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Research Article

The Safety Override Technique within the ReAttach Framework: A Pilot Study in Professional Training Developed from Clinical Work in Functional Neurological Disorder (FND)

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Abstract

Background: The Safety Override Technique (SOT) is a short ReAttach method created as part of the ReAttach Framework. It was developed through clinical work with people who often feel hypervigilant, overwhelmed, or unsafe. The technique's name came from working with people with Functional Neurological Disorder (FND), whose experiences helped identify this state and the need for a targeted approach. SOT is not a stand-alone method but is part of the wider ReAttach system and is now included in the Affect Coach Online Professionals Training for ReAttach Remote Therapy Techniques.

Objective: To examine pre-post changes in regulation-related self-reported states among professionals receiving SOT training and to assess perceived immediate effects of the technique. The present study focused on how professionals are trained to use SOT, how they learn it, and how they apply it as they learn ReAttach Remote Therapy Techniques. The study is part of a group of related ReAttach pilot projects, including Wiring Affect with ReAttach (W.A.R.A.) and the Forgive and Forget Hood (FFH). The questionnaires for these studies were designed at the same time to make future comparisons easier.

Method: This study used a single-group pre-post design. Data from 16 participants who completed both pre- and post-measurements showed a significant drop in main scale scores, from an average of 3.97 (SD = 0.63) before to 2.28 (SD = 0.60) after, $t(15) = -9.22$, $p < .01$, $dz = -2.31$. Effect-size results were available for 11 participants (M = 5.35, SD = 0.60). While these results are encouraging, they should be seen as preliminary because this pilot study has a small sample size.

Conclusion: The results suggest initial indications of short-term alterations in self-reported regulation-related states after SOT training. Due to the uncontrolled study design, limited sample size, and reliance on self-reported data, these results should be viewed as initial evidence that supports the need for additional controlled evaluation rather than proof of clinical effectiveness.

Keywords: ReAttach, Safety Override Technique (SOT), Functional Neurological Disorder (FND), Hypervigilance, Toxic Shame, Cognitive Dissonance, Somatic Experience, Professional Training, Pilot Study

Introduction

The ReAttach Framework comprises structured therapeutic techniques designed to support regulation, connection, and adaptive processing [1,2]. Within this framework, the Safety Override Technique (SOT) was developed as a brief, focused intervention targeting persistent hypervigilance, overload, and difficulty returning to a felt sense of safety. The technique emerged from clinical work with individuals experiencing Functional Neurological Disorder (FND), whose lived experiences helped shape the recognition of this specific clinical state and the need for a targeted intervention [3].

Rather than functioning as a stand-alone method, SOT belongs within the broader logic of ReAttach and is currently included in the Affect Coach Online Professionals Training – ReAttach Remote Therapy Techniques. This positioning reflects the understanding that SOT is not merely a technique to be

applied in isolation, but a component of a comprehensive training program that equips professionals with a range of remote therapeutic skills.

The present pilot study does not examine patient outcomes directly. Instead, it focuses on professional training: how professionals learn, understand, and apply SOT as they learn ReAttach Remote Therapy Techniques. This focus is important because the effective dissemination of any therapeutic technique depends not only on its clinical rationale but also on its teachability, comprehensibility, and perceived relevance among practitioners.

The study is part of a broader set of interrelated ReAttach pilots, alongside Wiring Affect with ReAttach (W.A.R.A.)[4,5,6,] and the Forgive and Forget Hood (FFH)[7]. We designed the questionnaires to be as synchronous as possible across these pilots to support future comparisons across techniques. This coordinated design allows identification of shared patterns and technique-specific effects, should future data accumulation permit such analyses.

Theoretical Framework

A key concept underlying SOT is hypervigilance, defined here as a continuous state of heightened threat awareness. This condition is characterized by persistent monitoring of both internal and external cues for potential dangers. Individuals experiencing hypervigilance often find it challenging to disengage from threat-related information, making it difficult to return to a baseline sense of safety [8,9]. This definition is specifically delineated, highlighting its distinctiveness from related, yet separate, constructs:

Anxiety refers to a broader affective state involving apprehension and worry about future threats, which may or may not include continuous monitoring [10]. Arousal (or hyperarousal) denotes a general increase in physiological activation that can occur in both adaptive and maladaptive contexts and is not necessarily threat-specific [11]. Threat monitoring describes the attentional process of detecting potential danger; hypervigilance, by contrast, refers to the persistent and difficult-to-terminate form of this process that becomes self-maintaining [8,12].

