

TRUST-BASED RELATIONAL INTERVENTION[®] *CAREGIVER TRAINING*



INTRODUCTION & OVERVIEW

TBRI[®] PRACTITIONER INSTRUCTOR WORKBOOK





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TRUST-BASED RELATIONAL INTERVENTION®

CAREGIVER TRAINING

INTRODUCTION & OVERVIEW

TBRI® EDUCATOR INSTRUCTOR WORKBOOK

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Revised 2017

TBRI® has been developed by
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This training resource is made possible by
The Rees-Jones Foundation and The Lesley Family Foundation



To cite this resource: Purvis, K., Cross, D. R., & Hurst, J. R. (2013). *Trust-Based Relational Intervention® Caregiver Training: TBRI® Introduction and Overview* (TBRI® Practitioner Instructor Workbook). Fort Worth, TX: Karyn Purvis Institute of Child Development.

A Guide to This Workbook

Welcome to the Karyn Purvis Institute of Child Development's Trust-Based Relational Intervention® (TBRI®) Caregiver Training: Introduction and Overview. As an overview, this module is designed to give participants exposure to all parts of TBRI® by highlighting the ways in which each section of the intervention strategy fits into the holistic nature of TBRI®. The first few activities provide an opportunity for participants to become comfortable with each other, share successes and challenges with each other, and become familiar with the basic ideas of TBRI®.

In this workbook, you will find numerous aids to assist you while training. All parts of the participant workbook pages are included here– you can use the headings on each page to find the corresponding page in the participant workbook. In addition, we've included several interactive and experiential ways to help participants learn. Activities and alternate activities are given for most sections. Participants may write examples of how principles apply to their own lives in the spaces provided in their workbooks. In addition, you'll notice boxes of text with some of the following phrases: 'Questions for reflection,' 'Apply what you see,' and 'Think critically,' followed by a few questions. These questions are designed to encourage discussion among the training group – and so, when applicable, we've given you notes to get the conversation started. Grey boxes indicate instructor-led activities.

Secure attachment – Questions for Reflection:

1. *What kind of history do you think this child and her mother have together? How do you know?*

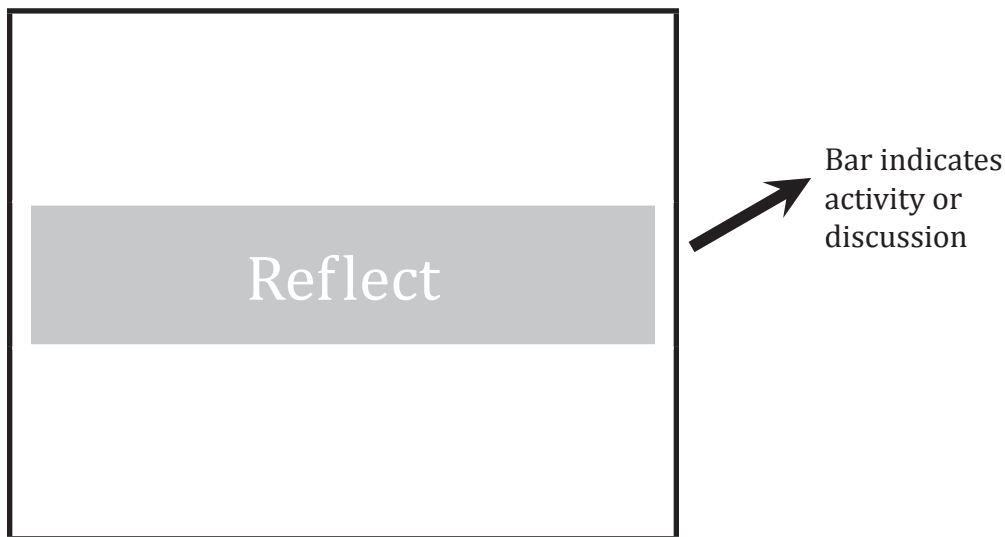
Question boxes encourage discussion among participants

Next to each chapter heading is a time frame – this is the suggested amount of time to spend on the section. The *TBRI® Introduction and Overview* training module is designed to be a one-day (6-hour) training, but we realize that organizations have different amounts of time and resources. The training is designed to move from theory into behavioral application - giving participants a knowledge base then providing them with real-life tools they can use with children and families.

Using the Slide Presentation.

**The second slide in the presentation titled "Note to Trainers" is to show those in attendance that you have been authorized by the Karyn Purvis Institute of Child Development as a "TBRI Practitioner," and as such, are authorized to present the TBRI Caregiver Training.

As you go through the slide presentation, you'll notice that we've provided helpful tools to keep you organized and in-sync with this workbook. For example, slides associated with activities or discussions have a thick bar across them, similar to the one below (pictured in gray):



Best wishes to you as you begin your journey with TBRI®. Our aim is not only to help you and your participants understand the relationship history of children from hard places, but also to give you tools to move forward and deepen and strengthen connections with them.

Goals for this training:

- To lay the foundation for deep insight about the impact of a child's history on their long-term development.
- To create a framework for practical intervention and application.
- To enhance understanding about how to interpret behavior and to respond appropriately.

Suggested Training Schedule

Below is a summary of the sections in this training module and the approximate time you will spend going through each section. We have found that the maximum amount of time participants can absorb information without a break is about 90 minutes – after that, they need the opportunity to stand up, stretch, and have a nourishing snack. We encourage you to provide nourishing snacks and fresh water for your participants, or ask them to bring their own. As you'll learn, both children and adults learn and retain information better when they are properly hydrated and their blood sugar is at an optimum level. We suggest putting 'fidgets' on participant tables. Small handheld manipulatives like stress balls, Play-Doh®, and even pipe cleaners occupy the hands and help participants concentrate. For other examples of fidgets, visit www.officeplayground.com. We also suggest providing participants with a variety of oral-sensory options, such as gumballs, fireballs, and WarHeads® candy.

Section Title	Time	Pages
Understanding TBRI®	30 minutes	5 - 8
Where Do I Begin?	45 minutes	9 - 20
TBRI® Connecting Principles	60 minutes	21 - 25
TBRI® Empowering Principles	45 minutes	26 - 32
TBRI® Correcting Principles : Proactive Strategies	45 minutes	33 - 36
TBRI® Correcting Principles: Responsive Strategies	45 minutes	37 - 42
Putting it All Together	45 minutes	43 - 46

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Understanding TBRI® (30 minutes)

***Reminder: Before participants complete the first page, be sure to show them the second slide titled "Note to Trainers".**

Terms to Know for this Section

- Trust-Based Relational Intervention® (TBRI®)
- Children from hard places
- Developmental trajectory

Main Ideas in this Section

- TBRI® is an intervention designed for children from hard places, but is an approach for *all* caregivers to use.
- You (participants) are surrounded today with others who are traveling a similar journey to your own, or a path in which they understand unique joys and challenges you have faced. Support is vitally important in your journey.
- With deep investment from caregivers, there is hope and healing for every child and family.

Trust-Based Relational Intervention® (TBRI®) is a holistic approach that is multi-disciplinary, flexible, attachment-centered, and challenging. It is an evidence-based, trauma-informed intervention that is specifically designed for children who come from hard places, such as maltreatment, abuse, neglect, multiple home placements, and violence, but you'll see that the principles apply to all children. TBRI® consists of three sets of harmonious principles: Connecting, Empowering, and Correcting Principles, which you'll learn about more in this and other training modules.

TBRI® principles have been used in homes, schools, residential facilities, orphanages, and several other settings. They are designed for use with children and youth of all ages and all risk levels. TBRI® is effective because it is founded in research and theory and is based upon how optimal development *should* have occurred. By helping caregivers understand what should have happened in early development, TBRI® principles guide children and youth back to their natural developmental trajectory.

Video Clip: Understanding TBRI (slide #8)

Instructor Note: This clip introduces the topic of behavior and gives a brief review of the materials that follow in this and later sessions. Have someone scribe the group responses to question 3 from Check-In Activity (below) on a whiteboard, if possible.

