Supportive Relationships

You would like to collaborate with a client on using supportive relationships as a Stress Buster. Before getting started, ask yourself:

- Has the client been connected to services and programs to address immediate stressors?
- Has the client been presented with a brief overview of all seven Stress Busters?
- Did the client express interest in learning more about supportive relationships?

Use the information and trauma-informed steps presented here to ask and **listen** for what clients want to prioritize, **partner** with clients to find things they can do every day to help calm the stress response for long-term healing, and **connect** clients to programs and services if they want more support. **For more, see this chapter's *What you can do: Listen, Partner, Connect* and *A trauma-informed approach for supportive relationships* sections.**

Relational health is a term used to describe the importance of supportive relationships to our health and well-being.[1–4] Research shows that building our relational health – having people in our lives who support us, such as friends, family members, coaches, mentors, and teachers – can help prevent and reduce the negative health impacts for children and adults that are associated with Adverse Childhood Experiences (ACEs) and toxic stress.[1,5] For example, a supportive person can calm us down when we are scared, sad, angry, or lonely. This decreases our heart rate, blood pressure, and stress hormone levels.[6–9]

Forming supportive relationships with others ideally starts in early childhood and continues through the teen years and into adulthood. Although we all can benefit from supportive relationships, they are especially important for babies and children. Research shows how positive early childhood interactions between infants and their parents and caregivers can strengthen the foundation for their lifelong health and social well-being.[1,5,10–12]

Conversely, when a child does not experience regular positive early childhood interactions with caregivers and other supports in the community, this can result in the child's brain not receiving the positive stimulation it needs for healthy development.[13–15]

Characteristics of supportive relationships include:[16–19]

- being treated fairly and respectfully.
- feeling able to talk about feelings.
- having a sense of belonging and support within a community.
- feeling free from fear and safe from physical harm, experiencing consistency in relationships and environment (stable), and feeling that physical, emotional, and developmental needs are met (nurtured).

Throughout this chapter of the Stress Busters Toolkit for CBOs, examples of trauma-informed tools and strategies are provided to promote healthy, supportive relationships. **For more information about healthy relationships, see the addendum at the end of this chapter.**

> Studies show that for children who have experienced significant adversity, having at least one stable and committed relationship with a supportive adult can decrease the risk of negative developmental consequences.
>
> **"Today it's widely understood that one of the most important factors in preventing and addressing toxic stress in children is healthy social connection."**
>
> – Former U.S. Surgeon General Vivek H. Murthy
> *Together: Why Social Connection Holds the Key to Better Health, Higher Performance, and Greater Happiness*

The science: How supportive relationships are a Stress Buster

Stress response	› Studies in children and adults have found that supportive relationships can calm the stress response, including lowering cortisol levels in the body (stress hormone), and calming the sympathetic nervous system, which controls heart rate, blood pressure, and respiratory rate.[20–23] › Responsive caregiving and Positive Childhood Experiences have been shown to decrease stress and are associated with reduced health impacts of ACEs for children and adults.[17,23–25] › When safety and trust are established, hugging and other interpersonal touch can boost oxytocin production, a hormone that enhances bonding and can counteract the stress response.[22,26] However, touching may not feel safe for people who have experienced ACEs and trauma. Whether you are working with adults or children, asking permission before touching is important (for more about nuances of supportive touch, see the *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients* chapter of the toolkit). › Caregivers who have their own ACEs and have social support are less likely to pass their stress reactivity to their children.[27,28]
Brain health	› While ACEs can disrupt healthy brain development and brain architecture, safe, supportive, nurturing relationships provide the foundation for healthy brain development and are an integral part of healing after ACEs.[1,1,29] › When safety and trust are established, bonding, social support, hugging, and other interpersonal touch can boost the production of oxytocin, a hormone that aids in cognitive processes, including learning and memory. It also boosts feelings of well-being, enhances caregiver-child bonding, and can counteract the stress response.[22,26]

Heart health	› Supportive relationships and social support networks are associated with lower blood pressure and decreased risk for heart disease and stroke.[8,22]
Immune system	› Social support and responsive parenting are associated with decreased asthma symptoms and enhanced protection against infection and faster recovery from injuries and wounds.[30–32]
General health	› We live longer with healthy relationships![33]

Challenges

Many different factors – including those out of individual control – can affect our relationships. It is important to recognize that our relational health involves relationships between people, such as a caregiver and child, a romantic couple, a mentor and mentee, and among friends, family, community, and social groups. These relationships can be affected or influenced by various factors.

