

Risking Connection® IDD Basic Training

PARTICIPANT PACKET

2026 Revision



Risking Connection®
.....

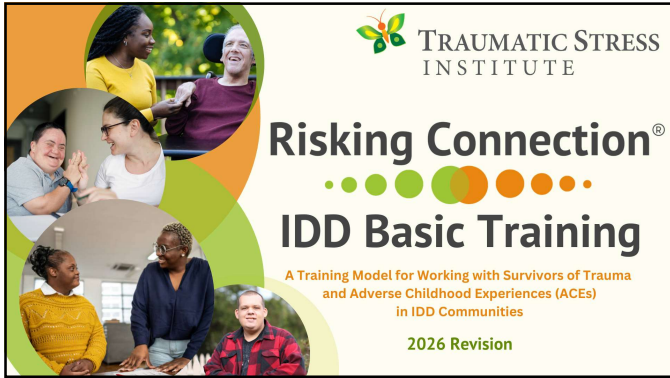


TRAUMATIC STRESS
INSTITUTE

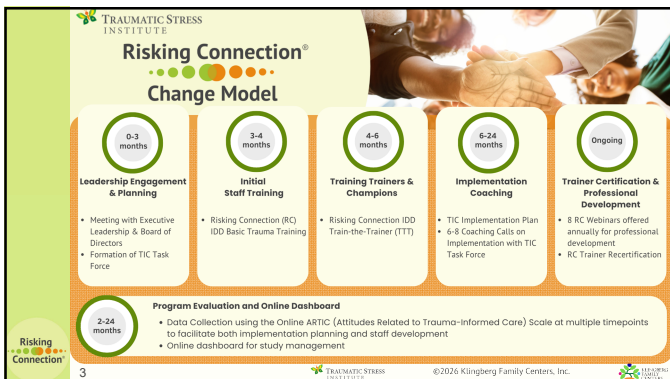
Staff of the Traumatic Stress Institute
of Klingberg Family Centers
www.traumaticstressinstitute.org

DAY 1 SLIDES

2026 Version









Risking Connection®

•••••

IDD Basic Training

Day 1


5

Frame of the RC IDD Basic Training





6

Why the Name “Risking Connection?”






Origins of Risking Connection

- Result of a consumer trauma survivor lawsuit in 1989 in Maine
- Mental health services were making clients worse, not better
- Maine and New York launched a plan to train public mental health workers in trauma-sensitive treatment
- Traumatic Stress Institute and Sidran Institute wrote, field tested, and disseminated RC curriculum and training program

Want to know more?

When you see the symbol below, you know there's more to see. Check the QR codes in the back of your participant packet.



Risking Connection born of consumer advocacy



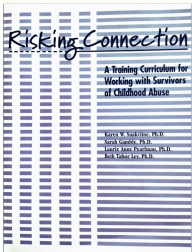
7



©2026 Klingberg Family Centers, Inc.



Original Authors of Risking Connection



Kay Saakvitne, Ph.D.



Sara Gamble, Ph.D.



Laurie Pearlman, Ph.D.



Beth Tabor Lev, Ph.D.



8



©2026 Klingberg Family Centers, Inc.



Agreements

- What agreements do you need to make this a safe learning experience?



9



©2026 Klingberg Family Centers, Inc.



The Learning Zone Model



10


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.



KEENE STATE
FAMILY
CENTER

[illegible]

What White people can do

- ## What people of color (BIPOC) can do

- 
- 11



Content Source: Adapted from Dr. Kenneth V. Hardy

[illegible]

Risking
Connection

12


TRAUMATIC STRESS
AN INTERNATIONAL JOURNAL OF POST-TRAUMATIC STRESS DISORDERS

©2026 Klingberg Family Centers, Inc.



Overview of Training: Day 2 Topics

- Strengthening Domains of the Trauma Framework Impacted by Trauma
 - Strengthening Attachment/Tending to Frame and Boundaries
 - Strengthening Body and Brain
 - Strengthening Feelings Management
- Noticing Our Reactions to People We Support
- Addressing and Transforming Compassion Fatigue
- Putting It All Together
- Summary and Closing



13



©2026 Klingberg Family Centers, Inc.



What a Risking Connection Approach is NOT:

- Does NOT mean an absence of limits or rules and just be nice
- Does NOT mean we should just be nice and kind
- Does NOT mean that support people ignore challenging behaviors
- Is NOT a model that can only be employed during everyday living but also works at challenging moments



14



©2026 Klingberg Family Centers, Inc.



Review: Day 1 Agenda



15



©2026 Klingberg Family Centers, Inc.



What We Mean by Intellectual and Developmental Disabilities (IDD)

Types of Disabilities

- Genetic (Down Syndrome)
- Neuromotor (Cerebral Palsy, Spina Bifida)
- Neurological (Autism Spectrum Disorder – ASD, ADHD, Fetal Alcohol Syndrome)
- Intellectual (mild, moderate, severe)
- Sensory (sensory integration challenges)
- Learning (Dyslexia, Dyscalculia, Dysgraphia)



All can have co-occurring mental health conditions, including the impacts of trauma.

Domains of Disability

- **Language** (expressive, receptive)
- **Cognition** (understanding, learning, problem solving, memory)
- **Motor Skills** (movement)
- **Social/Emotional Skills** (interacting with others, managing emotions)
- **Adaptive Functioning** (self-care, following directions, household tasks).

Risking
Connection

19

TRAUMATIC STRESS
FOCUS LEVEL 1

©2026 Klingberg Family Centers, Inc.

CLINGBERG
FAMILY CENTERS

Definition of
Psychological Trauma

Risking
Connection

20

TRAUMATIC STRESS
FOCUS LEVEL 1

©2026 Klingberg Family Centers, Inc.

CLINGBERG
FAMILY CENTERS

What is Psychological Trauma?

The "Three E's"

Event	An event, series of events, or enduring condition
Experience	Unique individual experience where the person's ability to integrate the experience emotionally is overwhelmed and they feel it as harmful or life-threatening
Effect	It negatively effects the person's mental, physical, social, emotional, and spiritual well being

SAMHSA, 2023

Risking
Connection

21

TRAUMATIC STRESS
FOCUS LEVEL 1

©2026 Klingberg Family Centers, Inc.

CLINGBERG
FAMILY CENTERS

What is Psychological Trauma?

"Trauma is not what happens to you, it's what happens inside you as a result of what happened to you."

Dr. Gabor Maté

Physician, author

Scan It!

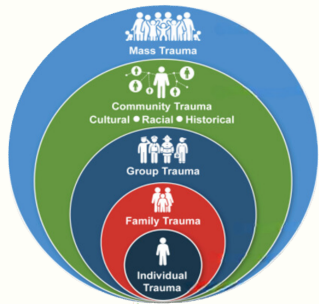
QR code is in your participant packet

GABOR MATÉ, MD
with GABRIEL ROY, PhD

the
Myth
of
Normal

TRAUMA, ILLNESS & CHANGING
IN A TOXIC WORLD

Levels of Trauma Experience



SAMHSA, 2023

Risking
Connection

22

TRAUMATIC STRESS

©2026 Klingberg Family Centers, Inc.



Racial Trauma

Definition

- Racial trauma, or race-based traumatic stress, is the cumulative effect of racism on an individual's mental and physical health.

Examples

- Vacant esteem
- Ever present anger
- Constant hypervigilance
- Racial identity confusion
- Weathering

Source: Dr. Joy Angela DeGruy

23

— Dr. Joy Angela DeGruy
Researcher, educator, author



Risking
Connection

Adverse Childhood Experiences (ACEs) Study & Definition of Trauma-Informed Care

Felitti, V.J. et al. (1998)

Risking
Connection

24

TRAUMATIC STRESS

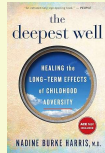
©2026 Klingberg Family Centers, Inc.



The ACEs Study

[The day I read the Adverse Childhood Experiences study] "it was like a bolt of lightning...that changed my clinical practice and ultimately my career."

— Dr. Nadine Burke Harris, M.D.
Former California Surgeon General



Risking
Connection

TRAUMATIC STRESS
FOCUS POINT

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
ASSOCIATION

Dr. Harris video

Understanding ACEs
with Dr. Nadine Burke Harris
California's First Surgeon General

[Closed Caption/Subtitle Version](#)

Risking
Connection

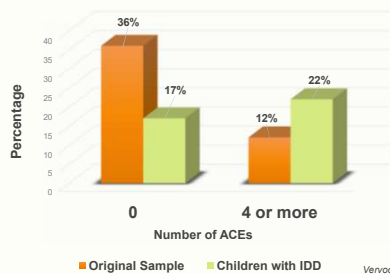
26

TRAUMATIC STRESS
FOCUS POINT

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
ASSOCIATION

Original Study vs. Children with IDD in Residential Care



Risking
Connection

27

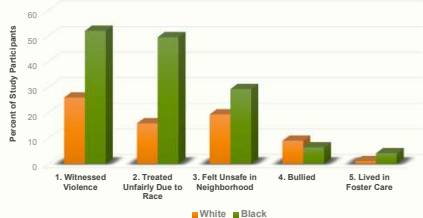
TRAUMATIC STRESS
FOCUS POINT

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
ASSOCIATION

ACEs and Social Inequality

Urban ACE Indicators by Race



Risking
Connection

28

TRAUMATIC STRESS
FOCUS

Philadelphia Urban ACE Survey, 2013
©2026 Klingberg Family Centers, Inc.

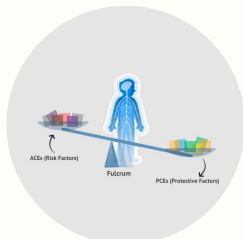
ALLEGHENY
COUNTY
COMMUNITY
CENTER

Positive Childhood Experiences (PCEs)

• Act as Protective Factors

• 7 Positive Childhood Experiences

- Can talk to family about feelings
- Got family support during hard times
- Participate in community traditions
- Feel like they belong in school
- Feel supported by friends
- Had 2 adults (not parents) who take an interest in them
- Felt protected by an adult at home



Graphic adapted from *A Balance Scale of Resilience*, Harvard University

Risking
Connection

29

Bethell, 2019

Scan
it!

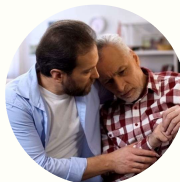
TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALLEGHENY
COUNTY
COMMUNITY
CENTER

Brainstorm

What OTHER adversities do people with IDD face growing up and throughout their lives?



Risking
Connection

30

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALLEGHENY
COUNTY
COMMUNITY
CENTER

What the ACEs Study Teaches Us

- Trauma is a public health epidemic
- Roots of poor health in childhood trauma are unrecognized
- Chronic stress/trauma impacts the body
- Addressing trauma and promoting resiliency prevents health problems throughout the life span
- Trauma-informed care is a pathway to better outcomes

Definition of Trauma-Informed Care (4Rs)

Being trauma-informed is an approach where all levels of a system:

REALIZE...	the pervasive impact of ACEs and trauma
RECOGNIZE...	the signs of trauma in people supported
RESPOND...	by applying the principles of TIC to all areas of the system
RESIST RETRAUMATIZATION...	provide service that heals rather than make things worse

(SAMHSA, 2014; SAMHSA, 2023)



Resist Re-Traumatization



The Virginia State Colony for Epileptics and Feeble-minded

Risking
Connection

34

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

CLINICAL
EVIDENCE

Break Time



Risking
Connection

35

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

CLINICAL
EVIDENCE

Trauma and People with IDD

Risking
Connection

36

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

CLINICAL
EVIDENCE

Video: James Meadours Talks to Dr. Karyn Harvey about Trauma & Shame

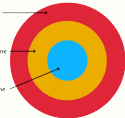
James Meadours 1



The Alarm Zone

The Learning Zone

The Comfort Zone



[Closed Caption/Subtitle Version](#)

Prevalence of Trauma in People with IDD

- Rate of victimization from violent crime for people with IDD is 2.5 times higher than those who are not IDD (*Harrell, 2017*).
- 31% of children with IDD suffered child maltreatment compared to 9% of non-disabled children (*Sullivan and Knudsen, 2000*). 44% of autistic youth were bullied in school (*Maiano et. al., 2016*).
- Rates of victimization in people of color with IDD are not widely reported in the research. (*Diaz-Faces, 2023*).
- Over the course of a year, 14% of direct care staff in IDD organizations admitted to acts of violence against adults with IDD and 35% said they witnessed violence against individuals (*Strand, Benzein, & Saveman, 2004*).