OPTIONAL ACTIVITY (Following clip, depending on time):

Ask participants:

- What is most *hopeful* about this clip?
- What is most *concerning* about this clip?
- Do these *behaviors* look familiar to anyone?
- How do you see yourself *responding* to these behaviors?

How does TBRI® work?

- TBRI® is effective because it is founded in research & theory and how optimal development should have occurred.
- By applying these principles, TBRI® helps a child or youth return to their natural developmental trajectory.
- TBRI® is designed for children from hard places but can be used with children from all risk levels.

ACTIVITY: CHECK-IN (Slide #9)

Ask the following three questions to participants. After each, take a few minutes for reflection. Ask each participant to first take two or three minutes to write answers in their notebooks, and then share at their tables, and finally a table spokesperson may report one or two items that came up at their table. After completion of each step for one question (notes, table sharing, group sharing), you will be ready to move to the next question.

Table captain (optional): Each table may choose a table spokesperson for this activity by asking the question: Who has done the most daring thing in their life?

For those who are already serving children from hard places:

1. What is going *well* in your current journey with the children you serve?
2. What is *tricky* in your journey with the children you serve?
3. What is your *greatest need* in the time we have together today?

For families who are preparing to serve children from hard places waiting to foster or adopt:

1. In what ways do you feel *prepared* to serve children from hard places?
2. What *fears* do you have as you make your journey toward serving children?
3. What is your *greatest need* in the time we have together today?

CHECK-IN:

1. What is going *well* in your current journey with the child/children in your care?

OR

In what ways do you feel *prepared* for caring for children?

2. What is *tricky* in your current journey with the child/children in your care?

OR

What *fears* do you have as you make your journey toward caring for children?

3. What is your *greatest need* in the time we have together today?

Where Do I Begin? (45 minutes)

Terms to Know for this Section

- Brain plasticity
- Self-worth
- Self-efficacy
- Voice/Giving voice
- TBRI® Connecting Principles
- TBRI® Empowering Principles
- TBRI® Correcting Principles

Main Ideas in this Section

- Where to begin with your journey depends on where you are now and where you have been in the past.
- Prenatal and early life risks change children's brains, which affects their emotions, learning abilities, and behaviors.
- The brain grows and changes throughout the lifespan.
- Giving voice to children is one way to begin the journey toward deep connection and healing.
- Understanding the TBRI® principles will help you evaluate the needs underneath a child's behaviors.

Many first-time TBRI® participants ask, “Where do I begin?” The answer to this question is complex and depends on where caregivers are in their current caregiving journey. For example, some participants may be seasoned caregivers while, for others, this may be their first step into caring for children from hard places. Time permitting, use the activity below to help participants begin to assess where they are in their journey.

ACTIVITY: WHERE DO I BEGIN? (Slide #12)

Ask the following three questions to participants. After each, take a few minutes for reflection. Ask each participant to first take two or three minutes to write answers in their notebooks, then share at their tables, and finally a table spokesperson may report one or two items that came up at their table. After completion of each step for one question (notes, table sharing, group sharing), you will be ready to move to the next question.

Table captain (optional): Each table should choose a table spokesperson for this activity by asking the question: Whose birthday comes first in the year?

For those who are already serving children from hard places:

1. What caregiving strategy have you used in the past that worked *well*?
2. What caregiving strategy have you used in the past that *did not work well*?
3. What *new caregiving strategies* might you consider?

For those who are preparing to serve children from hard places:

1. What caregiving strategies did your parents use with you that you think worked *well*?
2. What caregiving strategies did your parents use with you that you think *did not work well*?
3. What *new caregiving strategies* might you consider when you begin caring for children?

Understanding Risks

TBRI® identifies six early risk factors that influence the way children from difficult backgrounds think, trust, and connect with others. These risk factors change children's brain development and brain chemistry, leading to a higher risk of emotional problems and accompanying dysfunctional behaviors.

Early Risk Factors For Children

Difficult pregnancy

- Can be for reasons including medical, drugs/alcohol, crisis or other trauma.
- Can be due to persistent, high level of stress throughout pregnancy.

Difficult birth

- A difficult or traumatic birth is risky for many reasons (e.g., perhaps the newborn was briefly without oxygen, leading to mild neurological insult).

Early hospitalization

- Children who experience early hospitalization often experience painful touch rather than nurturing, comforting touch in the first days of life.

Abuse

- Children from abusive backgrounds know to always be on guard. Their brains have been trained to be hyper vigilant to the environment around them.

Neglect

- The message sent to a child from a neglectful background is 'you don't exist.'
- Children from neglectful backgrounds often suffer from the most severe behavioral problems and developmental deficits.

Trauma

- Any number of traumas in the child's life (witnessing an extreme event, for example) can cause the child's developmental trajectory to change in response.

The brain is plastic, meaning it changes in response to what happens to it. Children's brains adapt to the situations they come from, be it abuse, neglect, or the sterile environment of a hospital incubator. Children from abusive backgrounds often cower at the sight of an imposing adult, for example, and children who experienced a painful medical procedure as infants often shy away from physical touch. Such responses have been 'wired' within the brain and are adaptable and suit the needs of specific situations children are in.

Thankfully, the brain remains *plastic* throughout the lifespan. It can adapt to new situations. What this means for the child in your care is that, with help, the child can learn to function in an environment of safety and love.

In the TBRI® Empowering, Connecting, and Correcting training modules that follow, we'll provide you with strategies and tools to guide you and the child/children in your care along the path to healthy connection and functioning.

Understanding Risks - *Check Your Understanding:*

The brain is *plastic*, meaning it can *change* throughout the lifespan.

Infants born *prematurely* have organs and *systems* that are not fully formed.

Experiencing one of the six early risk factors causes a child's *developmental trajectory* to change in response.

Understanding Brain Growth & Increased Challenges at These Ages

There are five major stages of brain development in childhood in addition to the age of five, when most children enter school and the increased cognitive load uncovers challenges in brain development. ***At each of these stages, many caregivers note an increase in the child's behaviors and an increase in need for support.*** In optimal development, children's brains are guided through all six major phases (described below) by a loving caregiver. Because children from hard places have experienced trauma in some form, their brains are operating at a level of *survival*. Their primary concern is getting their needs met – any way possible. Often, this is accomplished with behavior that looks problematic – or even bizarre – to others. Parents and caregivers need to be attentive to the increased challenges and be prepared to offer additional support.

Video Clip: Overview - Understanding Brain Growth (slide #12)

Six points in children's lives stand out as important in brain development:

In-Utero

As the foundation of brain development, the mother provides a vital early environment for nurturing a baby's brain. Researcher Tiffany Field's work with anxious-depressed mothers in the sixth month of pregnancy revealed that elevated catecholamine stress hormones predicted low birth weight and premature birth^{1,2,3}. Mothers' high stress hormones were then reflected in infants' urine at one month of age, suggesting that infants reap the neurochemical results of what mothers experience during pregnancy. Interestingly, at birth, infants whose mothers reported anxiety during pregnancy had differential activity in each hemisphere of their brain – indicating the two sides of the brain not communicating effectively⁴. This can greatly impact later cognitive and behavior functioning.

First Year of Life

Just as you learned earlier, the first year of life is the most important time in establishing the attachment cycle. In optimal development, children learn that they have *voice*- a loving caregiver meets their physical and emotional needs. When children receive tender mentoring, they learn competency in social-emotional, cognitive, and the sensory systems. When children do not receive this, the brain (and all of development) is dramatically altered. We know from animal studies, for example, that when animals are raised in an impoverished environment, their brains have fewer connections between brain cells than when the environment is sensitive and nurturing^{5,6}.

Age Five

Age five is not a major physical brain growth stage, but it is the age when children enter school. Once children go to school, the demands of behavioral self-regulation increase – they must sit in a desk, concentrate on their work, keep their hands to themselves, etc. At age five, we often begin to see in behavior what the brain has been lacking since the beginning. Thus, it is an important time period to pay attention to and to be prepared to offer extra support.