Hypervigilance is defined here as stemming from heightened sensitivity to threats. When this sensitivity remains elevated, attentional resources are primarily focused on potential danger cues. Over time, this focus disrupts the ability to self-regulate flexibly, leading to ongoing physiological and cognitive arousal. Consequently, the individual finds it challenging to return to a sense of safety, even when there is no actual threat present [8,9,13]. SOT was specifically created to interrupt this ongoing cycle by targeting the very override of the safety signal itself.

Emotion/self-regulation in this study is described as the ability to adjust the strength, duration, and expression of emotional and physiological states to return to a sense of safety after experiencing a threat-related activation[14,15]. When considering hypervigilance, regulation extends beyond just cognitive reappraisal or suppression; it particularly involves the capacity to lessen ongoing threat monitoring and to reinstate flexible attention control once the immediate threat, whether real or perceived, has diminished [16,17]. Recent findings suggest that hypervigilance can specifically hinder the shielding of internal attention, which disrupts the necessary balance for effective regulation[18]. On the other hand, effective emotion-regulation strategies have been found to influence the distribution of attentional resources away from threat stimuli, thereby lessening the extensive processing of danger cues and enhancing subjective well-being [16].

In this context, the outcome dimensions assessed in the current pilot study (tension, vigilance, and regulation) are conceptually connected: heightened hypervigilance sustains physiological tension and ongoing monitoring, whereas dysfunctional regulation hinders the restoration of a sense of safety. The SOT was specifically developed to break this self-reinforcing cycle by addressing the disruption of the safety signal itself. This theoretical chain — threat sensitivity → hypervigilance → impaired regulation → persistent arousal → difficulty restoring perceived safety — provides the rationale for why a brief intervention focused on safety override would be expected to produce measurable change on dimensions of tension, vigilance, and regulation.

The rationale for isolating SOT for focused investigation is threefold. First, SOT addresses a distinct clinical presentation — persistent hypervigilance and safety override — that is relevant across multiple clinical populations, not only FND. Second, the technique is brief and therefore amenable to evaluation within training contexts where time and resources are constrained. Third, understanding how professionals learn and apply SOT provides foundational information for future implementation and quality assurance.

The present pilot study aimed to examine the teachability and immediate perceived effects of the Safety Override Technique among professionals learning ReAttach Remote Therapy Techniques. Specifically, we investigated:

1. Whether participation in the SOT training module was associated with a significant reduction in self-reported tension, vigilance, and regulation difficulties (pre- to post-measurement).

2. The magnitude of any observed change (effect size).

3. Participants' perceived immediate effects of the SOT exercise on relaxation, safety, tension reduction, and related dimensions.

Given the exploratory nature of this pilot and the focus on professional training rather than clinical efficacy, no formal hypotheses were pre-specified beyond the expectation of directional improvement on the main outcome scale.

Method

Design

This study employed a single-group pre-post pilot design. Participants completed questionnaires before and after a training module covering the Safety Override Technique. The design was chosen for its feasibility within a professional training context and its suitability for generating preliminary evidence on teachability and perceived clinical relevance.

Participants

The cumulative SOT dataset included 16 unique participants with usable premeasurement and postmeasurement data. Complete matched pre-post observations were available for all 16 participants. For the effect scale, 11 usable scores were available based on the minimum threshold of four completed items (see Section 2.3).

The sample consisted predominantly of female participants (n = 13, 81.3%), with a smaller subset of male participants (n = 3, 18.8%). The mean age of the total sample was M = 49.63 years (SD = 12.18, range 18–71). Most participants were ReAttach Practitioners or ReAttach Affect Coaches (n = 10, 62.5%), while 6 participants (31.3%) were enrolled as students in the Affect Coach Online Diploma program.

Measures

The primary outcome was assessed using a 12-item self-report scale measuring dimensions related to tension, vigilance, and reduced regulation. The scale was administered at two time points: pre-measurement (V1–V12) and post-measurement (N1–N12), with parallel item content across both assessments. Each item was rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

Six items were reverse-scored to ensure consistent scale direction: V4, V5, V6, V10, V11, and V12 at premeasurement; and N4, N5, N6, N10, N11, and N12 at postmeasurement. Reverse scoring was applied using the formula: reversed score = 7 – original score. Higher scores on the main outcome scale indicate greater tension, heightened vigilance, and poorer self-regulation. Consequently, lower postmeasurement scores relative to premeasurement scores reflect improvement on the assessed dimensions.