Recognizing that there are structural/systems-level factors that can cause challenges to experiencing supportive relationships can reduce feelings of blame and shame. And, asking about these challenges can allow for more targeted individual-level solutions for clients.

Following are some examples of challenges; this is not an exhaustive list. In addition, racism, discrimination, and inequities at all levels can contribute to and exacerbate any of these challenges.

Structural/systems-level challenges

Policy-level factors	Public services or resources available to caregivers may or may not be equitably available based on income, identity (e.g., race, ethnicity, geographic residency, gender, sexual orientation), and/or the biology or legality of the caregiver (e.g., immigration status) and/or caregiver-child relationship (e.g., kinship, foster, adoption, birth). Examples of services/resources that may be impacted include: › childcare, education (from early childhood through higher education), pre- and perinatal healthcare. › rights to adoption for the LGBTQIA+ community. › Child Protective Services.
Social, cultural, and environmental factors	How a community values factors like age, gender, housing, income, culture, and identity can shape its relationships and social interactions: › Ageism, gender-based discrimination and violence › Discrimination against those with low income or those who lack resources like housing › Other factors that can be discriminated against (e.g., culture and identity, such as sexual orientation, race, and ethnicity)

Interpersonal/individual-level challenges

Psychological and cognitive factors	Mental health conditions, such as anxiety or depression; neurologic differences such as autism; belief about relationships based on one's own experiences or history in prior relationships, including one's own childhood
Physical health factors	Health status, presence of chronic diseases or disabilities
Socioeconomic factors	Income and resources at the family, household, or individual level may influence how a person is able to parent and what support they may or may not have.

Structural and individual factors can impact a person's capacity and opportunity to form and maintain healthy relationships. This toolkit provides individual and organizational-level approaches to mitigate challenges (**see the chapter, *Promoting Stress Busters at the organizational level***). Working together with clients, you can provide information and support to help them address these challenges.

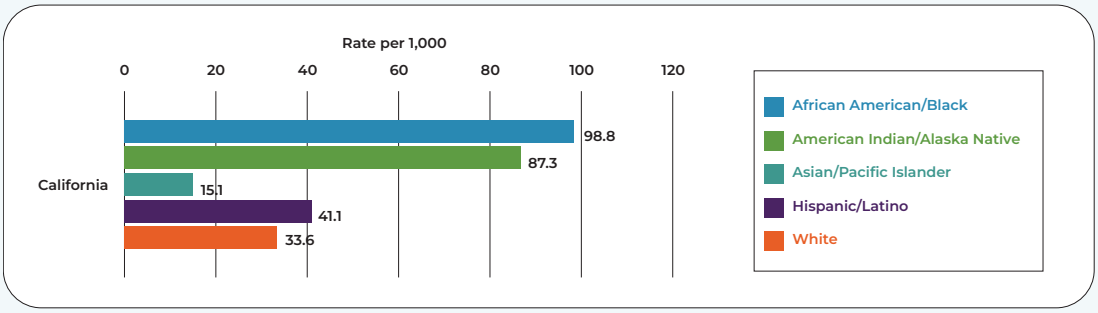
> ***"A client is in an unhealthy relationship. What should I do?"***
>
> Our experiences shape whether we feel relationships are generally supportive and people are generally trustworthy or not. For example, if we have relationships during childhood that are negative or not supportive, this may teach us that relationships are scary and not safe – and we may have difficulty telling the difference between healthy and unhealthy relationships.[34,35,35–37]
> **See the addendum at the end of this chapter for more information.**
>
> You can help clients take steps towards safe and healthy relationships by building up their strengths, intuition, and a sense of confidence in themselves. **For more, see the *Listen, Partner, Connect* section below.**

How do racism, discrimination, and disparities in exposure to adversity impact supportive relationships?

