



Emotional Safety Check-Ins

*A structured method for monitoring nervous-system safety
without forcing disclosure*

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

Emotional safety check-ins are brief, intentional pauses that assess **capacity**, not mood.

They answer one core question:

“Is this person regulated enough to participate safely in what we’re about to do?”

When done well, they:

- prevent escalation and shutdown
- reduce masking and appeasement
- increase accuracy of communication
- protect ethical decision-making
- improve group and one-to-one outcomes

What emotional safety check-ins are (and aren’t)

They are:

- optional
- non-evaluative
- low-demand
- repeatable
- state-focused

They are not:

- emotional sharing exercises
- insight work
- vulnerability performance
- group bonding
- “how are you feeling?” rounds

Safety ≠ disclosure.

Why check-ins matter (practitioner rationale)

Neurodivergent and trauma-exposed nervous systems may:

- appear functional while internally overloaded
- comply verbally while losing access
- collapse *after* sessions rather than during
- mask distress until capacity is exceeded

Check-ins surface **state** early... before harm occurs.

They are **preventative infrastructure**, not support theatre.

Core principles (non-negotiable)

1. **Capacity over content**
2. **Permission to pass**
3. **No fixing or probing**
4. **State-appropriate adaptation**
5. **Explicit safety signalling**

If a check-in increases pressure, it has failed.

The simplest effective check-in (30 seconds)

Use this when time or capacity is limited.

“Before we start... are you okay to continue as planned, or do you need us to adjust pace or expectations?”

Response options (spoken or non-verbal):

- ✓ okay to proceed
- ● proceed with adjustments
- ✘ not able to engage fully today

No explanation required.

Scaffolded check-in options (choose one)

1. Capacity Scale (non-emotional)

Best for groups, supervision, meetings.

“On a scale of 0–10, where is your capacity right now (not how you’re feeling... just capacity)?”

Follow-up (only if needed):

“Anything we should adjust based on that?”

Do **not** ask *why*.

2. Traffic-Light Check-In

Best for teams and training cohorts.

- Green... able to engage
- Amber... engaging with limits
- Red... observing or stepping back

This allows **visible adjustment without disclosure**.

3. Body-State Check-In

Best for clinical and reflective spaces.

“Right now, does your body feel:
settled / activated / flat / unsure?”

This bypasses emotional labelling and supports accuracy.

4. Boundary-First Check-In

Best when discussing sensitive material.

“Before we begin... is there anything you *don't* want to cover today,
or anything that would make this feel safer?”

This restores agency and reduces defensive responses.

What practitioners do with the information

A check-in is only ethical if it **changes something**.

Possible adaptations:

- slow pacing
- reduce verbal demand
- shift to written input
- shorten session
- pause content

- allow observation rather than participation

If no adjustment is possible, **do not run the check-in.**

What NOT to do (common harms)

Avoid:

- asking for reasons
- encouraging people to “push through”
- interpreting low capacity as resistance
- reassuring instead of adjusting
- probing emotionally
- turning check-ins into discussions

Check-ins are **signals**, not invitations to analyse.

Group facilitation guidance (important)

In groups:

- normalise passing every time
- rotate formats to avoid ritual fatigue
- never comment on someone’s rating
- never compare responses
- never use check-ins for performance assessment

Safety collapses if people feel observed or judged.

Supervisor / clinician stance

The practitioner’s role is to:

- track state, not story
- believe the signal
- intervene early
- protect pacing
- model self-regulation

If you override the check-in, you teach people not to be honest next time.

Indicators check-ins are working

Over time, you'll see:

- earlier boundary-setting
- reduced post-session crashes
- fewer meltdowns or shutdowns
- increased clarity and disagreement
- less masking
- improved retention and trust

These are **system outcomes**, not individual traits.

Ethical note

Emotional safety check-ins:

- are not therapy
- do not replace safeguarding processes
- must remain optional
- should never be coerced

They are about **access**, not exposure.

A practitioner script you can reuse

“This is just to help us pace this safely.
You don't need to explain.
We'll adapt based on what you signal.”

Final framing

Emotional safety is not created by warmth alone.

It is created when:

- signals are invited
- signals are believed
- systems adapt in response

Emotional safety check-ins are not a soft practice.

They are **risk management, ethics, and good design.**

