

# Risking Connection<sup>®</sup>

**A Training Model for Working with  
Survivors of Trauma and Adverse  
Childhood Experiences (ACEs)**

**(2019-2020 Revision)**



# Lifelong Impact of Adversity and Trauma

Adverse Childhood Experiences (ACE) Study

*“The most important study you never heard of.”*

Jane Stevens, [Acesconnection.com](http://Acesconnection.com)

# Story of the ACE Study

Very large sample -- 17,000 patients at Kaiser  
Permanente health maintenance organization (HMO)

Average age: 57

High-functioning

All insured

Middle and upper middle class

74% attended college

# ACE Categories

## ABUSE AND NEGLECT

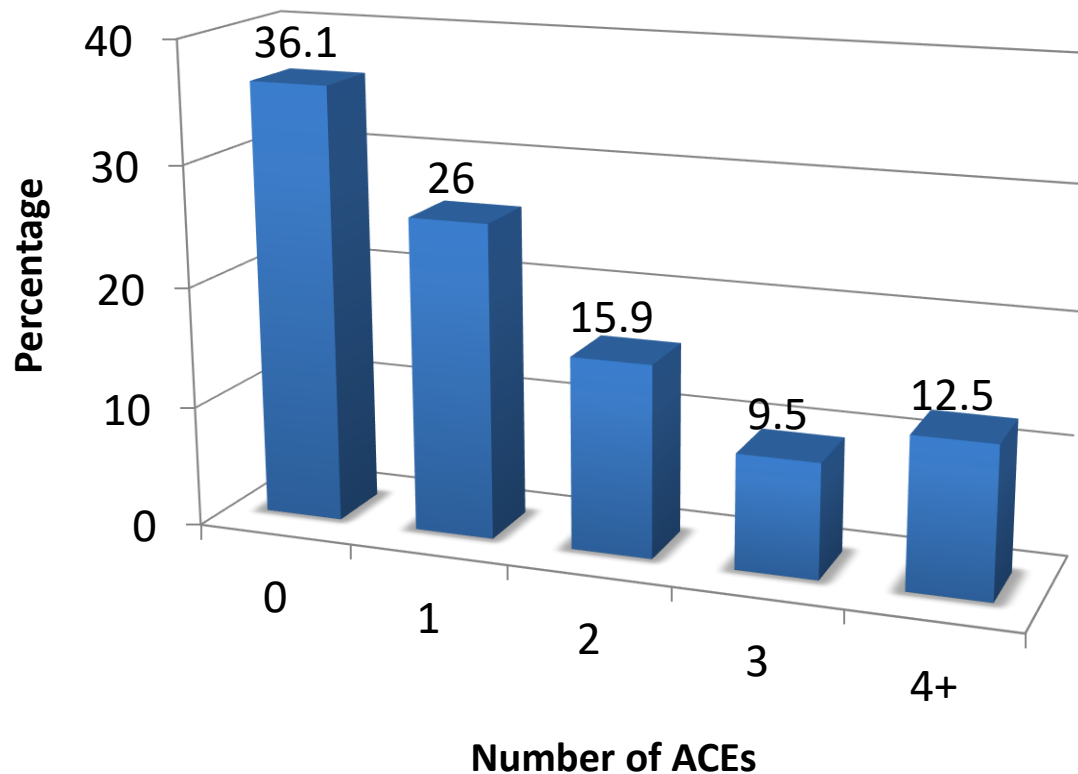
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect

## HOUSEHOLD DYSFUNCTION

6. Mother Treated Violently
7. Household Substance Abuse
8. Household Mental Illness
9. Parental Separation or Divorce
10. Incarcerated Household Member

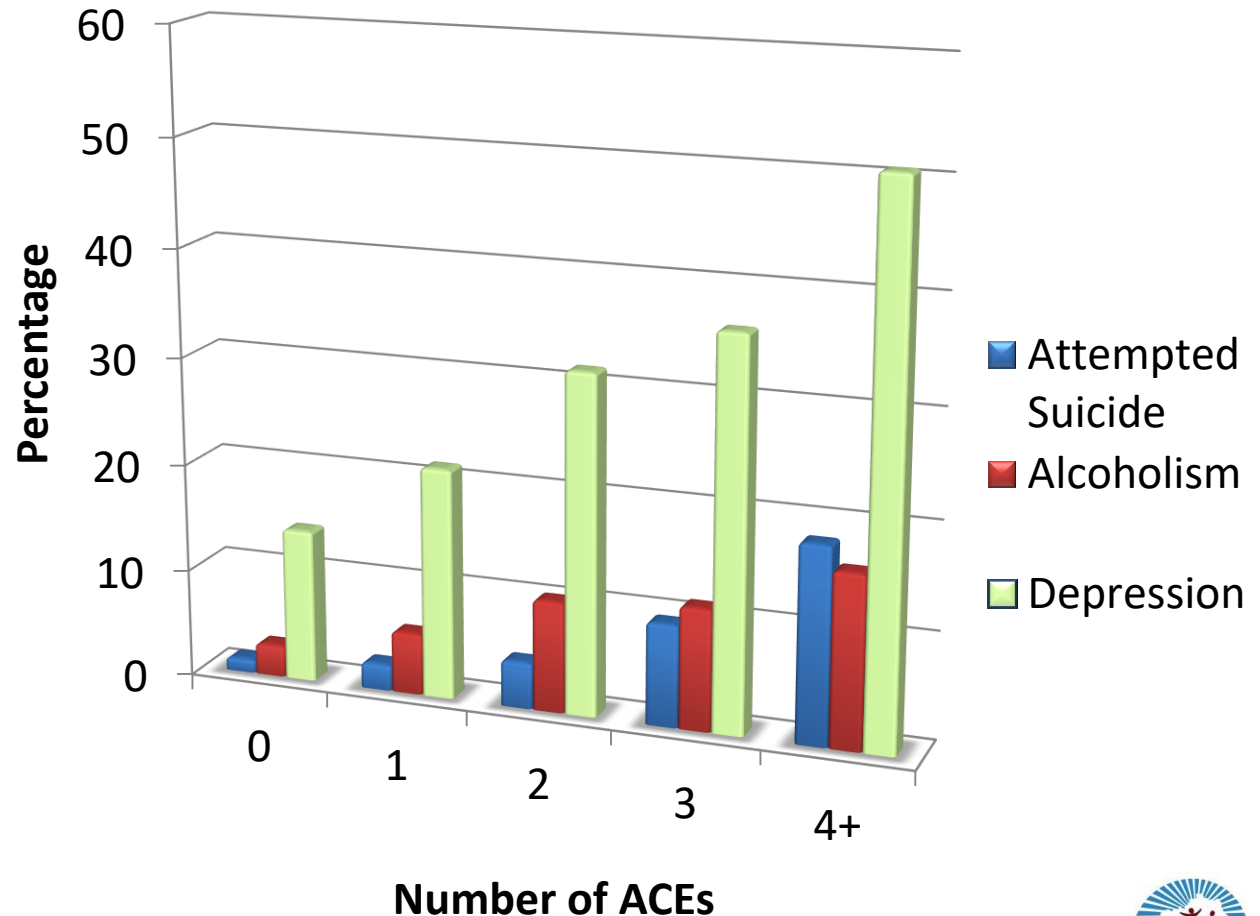
# Findings: High Prevalence

- 64% at least 1 ACE
- 12% 4+ ACEs
- 25% households with substance abuse
- 25% physical abuse



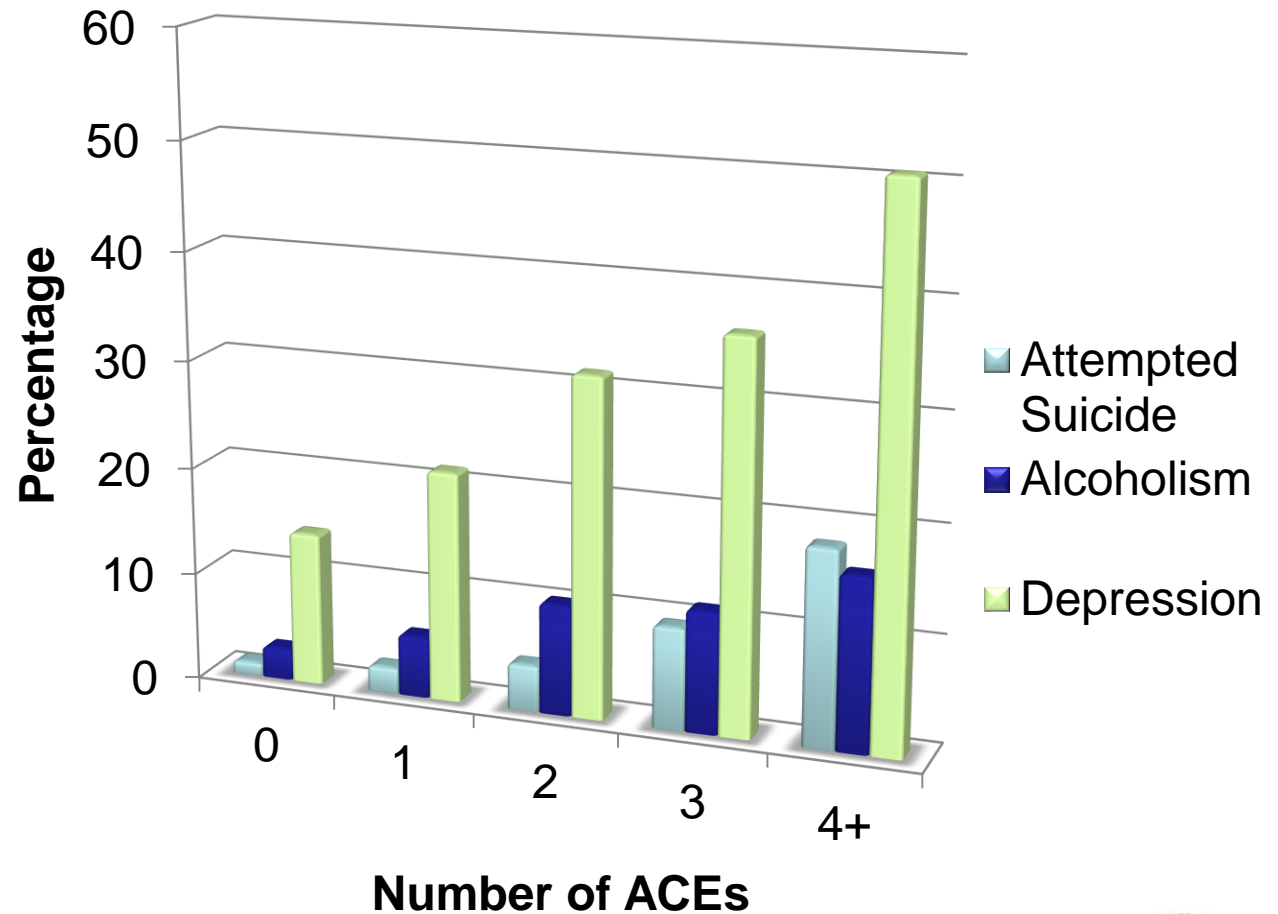
# Findings: High Association to Negative Health Outcomes