Ages 8, 12, and 16

When children’s brains have not been mentored since birth, this shows up behaviorally with more ferocity at ages 8, 12, and 16. Without the tools to be proactive earlier, at these later ages children often begin taking medication for what looks like behavioral dysregulation and emotional illness. As you learned in the attachment cycle, between 8 and 10 years, children often display depressive and or anxious behaviors. At ages 12 and beyond, behaviors may look more like those that characterize Bipolar disorder.

The most important thing to understand is that, with investment from caregivers, hope and healing is possible for every child.

NOTES

How Can I Catch Up?

The most important thing to understand is that, with investment from caregivers, hope and healing is possible for every child. Based on the truth that relationships are built on a solid foundation, TBRI® shows caregivers techniques to build connections, empower children, and correct behavior in challenging situations.

As we move through the training, you'll learn through TBRI® Principles that the most important skills children need in order to 'catch up' come in the form of Connecting and Empowering Principles. These include many things they most likely did not receive as infants, toddlers, or even in older ages. For example, when children from hard places learn to practice healthy attachment behaviors, not only do they develop *trust, self-worth, and self-efficacy* (huge social-emotional gains), but their brain chemistry changes in response. Through *TBRI® Empowering Principles*, you'll learn ways to help children develop sensory competencies, which will also help them navigate their often-intimidating social worlds.

Giving Voice

In the following video clip, you'll see a literal example of giving a child voice. In this example, the child speaks in a high-pitched, squeaky voice and the adult encourages and helps her use her 'real girl' voice.

Video Clip: Overview - Giving Voice (slide #15)

One easy place to begin is by giving children *voice*. As children from hard places have a history of not having even their most basic needs met, they often feel the need to control their environment. Of course, as caregivers we know that our children will have plenty of food, clothing, and toys each day, but our children, deep in their brains, do not. Their histories have trained their brains to not expect regular meals, warmth from clothing, or comfort from a loving caregiver. A simple way to begin healing the child in your care is by hearing the child's *voice* – that is, hearing the need underneath the behavior, and then saying yes to the need. Does the child hoard food? Let him choose a few healthy snacks to carry around in a fanny pack so that he'll have them whenever he feels hungry. Does she wake up crying and scared in the night? Place nightlights in the hallway, lighting a path to your room where a sleeping bag is waiting next to your bed. By celebrating and saying yes to needs, caregivers allow children's voices to shine through and unwanted behaviors begin to slowly dissolve.

Three ways I can say 'yes' to the child in my care are:

- 1.
- 2.
- 3.

[Answers may be varied and specific to participants. Some examples include the ones listed above, as well as: stopping what the caregiver is doing to play what child wants for 15 minutes; allowing teen to choose and/or make what s/he wants to have for dinner one night per week.]

Overview: TBRI® Connecting, Empowering, and Correcting Principles

TBRI® consists of three interactive sets of principles: Empowering Principles, Connecting Principles, and Correcting Principles. Here, you'll learn a bit more about each of these and in subsequent training modules, we'll go much more in depth.

TBRI® Connecting Principles

Connecting Principles help children build trust and meaningful relationships.

These include:

- *Engagement Strategies*, which connect with children non verbally, such as with eye contact, behavior matching, and playful engagement.
- *Mindfulness Strategies*, which involve caregivers being aware of what they bring to interactions with their children, such as being conscious of their own relationship histories.

TBRI® Empowering Principles

Empowering Principles help children learn important skills like self-regulation. There are two types of Empowering strategies:

- *Physiological Strategies*, which focus on the **internal physical needs** of the child. These include things like hydration, blood sugar, and sensory needs.
- *Ecological Strategies* focus on the child's **external environment** and guide children toward learning self-regulation skills. Ecological Strategies include things like transitions, scaffolding (guided support appropriate to a child's level that facilitates learning), and daily rituals.

TBRI® Correcting Principles

Correcting Principles help children learn behavioral and social competence so that they can better navigate the social world they live in. Correcting Principles include:

- *Proactive Strategies* are designed to teach social skills to children during calm times.
- *Responsive Strategies* provide caregivers with tools for responding to challenging behavior from children.

ACTIVITY: WHICH IS YOUR STRENGTH? (Slide #19)

Instructor Note: Allow participants to answer the following questions in their workbooks. After participants are finished, ask how many participants spend the majority of their time empowering the children in their care. How many spend the majority of their time connecting with the children in their care? What about correcting behavior?

Every caregiver is better at one of the three TBRI® principles than the others.

Of the three principles, I am best at _____ principles and weakest at _____ principles.

I probably spend an average of _____% of my time *Connecting* with children in my care.

I probably spend an average of _____% of my time *Empowering* children in my care.

I probably spend an average of _____% of my time *Correcting* children in my care.

For those who are still preparing to serve children modify the questions as follows. If time permits, you may decide that it is helpful to ask participants that are already serving children to complete the following questions as a reflective tool.

Of the three principles, **my parents** were best at _____ principles and weakest at _____ principles.

My parents probably spent an average of _____% of time *Connecting* with me as a child.

My parents probably spent an average of _____% of time *Empowering* me as a child.

My parents probably spent an average of _____% of time *Correcting* me as a child.

It's likely that many participants answered that they spend the majority of time correcting the children in their care (or that their own parents spent a large percentage of time correcting). Children from hard places have learned strategies for getting their needs met, but often these strategies are not adaptive. Just as you learned before, many children came from backgrounds where their voices were not heard. They developed behaviors based on survival – behaviors such as aggression and violence. As a result, many caregivers understandably slip into a cycle of correcting behavior over and over again, but with few results. Many caregivers may say that they divide their time like the graphic below- *correcting* takes up the majority of time, *empowering*, or meeting physical needs, comes next, and *connecting* with children comes in a distant third, after behavior has been managed and basic needs have been met.



If we draw a pyramid around the three TBRI® principles according to how much time many caregivers spend utilizing them, we see that it builds a pyramid with a very shaky base. It certainly won't withstand much pressure. Let's look at how TBRI® builds a more stable pyramid.

In TBRI®, we ask caregivers to look at the relationship from a different standpoint. Look at the triangle below:



In this pyramid, the base is connecting. Connecting is the natural base that would have developed through loving, nurturing care in the early months of life. The base is stable, and could withstand any amount of pressure applied to it. We find that behavior management is much easier when relationships are rooted in a deep foundation of connection and trust. In this and subsequent training modules, you'll learn why Connecting Principles are the heart and soul of TBRI® and we'll teach you ways to connect with a child who didn't have an optimal start.

The TBRI® Empowering, Connecting, and Correcting Principles will show you ways to help provide children an environment where they feel safe. What follows in this module is a brief overview of each of the three principles: Connecting, Empowering, and Correcting.

TBRI® Connecting Principles (1 hour)

Terms to Know for this Section

- *Mindfulness Strategies*
- *Engagement Strategies*
- Attachment Cycle
- Self-worth
- Self-efficacy
- Self-regulation
- Sympathetic nervous system
- Parasympathetic nervous system
- Excitatory neurotransmitters
- Inhibitory neurotransmitters

Main Ideas in this Section

- The TBRI® Connecting Principles are the foundation of TBRI®. They are designed to provide caregivers with knowledge and tools to relate deeply to the children in their care.
- During the first year of life, the attachment cycle sets the stage for the development of important personal and interpersonal skills.
- When the attachment cycle is disrupted, significant changes in the brain lead to behavioral and emotional difficulties in children.
- As you learned before, the brain is plastic and can change in response to intentional, nurturing caregiving.
- ***When children lose their voices to abuse or neglect, it becomes difficult to trust adults to meet their needs. A core focus of connection is that it returns voice, and with that, comes trust and healing.***

The TBRI® *Connecting Principles* are designed to strengthen and deepen relationship connections between caregivers and children. When children come from difficult backgrounds, they have most likely experienced relationship-based traumas and need help learning to trust and connect with others. The TBRI® *Mindfulness Strategies* are designed to encourage caregivers to examine their own relationship histories and how their histories influence what they bring to the relationships with the children in their care. Being present in the moment with children is important and can only be fully achieved once caregivers have processed their own stories. The TBRI® *Engagement Strategies* provide caregivers with practical tools for relating to children in meaningful ways, and you'll read more about these in the TBRI® *Connecting Principles* module. To fully understand and appreciate how children come to trust safe adults around them, it's important to understand the *Attachment Cycle*.