Our exposure to healthy relationships and ability to maintain supportive relationships in our lives can be affected by both historical and policy-level contexts, and societal and interpersonal biases. For example:

- **Discrimination occurring at the population-level can impact relational health:**
  - The United States' history of slavery and ongoing racism and discrimination contributes to a disproportionate number of Black, Indigenous, and Hispanic children being reported to Child Protective Services[38] and being removed from their families.[39] While specific statistics vary, it is generally agreed that such statistics may be due to a combination of factors, such as structural racism and inequities (including higher rates of poverty and lack of parental supports), as well as greater biases in reporting abuse and greater severity in responding to abuse reports of children from marginalized communities.[38]

Reports of Child Abuse and Neglect, by Race/Ethnicity in California



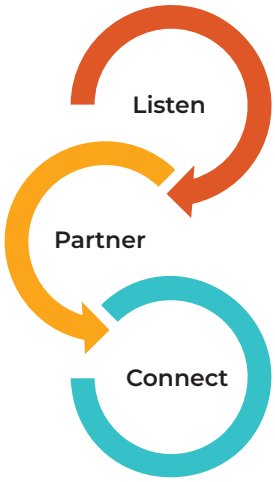
Source: Love Is Respect

  - Similarly, the U.S. has a history of removing many Native American children from their homes and placing them with families or in boarding schools outside of their communities in a governmental effort to systematically erase Native American culture. Despite federal legislation to stop these practices, a disproportionate number of Native American children are still in foster care today.[40–44]
  - Ongoing anti-immigrant sentiment and rhetoric, along with anti-immigrant and discriminatory policies that result in the forced family separation of immigrants, challenge the ability for children and adults of immigrant and/or mixed status families to experience stable and safe relationships.[45,46]

- **Discrimination occurring at the individual and interpersonal level can also impact relational health:**
  - Children with disabilities are at least three times more likely to be abused or neglected than their peers without disabilities. They also are more likely to be seriously injured or harmed by this treatment.[47]
  - Children who are perceived as "different" (e.g., physical and/or learning disabilities, or with LGBTQIA+ identity), are at greater risk of being bullied.[48,49] Feeling or being labeled as "different" and being bullied may impact a children's ability to have healthy peer relationships.
  - Adversity in the form of gender-based discrimination and violence against girls, women, and LGBTQIA+ individuals can occur in many settings, potentially impacting relationships in all parts of life for those at risk (e.g., family and interpartner, work, school, sports).[50]

Knowing this, intentional efforts must be made to support disproportionately impacted communities so they may access the services and resources they need to maintain safety while protecting and nurturing supportive family and community relationships.

What you can do: Listen, Partner, Connect



The way you talk about Stress Busters with clients matters. ACEs Aware community and clinical partners shared that in their experience, it is more effective to engage clients with Stress Busters through conversation and partnership versus telling a client how to "fix it."

Using the **Listen, Partner, Connect Framework** is a way to remember how to structure a client conversation about Stress Busters and how to interact with clients using trauma-informed and strength-based approaches.

Listen

Ask open-ended questions and use compassionate active listening to understand clients' needs and desires around the supportive relationship Stress Buster from their perspective.

Example questions:[51–54]

- Do you feel you have someone who understands and believes in you, who you could talk to when you are upset or need help or advice? Who stands by you in difficult times?
- When you need it, do you have someone who can give you financial or material support – for example, a car ride to an appointment?
- Tell me about any groups or organizations you belong to (e.g., community groups, faith or religious groups, clubs or teams, parent/caregiver groups, etc.) – or friends, neighbors and relatives you talk to every week or two.
- What are your favorite activities to do with your friends?
- How are things at home? Who do you live with and how are those relationships?
- What are the good things about your relationships, and what are the less good things?
- How would you like things to be different?
- Can you think of things that would help you have more supportive relationships in your life?
- How can I support you?
- What do you see as your next steps?

For more information about how to do active listening, see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients.*

Reminder: Create safety and trust

- If a client does not know you well, start with an introduction: something about yourself and your role at your organization.
- Ask one question at a time, be patient and give clients time to respond.
- Reassure clients that they can say they do not want to share certain information.

For more examples of how to apply SAMHSA's six key principles, see *A trauma-informed approach for supportive relationships* section of this chapter.

Partner

Base the conversation and next steps on what a client needs or wants. There is no need to lecture or "fix" someone. This is a partnership and a collaboration. If a client gets stuck or is not sure what to do, check in with them by asking, "How do you see me being able to help?"

