

The Traumatic Stress Research Consortium (TSRC) at the Kinsey Institute, Indiana University

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In this newsletter:

- We introduce a new questionnaire measuring of feelings of safety: The Neuroception of Psychological Safety Scale (NPSS)
- We describe how to use the NPSS in clinical practice

Measuring feelings of safety

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Clients who have experienced trauma often seek therapy because they struggle to feel safe, even when they may consciously know that there is no immediate danger. Some clients hope to regain feelings of safety that were lost following a trauma. Others may have been in a survival mode for so long that they cannot remember a time that they could feel safe. For some clients, the familiarity and intensity of survival states can make it easier to notice and recognize the absence of safety. These tell-tale signs include heightened fight, flight or freeze states and difficulties with social interactions. Experiences like these after trauma can stem from brain and body changes that signal readiness for defense. Trauma therapists also may find it easier to notice these survival signals,

and many assessment tools exist to measure these aspects of trauma response. However, observing and tracking when a felt sense of safety is present in a client can be more subtle, and therefore may be more challenging. In this newsletter, we will share a unique new tool for monitoring of a client’s feelings of safety, developed by researchers and clinicians at The University of Strathclyde in partnership with TRSC.



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Neuroception of Psychological Safety Scale

Seeking safety is a key biological drive. We monitor our environments, both consciously and unconsciously, to determine whether we can relax or whether we should prepare for a threat. When we are in a safety state, we can feel physiological changes like our heart rate slowing and muscles relaxing. We may be better able to get along with others and nurture reciprocal care and connection.

This safety monitoring process is important for being able to protect ourselves when potential threats emerge. We may feel this change in our bodies through our muscles tensing, heart rate racing, or breath becoming faster and more shallow. We may find it harder to be present in the moment for connection with others as our attention moves toward prioritizing defense to keep ourselves safe. In some cases, the heightened vigilance and physiological preparation for defense can save our lives.

Clients may similarly be aware of their defense reactions, especially if they get in the way of the client's goals, physical health, and ability to connect with others. However, signals of a felt sense of safety can be more difficult for a client to notice.

To enhance clinical work and research, TSRC researchers have partnered with an international team of psychologists and researchers to develop the *Neuroception of Psychological Safety Scale (NPSS)*. The NPSS is a standardized questionnaire that measures social, emotional, and body aspects of feeling safe. It includes 3 aspects of psychological safety: social engagement, compassion, and body sensations. The scale asks clients to rate how much they agree with 29 statements about their experiences, such as noticing that the face is relaxed, feeling comfortable expressing oneself, and sensing connection with others.

Subscale	Example Item
Social Engagement	I felt comfortable expressing myself
Body Sensations	My body felt relaxed
Compassion	I felt able to comfort another person if needed

The importance of context

Feelings of safety are likely to differ depending on context. For example, some people may feel more at ease with their colleagues at work than when surrounded by everyday stressors at home. Others may feel more relaxed among family members and less so at their jobs. When using the NPSS, therapists should determine the context that will be most aligned with therapeutic goals, and then how to clearly define that context for clients to focus on to rate feelings of safety.

For some clients, it may be appropriate to rate general feelings of safety across all situations. For others, honing in on feelings of safety in certain locations (like home), with certain people (like a spouse or children), or at certain times (for instance, in the evening before bed) may be helpful depending on the client's therapy goals. Basing ratings in a specific time and place that the client is likely to repeatedly encounter can also help make memories easier to access or to draw on specific examples.

If your goal is to track clients' progress over time with the NPSS, it is important to maintain a consistent reporting context so that ratings can be comparable between assessments. For example, if you have decided to ask the client to report on their daily life in general, their responses for all follow up measurements should be for this same broad context. On the other hand, if you've decided on a specific time or situation such as when the client is at home on a weekend with their family, make sure that the client reports on this same context at all follow ups.

Access the scale and supporting information

This measure is the first of its kind, combining psychological, physiological, and social dimensions of safety. The preliminary findings with the scale are published in the peer-reviewed journal *Psychological Trauma: Theory, Research, Practice, and Policy*.¹

For a copy of the scale and manual, which is free to use for research and clinical purposes, please contact Dr. Jacek Kolacz (jkolacz@iu.edu).

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¹Morton, L., Cogan, N., Kolacz, J., Calderwood, C., Nikolić, M., Bacon, T., Pathe, E., Williams, D., Porges, S. (2022) A new measure of feeling safe: Developing psychometric properties of the neuroception of psychological safety scale (NPSS). *Psychological Trauma: Theory, Research, Practice and Policy*. <https://doi.org/10.1037/tra0001313>



About the Consortium

The TSRC is an international group of clinicians and researchers studying the science of safety and connection. We are committed to furthering our understanding of the personal trajectories of trauma survivors, including mental and physical health, social

wellbeing, resilience, and personal meaning. Our research orientation is grounded in Polyvagal Theory, developed by Dr. Stephen Porges, which explains how threat can retune our autonomic nervous systems into states of defense.

Our Team



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Ways to get involved with the consortium

Invite your clients to share their experiences

We continue to welcome new participants for our worldwide client survey. We invite you to help your clients share their experiences.

Help grow our membership

Invite your colleagues to join the TSRC network.

Register at
trauma@indiana.edu

Thank You to Our Donors

The consortium is grateful to the United States Association for Body Psychotherapy (USABP), the Dillon Fund, the Chaja Foundation, Dr. Christopher Walling, and two anonymous donors for generous gifts in support of our research and outreach mission.

Subscription Information

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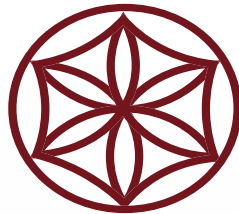
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