- Stunning correlations
- Linear dose-to-response relationship



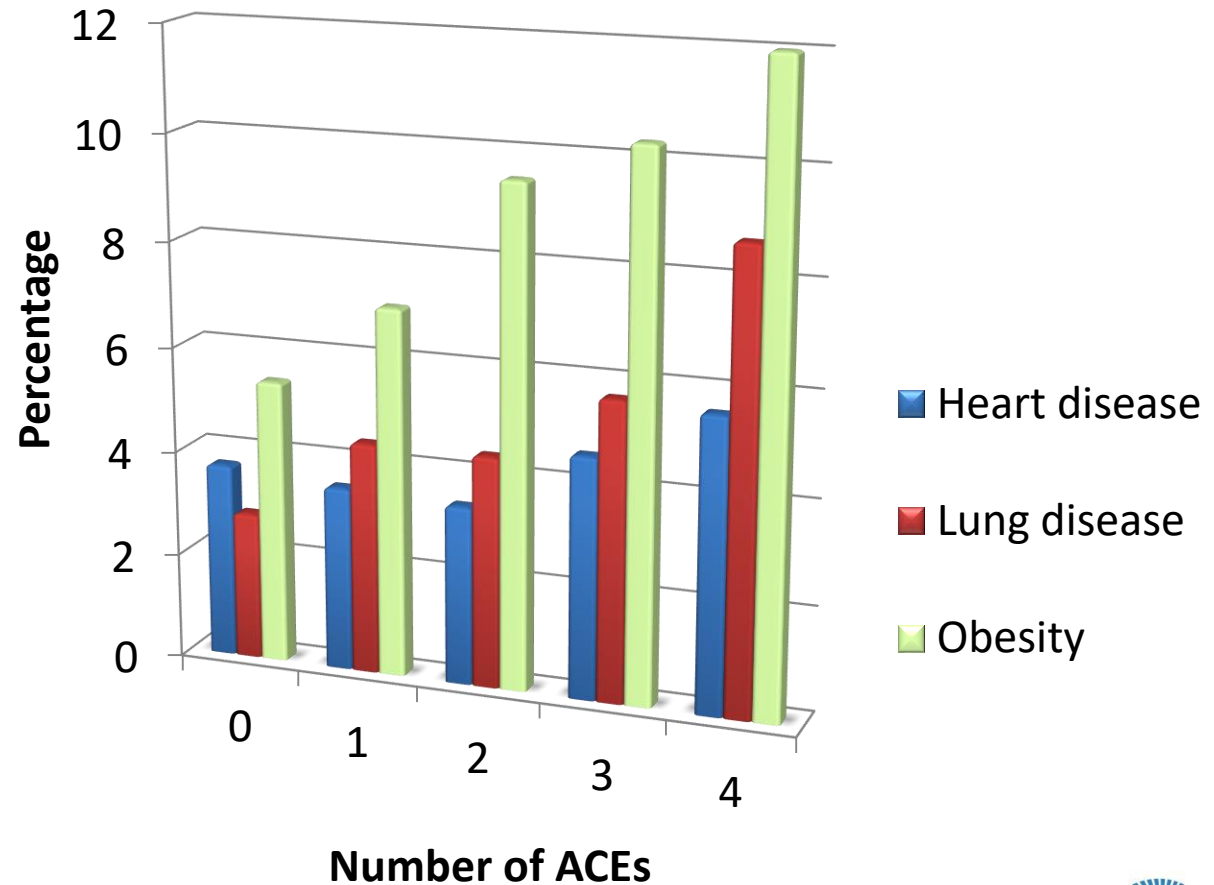
# Findings: 4+ ACES vs. 0 ACES

- 6x more likely to attempt suicide
- 7x more likely to be alcoholic
- 7x more likely to have sex by 15
- 46x more likely to use injected drugs



# Findings: High Association to Physical Health Outcomes

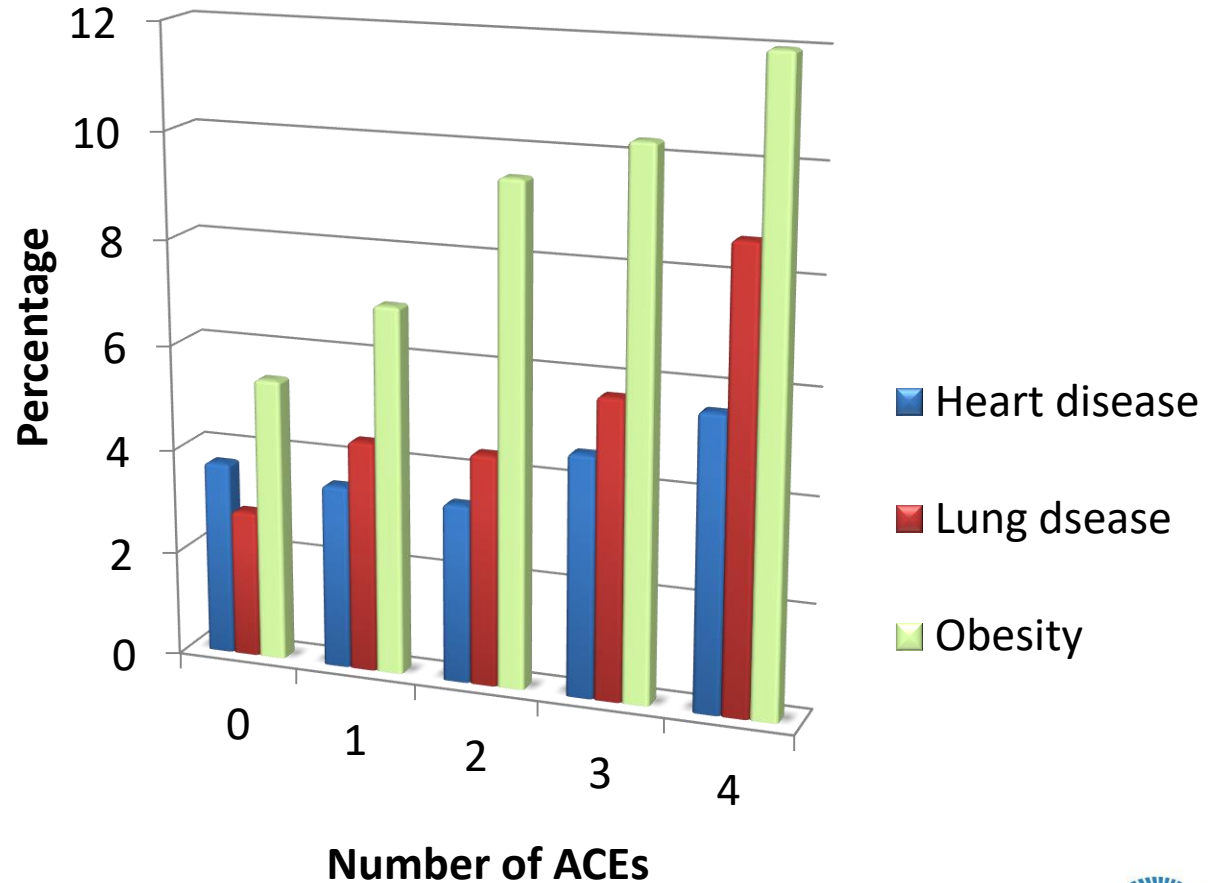
- Negative impacts BEYOND mental health
- Repeated stress has lifelong impact
- Physiological impact on cellular level