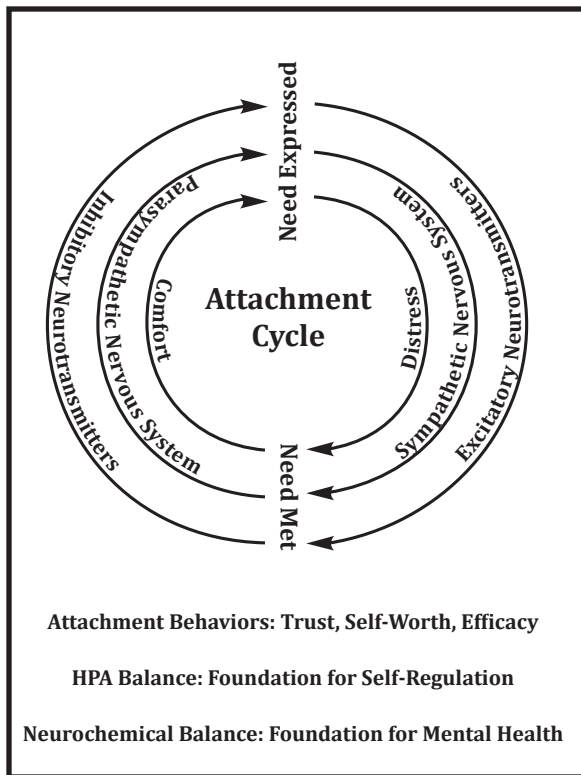
This Overview & Introduction training will concentrate primarily on the *Attachment Cycle* as a basis for the TBRI® *Connecting Principles*. However, it may be helpful for you to briefly describe the *Mindfulness* and *Engagement Strategies* to participants. For example, participants have already practiced an aspect of the *Mindfulness Strategies* when they reflected upon how much time they spend *Connecting with, Empowering, and Correcting* the child/children in their care. Reflecting upon and becoming aware of what one brings to interactions is an integral step in becoming mindful (being in the present moment) when interacting with children.

Engagement Strategies, in contrast, involve specific techniques that make it easier to relate to children or 'speak their language' so to speak. Ask participants what characteristics they find pleasant when interacting with others. Eye contact? A smile? A pleasant tone of voice? Being able to tell that someone is really listening? These are all things that help caregivers connect with children, as well. We'll go much more in depth in the next full-day training module: TBRI® *Connecting Principles*.

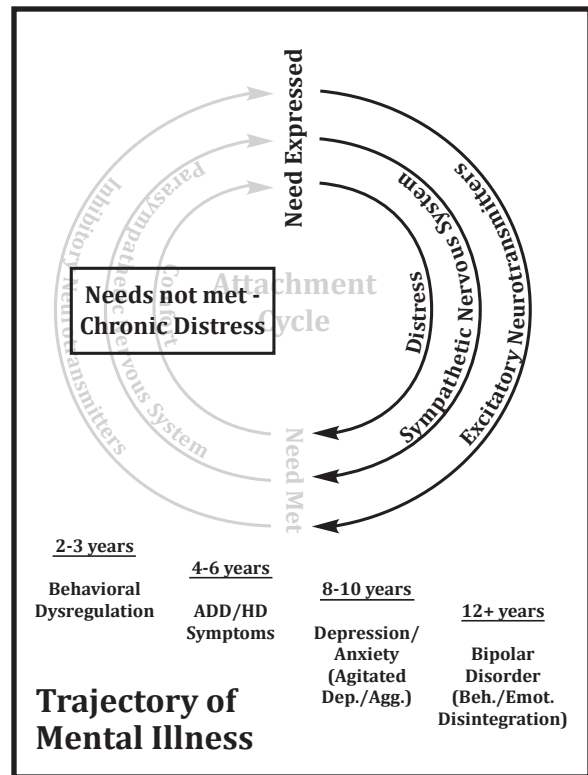
The Attachment Cycle

Video Clip: Overview - The Attachment Cycle - Introduction (slide #24)

The Attachment Cycle provides a map for what, in ideal circumstances, happens in the first year of life between caregiver and child. When working with children from hard places, we can look to the attachment cycle for guidance on what children need to help them heal.



In optimal development, children’s needs are met and the Attachment Cycle is established.



When children’s needs are not met, they exist in chronic distress and are put on a path to behavioral dysregulation.

The Attachment Cycle begins when an infant **expresses a need**. This is called voice. For example, an infant cries. When a caregiver **responds to the child's need**, warmly and consistently (e.g., comforts the child, changes a diaper lovingly), she has given the child voice – she has let the child know that he has been heard, his needs matter, and he is understood. From this innermost layer of the Attachment Cycle come attachment behaviors:

- *Trust* that a safe adult will meet needs
- A sense of *self-worth* (feeling worthy of love and care)
- *Self-efficacy* or the feeling of having a successful *voice*

When an infant cries, the hypothalamic-pituitary adrenal (HPA) axis activates, indicating stress and triggering the **sympathetic nervous system**⁵. You have probably felt many indicators of this before: your heart begins to race, your blood pressure rises, your face becomes red – you're stressed. This happens when an infant cries. But something amazing happens when the infant's need is met: the **parasympathetic nervous system** is activated and lowers the chemicals of stress and fear and calms the infant. In this way, biology and the environment of safety work together to lay the foundation of *self-regulation*. However, when children come from places where their needs are not met, they are dysregulated. The sympathetic nervous system remains activated.

Something unique happens in the brain when an infant becomes distressed. The brain releases special neurotransmitters that increase anxiety and energy- they also intensify heart rate and blood pressure. These neurotransmitters are called **excitatory neurotransmitters** (e.g., glutamate, norepinephrine). In dangerous situations, these are adaptive because energy and anxiety aid us in escaping quickly. If the child is in a safe, loving home, the need is met quickly and **inhibitory**, or calming, **neurotransmitters** (e.g., GABA, serotonin) are released.

The brain, body, and environment have worked together to create a pattern of distress » calm. Children learn that their voices matter and they can use their voices to ask for what they need.

When the early environment does not foster this healthy pattern, the foundation for secure attachment, behavioral regulation, and mental health is disrupted. Children learn that asking for what they need is of no use - they have no voice - they learn survival behaviors such as aggression, manipulation and control for getting their needs met. With TBRI, we are able to replace survival strategies by giving voice in their place.

One part of helping children from difficult backgrounds is realizing which aspects of the brain, body, and environment were disrupted in the first place, and this is precisely why understanding the Attachment Cycle is so important and helpful. Later on in this training, we will give you tools you can use to foster a deep, connecting relationship with a child who did not receive an optimal start in life.

Video Clip: Overview - The Attachment Cycle – Next Steps (slide #28)

Distress/Comfort

Examples of needs an infant might have:

- Comfort, nurturing when upset
- Diaper change
- Others: _____
- _____

Instructor Note: Look for both physical and emotional needs (e.g., comfort, feelings of safety, diaper changes, feeding, playtime, nurture, snuggling, and others). Talk to participants about ways to consistently, quickly, and warmly respond to an infant's needs.

Sympathetic/Parasympathetic Nervous System

- The sympathetic nervous system causes the heart to race, blood pressure to rise, and face to become red.
- The parasympathetic nervous system lowers stress and fear chemicals.
- What is a situation where you have felt your *sympathetic nervous system* activate?

Excitatory/Inhibitory Neurotransmitters

- Excitatory neurotransmitters flood the brain and body with anxiety and increase heart rate and blood pressure
 - They are helpful during crisis or hardship, but too much in everyday situations is harmful for the brain and body
- Inhibitory neurotransmitters are calming

In Summary

- In the attachment cycle, *brain*, *body*, and *environment* work together.
- When children's *needs* are not met, their systems are under chronic distress.
- Disruption in the system denies children *voice*.