- **Use ACEs Aware handouts as guides in the conversation if helpful:**
  - "Building Connections and Positive Relationships Can Prevent and Manage Stress" (from www.ACEsAware.org/managestress).
  - Two-generation Approach to ACEs – Explains how addressing ACEs involves supporting both children and their parents or caregivers to reduce early life adversity and enhance the ability of the caregiver to buffer their child's stress.
- **Work with the client to identify their own support system:**
  - Consider using a relationship mapping tool such as the Circles of Support.[55–57] For more resources, visit www.acesaware.org/managestress/cbotoolkit.)
  - While a client or family is at your organization, model a healthy relationship by offering consistent, reliable support in a compassionate, calm manner. Remind them you are there to help and will continue to be available in the future.
- **Be a supportive relationship by creating an encounter that is safe, stable, and nurturing**[19,58,59] (e.g., being present in the moment, compassionate, and responsive in client interactions).
  - Recognize where you may have implicit bias and work to avoid stereotypes or attitudes that could affect your ability to be a supportive relationship in interactions with clients. (For more resources, visit www.acesaware.org/managestress/cbotoolkit.)
- **Use strengths-based and collaborative approaches with the client, such as motivational interviewing,** to discuss strategies for improving their relational health and for them to choose what works best for them, such as the following ideas from community partners and clinicians:
  - Spend quality time with people who make you happy, such as eating a meal with someone, chatting, or taking a walk – and be present in the moment (put away the phone).
  - Schedule a regular time to meet up with a friend; also consider including a friend in a busy routine such as asking them to help with shopping or to go to an exercise class.
  - For clients with young children:
    - "Serve and return": Engage in responsive, back-and-forth exchanges between a child and parent/caregiver.[13] (For more resources, visit www.acesaware.org/managestress/cbotoolkit.)
    - Read together, play games, and prepare and eat a snack.
  - Check out the local community center, neighborhood family center (e.g., YMCA), post-incarceration community center, etc. for activities, classes, and volunteer opportunities.

For more information about how to use motivational interviewing techniques, see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients*.

Reminder: Focus on strengths and collaboration

- Notice client strengths (e.g., maintains a close, long-term friendship; goes to parenting classes, etc.) and comment on them.
- Move beyond a helping role to mutuality and power-sharing (working together), because "helping" may reinforce feelings of helplessness.[60]
- Offer clients choices and recognize they are the experts in their own lives and about what they want and need.

For more examples of how to apply SAMHSA's six key principles, see *A trauma-informed approach for supportive relationships* section of this chapter.

Connect

If clients are experiencing toxic stress and have stress-related mental or physical health issues (see a list of ACE-Associated Health Conditions), they may be interested in connecting to resources, programs, and services that can support them in using supportive relationships as a Stress Buster to reduce stress, heal, and thrive.

Refer to support programs or resources	› Help clients find: • parenting/caregiver support groups and classes, home visiting programs for parents/caregivers with young children. • mentoring programs, resources about dating and healthy relationships, personal safety for adolescents. • peer support groups for adults (18+) living with a mental or physical health condition, resources about healthy relationships, domestic violence organizations. › See a list of resources at www.acesaware.org/managestress/cbotoolkit.
Offer 24/7 helplines	› See a list of emotional, crisis, relationship, and domestic violence support lines at www.acesaware.org/managestress/safety/.

Refer to primary care doctor or mental/ behavioral health provider	❯ If the client is interested in mental or behavioral health services to support healthy family functioning,[61–63] such as individual therapy, couples counseling, or caregiver-child therapies, connect them with a primary care doctor, such as an ACEs Aware-trained clinician to help them get needed interventions and referrals. Or connect them directly to a mental/behavioral health provider **(see the mental healthcare chapter for more information).** ❯ Therapists can help clients focus on building trust and positive relationship skills and empower parents/caregivers to get their own healing and treatment, which can improve bonding and attachment. Ask about: • Child-Parent Psychotherapy (CPP). • Attachment and Biobehavioral Catch-up. • Parent-Child Interaction Therapy (PCIT). ❯ For clients without health insurance, you can find help with Medi-Cal, health coverage, and other benefits on the California Department of Health Care Services (DHCS) website and find free primary care services at the California Association of Free and Charitable Clinics. ❯ For resources, visit www.acesaware.org/managestress/cbotoolkit.

A trauma-informed approach for supportive relationships

When we say "take a trauma-informed approach," what does that mean? There are six key principles of SAMHSA's trauma-informed approach.[64] The following table provides examples from lived experience from community partners, clinical expertise, and the literature showing how to apply this Stress Buster across the six key principles. You can follow these practices with clients who are participating in group classes or programs, or when working one-on-one with a client using Listen, Partner, Connect.