Scale scores were computed as the mean of available items, provided that at least 80% of the items (i.e., 10 of 12) were completed. Cases with fewer than 10 valid responses were treated as missing and excluded from scale-level analyses.

Internal consistency: In the present pilot sample, Cronbach's alpha was α = 0.84 at premeasurement (n = 16) and α = 0.89 at postmeasurement (n = 15), indicating good reliability for research purposes.

Effect scale: A separate 6-item effect scale (E13–E18) was administered at postmeasurement only to assess participants' perceived immediate effects of the SOT exercise. Items addressed perceived changes in relaxation, safety, tension reduction, alertness reduction, perceived control over stress reactions, and sense of balance. We used the same 6-point Likert scale. Scale scores were computed as the mean of available items, with a minimum of 4 completed items required. Higher scores indicate a more positive perceived effect of the exercise. Cronbach's alpha for the effect scale was α = 0.94 (n = 11).

Procedure

All participants followed the Affect Coach Online Program, containing the ReAttach Remote Therapy Instructions including an instruction video about the Safety Override Technique. Participation in the SOT pilot study was a voluntary option and the data for the pre- and post measurements were gathered anonymously.

Analytic Approach

Descriptive statistics were calculated for the main scale at both measurement times and for the effect scale. Internal consistency was reported using Cronbach's alpha. Prior to the main analysis, the normality of the difference scores (postmeasurement minus premeasurement) was examined using the Shapiro-Wilk test, which indicated no significant deviation from normality, W = 0.95, p = .51. Given the small sample size, non-parametric procedures were additionally conducted as a robustness check. A paired-samples t-test was conducted to compare pre- and post-measurement scores for participants with complete data, with a Wilcoxon signed-rank test applied as a distribution-free alternative. Effect size was estimated using Cohen's dz for paired comparisons. All analyses were conducted using IBM SPSS Statistics (Version 29.0).

Results

Descriptive Statistics

Table 1 presents descriptive statistics for the main scale at premeasurement and postmeasurement, and for the effect scale.

3.2 Reliability

Internal consistency estimates for the main scale were good at both measurement occasions. Cronbach's alpha was α = 0.84 for the pre-measurement (n = 16) and α = 0.89 for the post-measurement (n = 15). For the effect scale, internal consistency was α = 0.94 based on 11 participants.

Although these coefficients are favorable in magnitude, interpret them cautiously because of the small sample sizes, particularly for the effect scale. In pilot research, reliability estimates may be unstable and should therefore be regarded as provisional.

Table 1: Descriptive Statistics for the SOT Pilot Main Scale and Effect Scale

Scale	n	M	SD	Min	Max
Pre Measurement	16	3.97	0.63	2.92	5.17
Post Measurement	16	2.28	0.60	1.33	3.67
Effect scale	11	5.35	0.60	4.00	6.00

Pre-Post Comparison

A paired-samples t-test was conducted for 16 participants with complete matched observations. The mean difference between postmeasurement and premeasurement scores was -1.69, with negative values indicating improvement. This comparison showed a statistically significant decrease in scores from premeasurement to postmeasurement, $t(15) = -9.22$, $p < .01$, with an effect size of $dz = -2.31$.

A Wilcoxon signed-rank test confirmed this finding, $W = 0$, $z = -3.52$, $p < .001$, as did a sign test (16 of 16 participants showed a reduction in scores). These non-parametric results parallel the parametric analysis, indicating that the observed decrease was not dependent on the normality assumption.

These findings indicate a pronounced reduction in the main outcome score across measurement occasions within the cumulative SOT sample. In substantive terms, this pattern is consistent with reduced tension, vigilance, and regulation, assuming that lower scores on the main scale reflect improvement on these dimensions.

Effect Scale

The effect scale could be computed for 11 participants. The mean score was $M = 5.35$ ($SD = 0.60$), which suggests relatively favorable reported effects among participants with sufficient available item data. However, the small sample size means this finding should be treated as tentative and exploratory rather than a stable estimate for the full pilot sample.