The Attachment Cycle lays the foundation for:

Trust
Self-worth
Self-efficacy (voice)
Self-regulation
Mental health

TBRI® Empowering Principles (45 minutes)**Terms to Know for this Section**

- *Physiological Strategies*
- *Ecological Strategies*
- Sensory input
- Sensory defensive behaviors
- Sensory seeking behaviors
- Transitions

Main Ideas in this Section

- Children's needs, such as hunger or thirst, are often masked with misbehavior or behavioral episodes.
- Many children from hard places have unique sensory needs and preferences. Understanding and handling these proactively can minimize and prevent behavioral episodes.
- Helping children adapt to the environment and schedule around them (e.g., making transitions predictable) helps them learn self-regulation.

As we mentioned before, TBRI® Empowering Principles consist of two sets of strategies: *Physiological Strategies* and *Ecological Strategies*. *Physiological Strategies* meet the internal physical needs of children, and *Ecological Strategies* meet the environmental/external needs of children and help children learn and self-regulate within their environment. Let's look at these strategies a little more closely.

Physiological Strategies (Body/Internal)

The *Physiological Strategies* concentrate on empowering children internally – through things like *hydration*, keeping *blood sugar* at an appropriate level, and understanding how children from hard places may have trouble *processing sensory input*. When the body is operating at an optimal level, it's easy to take for granted. However, when one thing goes 'off the track,' it can manifest somewhere that may seem completely unrelated – like children's behavior. Have you ever been really, really hungry and noticed that it began to show in your mood? Perhaps you became a little short with those around you until you got a snack or some lunch. Maybe you even had a headache, which only added to your irritability. Low blood sugar often expresses through behavior – adults may be grumpy, but children may have a meltdown, an outburst, or become aggressive if they haven't eaten – and it's the same with hydration.

Physiological Strategies - Apply Your Learning

1. Think of a time that your mood or behavior was affected by being hungry (low blood sugar) or thirsty (dehydration).

2. Think of a time where a child's mood or behavior may have been affected by low blood sugar or dehydration, but these may not have been the obvious causes OR think of a time when you've seen a child whose behavior may be the result of low blood sugar or dehydration.

Did You Know?

By the time thirst is felt, people experience up to a 2% loss of body weight and a 10% decline in cognitive functioning.

Children's sensory needs and preferences also influence their behavior. Children from hard places who have not had early nurturing touch or who experienced early painful touch (such as experiencing hospitalization as an infant or young child) are at risk for sensory deficits. You'll learn more about this in the TBRI® Empowering Principles training module, but even children who came from stressful pregnancies or who were born prematurely whose systems were not fully developed at birth fall into this category. Children with sensory deficits may engage in a variety of defensive behaviors listed below.

Sensory Defensive Behaviors may Include:

- Refuses to eat certain foods
- Refuses to wear certain articles of clothing or clothing with tags
- Does not like hugs/kisses
- Wipes off kisses
- Refuses to get hands dirty and/or craves getting hands dirty
- Dislikes loud noises/covers ears
- Dislikes bright lights/covers eyes
- Dislikes strong smells or odors
- Prefers to initiate contact rather than receive it from others

Some children with sensory deficits are sensory seekers, meaning they seek out sensory input. Sensory seekers may engage in some of the behaviors listed below:

Sensory Seeking Behaviors may include:

- Frequently spins, jumps, swings (engages in other fast movement)
- Frequently wants bear hugs/enjoys being tightly wrapped
- Enjoys being tossed in air/being off the ground
- Craves getting hands dirty
- Bites or sucks on fingers
- Enjoys wrestling/tickling/roughhousing
- Frequently bangs/hits/drags toys
- Frequently fidgets/has trouble sitting still
- Prefers loud environments

Finding ways to empower your children physiologically is important. Think about simple ways to do so:

Simple ways I can use the Physiological Strategies to empower children in my care are:

- Snack every two hours
 - Carry a water bottle
 - Be aware of scents in the classroom
 - Create opportunities for physical play
 - Have noise cancelling headphones available
 - Have fidgets available
 - Provide objects for chewing
- Provide inflatable cushions, weighted items, and bean bags during circle/listening time
 - _____
 - _____
 - _____

NOTES

Ecological Strategies (Environmental/External)

In contrast to the *Physiological Principles*, the *Ecological Strategies* help caregivers use the environment to teach children self-regulation skills. Just like their bodies, children's environments- what's going on around them- influence the way they behave. Strategies like creating a daily bedtime or waking up ritual with your children, or helping them learn new skills by scaffolding, or helping them along at the level they need, can do wonders for their regulation and ability to learn. An easy way to get started with *Ecological Strategies* is with **Daily Transitions**.

Have you ever been sitting at your desk, concentrating on a project and all of a sudden the fire alarm went off? You probably immediately stopped your work, grabbed your keys, exited the building, and remained outside until the proper authorities told you it was safe to re-enter. Once you got back to your desk, your concentration level was most likely not the same as it was before the fire alarm went off.

Imagine the following scenario for a child: Lindsey is sitting and coloring at the kitchen table. Suddenly, she hears her mother say, "Put your crayons away. Put your shoes on and get in the car. We have to go to the post office, the grocery store, and pick up the dry cleaning." Although the plan for the day was probably clear, organized, and prearranged in the mother's head, it may come as a surprise to Lindsey, who is in the middle of finishing her picture. *Transitions* that may not seem abrupt to caregivers are often just that to children. Managing these daily *transitions* with techniques like time notices and visible schedules can make the process smoother for the entire family.

ACTIVITY: TRANSITIONS (optional activity, depending on time; Slide #35)

Instructor Note: Ask participants to fill out the information below. Ask one or two participants to volunteer as a 'case study' for presenting to the group. Ask caregivers to think about a transition they would like to be proactive about.

One daily transition that I would like to work on with children in my care is:

Underlying factors that might be influencing this transition:

Connecting:

- I could use more eye contact
- I could use more healthy touch
- I could change my voice quality
- Playful interaction: I could change how I approach this situation
- I could use behavior matching more effectively
- I could be more mindful about why this situation 'pushes my buttons'

Empowering:

- Children might be thirsty at this time
- Children might be hungry/ready for a snack at this time
- Children might be tired at this time
- Children might be restless or emotionally fragile at this time
- There might be other sensory input in the environment influencing behavior:

- _____
- _____
- _____

Action Steps I can take to make this transition smoother:

- Give frequent reminders ("Five more minutes until _____," "Three more minutes until _____")
- Allow child to set a timer
- Allow child to choose between two amounts of time (e.g., five minutes and seven minutes)

- _____
- _____
- _____

TBRI® Correcting Principles: Proactive Strategies (45 minutes)

Remember the Attachment Cycle on page 11 and how children from “hard places” lose their ‘voice’ – and with it, safety, trust and much, much more; note how these Proactive Strategies teach them that safe adults are listening and hear their voices. With Choices, Compromises and Sharing of Power, in each case, we give the child a voice, giving us the opportunity to guide them back to what was lost. And in each case, we say, “You don’t need survival strategies that have kept you safe – now I am on duty to give you voice!”

Terms to Know for this Section

- *Proactive Strategies*
- Sharing Power
- Choices
- Compromises
- Life Value Terms
- Scripts

Main Ideas in this Section

- The *Proactive Strategies* are designed to help children develop social competence by practicing decision-making and learning about character and relationship values (Life Value Terms).
- The *Proactive Strategies* outline specific tools caregivers can use to make interactions more concrete for children. That is, the tools outlined by the *Proactive Strategies* help break interactions into smaller chunks so that children feel successful in relationships.
- Teaching these skills playfully during calm times makes it easier for both children and caregivers to remember them during behavioral episodes.

As we described briefly before, TBRI® Correcting Principles are designed to build social competence. The *Proactive Strategies* are intended to teach positive social and behavioral skills during calm times, so that they can recall the skills more easily during ‘crunch’ times.