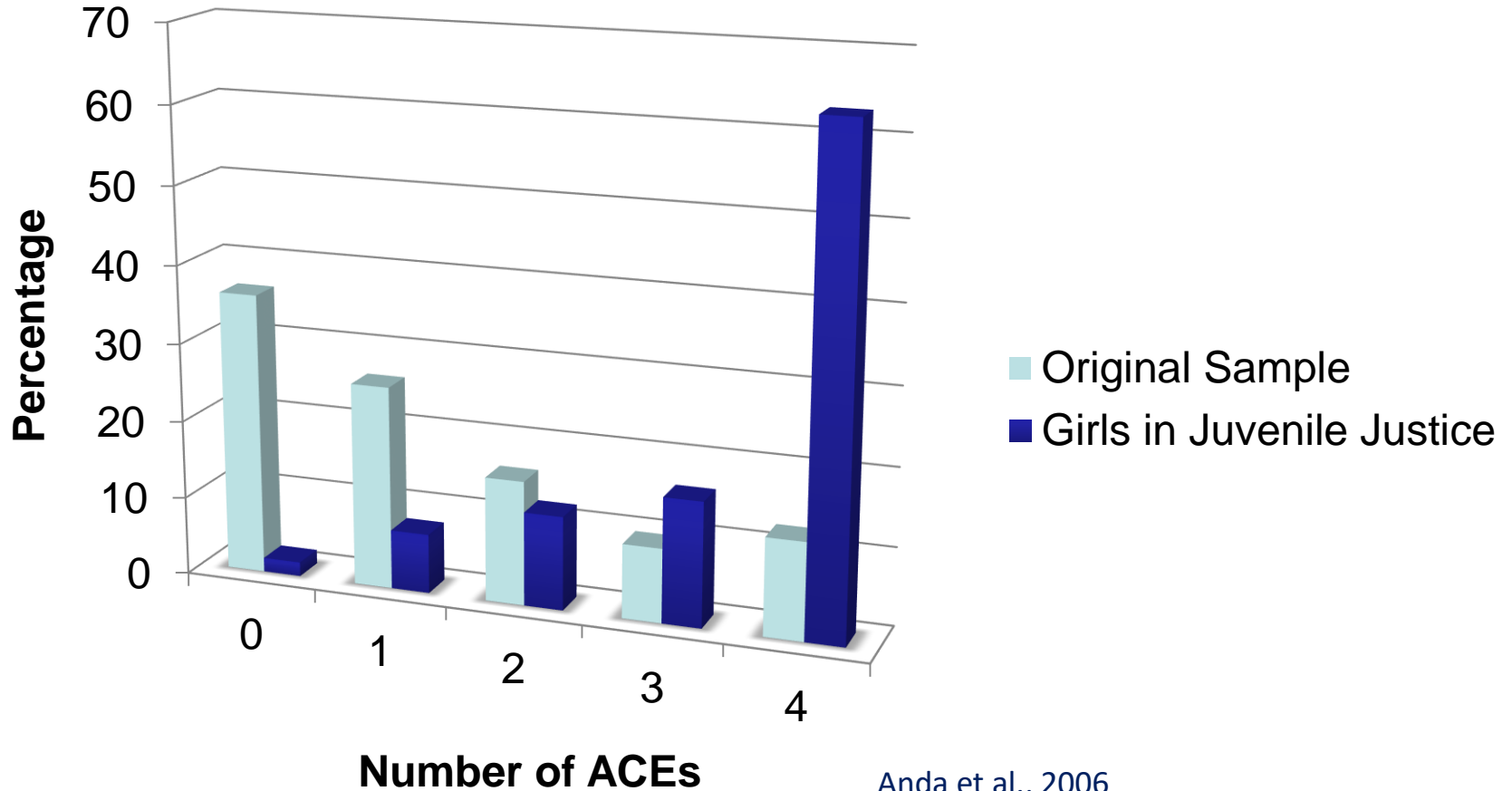


# Findings: 4+ ACES vs. 0 ACES

- 2x more likely to have cancer
- 2x more likely to have heart disease
- > 2x more likely to be obese



# Original Sample vs. Girls in Juvenile Justice

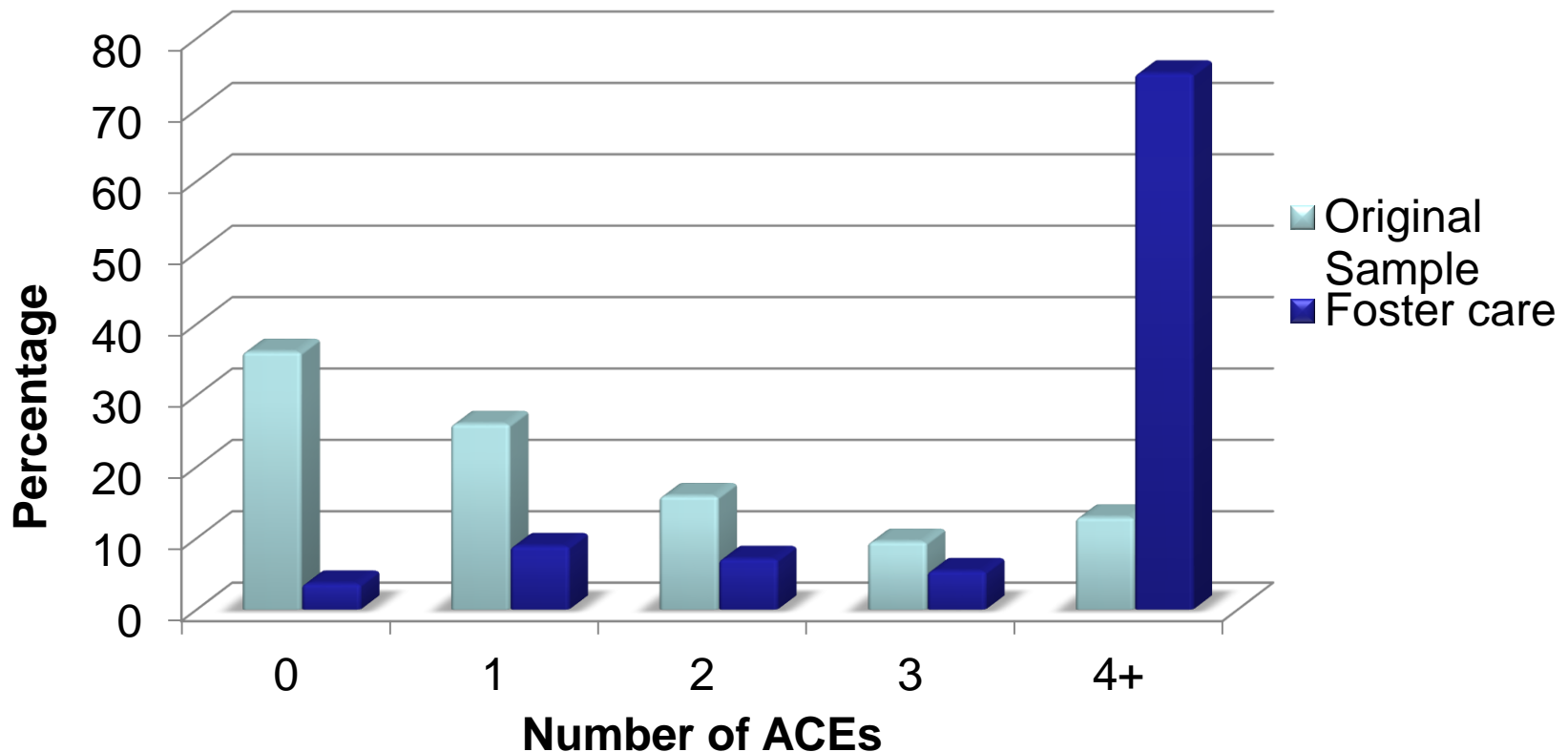


Anda et al., 2006

Reavis, Looman, Franco, & Rojas, 2013

Baglivio et al., 2014

# Original Study vs. Women Raised in Foster Care



Anda et al., 2006  
Bruskas, 2013

# Newest Thinking on ACEs

## ABUSE AND NEGLECT

1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect

## HOUSEHOLD DYSFUNCTION

6. Mother Treated Violently
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## ACES PLUS 5

1. Experiencing racism
2. Witnessing violence
3. Living in an unsafe neighborhood
4. Living in foster care
5. Experiencing bullying

# Social Inequities and Adversity/Trauma

The adversity and trauma inherent in racism, homophobia, sexism, poverty, etc. cannot be underestimated

*People with “white sounding” names are 50% more likely to be called back for job interviews than those with “black sounding” names even when all credentials are equal. (Wise, 2008)*

*Though African-Americans and Hispanics make up approximately 32% of the US population, they comprise 56% of all incarcerated people. (NAACP, 2015)*

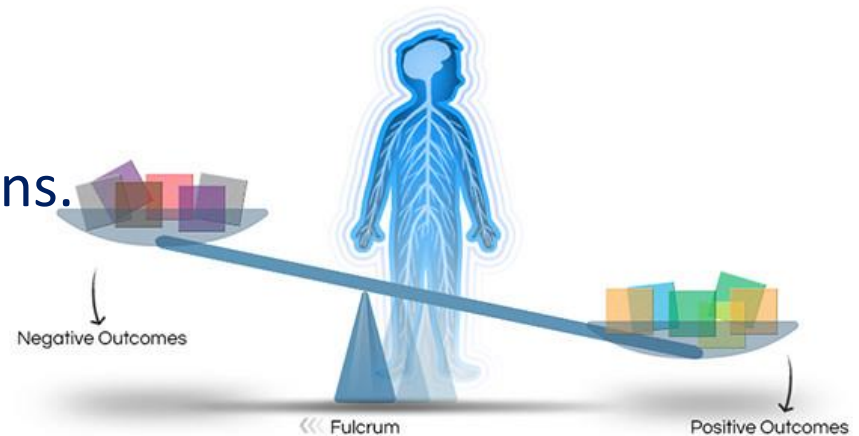
Video: Weathering: The Impact of Racism on Pregnant Mothers

<https://www.youtube.com/watch?v=NhttpU-aSGwI>

# Resilience Trumps ACEs

## Resiliency Factors

- A stable and committed relationship with a supportive parent, caregiver, or other adult.
- Feeling of efficacy and control
- Opportunities to strengthen self-regulation skills
- Access to sources of faith, hope, and cultural traditions.