Discussion

The cumulative SOT results show a statistically significant decrease in the main scale score from pre-measurement to post-measurement among the 16 participants with complete data. Participants reported lower scores on the study-specific measure of tension, vigilance, and regulation difficulties following the training module. The observed within-person change (mean difference = -1.69, $dz = -2.31$) is consistent with the hypothesized short-term effect of the Safety Override Technique. Notably, this decrease was robust across parametric and non-parametric analyses, and every one of the 16 participants showed a reduction in scores. The fact that all participants improved, rather than the sample being carried by a small number of large responders, strengthens confidence that the observed pattern reflects a genuine and consistent shift on the assessed dimensions rather than the influence of a few outlying cases. However, the uncontrolled single-group design prevents attribution of this change specifically to SOT. Alternative explanations, including natural fluctuation, expectancy effects, demand characteristics, or non-specific aspects of the training context, cannot be ruled out.

However, several important caveats apply. First, the absence of a control group means that alternative explanations – such as natural change over time, placebo effects, or demand characteristics – cannot be ruled out. Second, the sample is small and likely self-selected, which limits generalizability. Third, the participants were professionals in training, not patients, so the findings speak to teachability and perceived relevance rather than direct clinical efficacy.

The effect-scale findings are based on 11 participants. Even so, the effect-scale evidence remains limited and should be interpreted with caution. The positive direction of the effect-scale scores is encouraging, but the small sample size precludes firm conclusions.

Methodological Considerations

Several methodological limitations warrant attention. First, the sample size remains modest, which limits statistical precision and generalizability. Second, the effect-scale analysis, while now based on 11 participants, remains a subset of the full sample. Third, the 4-out-of-6 item completion rule for the effect scale is an analytic decision that should either be applied consistently across all pilots or explicitly justified as a pilot-specific deviation in comparative reporting. Finally, the present results should be regarded as a cumulative interim snapshot rather than a final confirmatory analysis.

Implications for Future Research

Subsequent research within the ReAttach pilot framework should increase sample sizes across pilot studies to strengthen the empirical foundation for both individual and comparative analyses. Consistent implementation of analytic rules, especially regarding the effect-scale completion threshold, will be essential for ensuring comparability across pilot sites. As additional data are collected, it will be possible to assess whether the patterns identified in the SOT pilot are generalizable to other pilot contexts.

Within the ReAttach Global summit stream Connect, SOT is introduced as a focused yet significant ReAttach technique for investigating how connection may be constrained under threat-sensitive conditions and how access to regulation can restore the conditions necessary for connection. This conceptual framing is

consistent with the broader ReAttach emphasis on regulation as the foundation for adaptive connection.

Conclusion

This pilot study provides preliminary evidence of within-person reduction in scores on a study-specific measure of tension, vigilance, and regulation difficulties among professionals learning the Safety Override Technique. The observed change is consistent with the hypothesized short-term effect of SOT, yet the uncontrolled design prevents attribution of the change specifically to the technique. Effect-size estimates based on a limited subset of participants are likewise provisional.

Overall, the current findings are promising with respect to teachability and perceived relevance in a professional training context, but remain exploratory. Additional data collection, methodological refinement, and consistent analytic procedures across pilot studies will be essential for evaluating the robustness of these patterns within the broader ReAttach framework. This study constitutes an initial step toward understanding how SOT is received, understood, and implemented by professionals in training.