Risking
Connection

37

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

RESOURCES
FOCUS 101

Stigma of Ableism

Ableism:

A system of discrimination and social prejudice against people with disabilities based the belief that typical, non-disabled bodies and minds are superior.

Examples:

- Diagnostic Overshadowing
- Communication Bias
- Assumptions about Level of Functioning
- Discrimination and exclusion
- Viewed as Asexual



Eisenmenger, 2019

Risking
Connection

38

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

RESOURCES
FOCUS 101

Multiple, Overlapping Stigmas

Examples

- Underdiagnosis and misdiagnosis
- Lower expectations
- How people identify is not validated
- Fear and distrust of government systems and authorities
- Viewed as threatening



Risking
Connection

39

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

RESOURCES
FOCUS 101

Moments in the Lifecycle of a Traumatic Event



Experiencing the Trauma Itself



The Abuse Stops



Telling Others About the Abuse



Getting Help/Treatment for the Trauma

Exercise: Moments in the Lifecycle of a Traumatic Event



Trauma-Informed Care: A Paradigm Shift

Trauma-Informed Care: A Paradigm Shift

Non-Trauma-Informed Model



Trauma-Informed Model



Risking
Connection

43

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
DISEASE

Paradigms: Underlying Assumptions

What's wrong with you?



What happened to you?



Risking
Connection

44

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
DISEASE

Paradigms: Underlying Assumptions

Priority placed on compliance



Priority placed on choice,
collaboration, and recovery



Risking
Connection

45

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
DISEASE

Paradigms: Underlying Assumptions

Agent of change solely is positive and negative reinforcement

Non Trauma-Informed



Relationships are also a critical agent of change

Trauma-Informed





46



©2026 Klingberg Family Centers, Inc.



Paradigms: Underlying Assumptions

Negative behavior must be stopped (extinguished) quickly

Non Trauma-Informed



Negative behavior viewed as adaptive; it serves a function that we need to figure out

Trauma-Informed





47



©2026 Klingberg Family Centers, Inc.



Paradigms: Underlying Assumptions

Support person's strong feelings are unprofessional/weak

Non Trauma-Informed



Support person's strong feelings are inevitable impact of work

Trauma-Informed





48



©2026 Klingberg Family Centers, Inc.



Role Play Video

Non Trauma-Informed vs. Trauma-Informed Model

Closed Caption/Subtitle Version

©2026 Klingberg Family Centers, Inc.

The RC Trauma Framework

RISKING CONNECTION® TRAUMA FRAMEWORK

The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION

Attachment

Body & Brain

Feelings Management

ACTIVATION

CURRENT STRESSOR

ONGOING STRESSORS

Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence

REACTION

1 Intolerable Feelings

2 Acts to Relieve Feelings

3 Retreats, or hurts self or others

Behavior as Adaptation

19



©2026 Klingberg Family Centers, Inc.

[illegible]

53



©2026 Klingberg Family Centers, Inc.

[illegible]

REACTION



Behavior as Adaptation



©2026 Klingberg Family Centers, Inc.

[illegible]

Attachment in Typical Development

- Attachment is an essential part of being human.
- Attachment is the foundation for regulation and stress management.
- From early relationships, children develop expectations (templates) about the nature of relationships.



Risking
Connection

55

TRAUMATIC STRESS
FOCUS

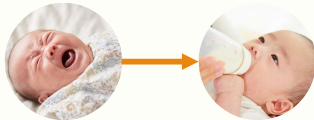
©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINIC

Attachment in Typical Development

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



Risking
Connection

56

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINIC

Attachment in Typical Development

- This process happens thousands and thousands of times during typical development.
- Children, over time, begin to learn to regulate their own distress.
- An adult's ability to manage distress is rooted in attachment in childhood.
- Children benefit from attachment bonds to the history and culture of their racial, ethnic, and spiritual groups.



QR code is a your participant packet

Risking
Connection

57

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINIC

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



The Inevitable “Rupture and Repair” of Attunement is Critical to Secure Attachment

Risking
Connection

58

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINIC

Video: Attunement



Closed Caption/Subtitle version

Risking
Connection

59

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINIC

Video: “Still Face” Experiment

Based on Research by Edward Tronick, Ph.D.

“Still Face” with Moms



Closed Caption/Subtitle version

“Still Face” with Dads



Closed Caption/Subtitle version

Risking
Connection

60

Tronick, 1996

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINIC

Trauma and Attachment

“It’s impossible to discuss trauma... without addressing the quality of...attachment.”

– Bessel van der Kolk, M.D.
Trauma researcher, professor of psychiatry at Boston University

Scan It!

QR code is in your participant packet

©2026 Klingberg Family Centers, Inc.

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)

©2026 Klingberg Family Centers, Inc.

Behavior/Beliefs Rooted in Impaired Attachment

- Distrust of others
- Always pleasing others to avoid conflict (fawning)
- Avoiding connection/withdrawal
- Aggression to push people away or test them
- Difficulty calming down when stressed
- Belief that a mistake means the end of the relationship

©2026 Klingberg Family Centers, Inc.

Terrence, Tracy, Tina, Tim: Attachment

What are Terrence, Tracy, Tina, Tim's assumptions about relationships?



Risking
Connection

64

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
DISEASE

Lunch



Risking
Connection

65

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
DISEASE

The Impact of Trauma on the Body and Brain

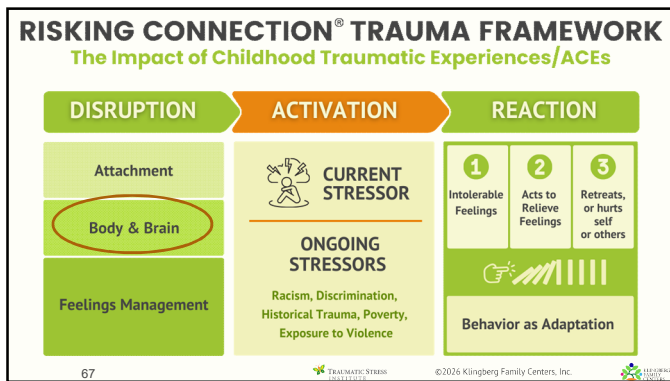
Risking
Connection

66

TRAUMATIC STRESS
FOCUS 101

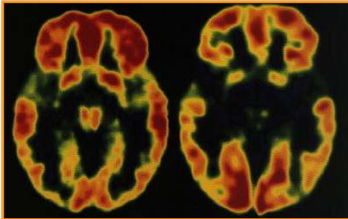
©2026 Klingberg Family Centers, Inc.

ALZHEIMER'S
DISEASE



Trauma Harms the Brain and Body

Images of Brain Activity



Non-institutionalized Child Institutionalized Orphan

68

TRAUMATIC STRESS FRAMEWORK

©2026 Klingberg Family Centers, Inc.

CLINICAL RESEARCH

The Brain and Body Can Adapt & Heal

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

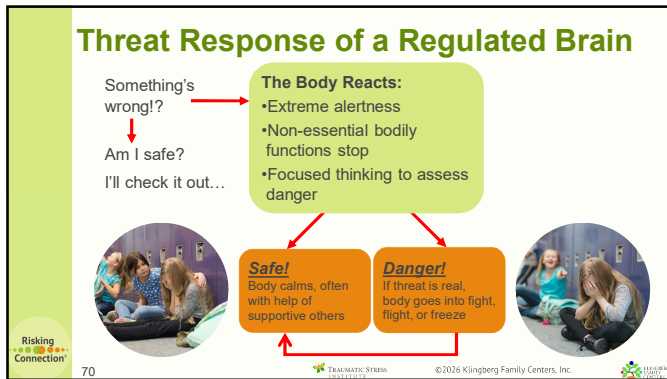


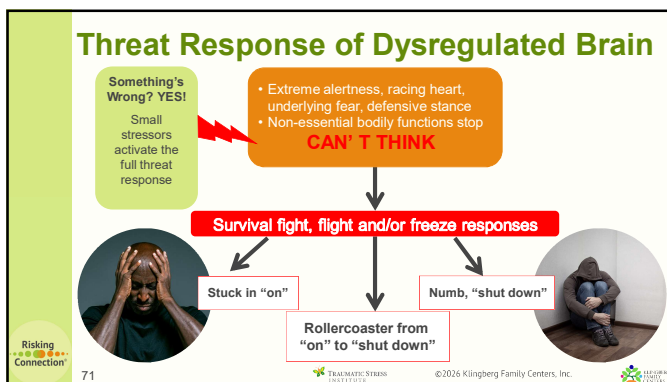
69

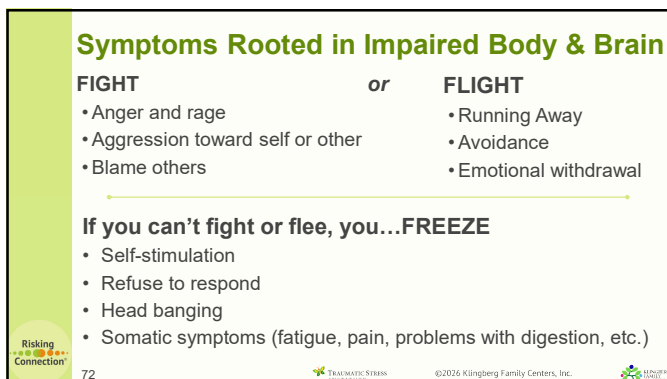
TRAUMATIC STRESS FRAMEWORK

©2026 Klingberg Family Centers, Inc.

CLINICAL RESEARCH







Summary: Body and Brain

Traumatized people:

- Get stuck in the threat response
- Overreact to seemingly small stressors
- Cannot calm down or think when stuck in "on"
- Struggle to relax, sleep, and have fun



Over time:

- Many repetitions **do** change brain connections
- People **can** develop the ability to calm down, think, and problem solve when upset

Risking
Connection

73

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

RESILIENCE
FOCUS

Video: The Biology of Toxic Stress

Excerpt of Resilience: The Biology of Stress and the Science of Hope



Risking
Connection

74

Closed Caption/Subtitle version

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

RESILIENCE
FOCUS

Terrence, Tracy, Tina, Tim: Body and Brain

- Would Terrence, Tracy, Tina, Tim be prone to fight, flight, or freeze when activated by a stressor?