Choices offer children appropriate amounts of control over their daily lives and often diffuse situations that have the potential to become challenging. Choices help children practice and learn good decision-making skills. When offering choices, make sure that there is no ‘right’ or ‘wrong’ choice and that both are options caregiver and child can be happy with. (e.g., “Would you like to wear your train pajamas or your animal pajamas?” or “Would you like to have carrots or green beans as your dinner vegetable?”) ***In this way we give voice to the child and mentor their capacity to make good choices.***

Compromises allow children to negotiate a different choice when the ones offered don’t necessarily agree with them. Many of us have had the experience of being at a restaurant and asking to substitute one side dish for another because we didn’t want (or for some reason couldn’t eat) what was being offered. It’s much the same way with teaching children to ask, “may I have a compromise?” In the examples above, the child might ask, “Could I please wear my plain green pajamas instead?” or “Could I have a mix of corn and baby carrots?” By saying yes, many caregivers might feel like they are giving in. However, they are teaching the important social skill of using their words to ask for what they want and need and building trust by honoring their children’s voices. Also, keep in mind that in both examples, the goal is still being met (pajamas are put on; a vegetable is eaten with dinner) and behavior moves forward smoothly. ***Again, our goal here is to give voice and to mentor their capacity to negotiate their needs.***

Keep in mind: choices and compromises are meant to keep behavior on track and moving forward. Sharing appropriate levels of power with them allows children to practice making meaningful decisions *while the caregiver is still in charge of the situation*. The aim is not to create an argumentative situation or allow children to debate every decision, but to help them learn that their words have power and safe adults will listen to their voices. Sharing power shows children that caregivers trust them, hear their voice and opinions, and can see them for who they really are.

Video Clip: Overview - Life Value Terms (slide #43)

Life Value Terms are short phrases with great meaning and can be woven into everyday life – even during choices and compromises. Teaching children to speak to others ‘*with respect*’ and to ‘*ask permission*,’ and be ‘*gentle and kind*’ helps instill character and social competence. *Life Value Terms* are best taught in a playful way, through scripts and with a kind, playful voice.

Choices

- Offer children appropriate amounts of control.
- Should contain two options that both caregiver and child can be *happy* with.
- Should not contain a 'right' and a 'wrong' choice.
- Help children practice and learn good *decision-making* skills [*giving voice*].

Compromises

- Allow children to offer a different choice.
- Teach children important *social* skills.
- Keep behavior moving along smoothly.
- Help children trust that their *needs* are heard and will be met when possible [*giving voice*].

Sharing Power

- Shows children that caregivers hear their *needs*.
- Is a way to allow *children* to make decisions while the *caregiver* is still in charge.
- Teaches children that their *words* have power [*giving voice*].

Life Value Terms

- Are short phrases with great meaning.
- Honor relationships and teach social skills.
- Can be practiced through *scripts*.
- Can be used effectively during behavioral 'crunch' times.

Two ways I can offer choices are:

1.

2.

Instructor Note: Answers may vary by participant. Examples include:

- *Letting child choose what to eat for snack/meal*
- *Allowing child to choose clothing*
- *Allowing teen to choose an entertainment option*

TBRI® Life Value Terms**With Respect****Gentle and Kind****Cooperate and Compromise****Consequences****Askin' or Tellin'?****Listen and Obey****No hurts** (from Group Theraplay®)**Stick Together** (from Group Theraplay®)**Use Your Words****Accepting 'No'****With Permission and Supervision**

TBRI® Correcting Principles: Responsive Strategies (45 minutes)**Terms to Know for this Section**

- Responsive Strategies
- TBRI® IDEAL Response®
- TBRI® Levels of Response™

Main Ideas in this Section

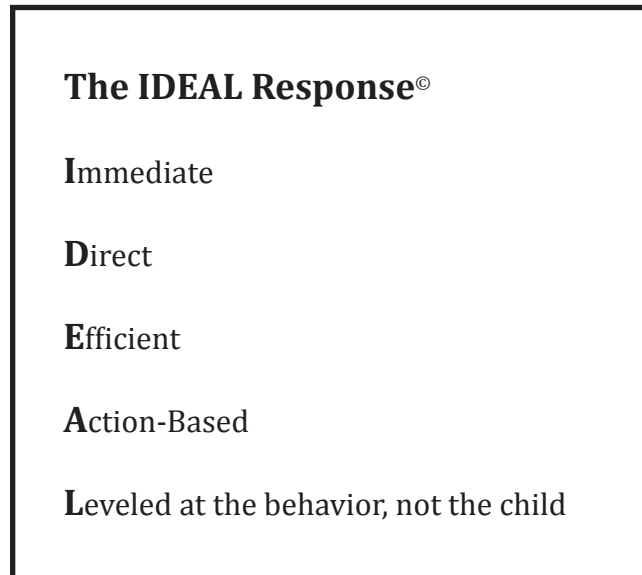
- The IDEAL Response® outlines five useful, concrete guidelines for responding to challenging behavior. These should be used simultaneously.
- The Levels of Response™ provide instruction for responding to varying degrees of behavior. More than one level may or may not be used in a given situation.
- Behavioral episodes are not finished until:
 - Behavior is changed
 - Children feel content
 - Children feel connected to caregiver(s)
 - Children and caregiver(s) have returned to Level 1: Playful Engagement

TBRI® *Responsive Strategies* include two powerful scripts for responding in challenging situations with children: the *IDEAL Response*® and *Levels of Response*™, which are used within The *IDEAL Response*®.

The IDEAL Response®

The IDEAL Response® is an acronym that represents helpful and appropriate characteristics for how to respond to challenging behavior.

Video Clip: Overview - IDEAL Response® (slide #45)



Immediate

- Respond within 3 seconds.
- Learning occurs best when behaviors are addressed *immediately*.

Direct

- Use techniques based on TBRI® *Engagement Strategies*.
- For example, get on the child's level and use soft eye contact.

Efficient

- Use only the amount of intervention necessary to get behavior back on track.
- Over-responding may drive children into worse behavior.

Action-Based

- Action-based learning is the most salient way to absorb knowledge⁷.
- For example, guide children through a re-do.

Leveled at the behavior, not the child

- For children from hard places, self-esteem is very fragile. Caregivers must make clear that children are not defined by their behavior (their behavior is not *who they are*).
- Correction should address the behavior at hand, *not* the child.
- For example, “It is not okay to hit” versus “Mean people hit. Don’t let me see you hit again...”

IDEAL Response® - *Think About Your Own Life:*

Which part of the IDEAL Response® is/will be the most challenging for you? Why?

Which part of the IDEAL Response® is/will be the easiest for you? Why?

NOTES

Levels of Response™

Caregivers may be anxious about remembering the Levels and deciding which level to use. Please encourage them not to struggle over levels – they are guidelines, not rules. Essentially, in EVERY LEVEL, a primary goal is to give voice. In EVERY LEVEL, a primary goal is to mentor, teach and coach. At some time in EVERY LEVEL, adults will probably use choices, compromises and possibly even a verbal or behavioral re-do. Simply connect, understand the need, meet the need, and mentor the child in getting needs met appropriately (i.e., respectful words with a safe adult).

As you learned earlier, responses to challenging situations with children should be **Efficient**, meaning that the adult's response should match the situation at hand. Over-responding to a relatively minor transgression can push a child into more severe behavior. The TBRI® *Levels of Response™* outline what caregivers can do in different challenging situations with children.

Video Clip: Overview - Levels of Response™ (slide #48)

Playful Engagement (Level 1)

Most challenging behaviors can be overcome easily with *Playful Engagement*. At this level, caregivers redirect children playfully, without breaking stride or pausing the situation. For example, if a child demands another cup of juice, caregivers could respond spiritedly with something like, "Would you like to try it again with respect?" or "Are you asking or telling?" in a playful voice. *In this way you are teaching the child to use 'good words' with a safe adult who can meet their needs – returning the 'voice' they lost through their history of harm.* Playfulness is a language understood by all children, and if used consistently, *Playful Engagement* reduces misbehavior dramatically over time because it strengthens the relationship between children and caregivers.