SAMHSA's principles of a trauma-informed approach	**Ways to put the principles into action** Examples from community partners, clinicians, and the literature
Safety	› Respect a client's personal space and physical and emotional boundaries, such as by:[65,66] • asking, not assuming, what they need, such as a tissue, a hug, or a pat on the shoulder. Do not touch someone without their permission (for more about nuances of supportive touch, see the *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients* chapter of the toolkit). • asking one question at a time, being patient and giving clients time to respond. • reassuring clients that they can say they do not want to share certain information. • asking for permission before moving/touching someone's mobility aid, such as a cane, walker, or wheelchair. › Before interacting with clients, "put your oxygen mask on first." Regulating our own emotions in stressful situations will help clients feel safe to discuss their concerns.
Trustworthiness and transparency	› If a client does not know you well, start with an introduction, such as something about yourself and your role at your organization. › Start client conversations with a greeting: "Hi, it's nice to see you today. How is your day going? How are you holding up?" › Use clear language when communicating with clients; ask them to summarize what they understand you said if you think there is confusion. › Be a reliable, trustworthy relationship for clients. Building trust requires consistently showing up and offering a safe environment. › Acknowledge that trust and boundaries about sharing information can vary greatly and that's OK.

Collaboration and mutuality	› Move beyond a helping role to mutuality and power-sharing (working together), because "helping" may reinforce feelings of helplessness.[60] › Regulate your own emotions as a model to show clients how they can act with their child and others in a healthy, regulated way (see techniques to calm the stress response in the *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients* chapter of the toolkit). › Put the person first, before the required documentation (e.g., case notes, forms) and processes. It can be a lot – be sure to ask for support, use the Stress Busters, and apply organization-level strategies to prevent and manage burnout (check out this ACEs Aware webinar about burnout).
Peer support	› As you're talking with clients, notice their strengths (e.g., maintains a close, long-term friendship; goes to parenting classes, etc.) and comment on them. › Remind clients that asking for help or peer support is not considered "weak." We all need support sometimes and would do the same for someone else. › Discuss ways to broaden a client's support network so that they have a few people they could reach out to when needed.
Empowerment, voice and choice	› When providing support or comfort, offer choices. For example, with children, ask "Would you like a hug, a high five, a bow, or pass?" (See this video showing how a teacher offers these choices to students.) This allows clients to choose the level of touch or comfort they are comfortable with (for more about nuances of touch, see the *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients* chapter of the toolkit). › Offer clients choices and recognize they are the experts in their own lives and about what they want and need at a specific point in time. › Level feelings of power imbalances (for more about leveling power differentials, see the *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients* chapter of the toolkit).

Cultural, historical, and gender issues	› Recognize and honor the different cultural, historical, religious, and other customs that can influence our relationships. Learn about the customs of clients and bring this learning into your conversations and programming. › Acknowledge caregivers of children who may not fit traditional "parent" identities (e.g., are not birth parents or biological relatives of the child, but include other relatives or kinship caregivers). › Appreciate that parenting and caregiving may not align with assumed gender identities (e.g., a mother and/or a father figure). › Ask individuals how their own identity (gender and otherwise), history (their own experienced parenting or caregiving in their childhood), and current cultural contexts, contribute to their approach to caring for their child(ren). Highlight, praise, and reinforce the healthy and ideal authoritative aspects of parenting styles. (For more on parenting styles, see the addendum at the end of this chapter.)

With these tools and strategies, you can use the supportive relationships Stress Buster to support individuals, families, and staff in preventing and treating toxic stress.

> **Take Stress Busters to the next level:**
>
> For ideas for integrating Stress Busters into your organization's operations, services, and physical environment, **see the chapter, Promoting Stress Busters at the organizational level.**

ADDENDUM: Understanding supportive relationships

When we consider the supportive relationships Stress Buster, it is important to understand what we mean by "supportive." A supportive relationship is a healthy one. Following is information that describes what we mean by "relationship health" between adults, and between parents/caregivers and children.

Healthy relationships between adults

Relationships between adults exist on a spectrum from healthy to abusive, with "unhealthy" in between. The following graphic provides examples of key characteristics of healthy relationships, as well as red flag behaviors to help recognize if someone is in an unhealthy or abusive relationship.