Risking
Connection

75

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

RESILIENCE
FOCUS

**Risking
Connection®**

**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

DISRUPTION		ACTIVATION	REACTION	
Attachment	CURRENT STRESSOR ONGOING STRESSORS Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence	1 Intolerable Feelings	2 Acts to Relieve Feelings	3 Retreats, or hurts self or others
Body & Brain				
Feelings Management		Behavior as Adaptation		


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

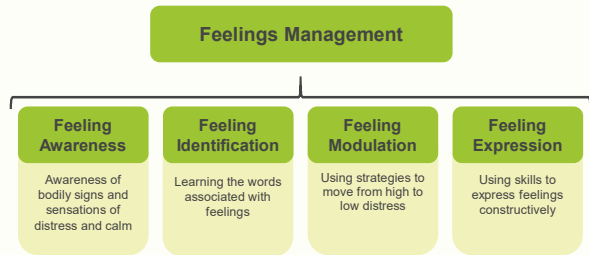
**Risking
Connection®**


TRAUMATIC STRESS
THE NATIONAL CENTER FOR POSTTRAUMATIC STRESS DISORDER

©2026 Klingberg Family Centers, Inc.



Feelings Management



79


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

Feelings Management: Co-regulation

Specific feelings management skills are taught – usually within relationships.

- A person becomes regulated in the presence of regulated others
- Support professionals must keep themselves calm
- Support professionals model feelings management



Image courtesy of Beth Tyson Trauma Consulting.
www.bethtyson.com

80


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

Behavior Rooted in Impaired Feelings Management

- Push down feelings altogether
- Flooded with feelings
- Extreme behavior to get rid of strong feelings
- Depression and anxiety



81


TRAUMATIC STRESS
AN INTERNATIONAL JOURNAL OF POSTTRAUMATIC STRESS DISORDERS

©2026 Klingberg Family Centers, Inc.



Current and Ongoing Stressors

RISKING CONNECTION® TRAUMA FRAMEWORK The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION

Attachment

Body & Brain

Feelings Management

ACTIVATION



**CURRENT
STRESSOR**

**ONGOING
STRESSORS**

Racism, Discrimination,
Historical Trauma, Poverty,
Exposure to Violence

REACTION

1

Intolerable
Feelings

2

Acts to
Relieve
Feelings

3

Retreats,
or hurts
self
or others



Behavior as Adaptation

Stressors

Current Stressors

- Reminders of earlier trauma
- Often seemingly small and insignificant (small change in routine, different staff on duty)
- Can be outside the person (sound, smell, tone of voice, place, a person's face)
- Can be inside the person (feeling, sensation, memory)

Ongoing Stressors

- Enduring conditions that make the current stressor worse
- Greater impact on marginalized groups

Terrence, Tracy, Tina, Tim: Current and Ongoing Stressors

- What was the current stressor that led to the behavior?
- What ongoing stressors were present?



Risking
Connection

85

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

HEALTHY
CHILDREN
2026

Behavior as Adaptation

Risking
Connection

86

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

HEALTHY
CHILDREN
2026

RISKING CONNECTION® TRAUMA FRAMEWORK The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION

Attachment

Body & Brain

Feelings Management

ACTIVATION



CURRENT
STRESSOR

ONGOING
STRESSORS

Racism, Discrimination,
Historical Trauma, Poverty,
Exposure to Violence

REACTION

1

Intolerable
Feelings

2

Acts to
Relieve
Feelings

3

Retreats,
or hurts
self
or others



Behavior as Adaptation

87

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

HEALTHY
CHILDREN
2026

Behaviors as Adaptation

- Behaviors are ways people have learned to adapt to (survive) intolerable feelings and memories.
- Behaviors help the person in the moment - despite long-term negative consequences.



Risking
Connection

88

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

HEALING
TOGETHER

Diagnostic Overshadowing

- Too often we think extreme behavior happens because of the disability
- Rarely do we consider extreme behavior happening for other reasons – such as current or past trauma



Risking
Connection

89

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

HEALING
TOGETHER

Behavior as Adaptation



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

Risking
Connection

90

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

HEALING
TOGETHER

What Trauma Can Look Like in People with IDD

Common Trauma-Related Behavior	How Staff Often Describe It
Extreme reactions to small triggers related to trauma	"The behavior came out of nowhere." "She self-stimulates." "It's just part of her disability."
Avoidance of situations that are reminders of trauma	"She's non-compliant." "That's an avoidance behavior."
Distrust of authority figures	"He's not able to form relationships."



Risking
Connection

91

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CENTERS

Implications of Viewing Behavior as Adaptation

- Strength-based
- Helps support professional not take negative behavior personally
- Reduces shame and blame
- Allies support professional with person to solve problems together
- Assumes that at any moment, a person is doing the best they can



Risking
Connection

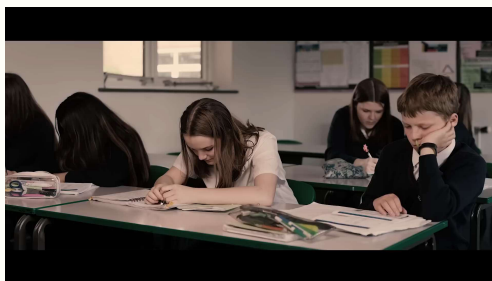
92

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CENTERS

Video: Why I am Rude



Risking
Connection

93

Closed Caption/Subtitle version

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CENTERS

Terrence, Tracy, Tina, Tim: Behavior as Adaptation

- How might the behavior be adaptive? How might it help in the moment?



Risking
Connection

94

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINICAL

Review: Terrence, Tracy, Tina, Tim

- What does Terrence, Tracy, Tina, Tim need to heal?



Risking
Connection

95

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINICAL

Exercise: Applying the Trauma Framework

Find **Worksheet: Behavior as Adaptation and Feelings Management** in your participant packet

Risking
Connection

96

TRAUMATIC STRESS
FOCUS 101

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINICAL

Risking Connection

97

Break Time

TRAUMATIC STRESS

FOCUS 101

©2026 Klingberg Family Centers, Inc.

CLINICAL TRAINING

FOCUS 101

Risking Connection

98

Exploring How We Were Parented

TRAUMATIC STRESS

FOCUS 101

©2026 Klingberg Family Centers, Inc.

CLINICAL TRAINING

FOCUS 101

Risking Connection

99

Exercise: Exploring How you were Parented

- List 3 ways you think your parents/guardians did a good job of parenting you.
- List 3 ways you parent or would parent differently from how you were parented.
- List 2 things you learned growing up about managing problem behavior.
- How does management of problem behavior at your agency compare to what you learned growing up?

The Alarm Zone

The Learning Zone

The Comfort Zone

35

Introduction to Compassion Fatigue and Compassion Satisfaction

Compassion Fatigue and Compassion Satisfaction



Definitions

Compassion Fatigue

Emotional and physical exhaustion that can affect helping professionals and caregivers over time.

Compassion Satisfaction

The satisfaction that helping professionals or caregivers get from doing their work.



Figley, 1995

Compassion Fatigue

- A very common (some say inescapable) effect of working as a support person – an occupational hazard.
- It is neither the fault of the person being supported, nor a result of weakness on the part of the support person.
- It can damage hope and optimism, which is essential to our work.
- **Attending to compassion fatigue is an ethical obligation.**

Figley, 1995

Risking
Connection

103

TRAUMATIC STRESS
FOCUS 10/1/11

©2026 Klingberg Family Centers, Inc.

HEALING
10/1/11

Signs of Compassion Fatigue

Physical – exhaustion, not sleeping, headaches, susceptibility to illness

Behavioral – irritability, increase alcohol and drug use, not attending to family, over-responsibility, labeling people, isolation

Psychological – cynicism, negative self-image, inability to feel empathy, problems with intimacy, concerns about safety and trust, intrusive imagery

Mathieu, 2012

Risking
Connection

104

TRAUMATIC STRESS
FOCUS 10/1/11

©2026 Klingberg Family Centers, Inc.

HEALING
10/1/11

Exercise: Compassion Fatigue and Compassion Satisfaction

- Write down 3 signs of **compassion fatigue** that you are aware of in yourself.
- Write down 3 signs of **compassion satisfaction** - ways in which you are positively impacted by the work you do.

Risking
Connection

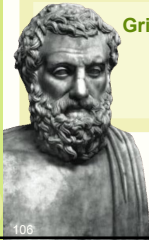
105

TRAUMATIC STRESS
FOCUS 10/1/11

©2026 Klingberg Family Centers, Inc.

HEALING
10/1/11

Transforming Compassion Fatigue



Grief wounds more deeply in solitude; tears are less bitter when mingled with other tears.

— Seneca's *Agamemnon*

Risking
Connection

106

TRAUMATIC STRESS
FOCUS 10/1/2016

©2016 Klingberg Family Centers, Inc.

RESOURCES
FOCUS 10/1/2016

Wrap Up and Feedback

- What worked well about today? What did you like? What kinds of things should we keep?
- What didn't work? What kinds of things should we get rid of?
- What do you need from this training before it ends?

Risking
Connection

107

TRAUMATIC STRESS
FOCUS 10/1/2016

©2016 Klingberg Family Centers, Inc.

RESOURCES
FOCUS 10/1/2016

DAY 1

HANDOUTS

2026 Version

Worksheet: Moments in the Lifecycle of a Traumatic Event

Directions: Answer the questions below about these 4 moments in the lifecycle of a traumatic event.



1. Experiencing the Trauma Itself

How might having a disability make the experience of the trauma itself more difficult, more severe, scarier, more damaging? What if they were IDD and from another marginalized group like a person of color or LGBTQ?

2. The Abuse Stops

How might having a disability impact when, how, or if the abuse stops? How might having a disability affect how (or if) others intervene to stop the abuse? What if they were IDD and from another marginalized group like a person of color or LGBTQ?

3. Telling Others About the Abuse

How might having a disability impact when, how, and if a person “breaks the silence” and tells others about the abuse? What if they were IDD and from another marginalized group like a person of color or LGBTQ?

4. Getting Help/Treatment for the Trauma

How might having a disability affect when, how, and if a person gets treatment to heal from the trauma? What if they were IDD and from another marginalized group like a person of color or LGBTQ?

Handout: Terrence and the Trauma Framework (Child Case Example – Verbal)

Terrence (he, him), a biracial 10-year-old, attends a therapeutic school for children with autism and other disabilities. His mother is White and his father is Black. His parents got divorced when he was 7, after years of domestic turmoil. Terrence's dad worked second shift, so he was Terrence's primary caretaker and main protector. Terrence got picked on a lot when he was little. Terrence's functioning regressed significantly after his father moved out and his mother's depression returned.

After his father moved, Terrence started hanging out with older boys in the neighborhood and there were reports that he was subjected to vicious bullying that included racial slurs, being punched, and made to eat feces. Terrence has a history of head banging, soiling himself, and loud vocalizations when he's anxious or mad.

One week ago, two new boys were placed in Terrence's classroom and were overheard calling Terrence names. Yesterday, Terrence started complaining about a stomach ache at school, but the nurse could not find anything wrong.

Today, Terrence again complained of a stomach ache and his vocalizations were especially disruptive in class.

When sent to the nurse this time, Terrence insistently asked her to call his father, but she refused, saying she needed to talk to his mom. Since the divorce, the school has engaged closely with Terrence's mom, but has rarely involved Terrence's dad, who mom describes as an "angry guy." Terrence's dad shares custody of him and is still actively involved in his life.

Terrence began hitting himself on his forehead repeatedly and the nurse has noticed that he smells like he has soiled himself.