# If child abuse ended today...

If child abuse ended today, in 10 years  
the jails would be empty and the DSM  
would be a pamphlet.

– adapted

from John Briere, Ph.D.

# Why So Important?

Trauma is a public health epidemic

Roots of poor health in childhood trauma are unrecognized

Physiological impact of chronic stress/trauma

Addressing trauma and promoting resiliency prevents health problems throughout life span

**TRAUMA-INFORMED CARE!!!!**



# What Is Trauma-Informed Care?

An approach where all levels of a system:

**REALIZE** the pervasive impact of ACEs and trauma

**RECOGNIZE** the signs of trauma in clients

**RESPOND** by applying the principles of TIC to all areas of the system

**RESIST RE-TRAUMATIZATION** - provide service that heals rather than make things worse

(SAMHSA, 2014)

An approach where all levels of a system:

**STRENGTHEN RESILIENCY FACTORS**

# Definitions

## The RC Trauma Framework

# What is psychological trauma?

**Trauma is the unique individual experience of an event or enduring conditions in which:**

The individual's ability to integrate his or her emotional experience is overwhelmed and

The individual experiences it as physically or emotionally harmful, and/or life threatening.

# Safety, Empowerment & Collaboration: Key Concepts

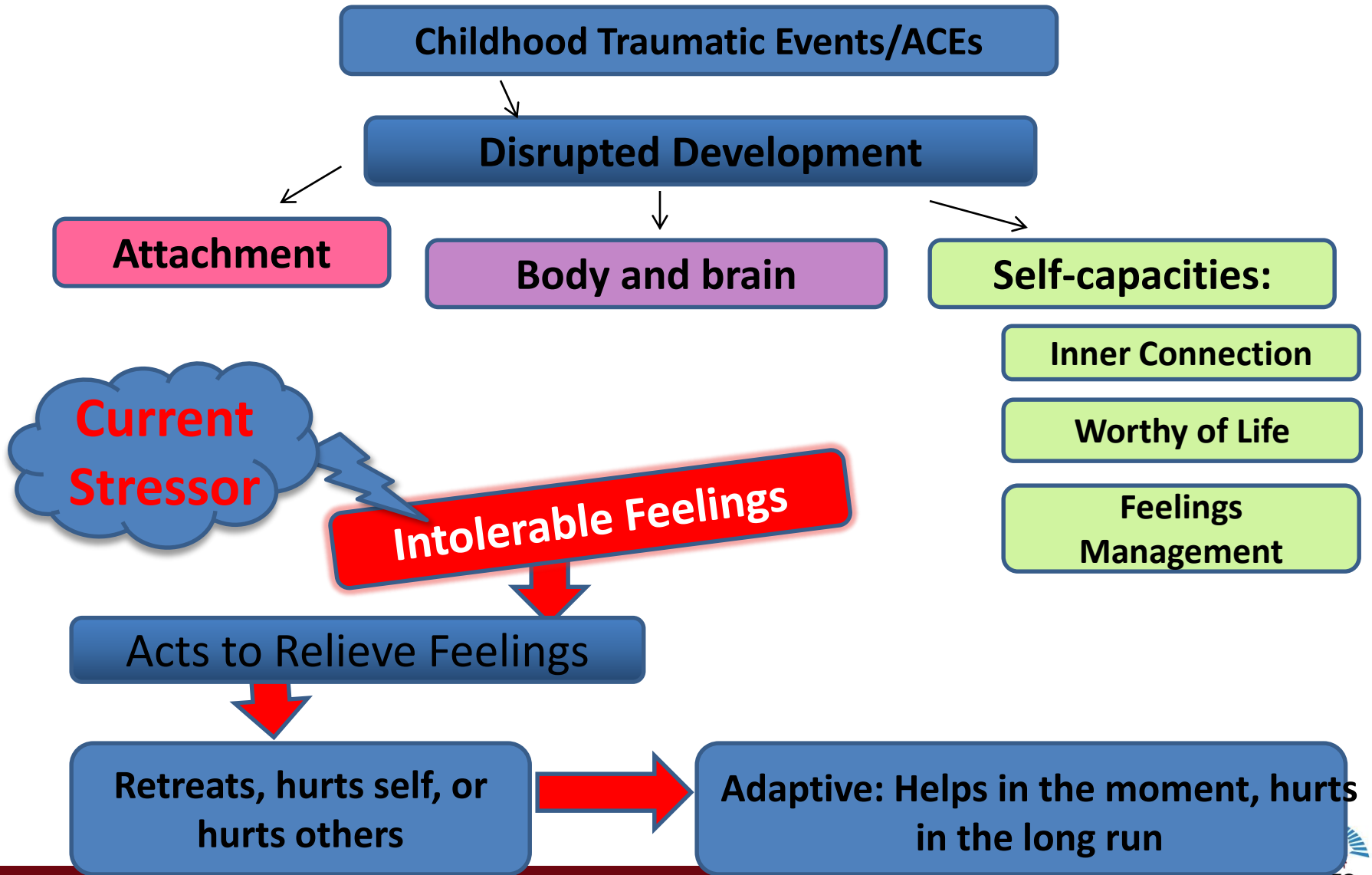
Healing cannot happen without safety.

Empowerment and collaboration challenge survivors' expectations about relationships.

Survivors often fight desperately for control or passively comply.

Survivors benefit most when they **participate actively** in their care and **have control over** decisions that affect them.

# Risking Connection® Trauma Framework



# The Impact of Trauma on Attachment

# Attachment Under Normative Conditions

Attachment is an essential part of being human.

Attachment is the foundation for regulation and management of stress.

From early relationships, children develop expectations (templates) about the nature of relationships.

# Attachment under Normative Conditions

**Attachment is an innate biological response to stress.**

Danger/vulnerability

Physiological arousal

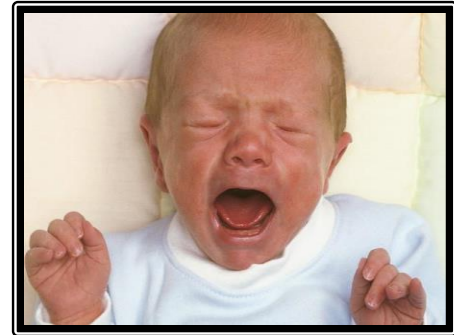
Heightens attachment needs

Child sends distress signal

Draws attention of caregiver who re-establishes closeness and protection

Reunion reduces physiological arousal and emotional distress

Return to regulated calm state





# Attachment under Normative Conditions

This process happens thousands and thousands of times during normal development.

Children, over time, begin to learn to regulate their own distress.

Adult distress regulation rooted in childhood.

*Inevitable “Rupture and Repair” of Relationship Is Critical to Secure Attachment*