Structured Engagement (Level 2)

When *Playful Engagement* is unsuccessful, a bit more attention to the behavior may be needed. At this point, the caregiver will need to pause the situation and use words with a more structured voice. Often, giving children choices is successful at this level. Two choices for behavior provide a concrete, quick way to get children back on track while allowing them to feel successful. A behavioral 're-do' also helps children feel successful, and walking through the motions of the *right* behavior is good for 'muscle memory' making it easier for the child to do the same good behavior again. For younger children, a physical re-do is appropriate, however with adolescents, a simple verbal re-do may be more appropriate because of the risk of shaming them. Afterward, return to Level 1: *Playful Engagement* (do this with your eyes, voice, body language, and general demeanor).

Calming Engagement (Level 3)

When children are having a very hard time regulating, it's a good idea to give them an opportunity to calm themselves with some assistance from an adult. Time-ins often help with this - keeping children close rather than sending them away (as in a traditional time-out). This lets them know that you are there for support and guidance. For adolescents, it can be helpful to set up a 'quiet' or 'calm' place ahead of time for them to go when they get overwhelmed or dysregulated. Again, when it's over, it's over! Return to *Playful Engagement* as quickly as possible.

Protective Engagement (Level 4)

This level is reserved for when children are violent or aggressive and are a danger to themselves or others. At this level, we assume that the adult has been formally trained in an intervention that is accepted in their facility or state. While TBRI® does not prescribe a particular type of intervention at Level 4, it does direct what happens at the end of episodes: meet any physical needs, since episodes at this level may have left children exhausted. And again, return to Level 1: *Playful Engagement* as quickly as possible. When it's over, it's over – success means getting children back on track and keeping behavior moving forward.

Did you notice that with each level, the caregiver stays connected to the child? One of the hallmarks of TBRI® is that *connection* is its foundation, and connection permeates all principles of TBRI®. In order for children to feel successful, they must be mentored, guided, and supported by a loving caregiver, even during the most challenging situations.

Keep in mind that the goal is always to return to *Playful Engagement*. No matter which level the behavioral episode escalates to, it should *always* end on *Playful Engagement*. The episode is not complete until children and caregivers have returned to *Playful Engagement* and feel sturdy, successful, and connected to their caregiver.

Levels of Response™

Playful Engagement (Level 1)

- Redirect children without breaking stride.
- E.g., “Would you like to try it again with respect?” or “Are you askin’ or tellin’?” in a playful voice. ***In this way we teach the child to use ‘good words’ with a safe adult who can meet their needs – returning the ‘voice’ they lost through their history of harm.***
- Use consistently – *Playful Engagement* reduces misbehavior dramatically over time because it strengthens the relationship between children and caregivers.

Structured Engagement (Level 2)

- Pause the situation and use a more regulated voice.
- Offer two choices or a compromise– this provides a concrete, quick way to get children back on track. ***Again, in this way, we guide a child in using their voice, their ‘good words’ to be heard, rather than old survival strategies.***
- Use behavioral ‘re-dos’ to help children feel more successful. Walking through the motions of the *right* behavior is good for ‘muscle memory’.
- For younger children, a physical re-do is appropriate, however with adolescents, a simple verbal re-do may be more appropriate because of the risk of shaming them.

Levels of Response™ *continued*

Calming Engagement (Level 3)

- Allow children to regulate with adult assistance.
- Use a time-in and keep children close rather than sending them away (as in a traditional time-out). This lets them know that you are there for support and guidance.
- In particular, for adolescents, an essential element is that the adult and teen created a plan together for Calming Engagement, making it clear the adult is not punishing the child, but rather supporting, coaching and mentoring them. Work out a predetermined 'quiet or 'calm' place adolescents can go when overwhelmed. Make plans for items that will aid their calming, such as a weighted item, calming music, or scented item.

Protective Engagement (Level 4)

- Reserve use of this level for violence or aggression.
- Seek formal training that is accepted/recognized by state or facility.
- We frequently end this level by asking the child "What did you need?" and then help them understand that we are listening, and they don't need survival skills to meet their own needs but rather, that we are there to help them.
- The child must be solid, connected and able to return to *Playful Engagement* before Level 4 is completed.

The goal is always to return to Playful Engagement. Not only should behavior have changed, but children (and adults) should also feel content and connected after a behavioral episode.

ACTIVITY: CORRECTING PRINCIPLES ROLE PLAY (Slide #54)

Instructor Note: Divide participants into groups of 4-5. Distribute one of the following terms from the IDEAL Response® and Levels of Response™ to each group. Ask each group to devise a short skit/scene depicting the *incorrect* way to perform the term and then the *correct* way. If participants are comfortable, they may demonstrate their scene to the larger group.

Immediate
 Direct
 Efficient
 Action-Based
 Leveled at the behavior, not the child
 Playful Engagement
 Structured Engagement
 Calming Engagement

Putting It All Together (45 minutes)

Now that you've been introduced to TBRI®, you might be feeling a little overwhelmed. Don't worry- it takes time to learn how to integrate TBRI® Connecting, Empowering, and Correcting Principles. In the training modules that follow, you'll learn more about each set of principles in-depth, and see how they work together with the other sets. It might help to remind yourself that caregiving is a *journey* and to congratulate yourself for taking this step. Remember, deep, meaningful relationships begin with connection and trust.

You might be surprised by how much you have learned. Let's take a look at a clip in which all three TBRI® principles are used – Connecting, Empowering, and Correcting. See how many of the strategies you can identify in the adult's behavior using the form below.

ACTIVITY: WHAT DO I SEE? (Slides #57-58)

Instructor Note: Play the 3-minute video clip (**Overview - What Do I See? V.1**), then ask participants to identify actions and behaviors from the adult that were *Connecting, Empowering, and Correcting Principles*.

1. Connecting Principles (for the spirit of the child)

[Examples include touch, eye contact, modeling vulnerability, telling the child she isn't alone (we all have these issues), affirming her preciousness]

2. Empowering Principles (for the body and brain of the child)

[Examples include rocking, cradling, offering green chai tea (which has L-theanine for calming)]

3. Correcting Principles (for the beliefs and behaviors of the child)

[Examples include explaining to her that it is normal for a child who wasn't protected early in life to feel this way more often, telling her everyone has times like these, letting her know she is not alone and not powerless- we can make a plan (talk to buddy, use words, take nutrients/vitamins)]

Watch the clip again, this time using the score sheet below to look for the specific principles we have outlined. Fill out the TBRI® Checklist by putting a '1' in the appropriate boxes for the 1st episode, a '2' for the 2nd episode, etc.

TBRI® Checklist	
TBRI® Strategies	Notes
<p><u>Empowering Principles</u></p> <p>_____ Transitions</p> <p>_____ Rituals (e.g., Attachment Ritual)</p> <p>_____ Hydration (Water)</p> <p>_____ Blood Sugar (Snacks)</p> <p>_____ Physical Activity</p> <p>_____ Deep Breathing</p> <p>_____ Sensory Experiences: Vestibular</p> <p>_____ Sensory Experiences: Proprioceptive</p> <p>_____ Sensory Experiences: Touch</p>	<p>(Child's <i>felt-safety</i>, level of self-regulation, level of challenge, etc. – by episode)</p>
<p><u>Connecting Principles</u></p> <p>_____ Valuing Eye Contact</p> <p>_____ Authoritative Voice (Tone, Volume, Cadence)</p> <p>_____ Healthy Touch</p> <p>_____ Behavioral Matching</p> <p>_____ Playful Interaction</p> <p>_____ Mindfulness: Attunement & Awareness</p> <p>_____ Mindfulness: Calm Presence</p> <p>_____ Mindfulness: Creative Problem Solving</p> <p>_____ Mindfulness: Flexible Responding</p>	
<p><u>Correcting Principles</u></p> <p>_____ Life Value Terms: Using Words</p> <p>_____ Life Value Terms: With Respect</p> <p>_____ Life Value Terms: Accepting "No"</p> <p>_____ Life Value Terms: Gentleness and Kindness</p> <p>_____ Life Value Terms: Listen and Obey (1st Time)</p> <p>_____ Behavioral Scripts: Choices</p> <p>_____ Behavioral Scripts: Compromises</p> <p>_____ Behavioral Scripts: Re-dos</p> <p>_____ IDEAL Response®: Immediate</p> <p>_____ IDEAL Response®: Direct (Engaged - Above)</p> <p>_____ IDEAL Response®: Efficient (Levels - Below)</p> <p>_____ IDEAL Response®: Action-Based (e.g., Re-do)</p> <p>_____ IDEAL Response®: Leveled at Behavior</p> <p>_____ Levels of Response™: Playful Engagement</p> <p>_____ Levels of Response™: Structured Engagement</p> <p>_____ Levels of Response™: Calming Engagement</p> <p>_____ Levels of Response™: Protective Engagement</p>	