Handout: Tracy and the Trauma Framework (Child Case Example – Non-Verbal)

Tracy (she, her), an 11-year-old girl with moderate intellectual disability and autism, attends a specialized therapeutic day school. Tracy is nonverbal and communicates primarily through gestures, facial expressions, a few signs, and by leading trusted adults to what she wants. She lives with her grandmother in her trailer home. Her grandmother became her guardian three years ago, after Tracy was removed from her mother's home. Very little is known about the details of what Tracy experienced, but records describe frequent household chaos, adults yelling, inconsistent supervision, and periods where Tracy and her younger sister were left alone for long stretches of time. Staff know that Tracy becomes especially distressed around loud male voices and sudden transitions.

Tracy has a history of biting her hand, dropping to the floor, bolting, and hitting her head against surfaces when frightened. She also becomes highly dysregulated when people block doorways. Tracy has a strong relationship with her classroom paraprofessional, Ms. Elena, who has worked with her for two years and understands many of her nonverbal cues.

Last week, a new paraprofessional worked in Tracy's classroom while Ms. Elena was on vacation. The para has a loud voice and tends to give rapid verbal directions.

This morning, the class schedule unexpectedly changed. Tracy became increasingly agitated during the morning, pacing, whining loudly, and refusing to participate in activities. During lunch, another student accidentally knocked over Tracy's tray, and the new para quickly grabbed Tracy by the arm to stop her from running out of the cafeteria.

Tracy immediately dropped to the ground, started screaming, bit her hand hard enough to leave marks, and repeatedly hit her head on the floor. When brought to the nurse, Tracy remained highly distressed and repeatedly signed "home" while trying to pull out her communication device.



Handout: Tina and the Trauma Framework (Adult Case Example – Non-Verbal)

Tina (she, her), a 66-year-old Caucasian woman, recently moved into a group home with 3 other women. After being removed from her home at age 12 for neglect, Tina lived in two different institutions for most of her life, until last month when she moved to her current group home. While Tina does not communicate verbally, she has weekly Face Time calls with particular staff from the last facility. The file that arrived with Tina vaguely mentioned that a former male employee at her last residence had sex with her in her bed over the course of several years until another staff discovered and reported it.

The Direct Support Professionals (DSPs) at the group home have noticed that, on many Saturday mornings, Tina refuses to get out of bed and is often curled up in a ball under her covers. When staff that she knows comfort her, she will get up, but she seems agitated for much of the day. The only thing different on Saturdays is that they do more outings and staff change the residents' sheets on that day.

Last night, her Face Time call with staff at her previous facility was cancelled at the last minute. This morning (a Saturday), when a new per diem male staff came in to suggest she get up because the sheets needed to be changed, Tina started screaming and scratching her arms until they bled, resulting in a protective hold.



Handout: Tim and the Trauma Framework (Supervisee Case Example)

Tim (they, them), a 35-year-old Latino man, has worked in accounts payable at your organization for 2 years. They are well-liked, meticulous, and driven at work. Tim was born in the US, but their mom was undocumented. When Tim was 10, their mom was deported, leaving them with their alcoholic and verbally abusive uncle. Soon after her deportation, their mom became sick with cancer. Tim only saw her once more before she died.

Two years ago, Tim's partner was diagnosed with a chronic medical condition, making him unable to work due to the condition. They have 2 children, ages 10 and 5. Tim has been late to work 4 times in the last 2 weeks, missed an important deadline, and made a critical error that required a day for other staff to correct.

When Tim arrived at work, they had a harsh-sounding message on their voicemail from their new boss, Mark, who is White, saying he needed to meet with Tim. Tim immediately felt a pit in their stomach and thought, "Isabella (their old boss) never talked to me that way." In the meeting, after Mark asked about their weekend, said, "I need to talk with you about this error. It was not good." After being silent for a moment, Tim got up, began walking out, and said, "You just don't get it, do you? I don't need to take this from you. This is BS."

(Scenario idea adapted from Hillsides. Thanks!!)



WORKSHEET: TERRENCE/TRACY/TINA/TIM AND THE RISKING CONNECTION® TRAUMA FRAMEWORK - PAGE 1

Traumatic Events/ACEs

What traumatic experiences/ACEs did Terrence/Tracy/Tina/Tim experience?

DISRUPTION

Attachment

What are Terrence/Tracy/Tina/Tim's assumptions about relationships?

Body & Brain

Would Terrence/Tracy/Tina/Tim be prone to fight, flee, or freeze when triggered by stress?

Feelings Management

How are Terrence/Tracy/Tina/Tim's feelings management skills impaired?

TERRENCE - Holds feelings inside, doesn't use words to express feelings, no skills to calm self.

TRACY - Holds feelings inside, doesn't express feelings, no skills to calm self.

TINA - Holds feelings inside, doesn't express feelings, no skills to calm self.

TIM - No skills to calm down when angry or express their feelings constructively.

WORKSHEET: TERRENCE/TRACY/TINA/TIM AND THE RISKING CONNECTION® TRAUMA FRAMEWORK – PAGE 2

ACTIVATION



CURRENT STRESSOR

What was the current stressor that led to the behavior?

ONGOING STRESSORS

Racism, Discrimination,
Historical Trauma, Poverty,
Exposure to Violence

What ongoing stressors were present?

TERRENCE – Possible racism by the nurse.

TRACY – Poverty.

TINA – History of institutionalization.

TIM – History of racism; mom deported by immigration; partner's illness.

REACTION

1

Intolerable Feelings

TERRENCE – Fear that he will be bullied again.

TRACY – Fear that loud, intrusive men will hurt her. Fear bad things will happen during transitions.

TINA – Fear that sexual abuse will be going again

TIM – Shame about their job performance. Fear and rage of abusive men. Anger at White men.

2

Acts to
Relieve Feelings

3

Retreats. Hurts Self.
Hurts Others.

How might Terrence/Tracy/Tina/Tim's behavior be adaptive? How might it help in the moment?

Behavior as Adaptation

they help in the moment, but hurt
in the long run

What does Terrence/Tracy/Tina/Tim need to heal?

Worksheet: Behavior as Adaptation and Feelings Management

1. Describe the behavior of a person you support that is difficult to understand and/or difficult to manage.
2. How might the problem behavior be adaptive for that person? How might it have helped them survive situations in the past where they were being harmed? How might the behavior be meeting a need or “solving a problem” for them now, in the present? Be as specific as possible.
3. What are some possible ways the person might learn to solve that same problem with less negative long-term consequences?
4. What might the problem behavior tell you about weaknesses in their feelings management skills?

DAY 2 SLIDES

2026 Version



Risking Connection®
 ●●●●●●●●●●
IDD Basic Training

Day 2





Introduction

109

TRAUMATIC STRESS
A FRAMEWORK

©2016 Klingberg Family Centers, Inc.





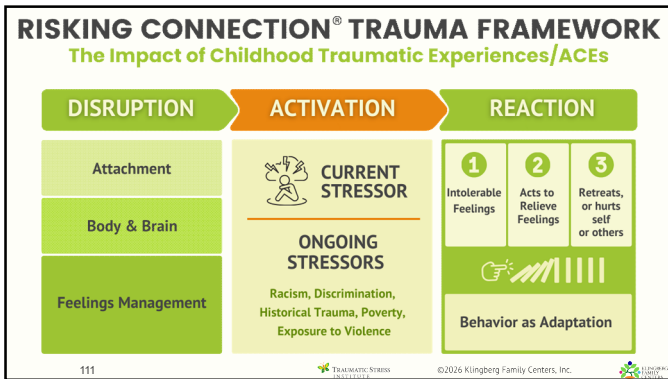
**Strengthening Domains
of the Trauma Framework**

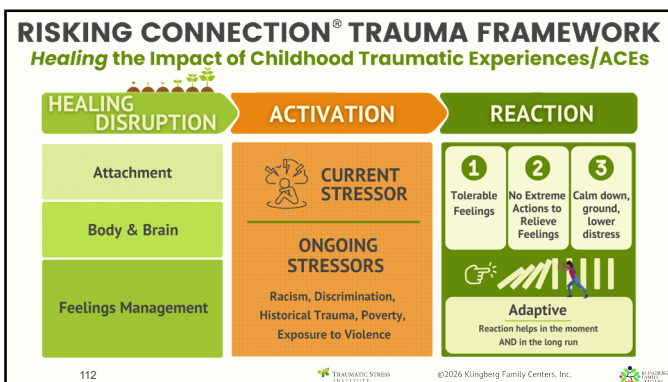
110

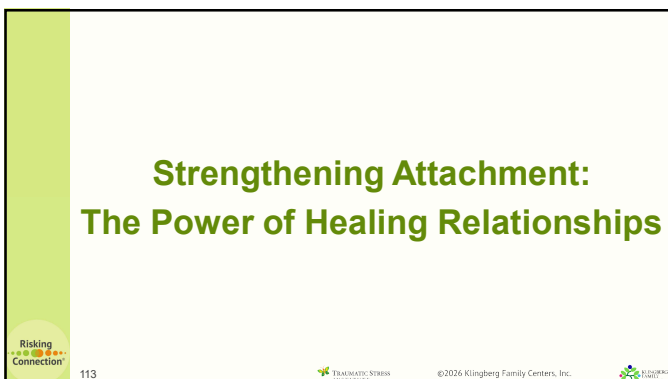
TRAUMATIC STRESS
A FRAMEWORK

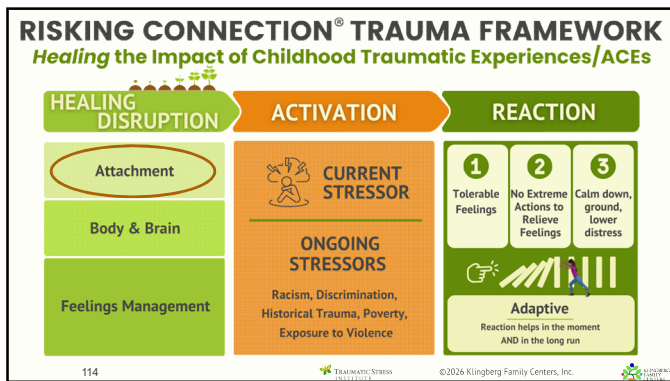
©2016 Klingberg Family Centers, Inc.











Healing Relationships (with Support Professionals)

- The relationship is your major healing tool
- Your interaction can be healing whether the contact is one-time or long-term, frequent or infrequent

Without a relationship, behavior support plans are less effective.

Risking Connection®

115

TRAUMATIC STRESS HEALTH CARE

©2026 Klingberg Family Centers, Inc.

Healing Relationships (with Others in the Person's Life)

- Friends, family, romantic partners, community members, community organizations, etc.
- Building trust with support professionals helps them trust more permanent connections
- Avoid overdependence on support professional
- Tolerate risk of people connecting to others in community

Risking Connection®

116

TRAUMATIC STRESS HEALTH CARE

©2026 Klingberg Family Centers, Inc.

Why is a Healing Relationship So Important?

- It contradicts traumatized persons' basic assumptions about relationships
- It rewires brain pathways
- It decreases a person's stigma and isolation



Risking
Connection

117

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL
CENTER

Why is a Healing Relationship So Important?

- People with trauma/ACE histories can learn that the present is different from the past
- It is the support professional's most important source of influence



People can learn about **Rupture and Repair**.
Inevitable breaks in relationships can be repaired.

Risking
Connection

118

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL
CENTER

A RICH® Relationship: The Key to Healing

These four components define a relationship that is healing, whether it lasts five minutes or five years.