# Attachment and Attunement

Babies grow and develop connections in their brains through attunement

Necessary at all stages of life

Sense of being seen and known

Matching of affect, tone, pace, distance

Promotes calming and soothing

Develops ability to know self and to self-regulate



# Exercise

## Attunement

# Trauma and Attachment

1. Trauma with secure attachment.

***“Secure attachment is the antidote to trauma.”***  
*(Allen, 1995)*

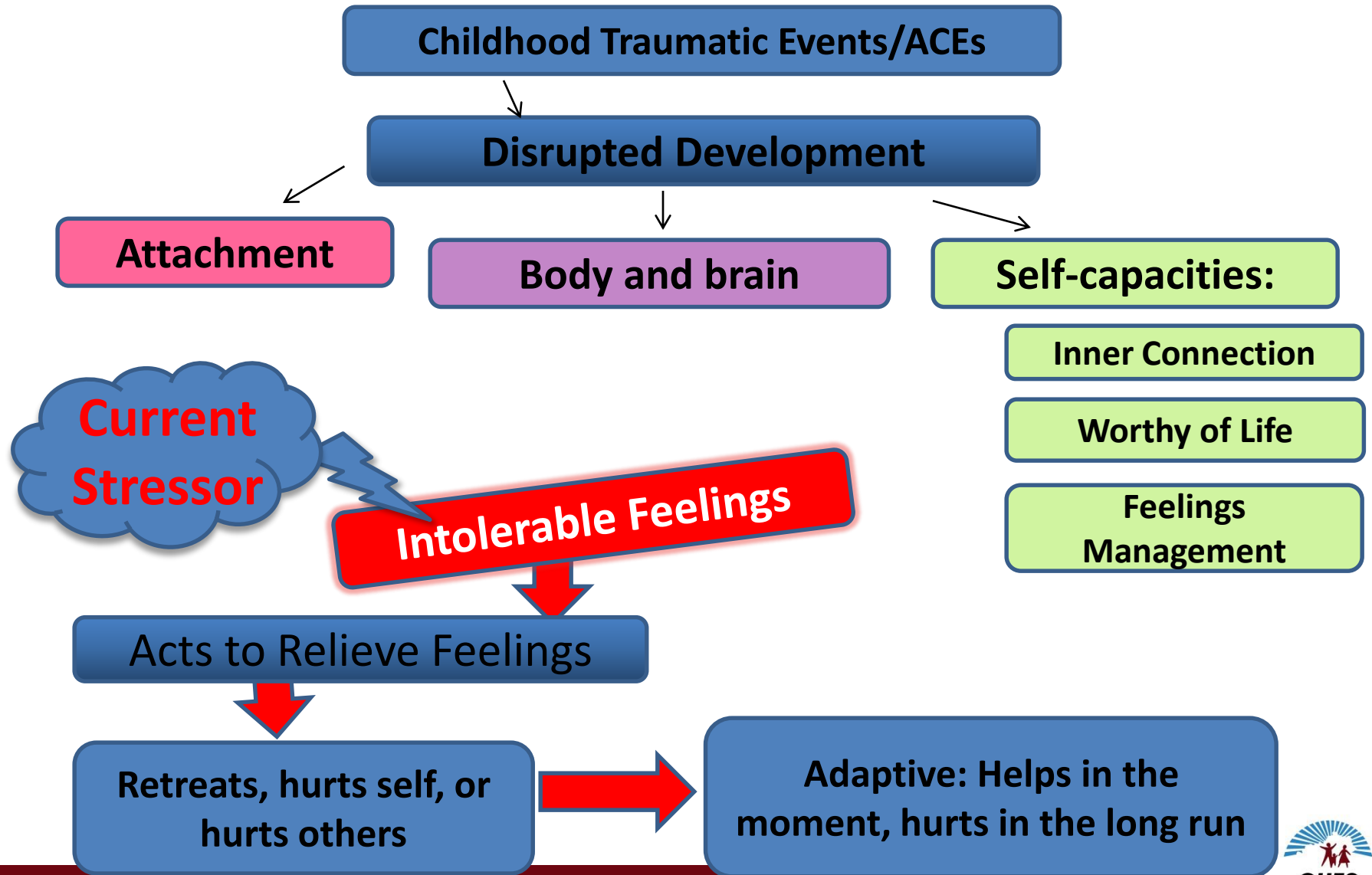
2. Trauma with insecure attachment.

3. Trauma at the hands of attachment figures

***“Attachment trauma”*** *(Allen, 2001)*

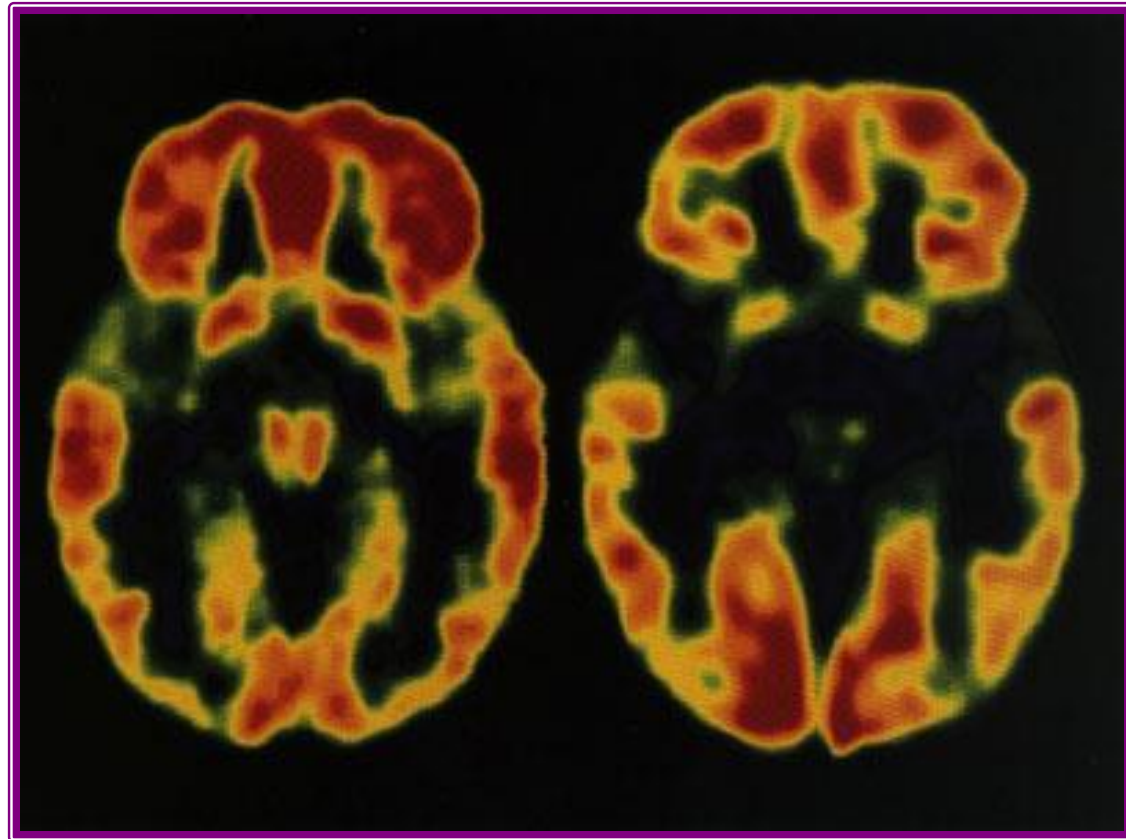
# The Impact of Trauma on the Body and the Brain

# Risking Connection® Trauma Framework



# Bad News: Trauma Harms the Brain

Images of Brain  
Activity



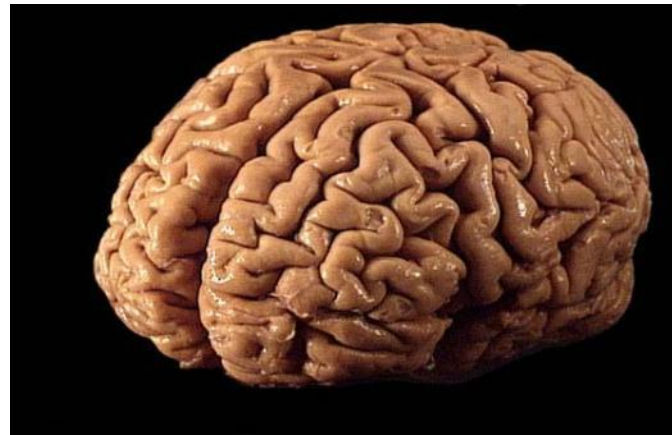
Non-institutionalized  
Child

Institutionalized  
Orphan

<http://web.snf.org/content/Publications/BrainBriefings/work.outs.html>

# Good News: The Brain Can Adapt and Heal

Experiencing caring, attuned relationships causes the brain to change and recover.





# Normal Threat Response

Something's wrong!?



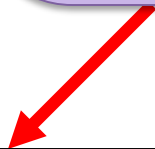
Am I safe?

I'll check it out...



## The Body Reacts:

- Extreme alertness
- Non-essential bodily functions stop
- Focused thinking to assess danger



## Safe!

Body calms, often with help of supportive others

## Danger!

If threat is real, body goes into fight or flight

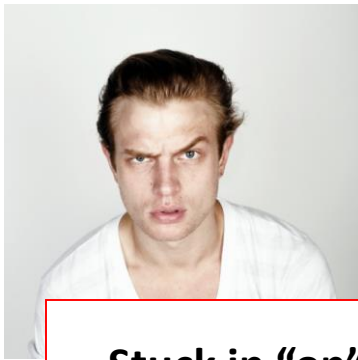


# Malfunctioning Threat Response

Small triggers activate the full threat response

- Echo old trauma
  - Extreme alertness, racing heart, underlying fear, defensive stance
  - Non-essential bodily functions stop
- CAN' T THINK**

**Survival fight, flight and/or freeze responses**



Stuck in "on"

Rollercoaster from "on" to "shut down"



Numb, "shut down"

# Survival (Protective) Fight, Flight, Freeze Responses

## FIGHT

- Anger and rage
- Aggression toward self or other
- Need to blame or judge

OR

## FLIGHT

- Panic and anxiety
- Emotional withdrawal
- Avoidance
- Running away

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If you can't fight or flee, you...