Healthy A healthy relationship means both you and your partner are:	**Unhealthy** You may be in an unhealthy relationship if your partner is:	**Abusive** Abuse is occurring in a relationship when one partner is:
Communicating	Not communicating	Communicating in a hurtful or threatening way
Respectful	Disrespectful	Mistreating
Trusting	Not trusting	Accusing the other of cheating when it's untrue
Honest	Dishonest	Denying their actions are abusive
Equal	Trying to take control	Controlling
Enjoying personal time away from each other	Only spending time together	Isolating their partner from others
Making mutual choices	Pressured into activities	
Economic/financial partners	Unequal economically	

Source: Love Is Respect

Healthy relationships between parents/caregivers and children

The way we parent – our parenting style – can affect relationships and the family dynamic. One style, called "authoritative," is considered to be the healthiest for children.[67] What are other parenting styles? Following are descriptions of the four main parenting styles typically described by researchers, and some of their impacts on children.

Warm, supportive parenting and the **authoritative** parenting style (warm and structured) have been associated with improved child health and well-being.[67] Authoritative parenting involves parents/caregivers setting clear expectations and guidelines, working with a child to set goals and boundaries, and explaining to a child the reasons why they are being disciplined. Parents/caregivers also communicate frequently with children and offer warmth, understanding, and connection.[67] This healthy parenting style is associated with confidence, responsibility, better social outcomes, emotional well-being, self-regulation, higher self-esteem, and better academic performance in children.[67]

Although the name sounds similar, authoritative parenting is different from **authoritarian** parenting. Authoritarian parenting is a style in which parents/caregivers set inflexible, unrealistic expectations and strict rules without empathy or warmth, and expect a child to follow them without making mistakes or asking questions. Mistakes often are responded to with punishment.[67] This unhealthy style of parenting is associated with children having higher levels of aggression, social problems, difficulty in decision-making, and lower self-esteem.[67]

Permissive parenting can be warm and nurturing, but because caregivers have minimal rules and expectations for their children, this style of parenting can result in negative habits, such as for nutrition, sleep, and screen time. Lastly, an **uninvolved** parenting style reflects caregivers' minimal emotional connection and communication with their child, and limited nurturing. Although this hands-off approach can lead to children being more independent of their caregivers, this is due to necessity and can result in a child having difficulty with regulating their emotions, academic achievement, and forming and maintaining relationships.[67]

Factors that affect parenting styles

Parent or caregiver style and behavior is influenced by many factors. One of the most influential factors is our "social context," or the social environment we are familiar with. This influences our own social norms about parenting/caregiving.[68] Our social context includes experiencing our own parents' parenting style, as well as influences from individuals in our parents' community, and the social norms in our own communities. These influences may guide parents and caregivers towards one of the four common parenting styles (authoritarian, authoritative, permissive, or uninvolved).

ACEs and trauma can affect our relationships with others. Some people who have experienced ACEs may parent in more protective or strict ways (e.g., authoritarian) because they feel this approach helps keep a child safe. Other parents and caregivers who have experienced ACEs may use a permissive parenting style because they feel that being a positive and nurturing support without the discomfort of boundaries and rules is the best way to protect their children.

Factors like these may result in a parent or caregiver behaving toward a child in a way that may have negative impacts on the child, but perhaps the parent/caregiver is unaware of it. Their parenting style may be all they know based on how they were parented. They may feel they are protecting their child in the best way they know how based on their experience of the world as a dangerous place.

Additionally, it is important to know that raising a child (e.g., parenting) looks different in different cultures and communities. "Parenting" may not be based in birth, biology or legal guardianship, but in family, community, and kinship (e.g., the raising of a child by grandparents, other family members, or even other adults with family-like relationships to the child such as close family friends or neighbors). Different caregiver and family structures may influence parenting/caregiving style.

Therefore, when working with clients, it is important to honor that most caregivers are working to do their best for their child. It is also important to acknowledge that everyone has different parenting and caregiving styles that are influenced by many factors. The goal is to work with parents and caregivers to understand their social contexts and highlight and reinforce current authoritative (warm and structured) parenting practices. It also can be an opportunity to introduce new ideas (e.g., educate) while considering their unique cultural and historical contexts, and without telling clients what to do or how to act.

For more information about parenting styles, see www.acesaware.org/managestress/cbotoolkit.

If you are concerned about safety issues, follow mandated reporting guidelines and your organization's protocols. (**For more information on mandated reporting see** Mandated Reporter Guidance.)

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