Respect
Information
Connection
Hope

Risking
Connection

119

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL
CENTER

For People with Limited Verbal Skills

Strategies for Building RICH Relationships

1. Consistency
2. Narrate transitions
3. Build sensory rituals
4. Track how it's working



Risking
Connection

120

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Exercise: RICH Relationships

Respect
Information
Connection
Hope

Risking
Connection

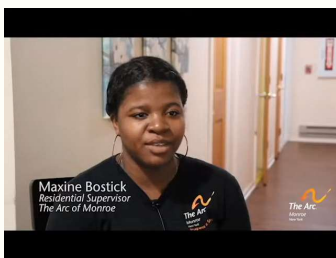
121

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Video: RICH in Action



Maxine Bostick
Residential Supervisor
The Arc of Monroe

[Closed Caption/Subtitle Version](#)

Risking
Connection

122

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Factors Impacting Boundaries for People with IDD

- No or limited understanding of boundaries
- May feel uncomfortable with a boundary being crossed but don't show or express it
- Disability can make them extremely vulnerable to boundary violations
- We teach them to be compliant, which can place them at risk
- Desperate to be accepted and loved

Risking
Connection

126

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Boundary Dilemma Brainstorm

What boundary dilemma do you experience in your work?



Risking
Connection

127

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

The Reality about Frame and Boundaries

- For many boundary issues, there's no agreement in the field.
- No boundary policy can cover all situations that arise.
- Crossing boundaries often arise from good intentions of staff.
- Survivors are used to boundary violations. They expect them and may even seek them out.

Risking
Connection

128

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

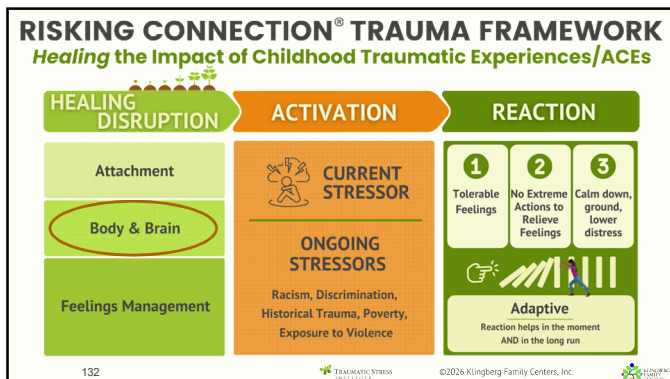
Some Basic Guidelines

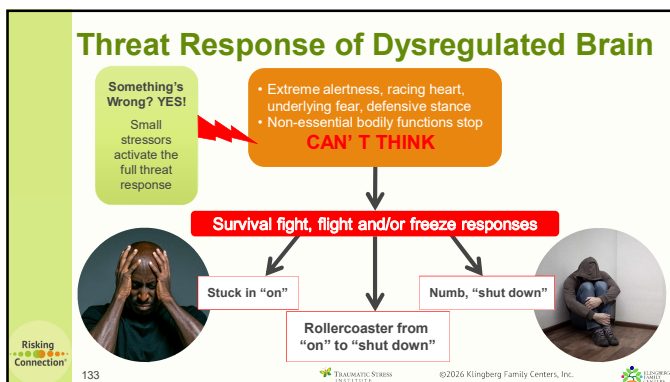
- Don't assume boundaries don't matter
- Be verbally explicit when you need to cross a boundary – ask for permission
- Don't promise to keep secrets
- Teach explicitly about boundaries
- Be firm and kind when setting your own boundaries
- When in doubt about a boundary decision, **talk about it with your team or supervisor**

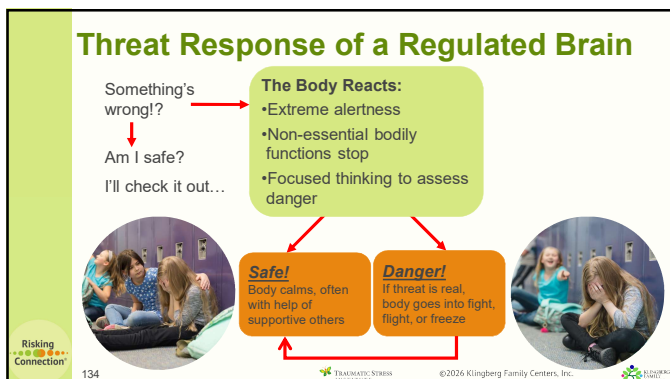
Break Time



Strengthening the Body and Brain







Strategies to Strengthen Body and Brain

- Predictability in the environment
- Sensory Interventions
- Deep breathing, simplified meditation, mindfulness, and yoga,
- My Regulation Card



Risking
Connection

135

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Exercise: Deep Breathing



Credit to TSI Program Coordinator LaVerne Baker Holte for the acronym "BIBO"

Risking
Connection

136

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Sensory Interventions to Prevent or Decrease Distress



Touch

- Weighted blanket/body socks
- Stress ball/fidget toy
- Deep pressure
- Brushing skin



Hearing

- Sound (white noise, waves, rain)
- Headphones or earplugs
- Music
- Limit sounds in a space



Sight/Vision

- Picture books
- Full spectrum Lighting
- Looking through colored sunglasses
- Candle flame



Smell

- Scented lotion or candles
- Essential oils
- Herbs/spices
- Herbal tea or coffee



Movement

- Lifting weights
- Rocking in rocker
- Bouncing on exercise ball
- Yoga



Taste

- Sucking sour candy or mints
- Eating lollipop
- Chewing straw
- Chewing gum

Risking
Connection

137

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

My Regulation Card

MY REGULATION CARD
My guide to help me feel safe, calm, and understood

Name: Alex Date: May 2, 2024

Communication: I use pictures, gestures, and my device People who support me: Mom, Dad, Sam (DSP)

WHAT ESCALATES ME	WHAT CALMS ME	WHAT MAKES IT WORSE
Loud voices	Quiet space	Telling me to "calm down"
Unexpected changes	Deep breathing	Ignoring me
Crowds	Listening to music	Touching me when I don't want to be touched
Bright lights	Fidget tools	Arguing in front of me
Feeling rushed	Break time	Too many questions

MY GOAL To stay calm and feel in control.

Risking Connection

138

TRAUMATIC STRESS

©2026 Klingberg Family Centers, Inc.

RISKING CONNECTION

Strengthening Feelings Management

Risking Connection

139

TRAUMATIC STRESS

©2026 Klingberg Family Centers, Inc.

RISKING CONNECTION

RISKING CONNECTION® TRAUMA FRAMEWORK

Healing the Impact of Childhood Traumatic Experiences/ACEs



140

TRAUMATIC STRESS

©2026 Klingberg Family Centers, Inc.

RISKING CONNECTION

Video: “I’m strong, I’m beautiful, I’m Loved”



[Closed Caption/Subtitle version](#)

Risking
Connection

141

TRAUMATIC STRESS
HEALTHY LIVES

©2026 Klingberg Family Centers, Inc.



Feelings Management: Co-regulation

Specific feelings management skills are taught – usually within relationships.

- A person becomes regulated in the presence of regulated others
- Support professional must keep themselves calm and model feelings management



Image courtesy of Beth Tyson Trauma Consulting,
www.bethtyson.com

Risking
Connection

142

TRAUMATIC STRESS
HEALTHY LIVES

©2026 Klingberg Comprehensive Family Services, Inc.



Feelings Management

Feelings Management

Feeling Awareness

Awareness of bodily signs and sensations of distress and calm

Feeling Identification

Learning the words associated with feelings

Feeling Modulation

Using strategies to move from high to low distress

Feeling Expression

Using skills to express feelings constructively

Risking
Connection

143

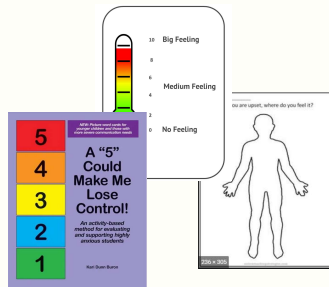
TRAUMATIC STRESS
HEALTHY LIVES

©2026 Klingberg Family Centers, Inc.



Strategies to Build Feeling Awareness

- Teach the person to rate the intensity of the feeling
- Teach the person to identify where in the body they feel the feeling



Risking Connection

144

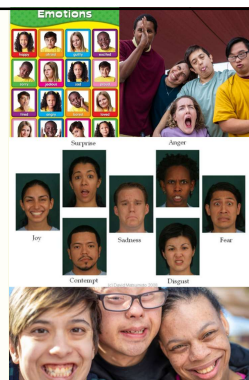
TRAUMATIC STRESS

©2026 Klingberg Family Centers, Inc.



Strategies to Build Feelings Identification

- Help survivors learn feeling words and connect them to bodily sensations.
- Teach people that feelings are different from actions.



Risking Connection

145

TRAUMATIC STRESS

Strategies to Build Feelings Modulation

- Deep breathing
- Progressive muscle relaxation
- Use sensory objects
- Draw feelings
- Designate a "Chill Room" or "Sensory Room"
- Help person create a personalized "Calm Down Kit" or "Sensory Kit"
- Distract oneself



Risking Connection

146

TRAUMATIC STRESS

©2026

Strategies to Build Feelings Expression

- Teach many ways to express feelings – draw, write, talk
- Teach person to use words, not actions, to express their feelings
- Practice with role play
- Help person to use “I” statements



Risking
Connection

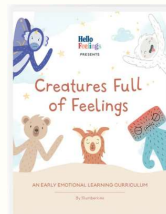
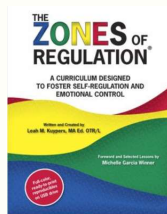
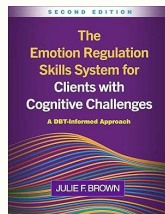
147

TRAUMATIC STRESS
IN A YOUTH CENTER

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINICAL

Comprehensive Systems for Teaching Feelings Management



Risking
Connection

148



TRAUMATIC STRESS
IN A YOUTH CENTER

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINICAL

Exercise: Strengthening Attachment, Body and Brain, and Feelings Management



Risking
Connection

149

TRAUMATIC STRESS
IN A YOUTH CENTER

©2026 Klingberg Family Centers, Inc.

ALZHOUS
CLINICAL

Risking Connection

150

TRAUMATIC STRESS

RECOVERY

©2026 Klingberg Family Centers, Inc.

ALZHOBER

CLINICAL

RECOVERY

RC and Crisis Management

Risking Connection

151

TRAUMATIC STRESS

RECOVERY

©2026 Klingberg Family Centers, Inc.

ALZHOBER

CLINICAL

RECOVERY

A Brief Word About Crisis Management

Many of the major failures in support for trauma survivors occur in response to crisis

During the Crisis:

1. Stay calm yourself

2. Remember that symptoms are adaptations

3. Stay RICH®

4. Focus only on calming, not on consequences



Risking Connection

152

TRAUMATIC STRESS

RECOVERY

©2026 Klingberg Family Centers, Inc.

ALZHOBER

CLINICAL

RECOVERY

Noticing Our Reactions

What Reactions We Must Notice

- Our feelings, thoughts, and body sensations in reaction to a person – positive and negative.
- Our secondary reactions to the uncomfortable feelings evoked by that person.



Our reactions are a normal part of the work.