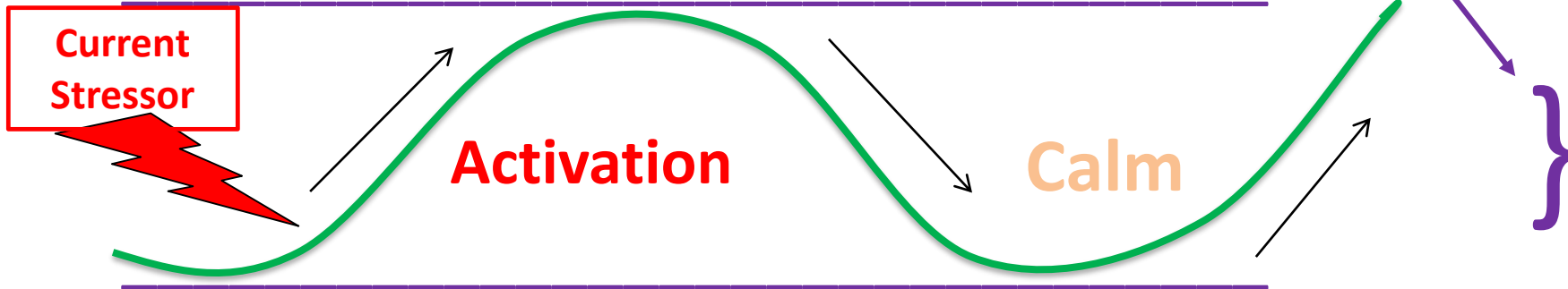
## FREEZE

- Numb, shutdown
- Dissociated
- Terror
- Agitated yet flat

# Normal Threat Response

Hyperarousal (INTOLERABLE)

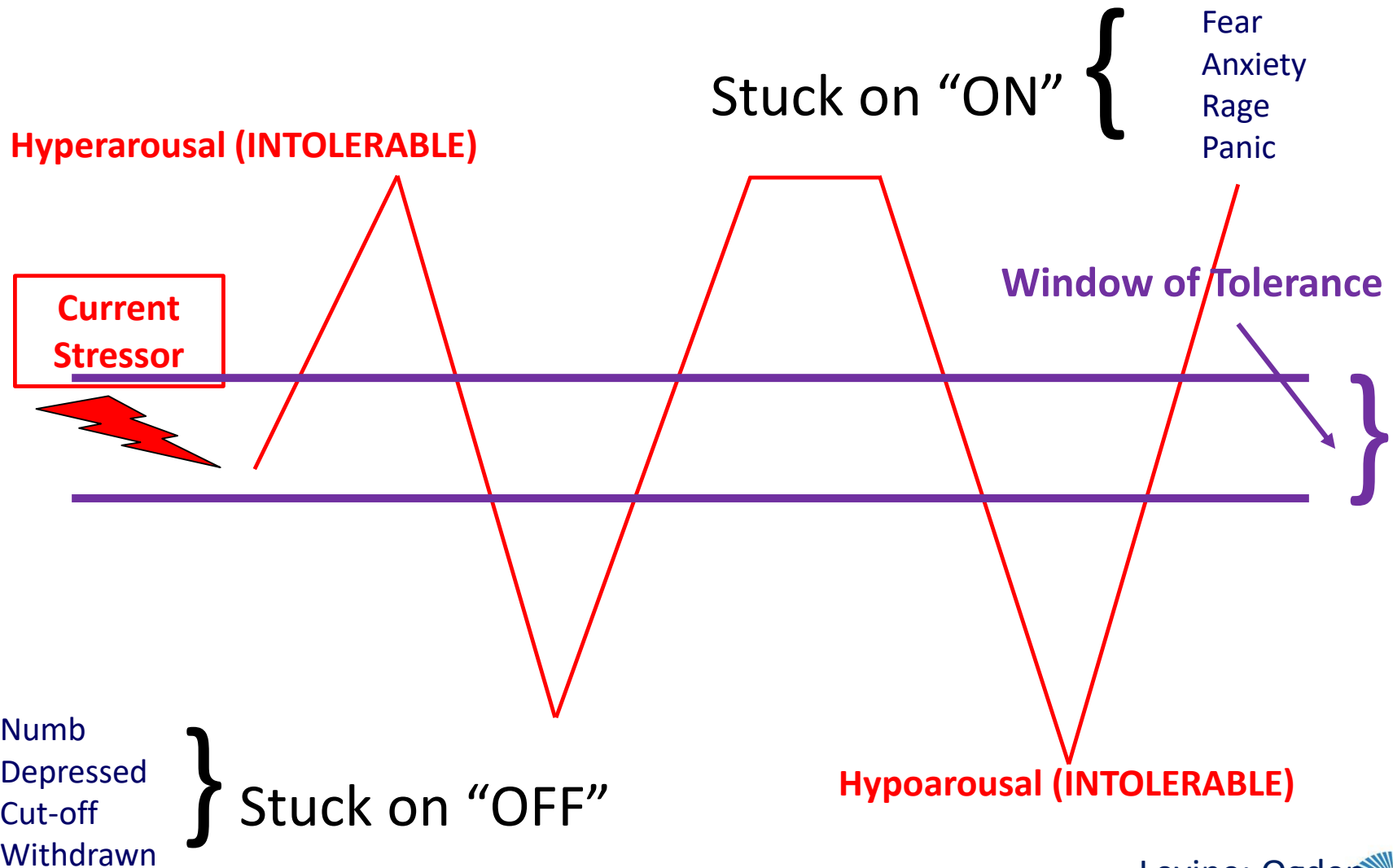
Window of Tolerance



Hypoarousal (INTOLERABLE)

Levine; Ogden

# Malfunctioning Threat Response



Levine; Ogden

# Summary: Body and Brain

## Traumatized people:

- Get stuck in the threat response
- Overreact to small triggers
- Cannot think when stuck in “on”
- Have a narrow window of tolerance
- Struggle to relax, sleep, and have fun

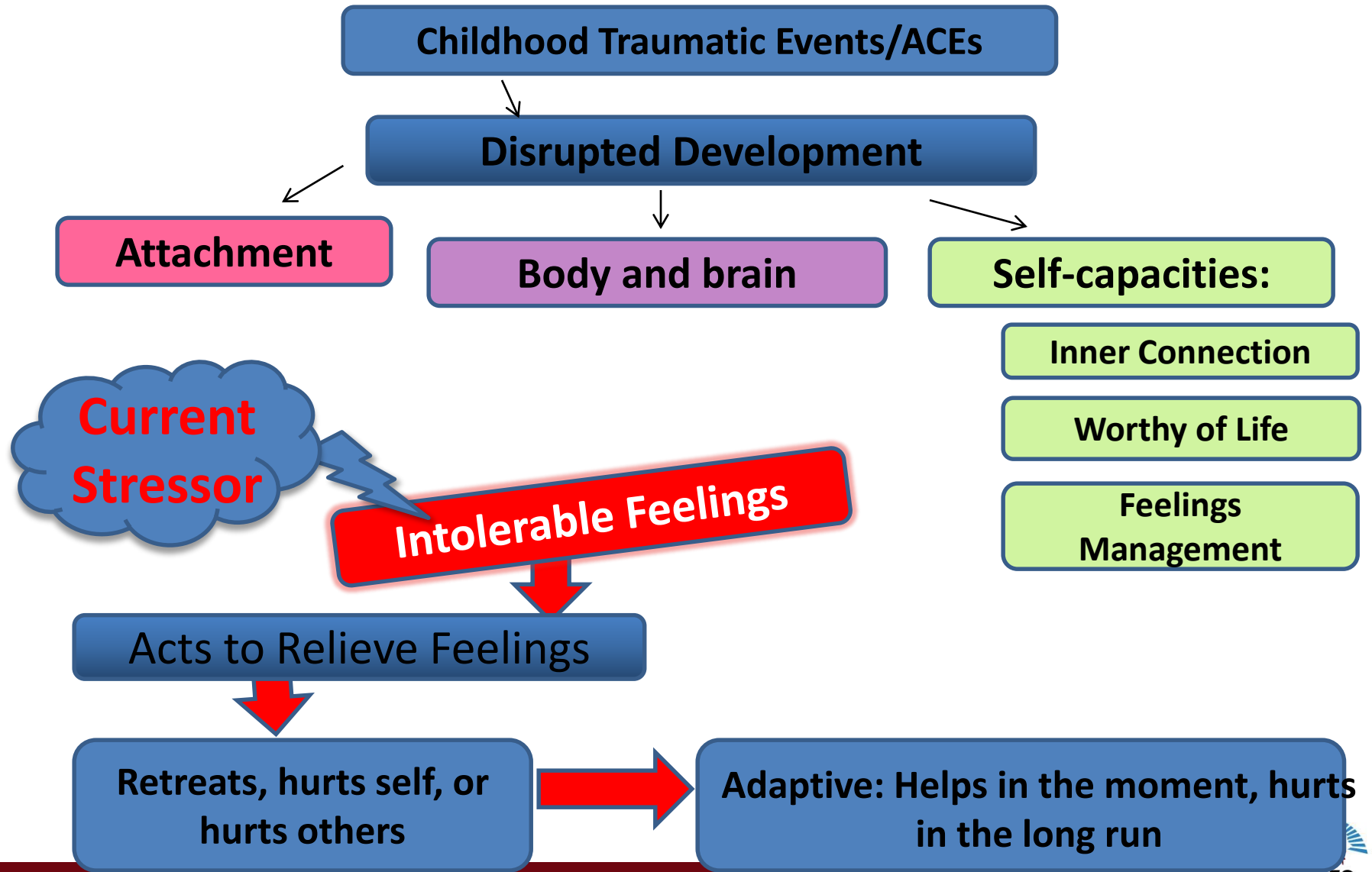


## Over time:

- MANY MANY repetitions **DO** change brain wiring
- People **CAN** develop the ability to calm down, think, and problem solve when upset