References

1. Bartholomeus, P. J. P. W. (2021). ReAttach: A transdiagnostic intervention for adults and children with mental health problems. [Doctoral Thesis, Maastricht University]. Maastricht University. https://doi.org/10.26481/dis.20211109pb
2. Zeestraten-Bartholomeus, P., Bita, M., and Mehrad, A. (2026). What is ReAttach? A Developmental, Qualitative, and Literature-Based Synthesis of the Core Method, Training Pathway, and Emerging Research Environment. ReAttach Affect Coach Journal, 2(2):158-177 (2026). DOI: 10.26407/3tkh6s82
3. Call, E., Painter, S., Zeestraten-Bartholomeus, P., and Mehrad (2026). From Dysregulation to Co-Regulation: A Mixed-Methods Exploratory Case Series of Remote ReAttach for Functional Neurological Disorder. ReAttach Affect Coach Journal, 2(2):158-177 (2026). DOI: 10.26407/j27qqf98.
4. Weerkamp-Bartholomeus, P., Marazziti, D., & van Amelsvoort, T. (2020). W.A.R.A. (Wiring Affect with ReAttach) provided by remote training: First-aid psychological intervention? Clinical Neuropsychiatry, 17(2), 115–116. doi:10.36131/CN20200217122
5. Weerkamp-Bartholomeus, P., Marazziti, D., Chan, E., Srivastava, A., & van Amelsvoort, T. (2020). Randomized comparison of W.A.R.A. (Wiring Affect with ReAttach) versus distraction: A pilot study assessing the efficacy of an ultrafast transdiagnostic intervention. Heliyon, 6(8), e04660. https://doi.org/10.1016/j.heliyon.2020.e04660
6. Weerkamp-Bartholomeus, P., Marazziti, D., & van Amelsvoort, T. (2021). Remote W.A.R.A. compared with face-to-face W.A.R.A.: A pilot study. Frontiers in Psychology, 11, 620027. https://doi.org/10.3389/fpsyg.2020.620027
7. Zeestraten-Bartholomeus, P., Lee, J., Tan, D., Bita, M., & Mehrad, A. (2025). ReAttach Forgive and Forget Hood: Clear the mind, stop rumination! ReAttach Affect Coach Journal, 1(2), 40–47.
8. Richards, H. J., Benson, V., Donnelly, N., & Hadwin, J. A. (2014). Exploring the function of selective attention and hypervigilance for threat in anxiety. Clinical Psychology Review, 34(1), 1–13. https://doi.org/10.1016/j.cpr.2013.10.006
9. Eysenck, M. W., Derakshan, N., Santos, R., & Calvo, M. G. (2007). Anxiety and cognitive performance: Attentional control theory. Emotion, 7(2), 336–353. https://doi.org/10.1037/1528-3542.7.2.336
10. Beck, A. T., & Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. Behaviour Research and Therapy, 35(1), 49–58. https://doi.org/10.1016/S0005-7967(96)00069-1
11. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596 (hyperarousal cluster)
12. Zawilinski, L. (2020). Hypervigilance. In V. Zeigler-Hill & T. K. Shackelford (Eds.), Encyclopedia of personality and individual differences. Springer. https://doi.org/10.1007/978-3-319-24612-3_902
13. Rosen, J. B., & Schulkin, J. (1998). From normal fear to pathological anxiety. Psychological Review, 105(2), 325–350. https://doi.org/10.1037/0033-295X.105.2.325
14. Gross, J. J. (2015). Emotion regulation: Current status and future prospects. Psychological inquiry, 26(1), 1-26.
15. Bacon, A. M., & Norman, A. (2026). Emotional hypervigilance: Development of a new questionnaire and examining the importance to posttraumatic quality of life. Psychological Trauma: Theory, Research, Practice, and Policy, 18(7), 1429–1439. https://doi.org/10.1037/tra0002065
16. Sharratt, K., & Roach, J. (2026). Directions for future research on police stress: the role of hyper-vigilance and emotion regulation in understanding and preventing detrimental outcomes for mental health. Journal of Criminal Psychology, 16(5), 735-746.
17. Visco-Comandini, F., Marselli, G., Gobbo, A., Arcieri, S., Abagnale, S., Autuori, M., ... & Ciolfi, A. (2026). Regulating Trauma Through the Body: A Narrative Review of Somatic-Based Interventions. Psychiatry International, 7(4), 177.
18. Wang, N., Verschooren, S., & Pourtois, G. (2026). Too alert to think straight: combined neurophysiological and modeling evidence of impaired internal shielding during

hypervigilance. Psychophysiology, 63(5), e70329.

Author Contributions

Zeestraten-Bartholomeus, P. developed the Safety Override Technique, designed the study-pilot, and was responsible for data collection and data analysis. Bita, M. contributed expertise on the ReAttach Conceptual Framework, ensuring that the study design and interpretation remained aligned with the broader theoretical and clinical architecture of ReAttach. Mehrad, A. contributed to the formulation of the conclusions regarding intervention effects, and provided critical expertise on methodological limitations and cost-effectiveness considerations.

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No funding is received for this study pilot

Conflicts of Interest

Paula Zeestraten-Bartholomeus is the developer of ReAttach and the Safety Override Technique (SOT).

Data Availability

The data supporting this study's findings are available from the corresponding author upon reasonable request. The datasets are stored and managed in accordance with institutional and ethical guidelines for research data management.

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