Risking
Connection

153

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Exercise: Noticing Our Reactions

Option 1 - Jackie and Yolanda (youth setting)

Risking
Connection

154

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Exercise: Noticing Our Reactions

Option 2 - Sonja and Dot (adult setting)

Risking
Connection

155

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Why We Have These Strong Reactions

- Our responses to the person's extreme behaviors and symptoms
- The way our own personal issues overlap with that of the person we're helping
- Our own biases about gender, race, sexual orientation, class, etc.
- The degree of our compassion fatigue at the time



Risking
Connection

156

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
KINGBERG
FAMILY CENTERS

Common Reactions

We can feel:

Protective or parental toward them
Helpless in face of their challenges
Angry for how the person is treated
Angry at them for their behavior
Loving toward them
Played or manipulated by them

Exhausted by them
Blaming toward them
Not caring about them
Inspired by them
Disbelieving of what they are saying
Sexually turned on by them

**Having Reactions Is Not a Problem.
It's What You Do With Them that Matters.**

Risking
Connection

157

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
KINGBERG
FAMILY CENTERS

How Our Reactions Help Our Work

- It can help you know the person better when YOU experience strong feelings that the person can't allow themselves to feel or feels but can't express.
- It can help you empathize with how others in the person's life often feel.



**Our reactions are a window into
important information about the person.**

Risking
Connection

158

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
KINGBERG
FAMILY CENTERS

When Our Reactions Are a Problem

Our reactions are a problem when they:

- Interfere with understanding the person
- Prevent us from responding in a healing or RICH way



Risking
Connection

159

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL

Reactions that Can Create Problems

Over-identification: "I understand because you're just like me."

Blaming: "It must have been her fault." "He doesn't want to get better."

Protective/Parental: "She can't protect herself so I must be there to protect her."

Distancing: "He's hopeless, people like that never change," or, "She gets on my every nerve."

Denial: "What they are saying couldn't be true."

Unexamined Bias: "He's dangerous and can't be helped."

Risking
Connection

160

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL

Using Our Reactions as a Tool

Three Steps:

1. Notice them
2. Understand them
3. Employ them to make the relationship stronger



Risking
Connection

161

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL

162

**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

163

**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

- Be for all staff, not just clinicians
- Happen regularly – not just when there's a problem
- Discuss actual people served, not just administrative tasks
- Be RICH
- Be a safe, confidential place to talk about your reactions to people you support (and those you work with)
- Attend to compassion fatigue and give support for self-care



164


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

Addressing and Transforming Compassion Fatigue (CF)

Risking
Connection

165

TRAUMATIC STRESS
INTEGRITY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
KINGBERG

Definition

Compassion Fatigue

Emotional and physical
exhaustion that can affect
helping professionals and
caregivers over time.



Figley, 1995

Risking
Connection

166

TRAUMATIC STRESS
INTEGRITY

©2026 Klingberg Family Centers, Inc.

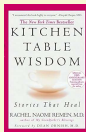
ELIZABETH
KINGBERG

CF: How this Work Will Change You

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet...We burn out not because we don't care but because we don't grieve. We burn out because we've allowed our hearts to be so filled with loss that we have no room left to care."

— Rachel Naomi Remen, M.D.

Physician, clinical professor of family and
community medicine at the University of California



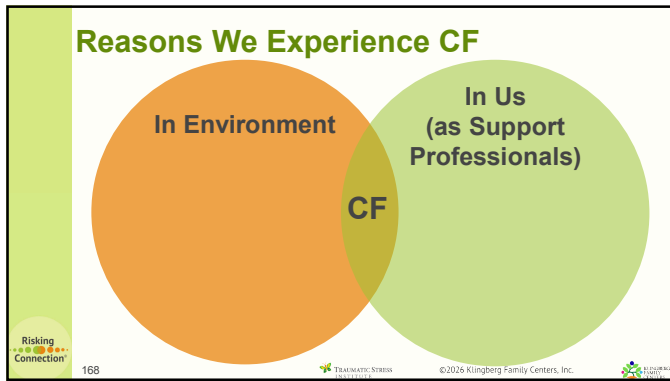
Risking
Connection

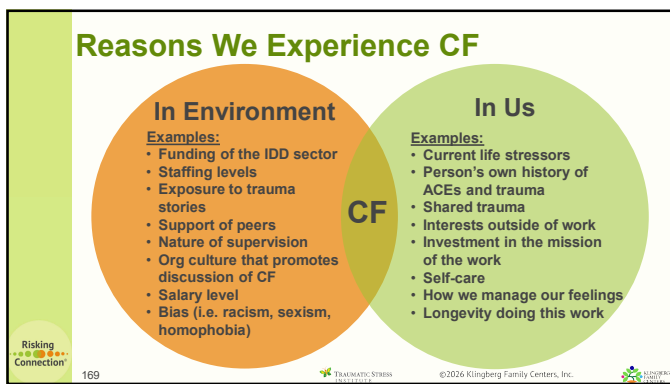
167

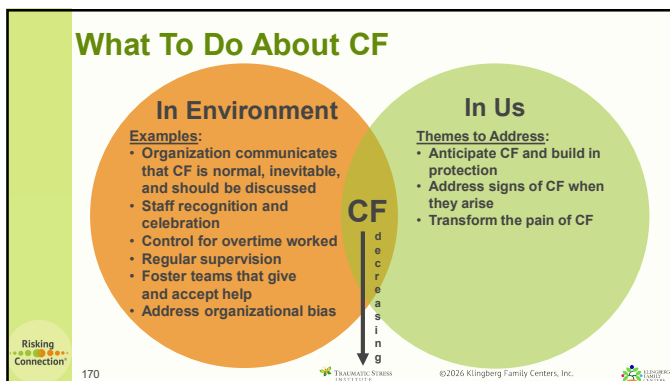
TRAUMATIC STRESS
INTEGRITY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
KINGBERG







Anticipate Compassion Fatigue and Build in Protection (The ABCs)

Awareness

- Be attuned to our needs, limits, emotions, resources
- Heed all sources of information—thoughts, feelings, bodily signs, intuition
- Practice mindfulness and acceptance

Balance

- Between work, play, and rest

Connection

- To oneself, to others, and to something larger

Risking
Connection

171

TRAUMATIC STRESS
RECOVERY

©2016 Klingberg Family Centers, Inc.

ELIZABETH
KLINGBERG
FAMILY CENTERS

Addressing Signs of Compassion Fatigue When They Build Up

Self-care

Self-nurture

Escape

Community

Celebration



Risking
Connection

172

TRAUMATIC STRESS
RECOVERY

©2016 Klingberg Family Centers, Inc.

ELIZABETH
KLINGBERG
FAMILY CENTERS

Transforming the Pain of Compassion Fatigue

The pain of compassion fatigue often leads us to search for hope and meaning.

Working with people who have suffered teaches us about:

- Courage and human resilience
- Possibility of transformation
- Gratitude in our own lives
- Power of hope

**Creating meaning in our lives and work helps us
endure and transform compassion fatigue.**

Risking
Connection

173

TRAUMATIC STRESS
RECOVERY

©2016 Klingberg Family Centers, Inc.

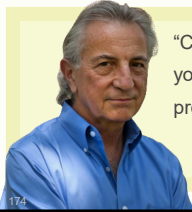
ELIZABETH
KLINGBERG
FAMILY CENTERS

Transforming the Pain of Compassion Fatigue

From compassion fatigue



To compassion satisfaction



"Compassion satisfaction is the satisfaction you get from being able to work as a helping professional or caregiver."

— Charles R. Figley, Ph.D.
Professor Emeritus, researcher, author

Risking
Connection

174

TRAUMATIC STRESS
IN ACADEMY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Transforming the Pain of Compassion Fatigue

"There is a privilege working with people on the edge of life. The view from the edge of life is so much clearer."

— Rachel Naomi Remen, M.D.
Kitchen Table Wisdom: Stories that Heal

Risking
Connection

175

TRAUMATIC STRESS
IN ACADEMY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Video: Success Stories



Promo for Patrice: The Movie



Risking
Connection

176

TRAUMATIC STRESS
IN ACADEMY

©2026 Klingberg Family Centers, Inc.

CLINICAL
EFFECTIVENESS

Training Evaluation

Please complete before the end of the training!



Risking
Connection®

177


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.



Break Time



178

Risking
Connection

TRAUMATIC STRESS
FOCUS

©2026 Klingberg Family Centers, Inc.

ELIZABETH
KINGBERG
FAMILY
CENTERS



178


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible]

Putting It All Together



179


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.





Risking Connection

180

Exercise: Indicators of Trauma-Informed Staff Behavior











Risking Connection

181

Exercise: Option 1

Implementing RC as an Organization









Risking Connection

182

Exercise: Option 2

My Personal Contribution to a Trauma-Informed Work Environment






Risking
Connection

183

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL
CENTER

Summary and Closing

Risking
Connection

184

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL
CENTER

Summary of the Training

- Disabilities make people with IDD vulnerable to trauma
- Trauma is common and negatively impacts health
- Trauma-informed care aims to make our organizations places where people can heal and not be re-traumatized
- The RC Trauma Framework is a map that explains how present behavior may connect to past trauma
- Trauma impacts three important areas: attachment, body and brain, and feelings management
- Problem behavior is adaptive. It helps people in the moment (even if it also creates more problems)

Risking
Connection

185

TRAUMATIC STRESS
RECOVERY

©2026 Klingberg Family Centers, Inc.

ELIZABETH
CLINICAL
CENTER

Summary of the Training (Cont.)

- Strengthening attachment, body and brain, and feelings management make extreme behaviors less necessary
- RICH relationships are critical to healing all areas impacted by trauma
- We must notice our reactions to the people we support to maintain RICH relationships
- Compassion fatigue is real. We can address it and transform it to experience more compassion satisfaction.
- An organization-as-a-whole must change to be truly trauma-informed

Exercise

Goodbye and Closing Ritual



Risking
It All
Connection

186

TRUWAVE, STORIES

©2026 Klingberg Family Centers, Inc.

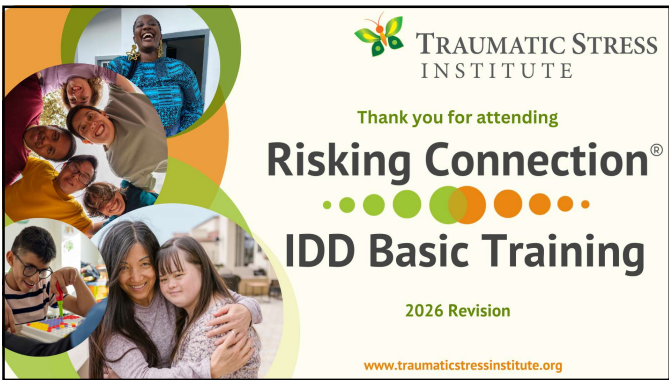
TRUWAVE
STORIES



186


**TRAUMATIC STRESS
INSTITUTE**

©2026 Klingberg Family Centers, Inc.

[illegible][illegible]

DAY 2

HANDOUTS

2026 Version





Worksheet: Assessing and Strengthening Attachment, Body and Brain, and Feelings Management

1. Describe a recent crisis with a particular person you were supporting:

2. **Assessment of Attachment, Body and Brain, and Feelings Management**

Place a check mark beside the domains that this person needs to strengthen. Briefly explain how the crisis shows impairment in this domain.

- ☐ **Attachment** (The ability to trust, feel safe, and rely on others for help them calm down)
- ☐ **Body and Brain** (The ability to settle their brain and body when revved up or activated)
- ☐ **Feeling Management** (The ability to use skills to get control over their emotions)

3. **Strategies for Strengthening Attachment, Body and Brain, and Feelings Management:**

For each domain that needs strengthening (checked above), describe 1 or 2 strategies you could use.

