ask open-ended questions after validating and being empathetic.	"I am learning from you now, how much you feel misunderstood. What do you want me and other people to know."



# Repairing a Rupture in the Relationship

Ruptures are common i.e. 'rules',  
policies, unintended trauma activation.

What matters most is how you repair the  
relationship rupture.

Acknowledging  
Rupture

- Reattune to feelings and intentions (*ask permission*)
- Renegotiate tasks and goals i.e., what do they want
- Explore rupture experiences i.e. How did experience it)

New relational  
experience (i.e.  
enough trust and  
safety to continue  
with relationship  
and service)





**What can we do to reduce effects of distress  
and respond to escalation?**

1. **Expand our window of tolerance**
2. **Prevent trauma activation i.e., use of language**
3. **Meet social needs to reduce effects of social trauma and pain**
4. **Build and activate co-regulation skills**
5. **Protect and repair relationships**



# THANK YOU!



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