# The Impact of Trauma on Self-Capacities

# Risking Connection® Trauma Framework





# Self-Capacities

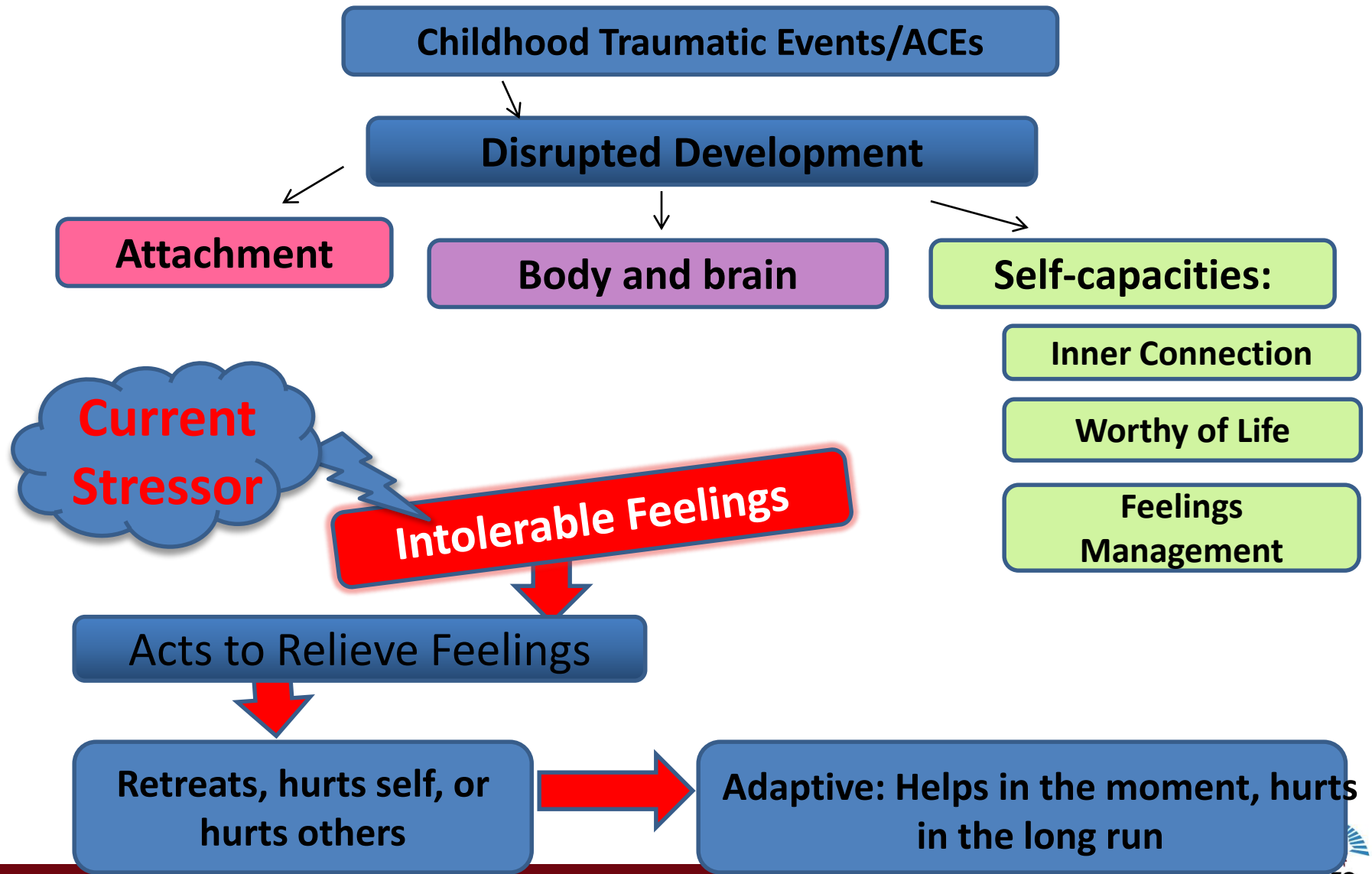
**Definition:** The ability to stay connected to and grounded in one's sense of self, even when one is experiencing strong feelings.

The fundamental building blocks of the self.

# The Three Self-Capacities

1. Inner connection to others
2. Feeling worthy of life
3. Feelings Management

# Risking Connection® Trauma Framework



# Inner Connection to Others

The ability to form connections with positive others

AND

To hold onto that connection when the other is not physically present



# How It Feels When Inner Connection Is Impaired

Small distances  
feel huge

Life is unbearably  
lonely

Separations are  
felt as forever



Feel panic to get  
and hold  
attention

The mind  
contains hostile  
voices

# Common Behaviors When Inner Connection Is Impaired

Extreme reactions to small separations

Extreme behaviors to keep others engaged and avoid separation

Putting self at risk to maintain connections and not be alone

# When Inner Connection Is Strong



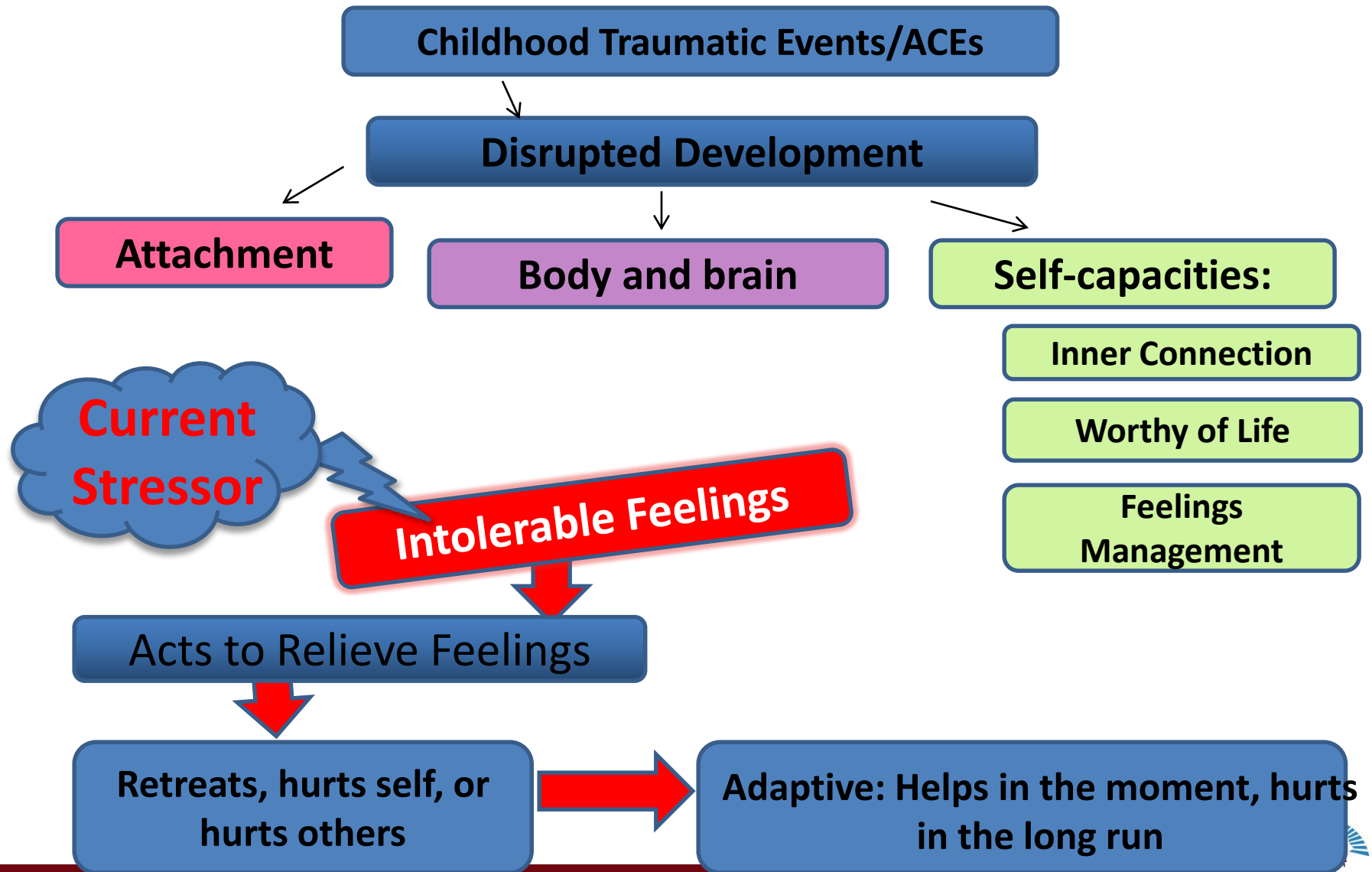
One can soothe self when alone

One can think of someone who  
cares and gain comfort

One can use transitional objects to gain comfort

One can be alone without feeling lonely

# Risking Connection® Trauma Framework





# Worthy of Life

The ability to hold onto a sense of oneself as deserving and worthwhile.

# Worthy of Life: Guilt versus Shame

**GUILT** - feeling that you are a worthwhile person who has done something wrong.

**SHAME** - feeling that you are, at your core, a worthless person, without redemption.

# Worthy of Life: A Shame-Based Person

Shame-based clients find it intolerable to be visible or exposed because others will see the hateful inner core they feel within themselves.

# Worthy of Life: A Shame-Based Person

**So they....**

Act to display or confirm the image of themselves.



Invite rejection. Distrust affection (“If you knew the real me, you wouldn’t like me.”)

Paralyzed when there are problems in relationships

# Worthy of Life: A Shame-Based Person

So they...