- ☐ Attachment
- ☐ Body and Brain
- ☐ Feelings Management



Worksheet: Noticing Our Reactions to Youth

Read the following scenario and answer these questions:

- How do you imagine the staff person is feeling in this situation?
 - Describe two ways the staff person's feelings in this scenario could be problematic (get in the way of a RICH relationship).
 - Describe two ways the staff person could employ their feelings in this scenario to be helpful (to promote a RICH relationship)
1. **Tanisha (she/her)** is a teenage girl who currently lives in a group home. Although Tanisha has a limited vocabulary, she can communicate with help from staff. Tanisha has had a sore throat and fever for two days and Jenn, the support person, is taking her to the pediatrician for an exam. When the doctor enters the room, she doesn't greet Tanisha or even look in her direction and immediately begins to ask Jenn questions about Tanisha. Jenn can see that Tanisha is trying to make eye contact with the doctor and her. She clearly wants to talk on her own behalf, but the doctor is oblivious. Jenn notices her own fists clenching and throat getting tight.
 2. **Willy (he/him)** is a 14-year-old boy born with Fetal Alcohol Syndrome (FAS) which resulted in a moderate intellectual disability and hyperactivity. Willy's hyperactivity shows up as pacing back and forth and talking very rapidly in words that are hard to make sense of. Rick, the support person, has learned to pretty much ignore his words and just help him get back in control. During the last few days, this behavior has escalated, and he keeps repeating phrases over and over such as, "Randall, you scary, you scary," "That don't tickle," and "I'll get in trouble." There is an older boy at the school named Randall, but he's so nice and quiet. There are so many crises this week - it's like putting out fires. Rick finds himself just zoning out when Willy starts talking in circles like he always does.
 3. **Samantha (she/her)** is just an amazing kid. She has faced so many challenges and yet she still tries hard in class and somehow manages to stay positive. Not only does she have cerebral palsy and a cognitive disability, but she just lost her mother to COVID and is living with relatives. Something about her just warms her teacher Phyllis' heart. Phyllis is tired of seeing other kids picking on her just because she won't fight back – especially Trina, she's the meanest one -- something must be done about that girl.
 4. **David (he/him)** is such a challenging boy. He had a traumatic brain injury (TBI) as a young child that resulted from a physical fight between his parents. Staff find it hard to know what he is thinking or feeling. He just accuses staff of being out to get him. He is always angry at Jack, the teacher's aide, and yet seems to stay next to Jack all the time and acts up right before Jack leaves to cover another classroom. Jack understands that he was severely abused in his past but is really at his wits end. Maybe this is the wrong program for him. Everything that seems to work with other kids doesn't work with him.



Worksheet: Noticing Our Reactions to Traumatized Adults

Read the following scenario and answer these questions:

- How do you imagine the staff person is feeling in this situation?
- Describe two ways the staff person's feelings in this scenario could be problematic (get in the way of a RICH relationship).
- Describe two ways the staff person could employ their feelings in this scenario to be helpful (to promote a RICH relationship)

1. **Lucinda (they/them)** works at the program with Jason, a job coach. After a long period of transitioning Lucinda to the job, and watching them get so frustrated, Lucinda now walks by herself from home the 3 blocks to work at the cleaning company, feels connected to Jason, and is well-liked. Today, their mother called Jason because Lucinda arrived home late the last 2 days. Jason is confused because Lucinda called him each of the last 2 days saying she was sick. When Jason asks other people in the program about Lucinda, one lets slip that he saw Lucinda at the library partly unclothed kissing someone that works for a companion program. Upon hearing this, Jason feels his stomach tighten, imagining what the boss will say.
2. **Darnel (he/him)** is very upset and withdrawn. He's usually engaged and cooperative, but when Nick, the support person, meets with him, he is withdrawn and teary. Nick learns that Darnel's brother and sister promised him they would meet him for lunch today to visit. They never came and never called. This reminds Nick of a similar experience he had with his estranged brother recently. Darnel rarely asks for anything, and today he is so sad. How could his brother and sister disappoint him like this? It's not right.
3. **Samantha (she/her)** has had such misfortune in her life. She has Spina Bifida, and her physical pain has worsened as she's aged. After being removed from her biological parents' care as a child, she was raised by a dedicated (and alcoholic) foster mother. Her foster mother cared for her until a year ago when she died of cancer. Now, Samantha lives in the group home where Julie, the support person, works. Somehow, despite all the turmoil, Samantha has managed to keep working until that employer recently closed the business. Julie owns a business on the side where Samantha could be helpful. She begins thinking of ways to bring up the idea to Samantha about her working at her business.
4. **David (he/him)** is such a challenging man. He had a traumatic brain injury (TBI) as a young child that resulted from a physical fight between his parents. He is angry and constantly yells. Staff find it hard to know what he is thinking or feeling. He just accuses staff of being out to get him. He is always angry at John, the support person, and yet seems to stay next to him all the time and acts up right before John's shift ends. John understands that he was severely abused as a child but is really at his wits end with David. Maybe this is just the wrong program for him. Everything that seems to work with other people doesn't work with him.



Worksheet: Noticing Our Reactions to Those We Work With

Read the following scenario and answer these questions:

- How do you imagine the person described in the scenario (colleague, secretary, new supervisor) is feeling in this situation?
- Describe two ways the person's feelings in this scenario could be problematic (get in the way of a RICH relationship).
- Describe two ways the person could employ their feelings in this scenario to be helpful (promote a RICH relationship).

1. **Linda (she/her)** is a new employee hired in the business office, where her colleague Janet works. Janet was very happy to have the extra help and volunteered to help train Linda. However, Linda does not seem to be responding well to training. To everything she is taught, she responds by saying that she already knows how to do that; she seems to think she has all the answers. If Janet points out a mistake or corrects her work, Linda becomes very defensive and irritated. Janet is beginning to dread coming into work and doesn't know what to do. She thinks about telling her supervisor about Linda, but is uneasy about doing so because Linda is very nice around him and he does not seem to notice any problems.
2. **Twanda (they/them)** is a teenage girl in the special education school where Jason, the secretary, works in the office. One of the best things about the job is that administrative staff get to interact with kids as they come in and out of the office. Recently, Twanda has been going out of their way to come and visit Jason. Twanda is so sweet and, from what Jason has heard, their life has been filled with tragedy. Today, Twanda told Jason about their teacher, Ms. Adams, threatening to move Twanda to another classroom. Jason has sometimes wondered about the impatient tone Ms. Adams uses with the kids, especially kids of color. Twanda told Jason not to tell anyone because Ms. Adams will make things worse for them. Jason wants to help Twanda and do the right thing.
3. **Richard (he/him)** is a good friend of Matt. They have worked together for 2 years. Richard was recently promoted and is now Matt's supervisor, along with supervising a few other staff. This definitely feels awkward, especially since they used to go out and party together. It is especially awkward because Matt seems to be expecting that Richard will cut him slack because of their friendship. He often comes in late, smiles at Richard and says, "Rough night - you know how it is." Richard is not sure how to respond in these situations.



Worksheet: Indicators of Trauma-Informed Staff Behavior

Directions: Rate how often staff currently display the behavior in your program with people they support, and with co-workers. Put NA if the behavior is “not applicable” to your work setting.

1	2	3	4	5	NA Not Applicable
Staff very rarely display this behavior		Staff sometimes display this behavior		Staff always display this behavior	

Staff Behavior In the Program	Current Practice
1. Staff display an attitude of “the person is doing the best they can” rather than believing a person is acting out on purpose (i.e., “he is acting this way because he wants to;” “she’s not motivated;” “if he can choose to act up, he can choose not to”)	
2. Staff explore the problem (i.e., check with other staff, ask “what’s going on?, ask “what’s wrong?”) rather than immediately talking to the person about consequences.	
3. Staff engage in active listening (i.e., listen carefully, restate the problem, validate and empathize with feelings and needs).	
4. Staff avoid comments that could be shaming (i.e., insist the person do things that stretches her ability too much; isolate the person; deliver consequences in front of peers).	
5. Staff avoid power struggles (i.e., arguing with person, proving person wrong).	
6. Staff refer to the person in descriptive ways rather than using negative labels (i.e., manipulative, lazy, troublemaker).	
7. Staff value flexibility in managing behavior rather than strict following of rules.	
8. When a person is upset, staff mainly work to help the person calm down.	
9. Staff talk with their peers and supervisors about their strong positive and negative reactions to others in order to build and sustain RICH relationships.	
10. Staff ask peers for help, or allow peers to help, when they get stuck trying to manage a person’s behavior.	
11. Team members work well as a team (i.e., manage conflict, care for each other, avoid splits between job groups such as managers and workers, clinicians and direct care workers)	

What are 2 things you/your team could do in the short term to move staff behavior in the direction of trauma-informed care?

1. _____
2. _____



Risking Connection Training Evaluation

Date:		RC Training Type: RC IDD BASIC TRAINING				
Please rate the following items on the degree to which they apply						
		Low (1)			High (5)	
1.	The content met my needs	1	2	3	4	5
2.	The materials were useful	1	2	3	4	5
3.	The benefit of the information relative to cost and time spent	1	2	3	4	5
Physical Environment						
Please rate the facilities in the following areas:						
1.	Temperature	Too cold 1 2		OK 3	Too hot 4 5	
2.	Size of room	Cramped 1 2		OK 3	Too big 4 5	
3.	Ease of access	Hard 1 2		OK 3	Very Easy 4 5	
RC Trainer #1 Name:		Low (1)			High (5)	
1.	Spoke clearly and understandably	1	2	3	4	5
2.	Generated audience participation	1	2	3	4	5
3.	Showed knowledge of and passion for subject	1	2	3	4	5
4.	Exemplified RICH – Respect, Information, Connection and Hope	1	2	3	4	5
Comments:						

RC Trainer #2 Name:		Low (1)			High (5)	
1.	Spoke clearly and understandably	1	2	3	4	5
2.	Generated audience participation	1	2	3	4	5
3.	Showed knowledge of and passion for subject	1	2	3	4	5
4.	Exemplified RICH – Respect, Information, Connection and Hope	1	2	3	4	5
Comments:						



RC Trainer #3 Name:	Low (1)					High (5)
1. Spoke clearly and understandably	1	2	3	4	5	
2. Generated audience participation	1	2	3	4	5	
3. Showed knowledge of and passion for subject	1	2	3	4	5	
4. Exemplified RICH –Respect, Information, Connection and Hope	1	2	3	4	5	
Comments:						
Course Objectives						
Please rate degree to which course met these objectives						
Participants will:	Low (1)					High (5)
1. Learn how trauma impacts people with IDD and how disabilities affect healing	1	2	3	4	5	
2. Learn the components of the trauma framework.	1	2	3	4	5	
3. Learn the 4 characteristics of a RICH relationship and why frame and boundaries are critical for trauma survivors.	1	2	3	4	5	
4. Learn why it is important to be aware of their reactions to individuals they support.	1	2	3	4	5	
5. Learn about the impact of compassion fatigue on treaters and how to address and transform it.	1	2	3	4	5	
Feedback for the future						
Would you recommend this training to a co-worker or colleague? Why or why not?						
What specifically did you like about this program?						
What could we do to improve this program?						

RESOURCES





Glossary of Terms

Day 1

Ableism. A system of discrimination and social prejudice against people with disabilities based the belief that typical, non-disabled bodies and minds are superior.

Adverse Childhood Experiences (ACEs). Potentially traumatic events that occur within the first 18 years of life. There are 10 types of ACEs that were used in the original and subsequent ACEs research. ACEs are highly correlated with negative health outcomes.

Attachment. An innate biological response to stress where humans from the very beginning of life seek out contact with caretakers and others, including helpers to calm and soothe themselves. This becomes the foundation for regulation and stress management throughout the lifetime.