Video Clip: Overview - What Do I See? V.2

(The following version is filled out for reference)

Instructor Note: Play the second version of the clip (What Do I See? V.2, divided into 4 episodes), watch for the following behaviors. Pause after each episode when the screen fades to black and ask participants what TBRI® behaviors they saw from the adult in the video. Use the example sheet below as a guide.

1. Fill out the TBRI® Checklist putting a '1' in the appropriate boxes for the first episode, a '2' for the second, etc.
2. Use the notes on the right-hand side to guide participants in a discussion of each episode.

TBRI® Checklist	
TBRI® Strategies	Notes
<p><u>Empowering Principles</u></p> <p>_____ Transitions</p> <p>_____ Rituals (e.g., Attachment Ritual)</p> <p>3, 4 Hydration (Water)</p> <p>3, 4 Blood Sugar (Snacks)</p> <p>_____ Physical Activity</p> <p>_____ Deep Breathing</p> <p>2, 3, 4 Sensory Experiences: Vestibular</p> <p>1, 2, 3, 4 Sensory Experiences: Proprioceptive</p> <p>1, 2, 3, 4 Sensory Experiences: Touch</p>	<p>(Child's <i>felt-safety</i>, level of self-regulation, level of challenge, etc. – by episode)</p> <p>Episode 1</p> <ul style="list-style-type: none"> • Both adults were <i>Immediate</i> and <i>Direct</i>, which showed the child that her voice was heard
<p><u>Connecting Principles</u></p> <p>1, 2, 3, 4 Valuing Eye Contact</p> <p>1, 2, 3, 4 Authoritative Voice (Tone, Volume, Cadence)</p> <p>1, 2, 3, 4 Healthy Touch</p> <p>1, 2, 3, 4 Behavioral Matching</p> <p>4 Playful Interaction</p> <p>1, 2, 3, 4 Mindfulness: Attunement & Awareness</p> <p>1, 2, 3, 4 Mindfulness: Calm Presence</p> <p>3, 4 Mindfulness: Creative Problem Solving</p> <p>2, 3, 4 Mindfulness: Flexible Responding</p>	<p>Episode 2</p> <ul style="list-style-type: none"> • The adult is <i>attuned</i> to the child (voice, body language, emotion), and uses touch and vestibular (rocking) to calm her <p>Episode 3</p> <ul style="list-style-type: none"> • The adult's <i>mindfulness</i> is a key turning point in the interaction. She thinks of a creative solution and explains that her brain goes crazy sometimes, too
<p><u>Correcting Principles</u></p> <p>4 Life Value Terms: Using Words</p> <p>_____ Life Value Terms: With Respect</p> <p>_____ Life Value Terms: Accepting "No"</p> <p>_____ Life Value Terms: Gentleness and Kindness</p> <p>_____ Life Value Terms: Listen and Obey (1st Time)</p> <p>_____ Behavioral Scripts: Choices</p> <p>_____ Behavioral Scripts: Compromises</p> <p>_____ Behavioral Scripts: Re-dos</p> <p>1 IDEAL Response®: Immediate</p> <p>1, 2 IDEAL Response®: Direct (Engaged - Above)</p> <p>1, 2, 3, 4 IDEAL Response®: Efficient (Levels - Below)</p> <p>2, 3 IDEAL Response®: Action-Based (e.g., Re-do)</p> <p>1, 2, 3, 4 IDEAL Response®: Leveled at Behavior</p> <p>4 Levels of Response™: Playful Engagement</p> <p>_____ Levels of Response™: Structured Engagement</p> <p>_____ Levels of Response™: Calming Engagement</p> <p>_____ Levels of Response™: Protective Engagement</p>	<p>Episode 4</p> <ul style="list-style-type: none"> • The adult uses <i>eye contact</i> deeply with the child and <i>levels her words on the child's behavior</i> ("...Our brain goes crazy for all of us... brains go crazy a little easier sometimes.") <u>not</u> at the child.

Notes

Resources

www.child.tcu.edu

Website for the Karyn Purvis Institute of Child Development at Texas Christian University

The Connected Child: Bring Hope and Healing to Your Adoptive Family (2007)

By Karyn Purvis, David Cross, and Wendy Sunshine

ISBN# 0071475001

A Sensory World: Making Sense of Sensory Disorders (video)

From the Karyn Purvis Institute of Child Development's Healing Family Series, this video provides interventions and practical exercises to help children cope with sensory issues.

Healthy Touch (video)

Part of the Healing Families series developed by the Karyn Purvis Institute of Child Development. This video contains in-depth information regarding the value of touch and how it facilitates the connections necessary for healthy attachment and brain development.

Sensory Integration (video)

Part of the lecture series given by Dr. Karyn Purvis from the Karyn Purvis Institute of Child Development, this DVD addresses how Sensory Integration Disorder affects behavior and development and offers practical tools for parents and clinicians.

www.empoweredtoconnect.org

Created to Connect free downloadable study guide. Articles, web lectures, and practical advice for parents who currently foster and adopt or who are considering foster or adoption.

www.saddlebackresources.com/the-connection=where-hearts-meet-1-study-guide

The Connection: Where Hearts Meet. Study Guide from Saddleback Church in Orange County, California.

www.sensorystories.com

Children's coloring books for helping children problem solve about sensory needs and deficits.

<http://babybabyohbaby.com>

Information and resources regarding infant massage

The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder

By Carol Kranowitz

ISBN# 0399532714

Carol Kranowitz, awarded author, provides a drug-free approach to Sensory Processing Disorder for parents, teachers, and clinicians

www.weightedblanket.net

Information regarding weighted blankets, weight requirements, and ordering resources.

References

1. Field, T., Diego, M., Hernandez-Reif, M., Schanberg, S., Kuhn, C., Yando, R. & Bendell, D. (2003). Pregnancy anxiety and comorbid depression and anger effects on the fetus and neonate. *Depression and Anxiety, 17*, 140-151.
2. Field, T., Diego, M., Dieter, J., Hernandez-Reif, M., Schanberg, S., Kuhn, C., Yando, R., & Bendell, D. (2004). Prenatal depression effects on the fetus and the newborn. *Infant Behavior & Development, 27*, 216-229.
3. Field, T., Diego, M., Hernandez-Reif, M., Schanberg, S., Kuhn, C., Yando, R. & Bendell, D. (2003). Pregnancy anxiety and comorbid depression and anger effects on the fetus and neonate. *Depression and Anxiety, 17*, 140-151.
4. Field, T., Diego, M., Hernandez-Reif, M., Vera, Y., Gil, K., Schanberg S., Kuhn, C. & Gonzalez-Garcia, A. (2004). Prenatal predictors of maternal and newborn EEG. *Infant Behavior and Development, 27*, 533-536.
5. Schore, A. N. (2001). The effects of relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22*, 201-269.
6. Kotulak, R. (1997). Inside the brain: Revolutionary discoveries of how the mind works. Missouri: Andrews McMeel Publishing.
7. Held, R. & Hien, A. (1963). Movement-produced stimulation in the development of visually guided behavior. *Journal of Comparative and Physiological Psychology, 5*, 872-876.