Attack weakness wherever they see it

Avoid taking responsibility



# Worthy of Life: A Shame-Based Person

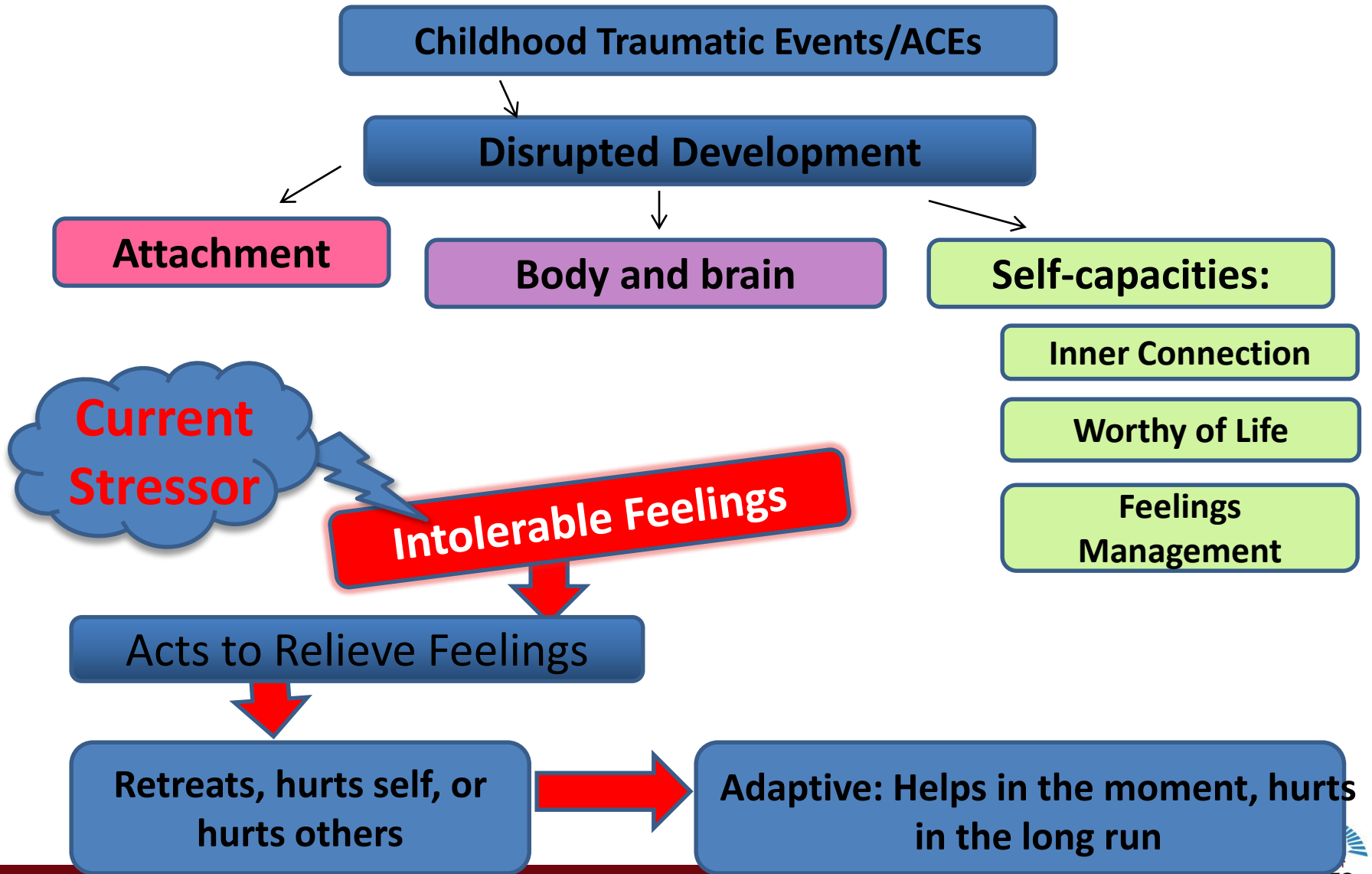
The antidote to shame is:

**Connection**

Be aware of shame triggering situations and respond with empathy.

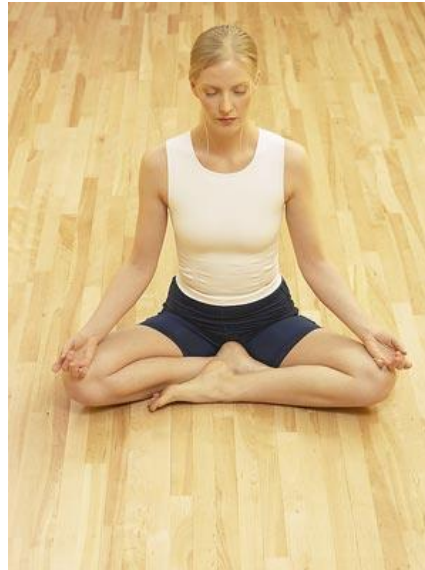


# Risking Connection® Trauma Framework



# Feelings Management

The ability to soothe oneself when having strong feelings.





# Feelings Management

## 1. **Feeling Awareness...**

Awareness of the bodily signs and sensations of distress and calm

## 2. **Feeling Identification...**

Learning the words associated with feelings

## 3. **Feeling Modulation...**

Using strategies to move from high to low distress

## 4. **Feeling Expression...**

Using skills to express feelings constructively

# Co-regulation

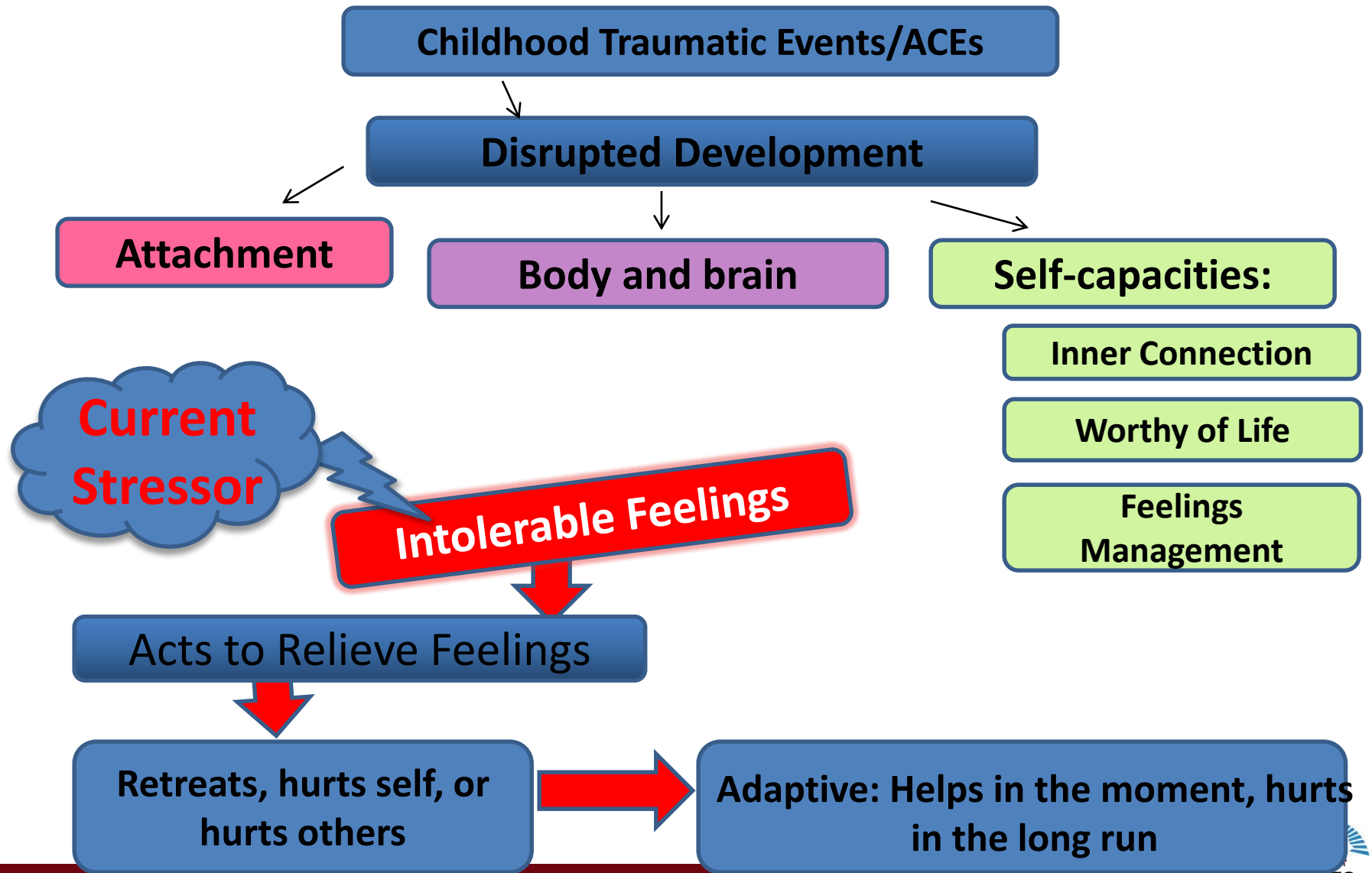
*Specific feelings management skills are taught -- usually within relationships.*

- Person becomes regulated in the presence of regulated others.
- Treaters must keep themselves calm
- Treaters model feelings management.



# Symptoms As Adaptations

# Risking Connection® Trauma Framework



# Symptoms/Behaviors Are Adaptations

Symptoms/behaviors are ways clients have learned to adapt to (survive) intolerable feelings and memories.



Symptoms/behaviors help the person in the moment -- despite long-term negative consequences.

©Cartoonbank.com



*"Please, Doc—nothing too aggressive. I'm kind of attached to my symptoms."*

# Implications of Viewing Symptoms as Adaptations

Strength-based

Helps treater not take negative behavior personally.

Reduces shame and blame

Allies treater with person to solve problems together.

Assumes, at any moment, person is doing the best they can.