Behavior as Adaptation. The behaviors we view as a problem are often solutions in the moment for survivors of trauma. They are ways people have learned to survive past abuse. Although help people in the moment, they often have negative longer-term consequences.

Compassion Fatigue. The emotional and physical exhaustion that can affect helping professionals and caregivers over time.

Compassion Satisfaction. The satisfaction that helping professionals or caregivers get from doing their work and caring for others.

Co-Regulation. The process whereby a person becomes regulated by being in the presence of regulated others such as support professionals.

Diagnostic Overshadowing. The tendency to view symptoms and behaviors as related to one's disability rather than considering other causes such as trauma.

Feelings Management. The ability to use skills to soothe oneself when having strong feelings.

Positive Childhood Experiences (PCEs). Positive experiences that occur within the first 18 years of life are correlated with positive health outcomes and can act as a buffer or counterbalance to ACEs.

Psychological trauma (The Three "Es"). An event, series of events, or enduring condition (EVENT) where the individual's ability to integrate the experience emotionally is overwhelmed and they feel it is harmful or life-threatening (EXPERIENCE). It also negatively affects their mental, physical, social, emotional, and spiritual well-being (EFFECT).



Risking Connection Trauma Framework. The map or theoretical framework that underlies the Risking Connection training. It helps explain the connection between areas of disruptions in childhood development as the result of trauma and ACEs and the harmful and challenging behaviors that trauma survivors often display. It also explains the importance of strengthening the disrupted areas as the way to reduce harmful behavior and foster healing in trauma survivors.

Behaviors Are Adaptations. The ways people have learned to adapt to (survive) intolerable feelings and memories. These are the symptoms and behaviors that support professionals often see as problems but are solutions for people developed to survive trauma experiences.

Trauma-Informed Care. An approach to care where all levels of a system realize the impact of trauma, recognize its signs, respond applying trauma-informed care principles, and resist re-traumatization.

Day 2

Noticing our Reactions. Our feelings, thoughts, and physical responses to a client or colleague. Our secondary reactions to the uncomfortable feelings, thoughts, and physical responses evoked by that person. This is also called counter-transference.

RICH Relationships. Relationships that are characterized by respect, information, connection, and hope.

Sensory Interventions. Interventions commonly used with people with IDD, but also more widely, that address sensory sensitivities to touch, hearing, sight, smell, movement, taste.

Regulation Card. A simple document that a person carries with them to communicate to others what they look like when they are escalated, what calms them, and what makes things worse.



QR Codes - Supplemental Resources for the Curious

Slide 1



Introduction

Website. Resource on territory acknowledgement, a way that people insert an awareness of Indigenous presence and land rights in everyday life. Contains both how-to and discussions.
URL: <https://native-land.ca/resources/territory-acknowledgement/>

Slide 7

Origins of Risking Connection

Video. Heartfelt message from Dr. Kay Saakvitne, co-creator/lead author of the Risking Connection curriculum, about its beginnings.
URL: <https://vimeo.com/899828690?share=copy>



Slide 11



How to Effectively Talk About Race

Video. Dr. Kenneth Hardy's talk, *How To Effectively Talk About Racism*. His 2023 book is entitled *Racial Trauma: Clinical Strategies and Techniques for Healing Invisible Wounds*.
URL: <https://vimeo.com/719261581>

Slide 17

Types of Disabilities

The DM-ID-2 was developed by over 100 experts from around the world to facilitate an accurate psychiatric diagnosis in persons who have intellectual disabilities.
URL: <https://thenadd.org/publications/products/dm-id-2/>



Slide 21



What is Psychological Trauma?

Website. Dr. Gabor Maté, whose 2022 book, *The Myth of Normal*, is displayed on the slide.
URL: <https://drgabormate.com/>

Slide 22

Levels of Trauma Experience

PDF publication. Image adapted from page 3 of SAMHSA's *Practical Guide for Implementing a Trauma-Informed Approach*, 2023.
URL: <https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>





QR Codes - Supplemental Resources for the Curious (cont.)

Slide 23



Racial Trauma

Website/Book. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing* by Dr. Joy Angela DeGruy. Understanding the lingering psychological and social impact of enslavement in the U.S.

URL: <https://www.joydegruy.com/>

Slide 25

The ACEs Study

TED Talk Video, *How childhood trauma affects health across a lifetime* by Dr. Nadine Burke Harris. Her book is also displayed on the slide: *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*.

URL: <https://youtu.be/95ovIJ3dsNk?si=UovwarMmHOTAZM7Z>



Slide 29



Positive Childhood Experiences (PCEs)

Website. Slide image adapted from *InBrief: The Science of Resilience*, Center on the Developing Child, Harvard University.

URL: <https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/>

Slide 31

Story of the ACEs Study

Websites. Learn more about ACEs on PACEs Connection. You can sign up free to join their blog list, as well as share your own information in this trauma-informed community.

URL: <https://www.pacesconnection.com/blog/aces-101-faqs>



Slide 32



Definition of Trauma-Informed Care (4Rs)

PDF publication. Slide image developed using pages 9-10 of SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014.

URL: https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Slide 37

Prevalence & Impact of Trauma in People with IDD

PDF publication. *The Impact of Trauma on Youth with Intellectual and Developmental Disabilities: A Fact Sheet for Providers*. From NCTSN and NADD.

URL: <https://www.nctsn.org/resources/the-impact-of-trauma-on-youth-with-intellectual-and-developmental-disabilities-a-fact-sheet-for-providers>





QR Codes - Supplemental Resources for the Curious (cont.)

Slide 38



Stigma of Ableism

Website. The Disability Visibility Project is an online community dedicated to creating, sharing, and amplifying disability media and culture.

URL: <https://disabilityvisibilityproject.com/about/>

Slide 57

Attachment in Normal Development

Video. Circle of Security International created a great parenting guide, and it's only about 4 minutes long. Helps caregivers understand children's needs simply and effectively.

URL: <https://vimeo.com/122770192>



Slide 61



Trauma and Attachment

Video. Dr. Bessel van der Kolk, whose book is displayed on the slide: *The Body Keeps the Score*. Also can check out his website at: <https://www.besselvanderkolk.com/>

URL: <https://youtu.be/iTefkqYQz8g?si=f3cQ1ADprFOLXFHe>

Slide 74

Video: The Biology of Toxic Stress

Video. *The Biology of Toxic Stress* is a short section of a longer documentary entitled *Resilience*. You can rent or buy *Resilience* via YouTube (for as little as \$1.99).

URL: https://youtu.be/hOfDLyPbv-o?si=8o-nCqUvOUQmAx_C



Slide 102



Definitions of Compassion Fatigue & Compassion Satisfaction

Book. Edited by Charles R. Figley, a pioneer in the field of traumatic stress, this book consists of eleven chapters, each written by a different specialist about CF and CS.

URL: <https://www.amazon.com/Compassion-Fatigue-Secondary-Traumatized-Psychosocial/dp/0876307594>

Slide 144

Boardmaker Online

Website. Activities, resources, and technology/communication solutions for people with disabilities.

URL: <https://us.tobiidynavox.com/> or <https://www.myboardmaker.com/Activities/Search>





QR Codes - Supplemental Resources for the Curious (cont.)

Slide 148

Comprehensive Systems for Teaching Feelings Management

Book. *The Emotion Regulation Skills System for Cognitively Challenged Clients: A DBT-Informed Approach* by Julie F. Brown. The Skills System teaches essential emotion regulation and adaptive coping skills in a motivating, structured framework.

URL: <https://www.guilford.com/books/The-Emotion-Regulation-Skills-System-Clients-Cognitive-Challenges/Julie-Brown/9781462559381>



Book or digital curriculum. *The Zones of Regulation: A Curriculum Designed to Foster Self-Regulation and Emotional Control* by Leah M. Kuypers. Originally in book format, digital curriculum was released in 2024. Offers a comprehensive approach to help learners ages 4 and older understand and manage their emotions effectively.

URL: <https://zonesofregulation.com/>

Books, creatures, and digital guide. *Creatures Full of Feelings Curriculum Kit* by Slumberkins. Created by therapists and educators, this toolkit gives teachers the tools they need to nurture lifelong emotional wellness through music, characters, creative play, and connection.

URL: <https://slumberkins.com/collections/all-educator-products>



Slide 167



VT: How this Work will Change You

Book. *Kitchen Table Wisdom: Stories that Heal* by Dr. Rachel Naomi Remen. About the tradition of shared experience, which shows us life in all its power and mystery.

URL: <https://www.rachelremen.com/>



Citations for RC Slides

- Allen, J. G. (2001). *Traumatic relationships and serious mental disorders*. Wiley & Sons.
- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample. *JAMA Pediatrics*, 173(11).
- Brown, J. F. (2015). *The emotion regulation skills system for cognitively challenged clients: A DBT-informed approach*. The Guilford Press.
- Burke Harris, N. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houghton Mifflin Harcourt.
- Commons Social Change Library. (n.d.). Home. <https://commonslibrary.org/>
- DeGruy, J. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Uptone Press.
- Díaz-Faes, D. A., Codina, M., & Pereda, N. (2023). Experiences of bias victimization among people with intellectual disabilities. *Journal of Interpersonal Violence*, 38(15–16), 9423–9437.
- Eisenmenger, A. (2019, December). *Ableism 101: What it is, what it looks like, and what we can do to fix it*. Access Living.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
- Hardy, K. V. (2023). *Racial trauma: Clinical strategies and techniques for healing invisible wounds*. W. W. Norton & Company.
- Harrell, E. (2017). *Crime against persons with disabilities, 2009–2015: Statistical tables* (NCJ 250632). U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Kuypers, L. M. (2011). *The zones of regulation: A curriculum designed to foster self-regulation and emotional control*. Think Social Publishing.



- Maïano, C., Aimé, A., Salvas, M. C., Morin, A. J. S., & Normand, C. L. (2016). Prevalence and correlates of bullying perpetration and victimization among school-aged youth with intellectual disabilities: A systematic review. *Research in Developmental Disabilities, 49*, 181–195.
- Maté, G., & Maté, D. (2022). *The myth of normal: Trauma, illness, and healing in a toxic culture*. Penguin Publishing Group.
- Mathieu, Françoise (2012). *The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization*. New York, NY: Routledge.
- Oriard, K., & Christensen, C. (2021). *Slumberkins: Creatures full of feelings*. Slumberkins Inc.
- Public Health Management Corporation. (2013). *Findings from the Philadelphia urban ACE survey*. <https://www.philadelphiaaces.org/philadelphia-ace-survey>
- Remen, R. N. (2006). *Kitchen table wisdom*. Penguin.
- Strand, M., Benzein, E., & Saveman, B. I. (2004). Violence in the care of adult persons with intellectual disabilities. *Journal of Clinical Nursing, 13*(4), 506–514.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884).
- Substance Abuse and Mental Health Services Administration. (2023). *Practical guide to implementing a trauma-informed approach* (SAMHSA Publication No. PEP23-06-05-005).
- Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect, 24*(10), 1257–1273.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Vervoort-Schel, N., Mercer, C., Schuengel, C., & Partouns, R. (2018). Adverse childhood experiences in children with intellectual disabilities: An exploratory case-file study in Dutch residential care. *International Journal of Environmental Research and Public Health, 15*(10), 2136.
- Weinberg, M. K., & Tronick, E. Z. (1996). Infant affective reactions to the resumption of maternal interaction after the still-face. *Child development, 67*(3), 905-914.